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Gesundheit

Mask-Wearing Norms: A Qualitative Study in Hong Kong and Switzerland during COVID-19.

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Abstract

In this bachelor thesis the influence of social norms on mask-wearing in times of COVID-19 among Hong Kong and Swiss psychology students is examined. The **goal** is to explore differences in mask-wearing norms among Hong Kong and Swiss psychology students providing health promoters a better understanding of the intersection between social norms and preventive behavior. The **empirical study** consists of two phases. Four qualitative expert interviews serve as basis for further six qualitative student interviews. All interviews are analyzed using the inductive category formation by Mayring. The **results** illustrate that mask-wearing among Hong Kong students is common due to their past experience with SARS. In contrast, Swiss students emphasize wearing masks due to governmental mask regulations and refer to mask demonstrations in Switzerland. In **conclusion**, mask-wearing among Hong Kong students is grounded in social values and socially sanctioned when not demonstrated during COVID-19 in Hong Kong. By comparison, the inconsistent mask regulations in Switzerland have diminished the normative practice of mask-wearing among Swiss students.

Keywords
Hong Kong, Switzerland, social norms, face masks, SARS-CoV-2, COVID-19, preventive behavior, health promotion

Acknowledgement

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1 Introduction

1.1 Introduction

In December 2019 the coronavirus disease (COVID-19) was firstly detected in Wuhan (China) and has spread across the globe, overwhelming countries, cities, and regions (WHO, 2020a). Besides regulations of health authorities and professionals, society's behavior has played a key role during the pandemic. The practice of preventive measures among civil society has gained importance to contain and mitigate the spread of SARS-CoV-2 (Van den Broucke, 2020). One of the multiple behavior change principles is the creation of social norms. Hence, preventive behavior such as mask-wearing can be encouraged by building up strong norms (Michie, 2020).

The pandemic of COVID-19 was caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) and is defined as an infectious disease. The symptoms of infected people vary from mild and moderate to severe illnesses. Hence, the elderly population and people with underlying medical problems are considered at high-risk of COVID-19. Moreover, infected individuals can spread the virus through droplets of saliva and discharge from the nose when coughing or sneezing (WHO, 2020b). The World Health Organization (WHO) indicated different types of preventive behavior on June 4th, 2020. In this qualitative research, I will elaborate on the preventive measure of mask-wearing in Hong Kong (HK) and Switzerland (CH) (WHO, 2020c).

The area of health promotion traditionally focuses on non-communicable diseases. Thus, COVID-19 underlines the growing need for understanding infectious diseases to implement adequate practical policies and interventions. A more holistic pandemic response is needed as human health is not an isolated issue (Van den Broucke, 2020). For a more holistic perspective a qualitative approach was chosen. A core feature of qualitative research includes the researcher's own position, bias and assumption. As one's own subjectivity is critical to the research procedure, I will shortly state my own position (Patton 2002). I am a 24-year-old female studying

Health Promotion and Prevention at the Zurich University of Applied Sciences in Winterthur (CH).

1.2 Topic Delimitation

To limit the scope of this subject, this thesis does not cover broader political conflicts and solely includes societal regulations based on mask-wearing. Moreover, social norms represent a broad topic and definitions differ widely. Therefore, this thesis is limited to the definition of norms by George C. Homans, a behavioral sociologist. In order to compare HK and CH and receive a deeper insight into a specific social setting the main focus relies on the perspective of psychology students and not on the general population. As psychology students are familiar with the terms of social norms and behavior but not experts in health promotion, they are chosen as the target group.

1.3 Research Question

The following descriptive research question will be explored:
"How do mask-wearing norms among psychology students in Hong Kong and Switzerland differ during COVID-19?"
The term "mask norms" is based on social norms related to mask-wearing.

1.4 Relevance and Aim

In this bachelor thesis, the impact of social norms on mask-wearing in HK and CH during the pandemic of COVID-19 is explored. The aim is to gain a deeper insight into how HK and CH psychology students aged 19 to 22 are influenced by social norms when wearing masks. Due to the uncertain development of COVID-19, this thesis will cover the period between January 2020 and December 2020. The cross-cultural perspective aims to provide health promoters a better understanding of the intersection between social norms and preventive behavior by comparing two different cultures. Although HK and CH have different experiences with past pandemics, both governments have implemented mandatory mask-wearing regulations during COVID-19. By exploring the different perspectives of psychology students in both geographical areas, health promoters receive key insights on how cultural differences in social norms impact human preventive behavior.

2. Theoretical Background

As the pandemic of COVID-19 is still on-going, there has been little research conducted on the intersection between social norms and mask-wearing. Therefore, a selective literature review with the following sources is performed. The main governmental websites including the “Federal Office of Public Health” and “GovHK” are necessary to compare HK to CH. Moreover, information of the Swiss National COVID-19 Science Task Force and the World Bank are used to elaborate on age distribution, Human Capital Index, and data around COVID-19. As a leading partner in global health responses, the WHO is chosen as an additional source. To define the subject of social norms the book “Social Norms” by Karl-Dieter Opp and Michael Hechter is consulted.

In addition, different combinations of the keywords “social norms”, “face masks”, “health promotion”, “COVID-19” & “SARS-CoV-2” are entered in Google Scholar. Only articles published in 2020 and 2021 referring to COVID-19 are included. Appendix A shows the chosen articles, including a more detailed description.

2.1 Mask-Wearing

Masks serve as important personal protective equipment (PPE) to reduce the transmission of SARS-CoV-2. Communities worldwide are encouraged to use masks during the pandemic (Westhuizen et al., 2020). By wearing masks, we protect others and ourselves from liquid droplets and reduce the risk of transmission. The Swiss National COVID-19 Scientific Task Force elaborates on the use of three different masks. While filtering facepiece particles masks and surgical masks need to be aligned with European standards, non-certified so-called community masks are not obligated to meet any requirements. As not all mask types are suitable, on-going studies are conducted on the effectiveness of different mask designs (Swiss National COVID-19 Science Task Force, 2020c).

To promote the use of masks, it is essential to explore human behavior, which is based on norms, practices, habits, and social expectations, as well as laws and regulations. Therefore, a deeper focus on social contexts and circumstances is needed, bearing in mind that the majority of a population must wear masks for the

PPE to be effective. The PPE symbolizes social solidarity and serves as self-protection (Westhuizen et al., 2020). Especially in Asian countries, masks were often used in past pandemics, e.g. SARS, MERS, swine flu, etc. (Bavel et al., 2020).

2.2 Hong Kong vs. Switzerland

When comparing two geographical areas during a pandemic, multiple aspects need to be taken into consideration. HK with a population of 7.5 million (GovHK, 2020a), and CH with a population of 8.6 million (FSO, 2019) are similar in population size. Nevertheless, the urban density is very different, as HK has one of the highest population densities in the world (GovHK, 2014), compared to the relatively low density in CH.

Moreover, age distribution is a key-component for COVID-19 as elderly people are more at risk of the virus (FOPH, 2020d). The following table illustrates similarities in age distribution by the World Bank (2019).

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[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

The Human Capital Index (HCI) is another component that allows the comparison between HK and CH. The World Bank compares countries by measuring HCI indicators based on child survival, school, and health. A child growing up in both geographical areas is at similar risk for poor health and education as HK demonstrates an HCI of 0.81 and CH demonstrates an HCI of 0.75 during the pandemic (World Bank, 2020). Therefore, life expectations in HK with 85 years and CH with 84 years are similar as well (World Bank, 2018). Hence, adults with pre-existing medical conditions including cardiovascular and chronic respiratory disease, cancer, asthma, and more, are considered at high risk of COVID-19. The following table illustrates the three most common causes of death in both geographical areas (FSO, 2020; GovHK, 2019).

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Besides multiple similar components among both geographical areas, HK people have experienced a past pandemic outbreak in 2003, namely, Severe Acute Respiratory Syndrome (SARS). Therefore, HK citizens have witnessed psychological trauma, which has led to a higher risk awareness regarding future pandemics (Lei & Klopack, 2020).

2.3 COVID-19 in Hong Kong vs. Switzerland

The following graphic with the number of monthly infections (last day of the month) gives an overview of both HK's and CH's pandemic history in 2020. Additionally, the graphic includes governmental mask mandates as well as WHO recommendations for mask-wearing. Due to CH's federalist structure, different cantonal mask regulations were enforced in 2020 (FOPH, 2021). Thus, the graphic solely illustrated national mask mandates. The color orange refers to CH, blue refers to HK and gray relates to the WHO.

The first COVID-19 case in CH was reported on February 24th, 2020 (FOPH, 2020e). The WHO stated in April 2020 the use of a mask is not supported among healthy populations as it carries uncertainties and should primarily be used by health care workers (WHO, 2020d). Therefore, on April 22nd CH's government did not recommend civil society to wear masks, despite the advice of the Swiss National COVID-19 Taskforce to implement mask regulations (Swiss National COVID-19 Science Task Force, 2020a; FOPH 2020a). The WHO reframed its statement in June 2020 and recommended mask-wearing among civil society (WHO, 2020e). Hence, on July 6th, 2020 the Swiss government advised people nationally to wear masks in public transportation and airplanes (FOPH, 2020b). The mask regulations were nationally expanded to all indoor areas on October 18th as illustrated in the graphic above (FOPH, 2020c).

In comparison, HK's first COVID-19 case was detected on January 22nd, 2020 (GovHK, 2020b). Two days later, on January 24th, the general public was required to wear masks when using public transport or staying in crowded places (GovHK, 2020c). On July 23rd the regulations were expanded and HK's population was advised to use masks when changing terminals (e.g. subway & airport) and interchanges as well as in all indoor public places (GovHK, 2020d).

2.4 Social Norms

There are various definitions and meanings for social norms depending on the area of research. The most common definition of social norms relates to the regulation of behavior (Horne, 2001, p. 4). Social norms are based on what society believes is morally correct and viewed as appropriate behavior (Westhuizen et al., 2020). Hence, the emergence of norms is often not the result of human design but instead an unintended outcome of human action (Opp, 2015). This thesis is based on the definition by George C. Homans *(1974, p. 96) "A norm is a statement specifying how a person is, or persons of a particular sort are, expected to behave in given circumstances - expected, in the first instance, by the person that utters the norm. What I expect of you is what you ought to do" (Homans, 1974 cited by Opp, 2015, p.5).*

Homans' definition indicates that expected behaviors ought to be performed. "Oughtness" is a state in which a person is morally obligated. It refers to most definitions for norms (Merriam-Webster, 2020a; Opp, 2015). Thus, an expectation is only considered a norm if shared by a group, and a group member is likely to be sanctioned if he/she does not perform the expected behavior. Sanctioning can be described as the "mechanism of social control for enforcing society's standards" (Merriam-Webster, 2020b).

However, expected behaviors in society are highly heterogeneous, as different groups subscribe to different norms. Social norms vary among countries and age groups, wherefore this qualitative thesis explores how mask-wearing norms differ among HK and Swiss psychology students. Moreover, unwritten rules of behaviors are likely to change over time within a country and across the globe (Opp, 2015). The change of norms is taken into consideration when conducting qualitative interviews with students.

2.5 Social Norms in Times of COVID-19

In order to reduce the spread of SARS-CoV-2, a change of behavior among society is crucial. Preventive measures including wearing masks depend on individuals' behavior (Van den Broucke, 2020). Michie et al. (2020) name the creation of social

norms as one of multiple behavior change principles. As the pandemic is still on-going, one's behavior is influenced by uncertainty, which has emphasized the role of normative information (Rimal & Storey, 2020).

Generally, it is crucial to distinguish between private and public behavior when considering social norms. While preventive measures such as handwashing are mostly practiced in private, the use of a mask is part of social behavior within the pandemic and therefore performed in public (Rimal & Storey, 2020). Hence, governmental regulations such as social distancing have decreased direct personal interaction. Therefore, a smaller number of actors define norms during COVID-19. The way norms are formed is crucial to their influence on behaviors and durability (Rimal & Storey, 2020).

Furthermore, social norms can be used as mechanism enabling communities to adapt to COVID-19 public health strategies. Gelfand et al. (2021) claims that "[…] empirical data show societal variation in the strength of social norms, or cultural tightness–looseness, is associated with COVID-19 case and mortality rates as of October, 2020" (p. 142). Hence, social norms are a potential indicator to explain collective health outcomes during COVID-19 (Gelfand et al., 2021).

3. Method

3.1 Research Design

This bachelor thesis is based on empirical research using a qualitative approach, also defined as interpretative research. The focus lies on the method of semi-structured interviews using an interview guide (Magnusson & Marecek, 2015, p. 1 & 47). The qualitative approach serves to answer the main research question: "How do mask-wearing norms among psychology students in Hong Kong and Switzerland differ during COVID-19?".

Interpretative research is based on the idea that people are always part of social contexts and ascribe a different meaning to individual experiences (Magnusson & Marecek, 2015, p.1-2). Interviews serve to explore one's personal and cultural meaning-making (Quinn, 2005, cited by Magnusson & Marecek, 2015, p.6). The researcher receives a deeper understanding of the interviewee's anxieties and world perspectives (Magnusson & Marecek, 2015, p.34).

Due to the on-going pandemic, little research has been conducted on social norms and mask-wearing. Hence, in a pre-phase, four experts from both HK and CH were asked to describe their perspectives on mask-wearing and social norms in the time of COVID-19. Based on the theoretical background and the evaluated expert interviews, the main research question is answered by conducting semi-structured interviews with psychology students. Both expert and student interviews were evaluated using the inductive category formation by Mayring (2014). The graphic below illustrates the steps taken within the research procedure.

The following subthemes are split into two parts referring to the pre-phase with expert interviews and the main phase with student interviews.

3.2 Sample Characteristics

Expert Interview

Expert knowledge is differentiated from common sense and everyday knowledge. Expert knowledge "… is highly potential because (…) it is linked with the power of defining a situation" (Bogner, Littig & Menz, 2009, p.18). The researcher chooses an expert who is recognized within his own field of action. Expert knowledge varies depending on one's occupational area and is most likely acquired within a professional context. Therefore, expert knowledge can be linked to one's professional role (Sprondel, 1979, p.148 cited by Meuser & Nagel, 2009, p. 19).

Due to various definitions of social norms, experts were chosen among different fields of knowledge to receive a broad perspective on mask-wearing and social norms (Horne, 2001, p. 4). Experts were chosen because they have a background in health psychology, health communication, or public health. The table below illustrates the definition of each area of expertise as it is key to the interviewee's professional knowledge (Sprondel, 1979, p.148 cited by Meuser & Nagel, 2009, p. 19).

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Additionally, the expert interviews aim to gain contextual knowledge about the target group (Bogner, Littig & Menz 2009, p. 652–667 cited by Döringer, 2020, p. 3). Therefore, two experts each, from HK and CH, respectively, were interviewed. The acquisition of experts was based on research on LinkedIn and upon the suggestion of Professor Catherine McBride from The Chinese University of Hong Kong. All experts were contacted via E-Mail (appendix B) in late October/ early November 2020 and received the questions and a consent form for research participation

(appendix C) prior to the interview. The background of experts is further described in appendix D.

Student Interview

The sample includes three psychology students from HK and CH (total N:6) comprising five female students and one male student. The students were recruited from The Chinese University of Hong Kong (CUHK) by Prof. McBride via E-Mail and from the University of Zurich (UZH) through individual students using online communication tools (e.g. WhatsApp) in mid-November 2020. When comparing groups from two different geographical areas, participants should represent a similar age range and educational background (Magnusson & Marecek, 2015, p.35). Therefore, the table below illustrates a set of criteria for the selection of the six interviewees.

Setting specific criteria as illustrated above allows a better comparison between HK and CH students, as the social structure of individuals impacts personal meaning-making and is key to interpretative research. The number of six participants is not representative of all psychology students in HK and CH. Nevertheless, the focus of interpretative research lies in the quality of research material rather than the pure number of research participants (Magnusson & Marecek, 2015, p. 36 & 79).

3.3 Protocol Development

Expert Interview

The protocol for expert interviews was developed based on the theoretical background of this thesis. As there has been little research conducted on mask-wearing norms during COVID-19 the expert interviews serve as a basis to understand the use of masks within HK and CH, respectively. The interview guide consists of eight open-ended questions to enhance “rich talk” and a conversational flow (Magnusson & Marecek, 2015, p.47). The protocol can be found in appendix E.

Student Interview

For interviewing students, an interview guide was prepared which serves as a memory aid to ensure all intended question items are covered (Magnusson & Marecek, 2015, p.46). The questions are based on the findings of the expert interviews and the theoretical background of this thesis. The protocol comprises an introduction and four subthemes including "Background Information", "Historical Aspects (SARS)", "Changes in Behavior since Outbreak of COVID" and "Cultural Aspects". To prevent participants from feeling offended, four demographic questions were asked at the end of each interview (Magnusson & Marecek, 2015, p.51 & 56). Thus, the guide includes items consisting of closed-ended questions followed by open-ended questions which makes it easier for participants to answer (e.g. “Does anyone in your close circle think wearing masks is limiting freedom?” Followed by “Why or why not?”) (Magnusson & Marecek, 2015, p. 53).

3.4 Pilot-Test and Data Collection

The following subtheme describes the pilot-test for student interviews and the method of data collection for expert and student interviews. The interviews with experts and students were performed in English to ensure equal conditions for all research participants.

Expert interview

Due to little knowledge on mask-wearing norms during COVID-19 by November 2020, explanatory expert interviews were conducted to gain knowledge and orientation of the unknown subject. The exploratory expert interviews relate to a

particular area of knowledge and differ from everyday knowledge, also defined as technical knowledge. Additionally, exploratory expert interviews are characterized by processual knowledge, which is based on the practical experience of an individual (Bogner & Menz 2009, p. 652–667 cited by Döringer, 2020).

Due to the high number of COVID-19 cases in both HK and CH (see chapter 2.3) the cloud-based videoconferencing service Zoom was chosen for performing interviews. Zoom allows direct recording of sessions and includes user-specific authentication (Zoom Video Communications Inc., 2016, cited by Archibald et al., 2019, p.2). Additionally, Zoom is intuitive and user-friendly, especially when considering first-time users. Furthermore, Zoom allows visual communication compared to a telephone session, which is key for building an interpersonal connection with interviewees. The experts were asked to turn on their cameras during the interview sessions to capture their body language and react to non-verbal expressions (Archibald et al., 2019).
To adhere to ethical regulations, the participants were asked to sign a consent form for research participation before the interview took place (Magnusson & Marecek, 2015. p.44). The four expert interviews took place within the period from the end of October and mid-November of 2020 and lasted between 10 to 20 minutes.

Student Interview

A pilot test was conducted in early December 2020 before performing the interview with psychology students. A pilot test serves to allow for a revision of an interview guide and demonstrates a crucial part of any research design. Moreover, pilot tests enable interviewers to practice conducting interviews specifically referring to their research project. Wording, as well as the order of items, can be modified upon the outcome of the pilot test. The performance of a pilot test is aligned with the procedure of the interviews, including recruiting and contacting participants as well as providing information on the research project and signing the consent form for research participation. The pilot test ensures that questions are easy to understand (Magnusson & Marecek, 2015, p. 70-72).

The pilot stage involved two psychology students, one each from CUHK and UZH, who are similar in background to the interview participants. A specific focus was set

on the comprehensibility of questions due to the cultural differences among HK and Swiss students. The wording of questions and order of items was revised according to the outcome of the pilot interviews. Furthermore, the responses were compared to the main research question, ensuring that the interview guide is tailored to the main research question (Magnusson & Marecek, 2015, p. 70-72).

The six student interviews took place in mid-December 2020 and lasted between 20 to 35 minutes. Similar to the interviews with experts, Zoom was chosen as an online communication platform and students signed a consent form as research participants prior to the interview. The participants were asked to turn on their cameras during the interview session to promote a natural and personal conversational flow (Archibald et al., 2019).

As the semi-structured interview aims to promote a conversational tone, the interviewer is not required to ask a strict order of questions. Instead, the interviewer enhances a conversational flow and can freely adapt to more suitable sequences within the given subthemes (Magnusson & Marecek, 2015, p. 46-47). Therefore, additional sub-questions were asked during the interviews and can be found in the transcribed interviews in appendix I.

3.5 Data Preparation

For preparing the interviews for analysis it is necessary to transfer the video-recordings into written records, defined as transcriptions (Dresing & Pehl, 2015, p.21).

Expert interview

The expert interviews were transcribed word-for-word shortly after the interviews took place. Due to limited time resources, the expert interviews do not comply with specific rules of transcription (e.g. punctuation) (Magnusson & Marecek, 2015, p.73-74). To ensure credibility, the transcribed records were sent via E-Mail to the interviewees for approval and revised upon suggestion (Ritschl et al., 2016, p.128).

Student Interview

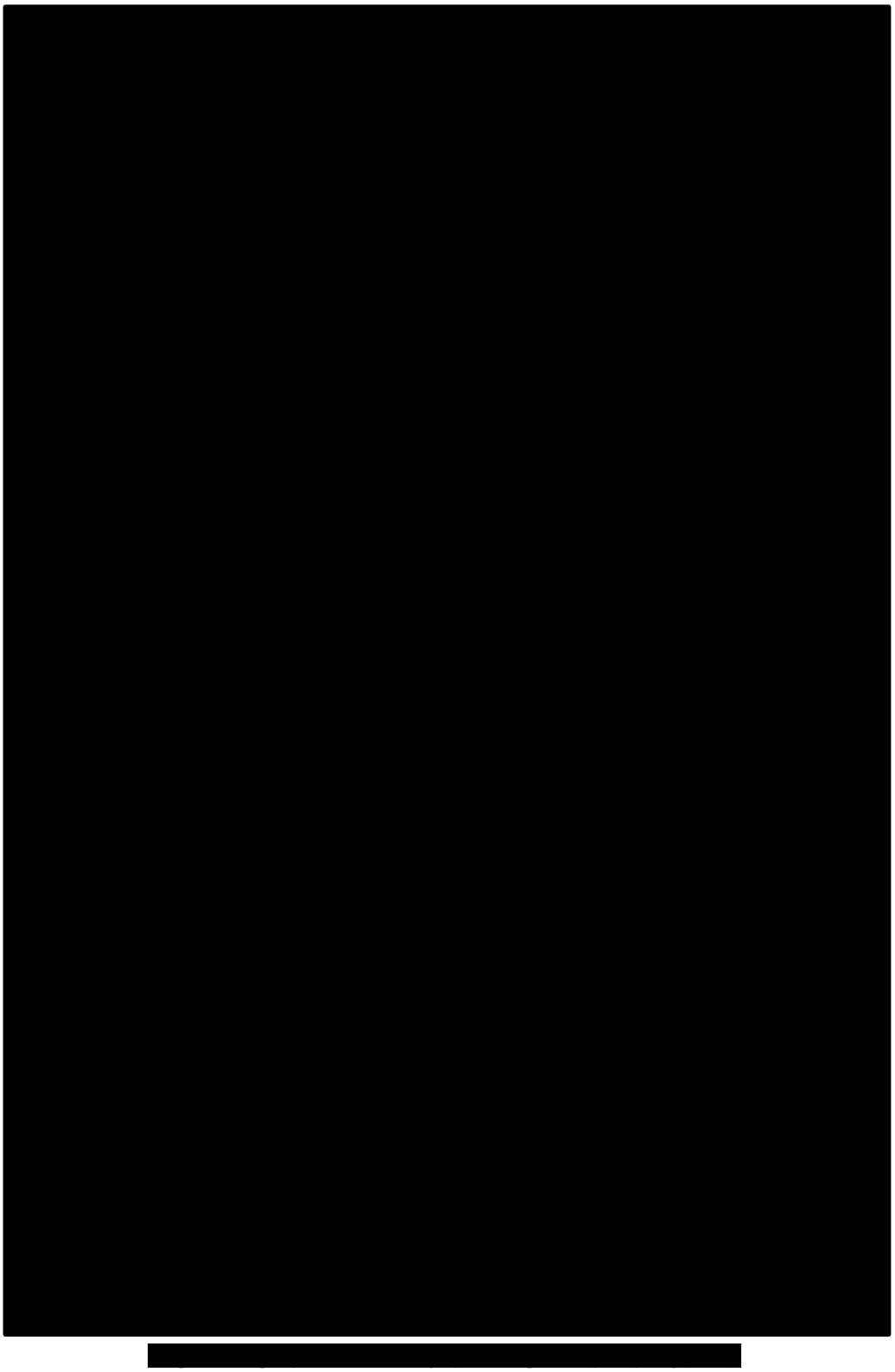
For preparing student interviews for analysis, specific transcription rules were set, aligned with the criteria of Dresing and Pehl (2015); these can be found in the table below.

[redacted]

When considering interpretative analysis, a transcription should not solely consist of the reproduction of words but serve as a comprehensive record of the conducted interview. For the protection of participants' anonymity, the interviewees' names were not added to the transcribed records (Magnusson & Marecek, 2015, p.74). As described for the expert participants, the transcribed students' interviews were sent to the participants for content approval.

3.6 Data Analysis

The analysis of both expert and student interviews is aligned with the criteria of inductive category formation by Mayring (2014) and based on the method of qualitative content analysis. The inductive category formation aims to reduce the interview material and generate core content. Hence, relevant interview content for the main research question is determined and not all material is used (Mayring, 2014, P.65 & 79). The inductive category formation was demonstrated using Excel. The graphic below demonstrates the analysis procedure for both, expert and student interviews. Due to time limitation, step seven "Intra-/Inter-coder agreement check", was not performed.



Expert Interview

Defining categories is a fundamental step for content analysis in qualitative research. At first five categories, illustrated in the table below, were created and specified.

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The interview transcripts were worked through line by line adding interview material to the given five categories. Additionally, new categories were formed for interview material that could not be subsumed to the existing categories (Mayring, 2014, p.81). The new categories covered the topics “*Health Behavior*” and “*Collectivism*". Due to extensive material on *"Mask Compliance"* the subthemes of *"General Compliance"* and *"Social Indicators in Cultural Context" were added.* The categories were revised multiple times in order to avoid overlaps and to aim for an adequate level of abstraction (Mayring, 2014, p.81). The table below demonstrates the final categories and definitions of the inductive category formation for expert interviews.

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[redacted]

Student Interview

As described, the analysis of student interviews was aligned to the inductive content analysis and akin to the analysis procedure of expert interviews. The content of the transcribed interviews was familiarized to create the following five categories illustrated in the table below.

[redacted]

Similar to the work described above for the expert interviews, the transcripts of students were subsumed under the given categories as well. Concurrently new categories were formed, while the pre-existing ones were revised. Once I had worked through half of the interview material, the subcategories were reallocated aiming for an adequate level of abstraction (Mayring, 2014, p. 81). For example, the category "*Feedback*" received three additional subthemes including "*Social Pressure on Mask Wearer*", *"Physical Distancing*", "*No Reaction/ Verbal Confrontation*" as illustrated in

the table below. The final categories including definitions can be found in the table below. The right column indicates whether a category was created deductive (d) or inductive (i). The five categories illustrated in table 8 were created before working through the interview content and are therefore defined as deductive categories. In contrast, any new categories in table 9 are defined as inductive categories.

[redacted]

A frequency analysis of the categories is illustrated and further described in chapter Results. It serves to compare the frequency of categories and highlight significant differences among HK and Swiss students (Mayring, 2014, p.83 & 86).

3.7 Quality Criteria

Quality criteria are key to ensure scientific reliability and accuracy when conducting qualitative research (Höhsl, 2016, p. 127). The aim is to demonstrate a comprehensive and reliable research procedure by means of multiple criteria (Cope, 2014, p. 89-91 cited by Höhsl, 2016, p. 128). The table below illustrates the quality criteria including a description of the research procedure.

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4. Results

The following pages illustrate and summarize the results of expert and student interviews. The results were analyzed and extracted to answer the main research question. Due to the inductive category formation, not all answers to the transcribed interviews are included (Mayring, 2014, P.65 & 79).

4.1 Expert Interviews

The primary focus of this research thesis is on student interviews. Therefore, the results of expert interviews are solely summarized and do not include subthemes. The most relevant content according to the main research question is illustrated below. The following results are based on four expert interviews and do not represent the whole HK and Swiss society. Experts 1 and 2 are based in HK, while experts 3 and 4 are based in CH.

Experts from HK and CH refer to the different types of masks. While in HK mainly surgical masks are used, Swiss citizens often wear masks of different materials such as cloth masks (E2). As HK has experienced SARS in 2003 the general population is familiar with the use of masks and trusts the science of public health. Experts 1 and 2 highlight the fact that HK citizens are more alert to infectious outbreaks and started wearing masks before mandated by the government due to SARS. Expert 2 indicates, nowadays wearing masks in HK is seen as a reminder of SARS in 2003.

Referring to expert 2 the use of masks in Asian countries is common as people wear masks when feeling sick. The cultural acceptance enables HK citizens to use masks daily (E2). In comparison, expert 3 explains that the general population in CH, even well-educated people, started wearing masks only once forced by the government. Besides, some people challenged the mask mandates and linked them to limiting freedom. Nevertheless, people got used to mask-wearing as a matter of time (E3).

Expert 1 describes mask-wearing as beyond one's individual choice. The public health practice serves as a protection for oneself and one’s community and can be linked to collectivism. Furthermore, HK citizens are considered selfish when not using masks in public places (E1). In contrast, expert 3 highlights the idea that caring for

others is not highly promoted in Europe. Therefore, understanding the mentality among citizens is needed to create and implement successful public health measures.

Additionally, social pressure plays a central role when considering the use of masks in HK and CH (E1, E2 & E4). Expert 1 describes how, during COVID-19, HK people point at each other if one does not wear a mask in public. The use and attitude towards masks are influenced by one's close network (E4). The way new policies are communicated within a pandemic impacts an individual`s motivation to comply with new regulations (E3). Therefore, expert 2 highlights the need to consider psychological factors when implementing public health policies.
These results were used to create a qualitative questionnaire for student interviews.

4.2 Student Interviews

The results of student interviews were analyzed and extracted referring to similarities and differences among HK and Swiss students. The following frequency analysis illustrates the number of codes for each category based on the data analysis using Excel. Each statement received one code and was subsumed to one category. For example, the statement of P3 "Yes, SARS took place in HK years ago…" (row 11-12) was added to the category "SARS" receiving one code. In both HK and CH the number of interviewees was three (total 6). Due to the main research question, the number of codes is illustrated by geographical area.

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

The table above gives an overview of the frequency of categories and highlights the different perspectives among HK and Swiss interviewees. The following pages indicate more details on the interview content referring to the frequency analysis. The results of student interviews are illustrated according to the defined categories. Students P1 to P3 are HK psychology students, while students P4 to P6 represent CH psychology students. The transcribed interviews with more details can be found in appendix I. Despite the following generalized statements, the results refer to six students and do not represent all HK and CH citizens.

4.2.1 Surgical vs. Cloth Masks

The six research participants were asked to describe which mask types they usually wear during the pandemic of COVID-19. HK students describe using the same masks as their close family and friends, which are surgical masks. Student P3 refers to the ASTM (American Society for Testing and Materials) level of masks and wears level two to ensure enough protection (row 2-3).

In comparison, CH students and their close network wear different mask types including surgical and cloth masks. P5 indicates the use of both masks; *"(…) my boyfriend, I think, he wears both types. I think when he works, he wears the surgical one and in a private room, he wears textile ones"* (P5 row 12-14). At the beginning of the pandemic, two of the CH interviewees wore cloth masks and changed to surgical masks after a recommendation by the government and the given lack of time to clean the textile masks (P5 row 50 & P6 row 16-21).

Hence, the frequency analysis demonstrates that HK students solely use surgical masks while CH students vary between different mask types.

4.2.2 Lessons Learned from SARS and other Pandemics

The subcategory “SARS” represents seven codes merely referring to HK interviewees. Due to the past pandemic of SARS mask-wearing has already been practiced among HK society in 2003 (P1 row 18-20). Personal hygiene was promoted during SARS and led HK students to be more aware of hygiene-related practices, e.g., washing hands (P2 row 23-28). P3 describes; *“(…) SARS took place in Hong Kong years ago and it caused massive destructions to the community. Basically, we are learning from the past experience during the SARS period”* (row 11-12). P3 remembers that, back in 2003 HK citizens were highly alert, tried to stay at home, and practiced personal hygiene (P3 row 15-17). P3 refers to stories from the past, in which nurses and doctors sacrificed their life to cure patients (row 18-20).

In contrast, CH students name different infectious diseases when thinking of past pandemics. The swine flu, the Spanish flu, and the importance of washing hands are mentioned (P4 row 18-19 & P5 row 18-19). P6 has not experienced any pandemic similar to COVID-19 (row 23).

Summarizing, HK students recall the same virus, emphasizing SARS in 2003, while Swiss interviewees do not refer to a common denominator.

4.2.3 Use of Masks

Mask-Wearing as Common Practice

The interviewees were asked to elaborate on their use of masks before COVID-19 took place. In total nine codes were added to the subcategory “Mask Wearing as Common Practice” and merely refer to HK interviewees. Hence, P1 describe wearing masks as common practice among Asian countries (row 61-63). In the past P1 wore masks when feeling sick to prevent spreading the disease or getting infected by other viruses (row 30-33). “*It is a normal practice. At school when you see people wearing masks it is because they feel sick and that means they are sick and get more breaks, it means they can sleep during lessons in high school”* (P2 row 43-45). Since HK trains are very crowded, masks are often used in public transportation (P2 row 34-36).

Due to past experiences with SARS HK citizens took the initiative and started wearing masks before mandated by the government (P1 row 36-38). "*I remember there was a period, a gap between the beginning of the pandemic and the mandate. My use of mask was instant. When there were few cases in Hong Kong, we started wearing masks. My social circle also did because we were quite aware of this virus. I would say 80 to 90 % of the people on the streets started to wear masks at the start of the pandemic before the mandate. The people on the internet thought that the government is very slow in terms of the mandate because people should be wearing masks*” (P2 row 67-72).

The results highlight the common practice of mask-wearing in HK before COVID-19. Hence, HK students immediately reacted to the first COVID-19 cases by wearing masks without governmental force.

Mask Wearing as a New Concept

In contrast, CH students have not worn masks in public before COVID-19. P5 is only familiar with wearing masks in the medical fields (row 24-25). “*I have never worn a face mask before actually*” (P6 row 25). Hence, the adaptation to mask-wearing varied widely at the beginning of the pandemic (P4 row 30-31). Swiss interviewees describe wearing masks once forced by the government also referring to their close circle (P4 row 60, P5 row 51 & P6 row 44-45). Due to the different cantonal regulations in CH, P4 was often confused about whether to wear masks. For

example, in canton Glarus, one could enter supermarkets without wearing a mask, while in Zurich masks were mandatory. Since the government announced national regulations student P4 is less confused (row 47-53). Furthermore, P5 linked masks to the hospital setting, arousing fear and anxiety (P5 row 31-33). *“The first time seeing a person with a mask was quite shocking for me and it pointed out the seriousness of this virus. It was weird*” (P6 row 30-31). P6 further compares her/his experience to a movie scene demonstrating the end of the world (row 33-34).
To sum up, the subcategory “Mask Wearing as a New Concept” was coded 17 times and solely refers to CH students. Thus, CH students started wearing masks once mandated by the government and had difficulties adapting to the new regulations (P3 row 45 & P5 row 33).

Mask Habituation

Interviewees from both HK and CH link mask-wearing to a habit of practice (P1 row 112-113 & P4 row 39-41). Nevertheless, with a total of ten codes especially CH students describe getting familiar with masks. *"I think you just have to get used to it, adapt and accept what they say"* (P6 row 73). P5 could not imagine wearing masks to become ordinary. Nowadays, the general public uses masks and it is bizarre if one does not comply with the mask regulations (P4 row 25-26 & P5 row 65-66).
To summarize, CH interviewees were not familiar with mask usage before COVID-19. Thus, they highlight multiple times getting used to masks throughout the pandemic (P5 78-79 & P6 row 73).

4.2.4 Motivational Factors

Masks for Self-Protection and Protection of Others

The motivational reasons for wearing masks vary among HK and CH psychology students. An interviewee from HK and two interviewees from CH name self-protection and the protection of others as their main motivational reasons to wear masks. P1 highlights the need to protect the older generation as they are at higher risk of COVID-19 (row 122-126).
Whereas two HK students emphasize the use of masks for self-protection. P2 solely wears masks to protect his-/herself describing *“I think it is solely for self-protection and if all people do it, they are safe together*” (row 181-182). P3 studied a semester

abroad in the United States during the outbreak of SARS-CoV-2, he/she wore a mask to prevent getting infected while no one else did. Therefore, P3 values self-protection (row 52-54).
To sum up the opinions concerning self-protection and protecting society when wearing masks vary within geographical areas. HK students generally empathize more with mask-wearing for self-protection in comparison with CH students. Nevertheless, no clear conclusion can be drawn upon the given results.

Masks Represent Solidarity

The following subtheme illustrates results based on solidarity, collective behavior and goes beyond the protection of others. As four codes refer to HK and five codes refer to CH interviewees, community goals occur equally often during interviews with HK and CH students.
Apart from P2, all students express the need for joint engagement to reduce the spread of SARS-CoV-2. P1 describes HK as a collective community and P3 prioritizes the community's benefits over the individual's needs when facing a severe situation (P1 row 50-52 & P3 row 158-159). People not wearing masks are seen as selfish. Hence, they do not consider the community as a whole and add burden to the medical system in case of infection (P3 row 129-131). As the entire globe is affected by the current pandemic, everyone should engage in reducing the numbers of COVID-19 (P4 row 148-149). P5 indicates "*We can only fight this virus if we do it together. So everyone needs to help and invest in this"* (row 99-100). Therefore, wearing a mask is seen as a step towards solidarity (P6 row 63-64). Students of both geographical areas link mask-wearing to community goals, which go beyond individual purpose.

4.2.5 Feedback

Social Pressure on Mask Wearer

The following subtheme will illustrate negative reactions towards mask-wearing within public places. Two of the HK students participated in a study program abroad in January 2020 and experienced the beginning of COVID-19 in the United States (US) and the Netherlands (NLD). The subcategory "Social Pressure on Mask Wearer" covers four codes only based on interviews with HK students. P1 describes her/his

experience in a supermarket in the NLD, where an old lady ran away when seeing P1 and friends wearing a mask (row 67-70). In general, P1 wore masks when going out in the NLD and received negative feedback from surrounding people assuming she/he is infected. Hence, the student occasionally took off the mask to demonstrate being perfectly healthy (128-132). P3 had a similar experience with negative reactions when wearing masks in the US. At the start of the COVID-19 mask-wearing was not common in the US. Therefore, people labeled P3 as being sick, which made the student feel uncomfortable and embarrassed (row 36-41). Nevertheless, P3 indicates "*(…) I truly realized that self-protection is more important than how I will be judged by others. So I still insisted on wearing a mask* (row 41-43)".
Although the US, NLD, and CH are different in many aspects, mask-wearing was not common in any of the three countries. Therefore, the experience of P1 and P3 during their study program abroad can potentially be adapted to CH.

Avoid Close Contact to Non-Mask Wearer

In total ten codes, related to HK interviewees, were added to the subcategory "Physical distancing". Hence, HK students emphasize avoiding close contact with people not wearing masks in public places. If possible, they walk away, ensuring enough distance to people not using masks (P2, 122-123). *"If they see you on the street, not wearing a mask, they will run away or just try to keep a larger distance between you guys* (…)" (P1 row 46-48). Even when wearing the mask wrong (e.g. underneath the nose) HK people generally walk away to avoid any infection (row 157-159). In those situations, HK students indicate being scared and feeling endangered (P3 row 56-59). HK students describe the same reactions among their close network.

No Reaction to Non-Mask Wearer

In contrast, CH interviewees generally do not react to people not complying to mask regulations (P4 row 99-100). When using public transportation, they ignore strangers not wearing masks and stay seated (P5 row 94 & P6 row 103). P4 describes "(…) *I do not know the reason why he is not wearing it. I know there are people who have issues, and they are not allowed to wear masks* (row 95-96)". Only one friend of P4 confronts people directly in public transportation (P4 row 95-96). The reactions

among Swiss students are similar as they rarely change their behavior or ensure enough distance to the non-mask wearer. The subcategory "No Reaction/ Verbal Confrontation" represents ten codes and underlines the given results.

4.2.6 Limiting Freedom

The participants were asked to describe the link between mask-wearing and limited freedom among their close networks.

No link between Masks and Freedom

HK students do not connect mask-wearing to limiting freedom as protection is valued over other aspects (P1 row 58 & P2 row 93-94). P3 describes *"We are really doing that from the bottom of our heart instead of finding it freedom restricting"* (row 65). Hence, HK students have never experienced protests against mask regulations in times of COVID-19 (P1 row 141, P2 row 211 & P3 row 163). In total six codes represent the subcategory "No link between Masks and Freedom" solely relating to HK interviewees.

Challenging Mask Regulations

In contrast, CH students name multiple reasons which support the link between masks and freedom restriction. Eight codes based on CH interviewees were added to the subcategory "Challenging Mask Regulations". P4 describes people not wearing masks as rebelling against governmental rules (row 116-119). Thus, mask regulations are enforced by the government and not one`s individual choice (P5 row 81-83). Therefore, P6 indicates people might feel attacked and think their personal freedom is threatened (row 119-126). The following statement highlights the feeling of limited freedom among CH students; *"Yes, because we are in Switzerland and everyone has his freedom to think in his way, to act in his way and have the behavior he wants to show us. I think they are like, why are we in Switzerland and normally allowed to act like we want to and now (…) it is the other way around*" (P4 row 121-124).

Moreover, CH interviewees name various mask demonstrations. Protests were watched on TV and read on the news but never experienced live (P4 147-148 & P6 row 160-161). P5 was confronted by a stranger telling her/him to fight against

restrictions by the federal council. “*He told me I am young I should refuse these restrictions and this virus does not exist”* (row 130-132).
In conclusion, the perspectives differ among HK and CH students. HK interviewees do not relate masks to limited freedom, whereas CH students name many possible factors which link the given two components.

5. Discussion

In the following chapter, the results will be linked to the main research question and further implications of the findings are discussed. A summary covering results and interpretations is illustrated. Thus, the results emphasize the fact that social sanctioning and governmental regulations are key to describing differences among HK and CH mask-wearing norms. Therefore, the summary of results is followed by the subthemes "Social Sanctioning" and "Governmental Regulations", which are in line with previous studies and refer to the main research question "*How do mask-wearing norms among psychology students in Hong Kong and Switzerland differ during COVID-19?”.*

5.1 Summary of Results

The results demonstrate different mask-wearing norms among the six interviewed HK and CH students. Yet, the fact that HK interviewees wear surgical masks and CH students use various mask types (e.g. textile ones) highlights different normative behaviors. As HK students stress the level of protection, it can thus be interpreted that they pay more attention to mask quality standards. Hence, the choice of masks can be further linked to past experiences. Both HK students and experts strongly emphasize being more alert to pandemic outbreaks due to SARS in 2003. Especially since SARS consisted of the same type of coronaviruses, it triggered memories among HK citizens (E2). The history of SARS strongly shaped normative behavior related to mask-wearing norms in HK. It may be assumed that SARS promoted pandemic preparedness among HK students and raised the performance of collective behavior.

Nevertheless, students from both geographical areas highlight the importance of community goals and joint behavior in times of COVID-19. This common factor can

possibly be linked to cultural implications or tailored political messages. Governments emphasizing solidarity when enforcing public health regulations may promote collective attitudes and behaviors. An additional important finding is the strong value of self-protection among HK students. This can be proven via the examples from two of the HK interviewees, who experienced the beginning of COVID-19 in the US and NLD. At that period in time mask-wearing was not common in the US or in the NLD. Nevertheless, both students wore masks during their study abroad. In comparison, the interviewed CH students only started wearing masks once they were mandated by the government.

However, especially CH students emphasize getting used to mask-wearing throughout the pandemic. The described "weird" and unfamiliar new behavior of mask usage turns into daily habituation and common practice in CH. The results can essentially be interpreted as the first step towards creating a new norm among CH students. There has been a transition of an unknown behavior turning into a solitary act during a pandemic crisis, when suddenly not wearing a mask is seen as "bizarre".

5.2 Social Sanctioning

As previously described, mask-wearing in HK is seen as common practice in public places due to past experiences with SARS. Past research underlines the psychological and collective trauma of HK citizens, which was caused through exposure of SARS (Bonanno et al., p. 659-667 cited by Lei & Klopack, 2020, p.35). Thus, the high population density leads HK interviewees to wear masks in public transportation even before COVID-19. Students describe wearing masks in school when feeling sick to prevent spreading a disease or getting infected with other viruses. Hence, HK students and experts indicate that mask-wearing is culturally accepted in HK. Therefore, mask-wearing can be interpreted as morally appropriate behavior in HK during COVID-19, which is socially sanctioned when not performed in public. As Opp (2015, p.5) describes “Sanctioning means that others impose a cost on a person if a behavior is or is not performed”. If one does not wear a mask, HK students highlight that people generally ensure enough distance, walk away if possible, or even point towards the person not wearing a mask. The described behaviors can be associated with social sanctioning. Providing direct feedback on

one's behavior is seen as a crucial step to developing normative behavior that encourages preventive actions (Van den Broucke, 2020).

In contrast, CH students rarely react to people not wearing a mask during COVID-19. Hence, if a norm is not internalized, obligatory, or linked to social sanctioning, the practice is less likely to become a norm (Fehr & Gächter, 2002, p. 137-140 cited by Diekmann, 2020, p. 244). This can be linked to the behavior of CH interviewees in the following way. Firstly, at the start of the pandemic mask-wearing was an unfamiliar practice in CH and therefore not internalized in social and cultural habits. Secondly, national mask regulations were not put in place until July 6th, 2020 in CH as described in chapter 2.3. Thirdly, social sanctioning when not wearing masks is not strongly performed among Swiss students. Given these three factors, the norm of mask-wearing is less developed among CH interviewees compared to HK interviewees.

Van den Broucke (2020) implies that changing people's behavior is not possible by informing them about risks. Instead, an environment that enables people to perform preventive behavior should be created. Thus, CH students had difficulties adapting to the new behavior of mask-wearing at the start of COVID-19. Therefore, environmental factors such as their social network may have influenced CH interviewee's preventive behavior. If mask-wearing is not socially accepted, people will not adhere to the unfamiliar preventive behavior.

5.3 Governmental Influence

In line with previous studies, the introduction to mask-wearing is key for creating new norms (Diekmann, 2020). Referring to Chapter 2.3 at the beginning of the pandemic, the CH government declared mask-wearing to be unnecessary based on recommendations of WHO (FOPH, 2020a). Multiple factors such as the inconvenience of masks, missing knowledge, and habitual behavior have possibly influenced CH students to not wear masks from the start of the pandemic (Diekmann, 2020). Diekmann (2020) indicates that people are less likely to adapt to a new behavior if only performed by an individual. The more people who visually comply with a norm, the more likely individuals are to follow the same normative behavior

(Cailadini et al., 1990, p. 1015–1026 cited by Diekmann, 2020, p.244). Once the community started wearing masks in CH, individuals did not feel embarrassed and could easily adapt (Diekmann, 2020).

Thus, the CH government did not enhance national regulations until July 6th, 2020, and instead promoted cantonal mask regulations. Diekmann (2020) underlines that regional political decisions during COVID-19 diminish normative behavior such as the new concept of mask-wearing. Due to CH's federalist structure, health care responsibilities are divided among federal, cantonal, and municipal authorities (FOPH, 2021). Hence, the cantonal and inconsistent mask regulations at the beginning of the pandemic led to confusion among CH students. P4 remembers her/his close network thought *"I do not see the point, why I have to wear a mask in the train but not in the supermarket at the beginning of the pandemic. But now with the generalization wearing masks makes more sense to them (…)*" (row 70-73). Therefore, clear communication is needed to enhance social norms and expectations of mask-wearing. It is key to communicate new health policies strongly and consistently (Swiss National COVID-19 Science Task Force, 2020b).

Moreover, the question arises as to why CH students use a different type of masks including cloth masks. CH students describe wearing masks once mandated by the government. Therefore, the interviewees' primary objective probably was following governmental rules rather than wearing a safe mask type. In comparison, HK students and their close circle only wear surgical masks. Possibly the use of cloth masks might not be culturally accepted in HK.

Furthermore, a clear difference among HK and CH students can be found in their perspectives of mask-wearing in relation to freedom. HK interviewees do not question the value of masks and are very cautious about preventive measures (Expert B). Swiss students describe the opposite. For example, P4 indicates *"I think it is sometimes like rebelling (…) they do not want to wear masks because the government says so*" (row 116-119). Thus, norms are technically unwritten rules of behavior (Opp, 2015). Rebelling against political regulations amplifies the fact that mask-wearing in CH is not grounded in cultural beliefs.

To sum up, Lei and Klopack (2020) highlight the idea that mask-wearing is not merely linked to political and biological factors but can be explained by new norms. Hereby, a crucial difference between HK and CH interviewees can be identified. Mask wearing among CH students is mainly linked to political regulations, while HK students refer to their core values and describe wearing masks “from the bottom of their heart” (P3 row 65).

5.4 Further Research Implications

There are multiple research approaches in the area of health promotion and prevention to further explore and validate the given results and interpretations. A possible research question for further studies is "How will mask-wearing during COVID-19 influence Switzerland's pandemic response for future infectious outbreaks?" to explore lessons learned on mask compliance. Additionally, further studies on mask-wearing norms in HK could analyze more in-depth how HK citizens experience social pressure on mask-wearing and how mask-wearing norms eventually change in post-COVID-19 time. Moreover, a quantitative study with a larger number of research participants in HK and CH is needed to review the current findings and draw upon more representative conclusions.

Hence, a stronger focus on behavioral science, when implementing public health regulations or giving public health advice, is needed during a global pandemic. Therefore, the influence of peer-pressure on the COVID-19 vaccination could be examined. A COVID-19 study could explore the influence of one’s social circle on the willingness to vaccinate. The results show that health promoters should focus more on implementing tailored communication strategies for creating new norms. Thus, a retrospective study could analyze citizens’ trust in governmental advice since the beginning of COVID-19.

5.5 Limitations

Due to the small number of participants, the findings cannot be generalized and are not representative of HK's and CH's society. However, multiple questions of the interview guide refer to the social network of students. Therefore, conclusions can potentially be generalized to a broader spectrum of people apart from psychology students. Moreover, it is difficult to compare the results to other studies as there are various forms and definitions of social norm approaches (Dempsey et al., 2018).

Furthermore, the US and NLD cannot be directly compared to CH. Nevertheless, in all three countries, mask-wearing was a new concept before COVID-19. Thus, the experience of HK students in the US and NLD can potentially be generalized to CH. The interviews were conducted in English and not in the interviewee's native language (German and Cantonese). Although accessible and informal language was used, some interview participants faced difficulties expressing their thoughts in English and mentioned not feeling fully comfortable speaking in English. Still, the interviews were performed in English to ensure equal conditions for students of both geographical areas. As the Inter-/ Intra-coding agreement was skipped the content analysis does not include a measure of objectivity (Mayring, 2014, p. 109). Finally, social desirability is a possible bias of the semi-structured interviews with students. The interviewees have potentially given more favorable instead of "true" responses (Lavrakas, 2008).

6. Conclusion

Overall, the given results highlight the influence of social norms on mask-wearing. Thus, three components can be identified which demonstrate different mask-wearing norms among HK and CH students. Past pandemic experience, governmental mask regulations, and social sanctioning differ among HK and CH students in times of COVID-19.

Historical events play a fundamental role in understanding people's decision-making and their normative behavior. Therefore, the memories of SARS have contributed to the pandemic preparedness and social values of HK students. Furthermore, the findings show the influence of social sanctioning on mask-wearing. In HK, one receives negative feedback from surrounding people when not wearing a mask during COVID-19. Hence, the negative feedback shapes HK students' normative behaviors. However, it is important to bear in mind that social norms are likely to result in peer pressure as HK students may feel pressure to wear masks.

By contrast, CH interviewees had not experienced mask-wearing before COVID-19. Especially at the beginning of the pandemic, mask regulations were not nationally enforced in CH. Therefore, CH students may have doubted the preventive function of masks. Thus, the inconsistent mask regulations have diminished normative behavior in CH (Diekmann, 2020). Nevertheless, CH students got used to mask-wearing and the results emphasize the potential of using social norms for preventive health strategies.

As norms are part of the social determinants of health, they play a central role in today's health promotion (WHO, 2003). The different mask-wearing norms of HK and CH students demonstrate the impact of social environment on our pandemic responses. The CH policy implementations and the lack of literature highlight the need to invest more in social norms as a tool for preventive behavior in CH. Close collaboration among health promoters and authorities is crucial to strengthen preventive behavior by internalizing new social norms (Van den Broucke, 2020). Due to the different mask-wearing norms among HK and CH interviewees, health

promoters and authorities should focus on the following three recommendations in future pandemics.

1. Focus on behavioral science and the creation of new norms to promote preventive actions such as mask-wearing.
2. Enable an environment that allows individuals to adapt to a new behavior by creating clear and consistent health regulations.
3. Promote giving feedback among the community to enhance preventive behavior (taking peer pressure into account).

COVID-19 has had multiple negative impacts on various facets of people's lives. Therefore, a broader perspective on biopsychosocial factors is key for creating future health-promoting interventions (Lei & Klopack, 2020). Masks should not be enforced as medical equipment but grounded in social and cultural practice by creating new norms (Westhuizen et al., 2020).

In conclusion, future research needs to focus on the mutual interplay of social norms and public health policies aiming for a more consistent and trustworthy pandemic response in Switzerland.

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8. List of Graphics

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9. List of Tables

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10. Declaration of Originality

«Ich erkläre hiermit, dass ich die vorliegende Arbeit selbständig, ohne Mithilfe Dritter und unter Benutzung der angegebenen Quellen verfasst habe.»

22.04.2021

Datum und Unterschrift

Wortzahl
Abstract: 181
Arbeit: 9’574

11. Appendix

Appendix A Selective Literature Review

The selection of scientific articles will be further justified by describing the background of the author and the impact factor of the journal by using “Scimago Journal & Country Rank” (SJR). The component “H-Index” measured productivity and citation impact. The SJR measures the scientific influence of the journal by using the number of citations received by a journal and of the journals.

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Rochelle Aberer

Appendix B E-Mail to Experts

German Version

Sehr geehrte Frau

Gerne schreibe ich Ihnen bezüglich dem erwähnten Experteninterview von Max Muster.

Ich studiere Gesundheitsförderung und Prävention an der Zürcher Hochschule für Angewandte Wissenschaften und schreibe derzeit meine Bachelorarbeit. Ich befasse mich mit den Themen soziale Normen und dem Tragen von Gesichtsmasken während COVID-19 und vergleiche Hong Kong mit der Schweiz.

Da diese Thematik noch sehr neu ist, dienen vier kurzen Experteninterviews als Grundlage um ein Leitfadeninterview für Studierende erstellen zu können. Ich schreibe meine Bachelorarbeit auf Englisch und würde Ihnen sehr gerne folgende Fragen stellen;

- Does Switzerland's society think people should always wear face masks?
- When does Switzerland's society think face masks should be worn and when not?
- What does the majority of Switzerland's population think about why face masks should be worn?
- What are the recommendations for wearing face masks in public spaces?
- Does Switzerland's society think people should wear face masks more, less, or the same as they do now? Why?
- Can you provide suggestions on what to keep in mind when conducting a qualitative questionnaire on social norms and face mask-wearing?

Ich würde mich sehr freuen mit Ihnen als Expertin im Bereich Gesundheitspsychologie ein 15-minütiges Interview auf Englisch durchzuführen. Wären Sie am nächsten Montag Vormittag (9. November) für ein kurzes Interview verfügbar? Was wäre der beste Zeitpunkt für Sie?

Besten Dank und freundliche Grüsse,
Rochelle Aberer

English Version

Dear

I am writing regarding the request of Cammie McBride for an interview on social norms and face mask-wearing during COVID19 for my bachelor thesis. I will compare Hong Kong and Switzerland and would be pleased to have a 15 to 20 minutes qualitative interview with Mr. Wong via Zoom/Skype on his expert perspective.

As little research has been conducted on this topic the interviews with experts (two from both Hong Kong and Switzerland), serve as a basis to conduct a qualitative questionnaire for university students. The interview will consist of the following questions:

- Does Hong Kong's society think, people should always wear face masks?
- When does Hong Kong's society think, face masks should be worn, and when not?
- What does the majority of Hong Kong's population think about why face masks should be worn?
- What are the recommendations for wearing face masks in public spaces?
- Does Hong Kong's society think people should wear face masks more, less, or the same as they do now? Why?
- Can you provide suggestions on what to keep in mind when conducting a qualitative questionnaire on social norms and mask-wearing?

It would be a great honor to have an interview in the following two or three weeks. What time and date suits you best?

Thank you very much for your kind consideration and I look forward to hearing from you.

Kind regards,
Rochelle Aberer

Rochelle Aberer

Appendix C Consent Form for Research participation

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Appendix D Description of Experts

Professor Wong, from Hong Kong, is a clinician with training in both family medicine and public health. He is the director of the School of Public Health and Primary Care in Hong Kong and his research interests include the development of mindfulness-based and mental health interventions.

Another expert from Hong Kong has a background in psychology and public health. The person is experienced in the management of infectious disease outbreaks.

Further two experts located in Switzerland include Professor Suzanne Suggs and Doctor phil. Annemarie Schumacher-Dimech. Professor Suggs has a background in health studies with a special focus on health education and behavior, online health communication, and community health. She is a professor of social marketing at the Università della Svizzera Italiana and serves as a member of the public health expert group of the Swiss National COVID-19 Science Task Force.

Annemarie Schumacher Dimech holds a PhD in health psychology and has over ten years' experience in this field. She currently works as a program manager of the palliative care further education program at the University of Lucerne. Her research interests include mental health in correlation with human behavior, sex and gender difference in brain and mental health, and the impact of socioeconomic factors on mental health.

Appendix E Expert Interview Questions

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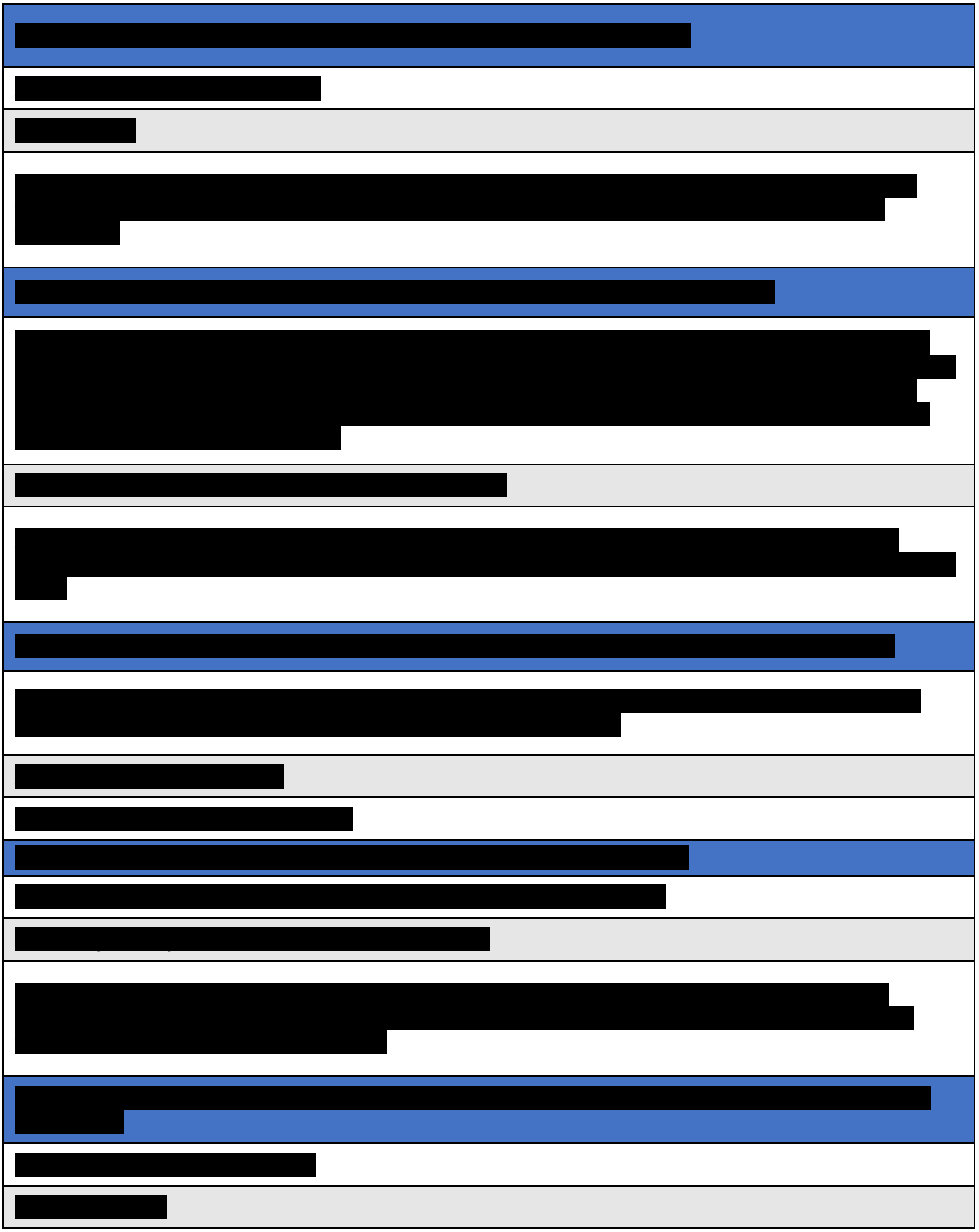
Appendix F Expert Interviews

F1 Expert Interview



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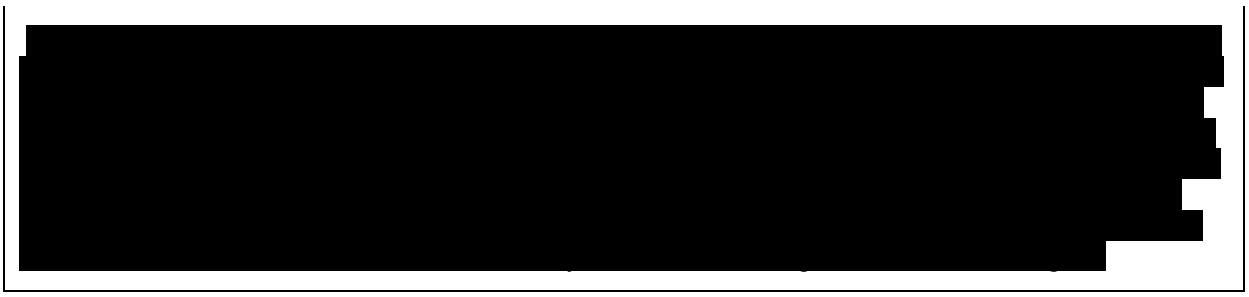

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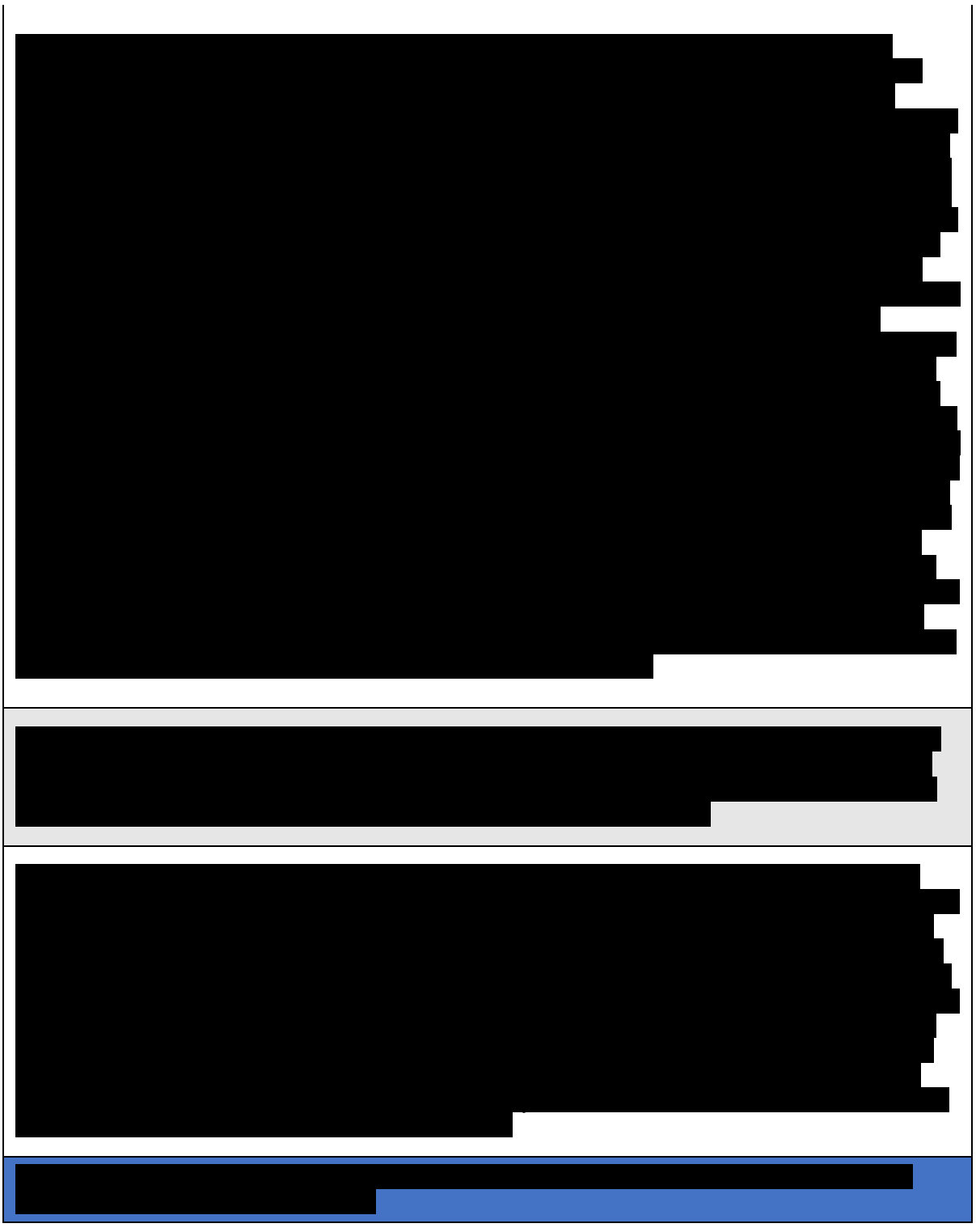

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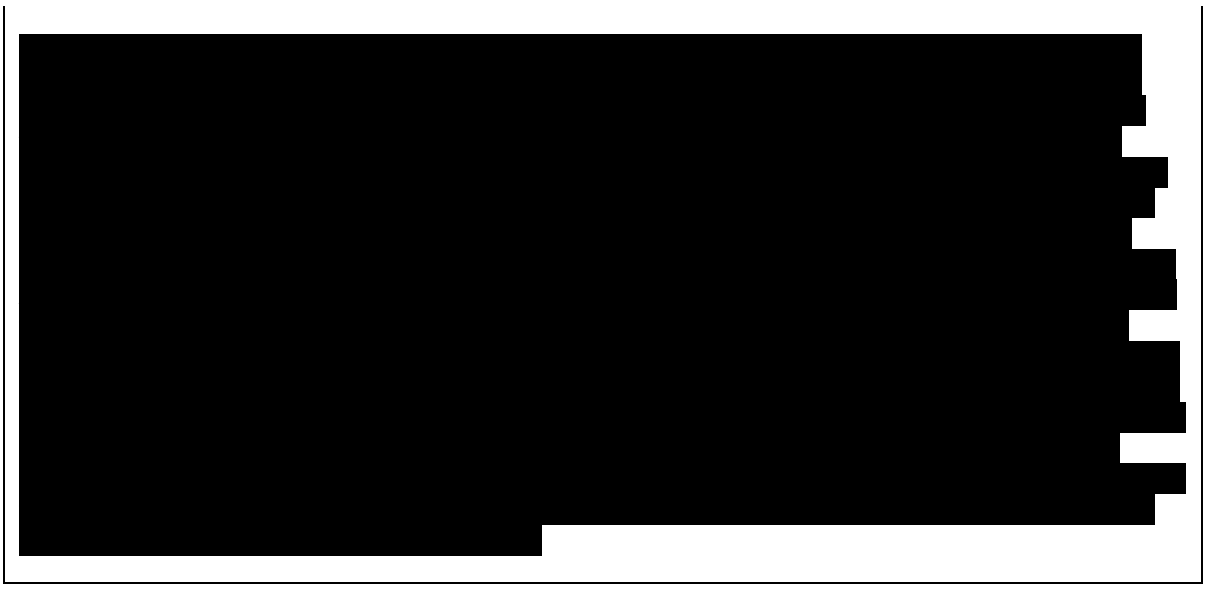

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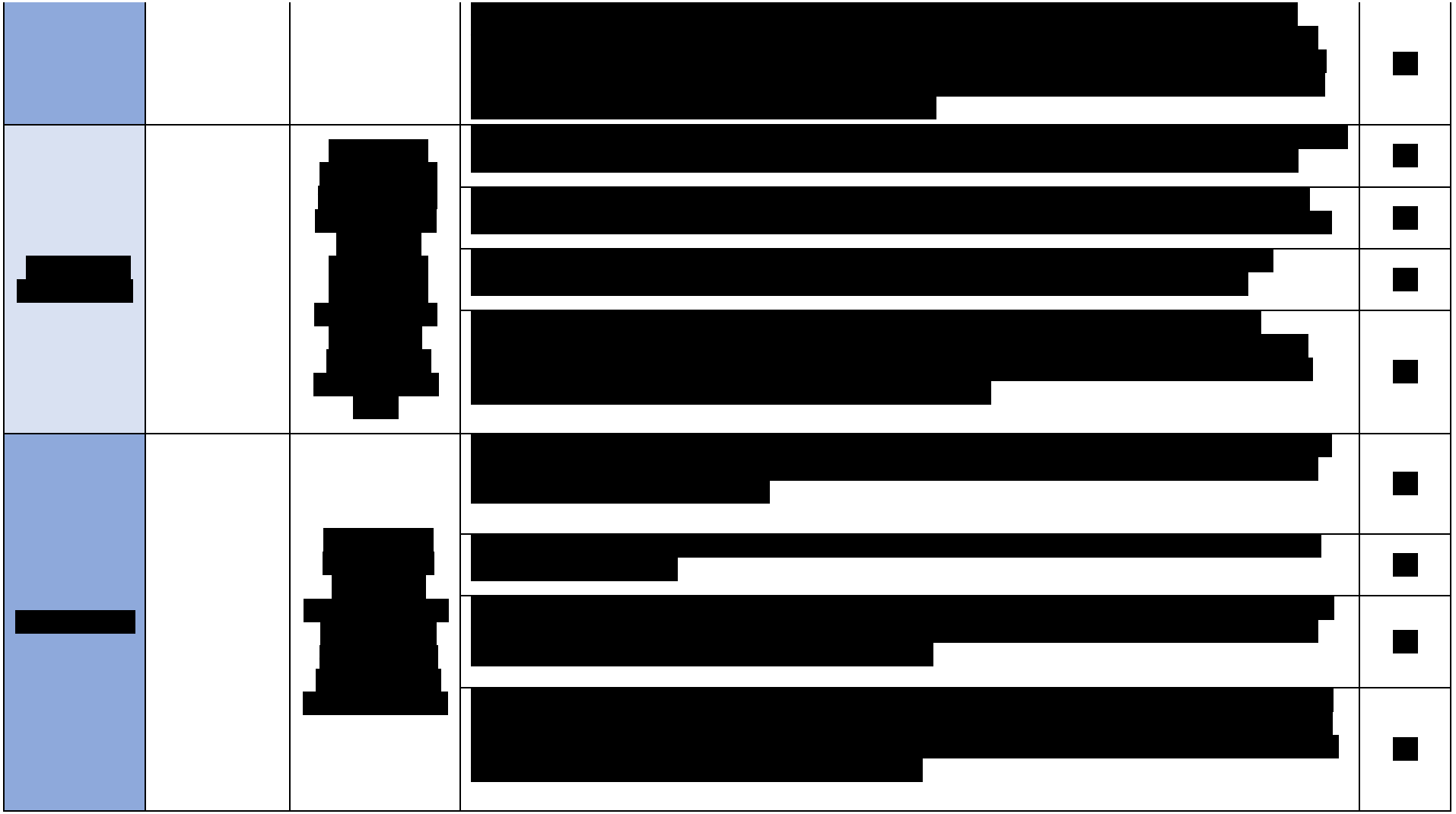

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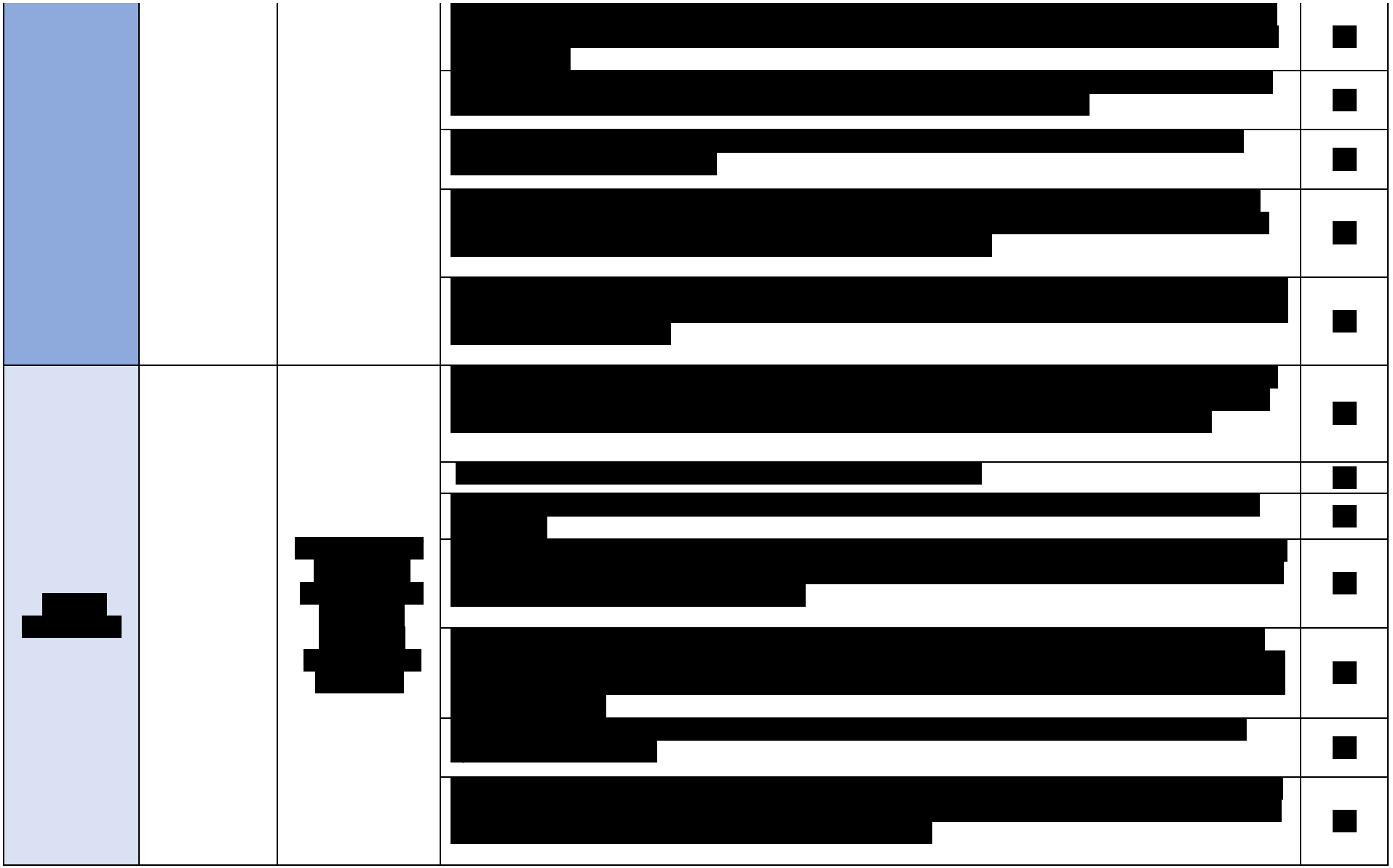

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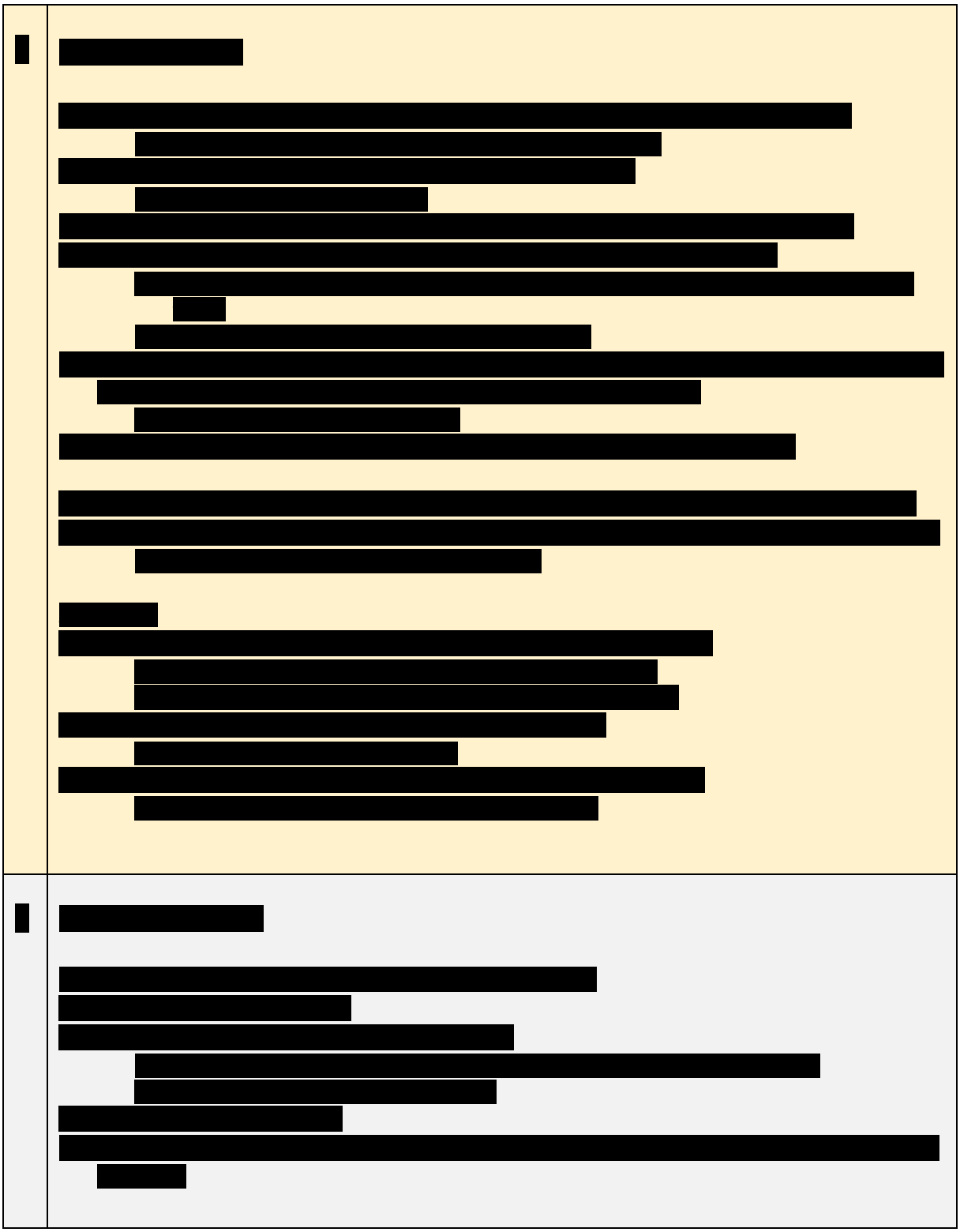

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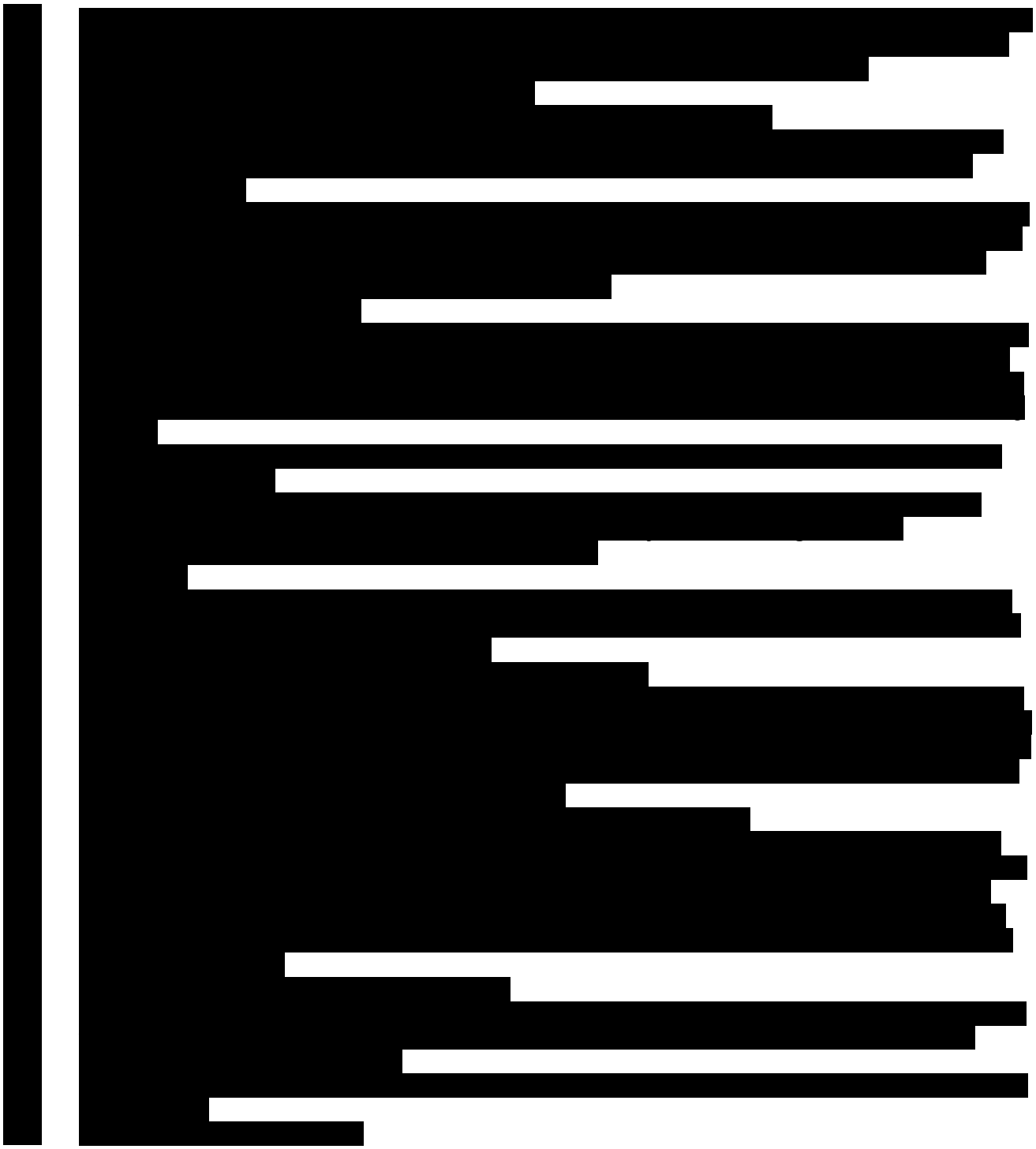

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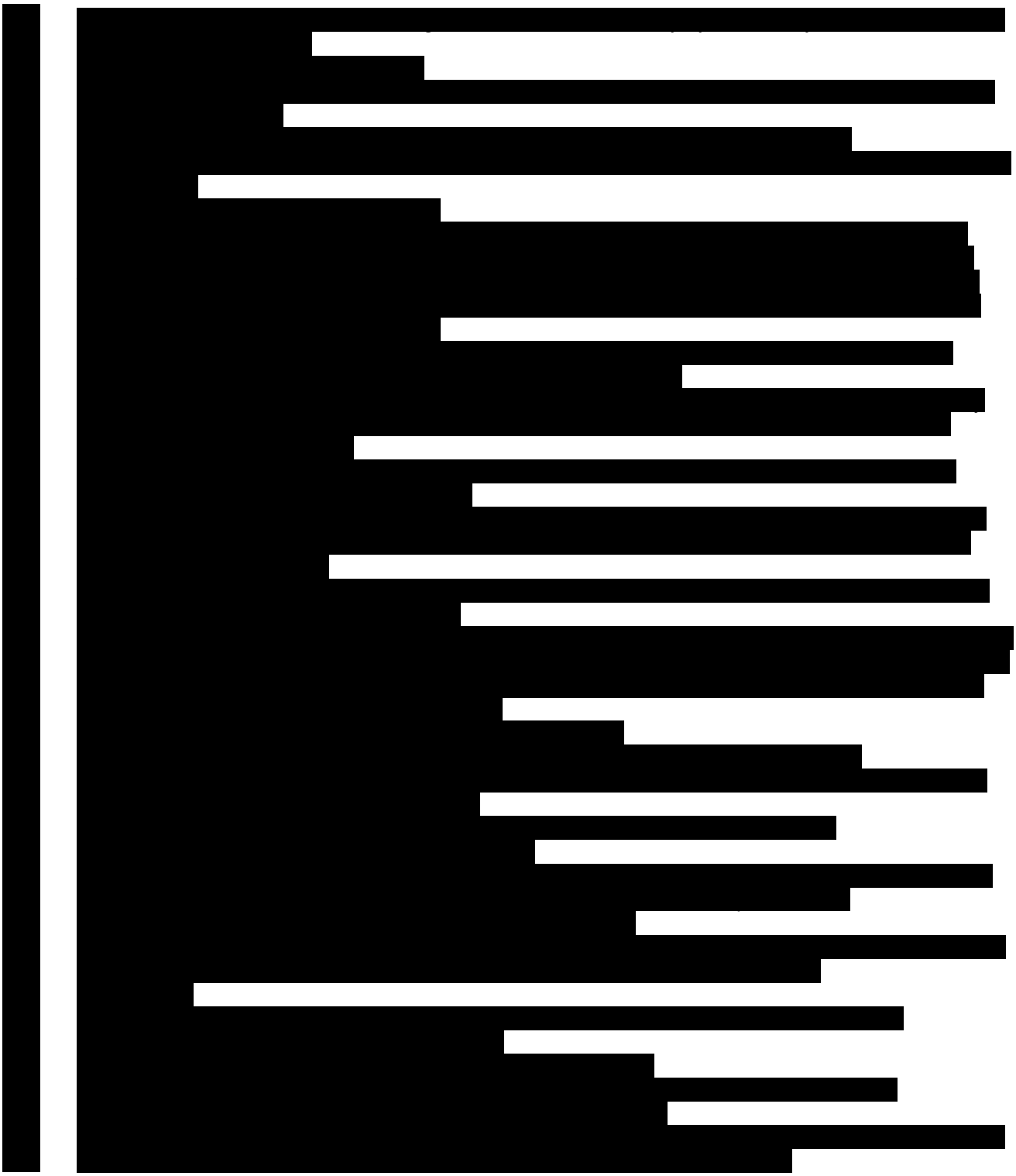

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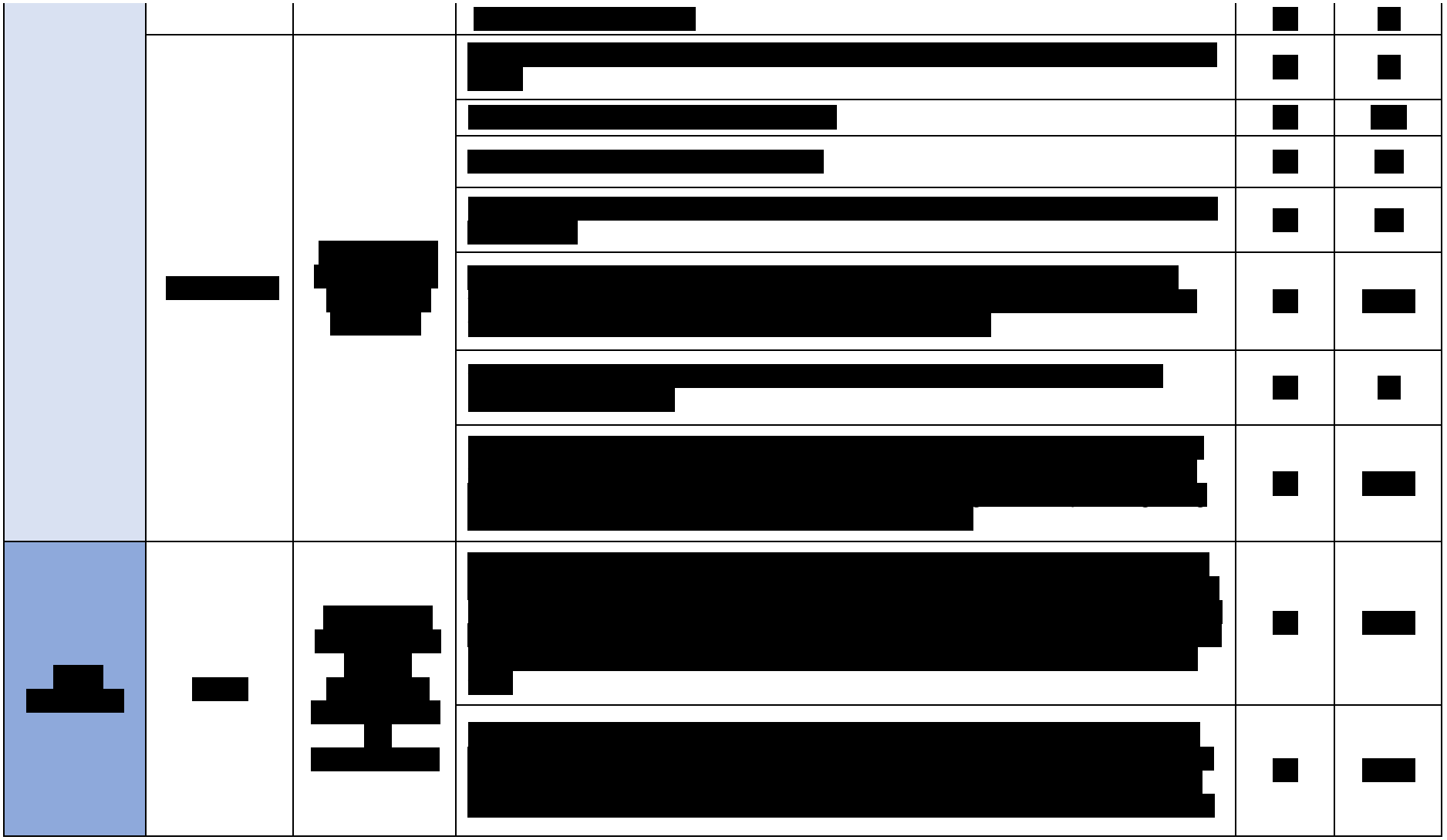

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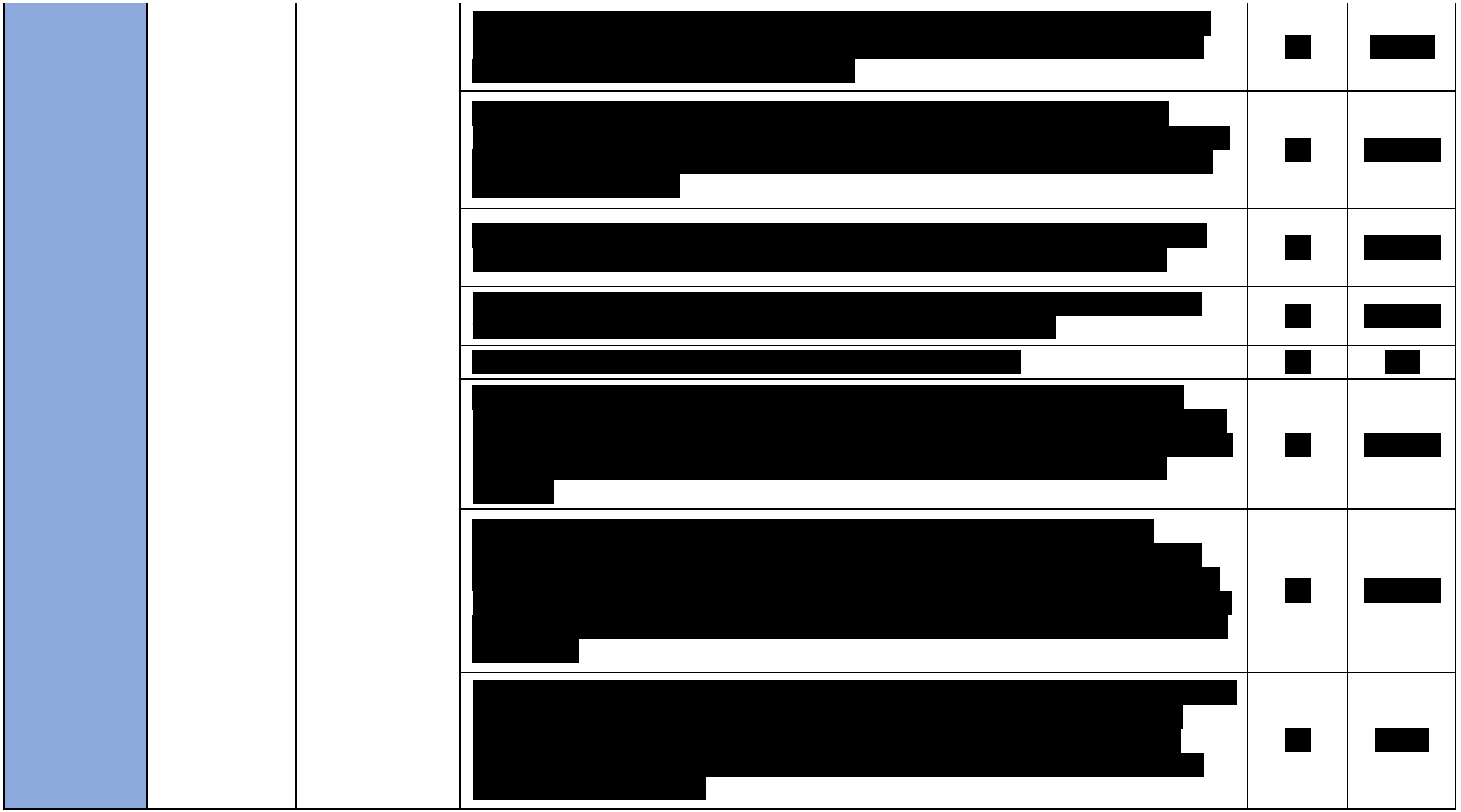

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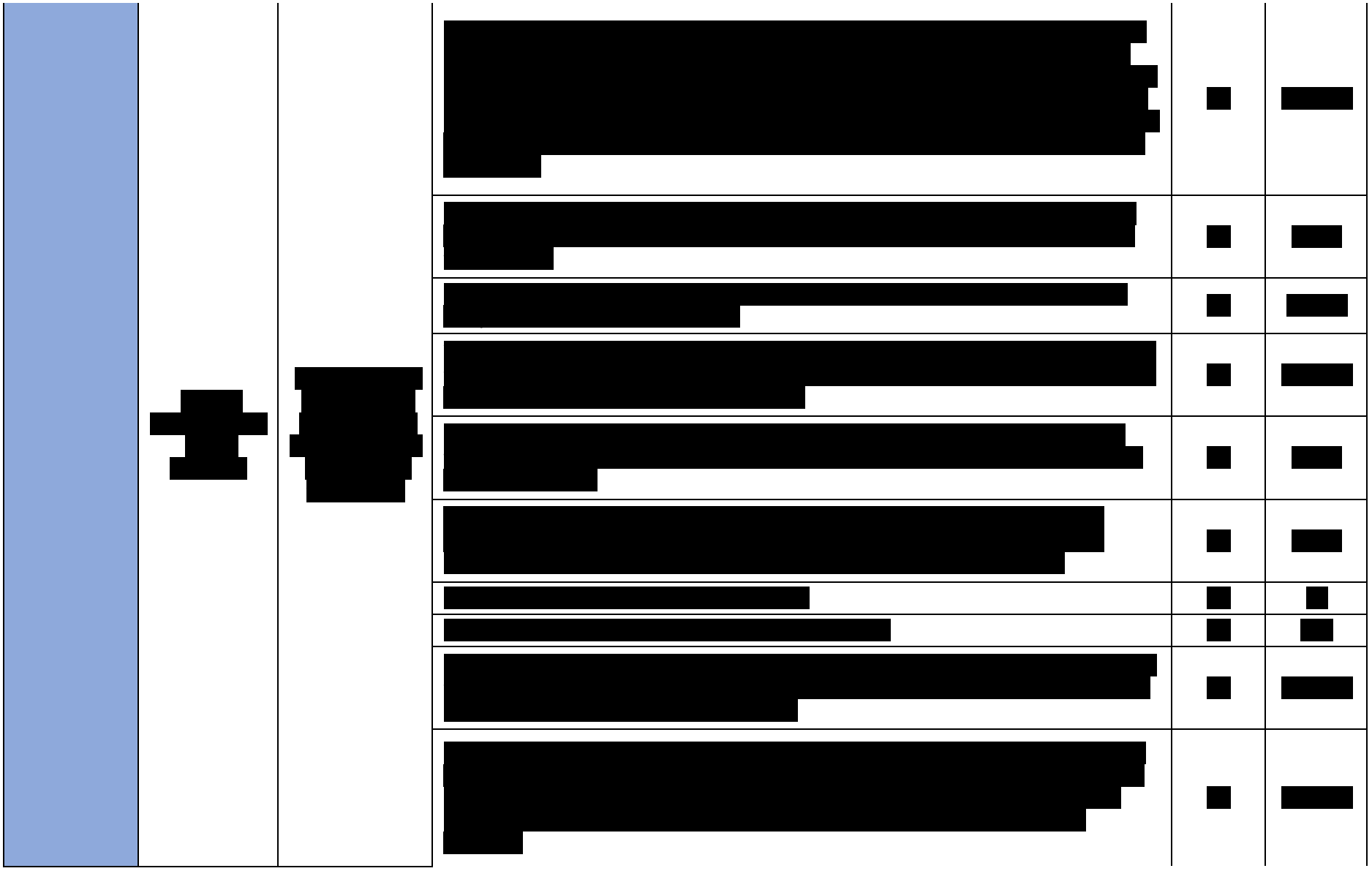

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