SOUTH ASIAN JOURNAL OF SOCIAL SCIENCES & HUMANITIES

ISSN: 2582-7065 (Online) SAJSSH, VOL 6, ISSUE 3, PP. 99-118

Knowledge, Attitudes and Practices Towards Government Order Related to COVID-19 in Public Bus: A Cross-Sectional Study in Bangladesh

Md. Tuhin Mia, Esrat Jahan Eva, Naima Ahasan, Hossain Mahmud & Chayon Sikder

[1,3]*Institute of Social Welfare and Research, University of Dhaka, Dhaka-1000, Bangladesh.*

[2]*Department of Sanskrit, University of Dhaka, Dhaka-1000, Bangladesh.*

[4]*Bangamata Sheikh Fojilatunnesa Mujib Science & Technology University, Jamalpur-2012, Bangladesh.*

[5]*Department of Social Work, Noakhali Science and Technology University, Noakhali-3814, Bangladesh.*

Corresponding Author: Md. Tuhin Mia, **Email:** mdtuhinmia222@gmail.com

Received: 13th March 2025 **Accepted:** 2nd May 2025 **Published:** 5th June 2025

ABSTRACT

Bangladesh currently faces an unavoidable challenge to cope with the COVID-19 pandemic. In response to surging COVID-19 cases, the government has formulated some legal frameworks to be implemented in public bus usage during COVID-19. The study aims to explore the level of Knowledge, Attitudes, and Practices (KAP) among the general people in response to such framework in the public bus of Dhaka city in Bangladesh. This cross-sectional study was conducted with 400 participants (public bus passengers, drivers, helpers and owners) using the purposive sampling and semi-structured questionnaire survey over eight months from November 2021 to June 2022. This study illustrates that 100% of respondents are very well-known about the Coronavirus and 81% reported use of public buses during COVID-19 is unsafe where cent percent have been taken more or fewer precautionary steps in using a public bus. Around 30% use masks as a protective measure, of which 30.2% consider it as government order. About 100% of respondents are very well known about government order (directives) but 69.2% not obliged to practice these orders in using public bus where they claimed incognizance of people as a main causal factor of this less practice. About 54.3% of respondents strongly agreed to use masks and maintain distance in public buses where 55% hand sanitization, 60.3% cover face during coughing, and 50% avoid closely seating in public buses. It is observed that there is a significant association between marital status, respondent's category, knowledge on COVID-19 order and KAP towards government order (directives) of the public bus at 1% level of significance as where $p<0.001$. Most of the respondents have a good level of knowledge, but they experience poor government orders regarding COVID-19 on the public bus.

Keywords: Knowledge, Attitude, Practice, Government order, Violation, COVID-19, Public bus.

DOI: 10.48165/sajssh.2024.6306

INTRODUCTION

Bangladesh is a South East Asian natural beautiful middle-income country. Its economy is flourishing rapidly. In the past decade, tremendous progress has been made in almost every sphere of life. However, the incidence of the COVID-19 Pandemic has badly influenced every sector of Bangladesh (Md Kariul et al., 2020). COVID-19 was declared a pandemic by the World Health Organization on March 11, 2020, due to its rapid dissemination worldwide. In December 2019 in Wuhan, Hubei province, it quickly spread across China and then to other countries. The World Health Organization (WHO) declared this situation a public health emergency of international concern (PHEIC) on January 30, 2020 (WHO, 2020). Following that the first corona-infected case was identified on March 8, 2020 in Bangladesh.

In contrast to other nations, Bangladesh's infection rate has remained stable, but it has now surpassed the control level (WHO, 2020). Bangladesh has reported 800,540 Coronavirus-infected cases, with 12,619 deaths, and recovered 740,372 corona-affected cases as of June 1, 2021 (Worldometer, 2021) & now 2049,377 Coronavirus-infected cases with 29,493 deaths cases as of April 13 2024 (Worldometer, 2024). Bangladesh has taken a variety of steps to tackle COVID-19 since then. The government has been working to reintegrate social isolation and quarantine for everyone. Furthermore, all government and non-government agencies and print and digital media launched extensive advertisements about COVID-19 to enhance public awareness (Rajon Banik et al., 2020). Due to differences in social structure, economic ability, and finances, different countries have different responses (Jones, 2020). Concerning COVID-19 prevalence, the government has taken many other initiatives to control COVID-19 transmission amongst people in Bangladesh, such as evacuation, travel and entering limitations, social distancing, and eventually lockdown on Dhaka city (Islam K et al., 2020; Chowdhury et al., 2020). According to 2021 census, the total population of Dhaka city is about 21,741,090 (World Population Review, 2021). Bangladesh's government has taken exceptional preventative and precautionary measures to protect residents, including implementing a regional lockdown beginning March 26, 2020 (Kamruzzaman and Sakib, 2020). However, public acceptance is needed for such interventions to be successful, influenced by people's Knowledge, Attitude and Practices (KAP) about COVID-19 (Tachfouti N et al., 2012; Ajilore K et al., 2017). KAP against COVID-19 and government order (directives) in public bus is a significant cognitive cornerstone in public health in terms of health protection and promotion in this regard (Szymona-Pałkowska et al., 2016). On June 1, 2020, some public transit services resumed (The Daily Star, 2020). The service providers

DOI: 10.48165/sajssh.2024.6306

could only transport 50% of the passengers. To make up for the decreased passenger numbers, they were permitted to charge 60% more than pre-COVID-19 rates. It was removed on September 1, 2020, and ticket rates reverted to normal (The Daily Star, 2021). In response, the government imposed 50% occupancy limits on public transportation (instead of the 60% surcharge) on April 7, 2021, and a week-long tight lockdown on April 14, 2021. A few workplaces, retail malls, and entertainment venues remained open, as did local and international aircraft (Bhattacharjee, P et al., 2021).

One of the first analyses of COVID-19 attitudes and information was conducted in Hubei, China, and found that attitudes against government efforts to combat the outbreak were strongly linked to COVID-19 knowledge (Zhong B.L. et al., 2020). According to the WHO, the best way to prevent and control the spread of COVID-19 is to be aware of the disease, its symptoms, modes of transmission and measures such as hand cleanliness, social distance, respiratory etiquette, and mask use (WHO, 2020). The government's health safety protocols for resuming public transportation and inter-district travel are seldom followed. Most city service buses in Dhaka carry full-capacity passengers, despite an injunction to carry half-capacity. Inter-district bus services do respect the regulations. While the regulations require buses to run to maintain social distance, this is seldom observed in reality. In fact, buses are overcrowded, forcing many people to stand. The regulations also required drivers, supervisors, assistants, and ticket sales people to wear masks and wash their hands with soap and sanitizer. In addition to keeping a social distance, most drivers and assistants do not carry or use hand sanitizer. Another Bangladeshi study found that 54–87% of respondents had unimpressive attitudes and actions despite having access to strong knowledge, owing to weak understanding, nonscientific beliefs, and orthodox religious beliefs (Haque et al., 2020). Passengers said they were forced to board overloaded buses because they couldn't get buses that followed the rules (Dhaka Tribune, 2021).

Evidence from different studies, the researcher experienced a lack of KAP and compliance with government orders related to COVID-19 in public vehicles. People are not aware of the government order, law and some other directions, most of the time; they ignore government law, demand and other preventive measures (Hosen et al., 2021). However, evidence from various media reports indicates that a significant percentage of individuals do not follow these recommendations, aggravating Bangladesh's COVID-19 problem (Banik et al., 2020). In this regard, this research attempts to depict the people's Knowledge, Attitudes, and Practices (KAP) towards Coronavirus and government order (directives). The study findings

DOI: 10.48165/sajssh.2024.6306

will provide some indications to the policymakers about passenger's knowledge, attitude, practice, and sincerity regarding effective implementation of the government order related to COVID-19 in public bus and public transports.

METHODS

Study Design, Area and Period

This cross-sectional survey *[It helps to make inferences about a population of interest (universe) at one point in time. It has been described as snapshots of the populations about gathered data and to measure change in the* population being studied (Cross-Sectional Survey Design, 2008)] was conducted in public bus of Dhaka city (Dhaka Metropolitan area) in Bangladesh over eight months from November 2021 to June 2022 at the last phase of COVID-19 spreading throughout the country.

Study Population

All the public bus passengers, drivers, helpers and public bus owners in Dhaka city are the populations of the study. The inclusion criteria to participate in the study were being a resident of Dhaka city, passengers, drivers, helpers and public bus owners and voluntary participation. The total respondents (400) classifications were passenger (337), driver (36), helper (19) and public bus owner (8).

Sample Size and Sampling Technique

The sample size of the study has been calculated by using formulae as follows:

$n = Z^2pq / d^2 = (1.96)^2 (.5) (.5) / (.05)^2 = 384$

Where,

n = *Desired sample size*

z = *Standard normal deviate (1.96 at 95% level of confidence)*

p = *Prevalence of KAP towards COVID-19 order (50% unknown prevalence)*

q = *1-p,*

d = *Degree of accuracy required (5%)*

Using purposive sampling [*It helps the researcher to seek out sample members with qualities relevant to the issue under study by using a variety of techniques* (Purposive Sampling, 2004)], the total of 400 respondents were selected by taking 50% prevalence and by adding 5% non-respondent error.

DOI: 10.48165/sajssh.2024.6306

Data Collection

During COVID-19 period, considering the restrictions imposed by the government, only quantitative data were collected for the study by taking face to face interview where data were collected through a semi-structured questionnaire. The printed version of the interview protocol with Bengali language was provided to and filled up by the data collectors because Bangladeshi people are native in Bengali language. The protocol was incorporated with different predetermined statements about people's knowledge, attitudes, and practices (KAP) towards COVID-19 and government order (directives) in public bus with yes, no, and remark options that must observe. Socio-demographic information was collected, including age, gender, religion, marital status, educational qualification, occupation and family income. Monthly family income was categorized into three classes: TK 5,000-9,000 (BDT), TK 10,000-14,000 (BDT), TK 15,000 and above. To assess the level of knowledge, attitude, and practice of the respondents, a total of 22 questions were included and keep some questions in Likert Scale to measure the attitude of the respondents about government order (directives) related to COVID-19. The survey questions were adapted and modified from previously published literature regarding Knowledge, attitude, and practice regarding COVID-19 outbreak in Bangladesh (Ferdous et al., 2020).

Statistical Analysis

The study data were obtained by face-to-face interviews using a semi-structured questionnaire, and the raw data from the interviews were reviewed, cleaned, processed, and coded to ensure reliability and validity. The acquired data in Bengali were then translated into English using Google Translate, with some repeated revisions. The most recent version of the Statistical Package for Social Sciences (SPSS version 25.0; IBM Corp., Armonk, NY: USA) and MS Excel were used to characterize the fundamental characteristics of the data in the study using frequencies and percentages. The excel file was then loaded into the SPSS software. Descriptive statistics (frequency, percentage, mean, and standard deviation) and first-order analysis (chi-square tests) were used.

Ethical Considerations

The authors express their sincere gratitude to the Ethical Review Committee of the Bangladesh Medical Research Council (BMRC) for granting ethical approval to conduct this study [Approval Number: BMRC/RP/Revenue/2021-22/607(6-98)]. The research was conducted with full compliance with ethical guidelines, ensuring that all participants provided

DOI: 10.48165/sajssh.2024.6306

informed consent prior to their involvement. All personal information and responses were treated with strict confidentiality. We also acknowledge the assistance of our data collectors and the cooperation of public bus passengers, drivers, helpers, and owners in Dhaka city, who contributed invaluable information during the data collection period.

RESULTS

Table 1: *Socio-economic Background of the Respondents*

Socio-Demographic Variables	Frequency (N=400)	Percent
Age		
20-24 Year	73	17.2
25-29 Year	45	10.6
30-34 Year	86	20.3
35-39 Year	70	16.5
40-44 Year	59	13.9
45-49 Year	24	5.7
=> 50 Year	67	15.8
Mean+-SD	34.98+-10.108	
Gender		
Female	40	10.0
Male	360	90.0
Religion		
Muslims	372	93.0
Hindus	28	7.0
Marital Status		
Married	219	54.8
Unmarried	181	45.2
Education Qualification		
Illiterate	32	8.0
Primary	24	6.0
Secondary	72	18.0
Higher Secondary	48	12.0
Graduate	140	35.0
Post-Graduate	84	21.0
Types of Respondents		
Driver	36	9.0
Helper	19	4.8
Public bus Owner	8	2.0
Passenger	337	84.3
Passengers Occupation		
Business	103	25.8
Contractor	4	1.0
Day Labor	8	2.0
Government Job	23	5.8

DOI: 10.48165/sajssh.2024.6306

House Maker	8	2.0
Others	4	1.0
Private Job	94	23.5
Shopkeeper	26	6.5
Student	67	16.8

This study reveals that 20.3% of respondents fall within the 30-34 age group, 10.6% are between 25-29, 5.7% are in the 45-49 range, 13.9% are aged 40-44, and 15.8% are 50 years or older, with a mean age of 34.98 and a standard deviation of 10.108. Approximately 90% of the respondents are male, while 10% are female. In terms of religion, 93% identify as Muslim and 7% as Hindu. Marital status shows 54.8% married and 45.3% unmarried. Education levels vary, with 6% having primary education, 18% secondary, 12.6% higher-secondary, and 35% holding an honors degree. Regarding respondent roles, 84.3% are passengers and 10.7% are drivers. Occupations include grocery shopkeepers (6.5%), day laborers (18.0%), businessmen (25.8%), and private job holders (23.5%) (**Table 1**).

Table 2: *Respondent's Knowledge and Perception towards Coronavirus and Government Order (Directives)*

Variables	**Frequency (N=400)**	**Percent**
Respondent's Knowledge about Coronavirus		
Yes	400	100.0
No	00	00
Respondent's Source of Knowledge*		
Television	396	99
Radio	104	26
Newspapers	128	32
Family members	140	35
Neighbors	144	36
Colleague	24	6
Poster	28	7
Respondent's Perception about Usage of Public bus		
Yes	76	19.0
No	324	81.0
Taking Necessary Precautions by the Respondents in Public bus		
Yes	400	100.0
No	00	00
Precautious Steps Taken by the Respondents in Public bus		
Distance Maintenance	76	19
Use of Masks	120	30
Cover Face During Coughing	92	23
Sanitization	112	28
Respondent's Knowledge About Government Order (Directives)		

DOI: 10.48165/sajssh.2024.6306

Yes	400	100.0
No	00	00
Types of Government Order (Directives)*		
Use of Masks	400	30.2
Sanitization	361	27.3
Cover Face During Coughing	281	21.2
Distance Maintenance	278	21.0
Others	4	0.3
Respondent's Perception About Obey to Government Order (Directives)		
Yes	123	30.8
No	277	69.2
Government Initiatives to Implement Order (Directives)		
Yes	385	96.3
No	15	3.7
Types of Government Initiatives		
Masks Distribution	381	99.0
Hand Sanitization	345	89.6
Avoiding Taking Passengers from Wrong Stoppage	261	67.8
Creating Awareness by Making Propaganda	305	79.2
Creating Awareness by Posturing	226	58.7
Creating Awareness by Fine	135	35.1
Perception about Efficiency of Government Order (Directives)		
Yes	131	32.8
No	269	67.3

*(*Multiple Response Counted)*

Present study shows that all respondents (100%) have knowledge about COVID-19, where they are primarily informed through television (99%), neighbors (36%), family (35%), and newspapers (32%). While 81% consider public bus use unsafe and only 19% recognize it as safe. An overwhelming majority (100%) of respondents think they should take safety measures in public bus, where only 30% use masks and 28% maintain proper sanitization. Around 100% are well known about government order/directives about COVID-19, including wearing masks (30%), using sanitizer (28%), and covering their faces when coughing (23%). All respondents (100%) have knowledge about government directives, but only 31% comply with them on public buses. Most of the respondents (96.3%) observed government efforts such as distributing masks (99%), providing hand sanitization (89.6%), and promoting awareness (79.2%). However, 67% feel these directives are not effectively enforced, although 33% see them as adequately implemented (**Table 2**).

DOI: 10.48165/sajssh.2024.6306

Table 3: *Respondent's Attitude and Practice about Compliance of Government Order (Directives) in Public Bus*

Variables	Strongly Disagree		Disagree		Neither		Agree		Strongly Agree	
	Number	%	Number	%	Number	%	Number	%	Number	%
Usage of Masks in Public Bus	8	2.0	44	11.0	12	3.0	130	32.5	217	54.3
Distance Maintenance in Public Bus	27	6.8	14	3.5	12	3.0	130	32.5	217	54.3
Status of the Respondents of Hand Sanitization in Public Bus	20	5.0	7	1.8	24	6	129	32.3	220	55.0
Covering Face During Coughing	10	2.5	8	2.0	36	9.0	105	26.3	241	60.3
Usage of Hand Gloves	50	12.5	12	3.0	59	14.8	125	31.3	154	38.5
Avoiding Closely Seating	36	9.0	16	4.0	48	12.0	100	25.0	200	50.0

Study findings demonstrate that 54.3% of respondents strongly agree and 32.5% agree on the importance of wearing masks and maintaining social distance on public buses, while 2-6.8% strongly disagrees. For covering the face when coughing, 60.3% strongly agree, 26.3% agrees, and 9% remain neutral. Hand sanitization is strongly supported by 55% and agreed upon by 32.3%, though 5% strongly disagree. Only 38.5% strongly agree on using gloves, with 31.3% agreeing and 14.8% neutral. Lastly, 50% strongly agree, and 25% agree on avoiding close seating, though 12% gave no response. Overall, while over half of respondents

DOI: 10.48165/sajssh.2024.6306

comply with mask-wearing, distancing, coughing etiquette, and sanitization, fewer follow glove usage or avoid close seating (**Table 3**).

Table 4: *Respondents Attitude and Perception about Causes of Violating Government Order (Directives) Regarding Use of Public Bus*

Variables	Ignorance		Incognizance		Bigotry		Cannot Adjust With New Hygiene System		Less Implementation of Laws	
	Number	%	Number	%	Number	%	Number	%	Number	%
Usage of Masks in Public Bus	50	12.5	314	78.5	100	25.0	221	55.3	51	12.8
Distance Maintenance in Public Bus	120	30	301	75.8	56	14.00	95	23.50	200	50
Hand Sanitization in Public Bus	28	7	726	181.5	76	18	88	22	30	7.5
Covering Face During Coughing	8	2.0	350	87.5	23	5.8	65	16.3	22	5.5
Avoiding Closely Seating in Public Bus	8	2	232	58	40	10	44	11	76	19
Taking Passengers from the Wrong Stoppage	28	7.1	271	68.4	20	5.1	36	9.1	93	23.5

(Multiple Response Counted)

According to study result, the primary reasons for low compliance with public bus safety directives include widespread incognizance and challenges in adapting to new hygiene practices. For low mask usage, 78.5% attribute this to incognizance, 25% to bigotry, and 55.3% to difficulty in adapting to hygiene requirements. Regarding social distancing, 75.8% cite incognizance, 23.5% an adaptation issue, and 50% a lack of law enforcement. For covering the face when coughing, 87.5% identify incognizance as the main factor, with 58% noting it as the reason for ignoring distancing practices. For unauthorized passenger pickup,

DOI: 10.48165/sajssh.2024.6306

68.4% attribute this to incognizance, 9% to adaptation challenges, and 23.5% to weak enforcement (**Table 4**).

Table 5: *Association between KAP towards Government Order (Directives) and Background Characteristics of the Respondents*

Variable	Categories	Knowledge, Attitude & Practice (KAP) towards Government Order (Directives) of Public Bus during COVID-19		Chi Square	P Value
		Yes	No		
Gender	**Female**	8(20)	32(80)	2.412	0.120
	Male	115(31.9)	245(68.1)		
Religion	**Muslims**	111(29.8)	261(70.2)	2.072	0.150
	Hindus	12(42.9)	16(57.1)		
Marital Status	**Married**	90(41.1)	129(58.9)	24.327	< 0.001
	Unmarried	33(18.2)	148(81.8)		
Respondent's Category	**Driver**	26(72.2)	10(27.8)	35.13	<0.001
	Helper	7(36.8)	12(63.2)		
	Public bus Owner	4(50)	4(50)		
	Passenger	86(25.5)	251(74.5)		
Knowledge on COVID-19 Order	**Yes**	81(61.8)	50(38.2)	88.376	<0.001
	No	42(15.6)	227(84.4)		
Compliance level of Government Order (Directives)	**Yes**	119(30.9)	266(69.1)	0.122	0.727
	No	4(26.7)	11(73.3)		

This study presents the association between respondents' Knowledge, Attitude, and Practice (KAP) regarding public bus directives during COVID-19 and their background characteristics. No significant association is found between KAP and gender or religion at the 5% significance level, as the p-value exceeds 0.05. However, marital status, respondent category, and knowledge of COVID-19 regulations show a strong association with KAP at the 1% level ($p< 0.001$). Notably, 80% of females and 68.1% of males lack KAP, with passengers (74.5%) showing lower compliance compared to drivers (27.8%), helpers (63.2%), and bus owners (50%). Overall, KAP is significantly influenced by marital status, respondent category, and COVID-19 knowledge, while gender and religion have minimal impact (**Table 5**).

DOI: 10.48165/sajssh.2024.6306

Table 6: *Health Concern Issues of the Passengers*

Variable	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	Mean	Standard Deviation	Rank
Use of Mask	8(2)	(0)	(0)	44(11)	348(87)	4.81	0.63	1
Maintain Social Distance	27(6.8)	14(3.)	12(3)	130 (32.5)	217(54.3)	4.24	1.12	4
Hand Sanitization	20(5)	7(1.8)	24(6)	129(32.3)	220(55)	4.31	1.02	3
Covering Face During Coughing	10(2.5)	8(2)	36(9)	105(26.3)	241(60.3)	4.40	0.92	2
Use Hand Gloves	50(12.5)	12(3)	59(14.8)	125(31.3)	154(38.5)	3.80	1.32	6
Sit in Distance	38(9.5)	14(3.5)	47(11.8)	102(25.5)	199(49.8)	4.03	1.27	5

This study elucidates that most of the passenger's agreed to use of masks as the mean is 4.81 with standard deviation of 0.63. The cover mouth is the second agreed health concern issue of the passengers as the mean is 4.40 with standard deviation 0.92. The third agreed health concern issue is the use of hand sanitizer as the mean is 4.31 with standard deviation 1.02. Similarly, maintain distance in public bus, sit in distance and use gloves are the fourth, fifth, and sixth health concern issues of the passengers as the mean 4.24 with standard deviation 1.12, 4.03 with standard deviation 1.27 and 3.80 with standard deviation 1.32 respectively (**Table 6**).

DISCUSSION

This study depicted passenger Knowledge, Attitude, and Practice regarding COVID-19 as well as government orders (directives). Bus users have a high level of knowledge of COVID-19 and the related government order, but they have a relatively low rate of practice as a result of this information. As a result, the use of masks, hand sanitization, keeping social space, covering the face when coughing, wearing hand gloves and avoiding tight sitting are all important procedures or government directives for public bus passengers that have been studied. However, most bus users do not adhere to and maintain these standards when traveling by public bus, even though they believe traveling by public bus during the epidemic is unsafe. Ignorance, incognizance, prejudice, inability to adapt to a new hygienic system, and a lack of enforcement of existing regulations are the primary reasons for breaking the

DOI: 10.48165/sajssh.2024.6306

government directive about COVID-19. This study revealed that despite less practice on COVID-19 preventive measures, passengers have very good level of knowledge. Several previous studies investigated the ability of COVID-19 in diversified analysis where one study reported in the population knowledge score, the mean was 8.71 out of 12, and the standard deviation was 1.64. Knowledge regarding COVID was similar in both males and females (Hossain et al., 2020).

Another study's findings also reported the ability of respondents toward COVID-19 during the lockdown in Bangladesh. Many respondents reported unexpected responses in case of the questions regarding main clinical symptoms (fever, fatigue and dry cough) of COVID-19, person (old people with chronic illness) who can develop normally severe COVID-19 cases (Rahman et al., 2021). Behind the good level of knowledge of the passengers, some sources have played their roles where bus users have been able to know about COVID-19. Respondents learned by watching television, their family members, neighbors and newspapers where most of the cases they knew by watching television (99%). Another previous study reported that television, social media, newspapers, friends, colleagues and relatives and other sources are the main source of knowledge about COVID-19 (Rahman et al., 2020). It is explored that every respondent has taken more or less necessary precautionary steps where use masks and covering their face during coughing in public buses are common preventive measures. Existing literature showed most of the participants (93.8%) wear face masks while they go outdoors, but other findings report a far lower percentage of 27.7% (Yousaf, M.A. et al.,2020; Van Nhu, H. et al.,2020; Rugarabamu S et al.,2020; Bates, B.R. et al.,2020). Another similar finding found where less than 60% of people use a face mask while out in public (Akalu Y et al., 2020; El-Gilany A-H et al.,2020; Azlan AA et al.,2020; Lau LL et al.,2020; Adesegun, O. A. et al.,2020; Mousa KNAA et al.,2020; Mansuri, F.M.et al.,2020; Saleem MKM and Lal A.,2020). Just 28% of research respondents registered sanitizing their hands, which compares poorly with other surveys indicating that (92–96.6%) of participants regularly exercised hand hygiene (Yousaf, M.A. et al., 2020; Bates, B.R. et al., 2020; El-Gilany A-H et al., 2020; Haque T et al., 2020). A study conducted in Bangladesh reported that most of the respondents had appropriate practices including use of mask (83.5%), use of hand sanitizer (83.1%), and frequency of hand washing (70.2%) (Rahman et al., 2020). Although respondents experience less practice of government order related to COVID-19, they are well known about government order (directives) where they noticed use masks, sanitization of hand and covers face during coughing reported as government order

DOI: 10.48165/sajssh.2024.6306

(directives) COVID-19. A previous study supported these findings where 35% of people use masks and nearly 20% of people sanitize their hands explored the study (Zhao, P.J., 2020). This study investigated a lack of compliance with the new hygiene system and less execution of laws, ignorance, incognizance, and prejudice are the primary grounds for breaking the government order about COVID-19. Several study findings also presented that the livelihood pattern of the people, economic sustainability, and habitual behaviors are the major impediments in following COVID-19 measures for their own safety (Hosen et al., 2021). Therefore, the whole paper reflects that as a resident of a developing country, Bangladeshi people have the great chance to know about COVID-19 in every sphere of life but for the factors mentioned above, they do less practice the preventive measures imposed by the government. On the ground of public bus this study discovered the same picture of practicing government order regarding COVID-19.

CONCLUSIONS

Bangladesh has several difficulties throughout the epidemic, with security and health safety being the main issues. The knowledge, attitudes, and practices (KAP) of passengers with respect to COVID-19 guidelines on public buses are investigated in this study. Although bus passengers are well-informed of COVID-19 and the relevant government rules and regulations, they do not always follow those. Even though passengers believe that using a public bus is risky, they frequently disregard basic safety precautions including wearing masks, hand sanitization, social distance, covering one's face when coughing, wearing gloves, and avoiding tight sitting. Ignorance, incognizance, bigotry, inability to adjust to the new hygiene system and less implementation of laws are some of the causes of non-compliance. The report highlights gaps in government directions and execution and offers policymakers information on how to improve bus passengers' adherence to COVID-19 policies. Although the study's conclusions point policymakers in the direction of more stringent regulations and preventative measures, it also highlights several shortcomings, such as poor data quality and a lack of investigation into the respondents' necessity of using public buses for a living. Deeper statistical analysis, such regression and structural equation modeling, might help future study find better answers.

RECOMMENDATION

The government should use the media and put informative advertisements on buses to increase public awareness in order to address ignorance and incognizance as the main causes

DOI: 10.48165/sajssh.2024.6306

of breaking COVID-19 regulations. Mosques should also push directives to lessen intolerance. The bus company should establish a contactless payment system (e.g. bkash) to reduce contact among passengers. Furthermore, the government needs to impose a rigorous regulation mandating that travelers use masks prior to boarding. One of the main causes of non-compliance is the absence of enforcement. The Bangladesh Road Transport Corporation (BRTC) and traffic police should closely monitor buses to maintain social separation, and law enforcement should strictly enforce current restrictions. Given the high price of gloves and hand sanitizers, the government needs to think about giving these necessities to people in need at no cost.

FUNDING

No funding.

CONFLICT OF INTEREST

No conflict of interest to declare.

DOI: 10.48165/sajssh.2024.6306

REFERENCES

Ajilore K, Atakiti I, Onyenankeya K. College students' knowledge, attitudes and adherence to public service announcements on Ebola in Nigeria: Suggestions for improving future Ebola prevention education programmes. Health Education Journal. 2017; 76(6):648–660. https://doi.org/10.1177/ 0017896917710969.

Akalu Y, Ayelign B, Molla MD. Knowledge, Attitude and Practice Towards COVID-19 Among Chronic Disease Patients at Addis Zemen Hospital, Northwest Ethiopia. Infect Drug Resist 2020; 13:1949–60. https://doi.org/10.2147/IDR.S258736.

Azlan AA, Hamzah MR, Sern TJ, Ayub SH, Mohamad E. Public knowledge, attitudes and practices towards COVID-19: A cross-sectional study in Malaysia. PLOS ONE 2020;15: e0233668. https://doi.org/10.1371/journal.pone.0233668.

Bangladesh COVID: 800,540 Cases and 12,619 Deaths- Worldometer June 2021 https://www.worldometers.info/coronavirus/country/bangladesh/ (accessed June 1, 2021).

Banik R, Rahman M, Sikder MT, Gozal D (2020) COVID-19 in Bangladesh: public awareness and insufficient health facilities remain key challenges. Public Health 183:50–51. https://doi.org/10. 1016/j.puhe.2020.04.037

Bates, B.R.; Moncayo, A.L.; Costales, J.A.; Herrera-Cespedes, C.A.; Grijalva, M.J. Knowledge, Attitudes, and Practices towards COVID-19 among Ecuadorians during the Outbreak: An Online Cross-Sectional Survey. J. Community Health 2020, 45, 1158–1167. [CrossRef] [PubMed]

Battineni, G.; Sagaro, G.G.; Chintalapudi, N.; Di Canio, M.; Amenta, F. Assessment of Awareness and Knowledge on Novel Coronavirus (COVID-19) Pandemic among Seafarers. Healthcare 2021, 9, 120. https://doi.org/10.3390/healthcare9020120

Bhattacharjee, P.P.; Adhikary, T.S. (2021). Extended lockdown to be stricter. The Daily Star. Available online: https: //www.thedailystar.net/frontpage/news/extended-lockdown-be-stricter-2079729.

Chowdhury, S.R., Sunna, T.C. and Sanjoy, S. (2020). Response to COVID-19 in Bangladesh: Strategies to Resist the Growing Trend of COVID-19 in a Less Restricted Situation. Asia Pacific Journal of Public Health, Asia Pacific Journal of Public Health 2020, Vol. 32(8) 471–472 © 2020 APJPH (https://journals.sagepub.com/doi/10.1177/1010539520951689), p.101053952095168.

Cross-Sectional Survey Design. (2008). In P. Lavrakas, *Encyclopedia of Survey Research Methods*. Sage Publications, Inc. https://doi.org/10.4135/9781412963947.n120

Dhaka Population 2021 (Demographics, Maps, Graphs) [WWW Document], n.d. URL https://worldpopulationreview.com/world-cities/dhaka-population.

Dhaka Tribune. (2021). Covid-19 health rules largely ignored on public transports. https://www.dhakatribune.com/bangladesh/2021/06/01/covid-19-health-rules-largely-ignored-

DOI: 10.48165/sajssh.2024.6306

onpublictransports?fbclid=IwAR3clahjuPdbHEd1_pbKPazS2pnzCMDSYf03QaqWSTjpuHrOXOFYPtdAIUg.

El-Gilany A-H, El-Bastawesy S, Ali S. Knowledge, attitude and practices (KAP) of rural population about COVID-19: a community-based study in Talkha District, Egypt 2020;7:525–32. [https://www.researchgate.net/publication/343722086]

Ferdous, Most. Z., Islam, Md. S., Sikder, Md. T., Mosaddek, A. S. Md., Zegarra-Valdivia, J. A., & Gozal, D. (2020). Knowledge, attitude, and practice regarding COVID-19 outbreak in Bangladesh: An online-based cross-sectional study. *PLOS ONE*, *15*(10), e0239254. https://doi.org/10.1371/journal.pone.0239254.

Gallè, F.; Veshi, A.; Sabella,E.A.; Çitozi, M.; Da Molin, G.; Ferracuti, S.; Liguori, G.; Orsi, G.B.; Napoli, C.; Napoli, C. Awareness and Behaviors Regarding COVID-19 among Albanian Undergraduates. Behav. Sci. 2021, 11, 45. https://doi.org/10.3390/bs11040045.

Haque T, Hossain KM, Bhuiyan MMR et al (2020) Knowledge, attitude and practices (KAP) towards COVID-19 and assessment of risks of infection by SARS-CoV-2 among the Bangladeshi population: an online cross-sectional survey. Res Sq. https://doi.org/10.21203/rs.3. rs-24562/v1

Haque T, Hossain KM, BhuiyanMdMR, Ananna SA, HussainMdA, Islam MR, et al. Knowledge, attitude and practices (KAP) towards COVID-19 and assessment of risks of infection by SARS-CoV-2 among the Bangladeshi population: An online cross-sectional survey. In Review; 2020. https://doi.org/10.21203/rs.3.rs-24562/v2.[https://www.crossref.org/]

Hosen, I., Pakpour, A. H., Sakib, N., Hussain, N., al Mamun, F., & Mamun, M. A. (2021). Knowledge and preventive behaviors regarding COVID-19 in Bangladesh: A nationwide distribution. PLOS ONE, 16(5), e0251151. https://doi.org/10.1371/journal.pone.0251151.

Hossain, M. A., Jahid, Md. I. K., Hossain, K. M. A., Walton, L. M., Uddin, Z., Haque, Md. O., Kabir, Md. F., Arafat, S. M. Y., Sakel, M., Faruqui, R., & Hossain, Z. (2020). Knowledge, attitudes, and fear of COVID-19 during the Rapid Rise Period in Bangladesh. *PLOS ONE*, *15*(9), e0239646. https://doi.org/10.1371/journal.pone.0239646

Islam K, Ali S, Akanda SZR, Rahman S, Kamruzzaman AHM, et al. (2020). COVID -19 Pandemic and Level of Responses in Bangladesh. https://doi.org/10.23937/2643-4571/1710019.

Jones XR. Covid-19: An Exposition, with a Focus on Social Isolation in the Elderly (UK) (Draft). 2020. https://doi.org/10.6084/m9.figshare.12022632.[Google Scholar][researchgate.net]

Kamruzzaman M, Sakib SN (2020) Bangladesh imposes total lockdown over COVID-19. In: Anadolu Agency. https://www.aa.com.tr/en/ asia-pacific/bangladesh-imposes-total-lockdown-over-covid-19/ 1778272

DOI: 10.48165/sajssh.2024.6306

Lau LL, Hung N, Go DJ, Ferma J, Choi M, Dodd W, et al. Knowledge, attitudes and practices of COVID-19 among income-poor households in the Philippines: A cross-sectional study. J Glob Health n.d.;10. https://doi.org/10.7189/jogh.10.011007.

Mansuri, F.M.; Zalat, M.M.; Khan, A.A.; Alsaedi, E.Q.; Ibrahim, H.M. Estimating the Public Response to Mitigation Measures and Self-Perceived Behaviours towards the COVID-19 Pandemic. J. Taibah Univ. Med. Sci. 2020, 15, 278–283. [CrossRef]

Md Kariul, I., Md Shukur, A., SAM Ziaur Rahman, A., Shahnaz, R., AHM, K., Sharif Abdul Kader, P., & Jannatul, B. (2020). COVID -19 Pandemic and Level of Responses in Bangladesh. International Journal of Rare Diseases & Disorders, 3(1). https://doi.org/10.23937/2643-4571/1710019.

Mousa KNAA, Saad MMY, Abdelghafor MTB. Knowledge, Attitudes, and Practices Surrounding COVID-19 among Sudan Citizens during the Pandemic: An Online Cross-sectional Study. Sudan Journal of Medical Sciences 2020; 15:32–45 DOI 10.18502/sjms.v15i5.7176.

Purposive Sampling. (2004). In M. Lewis-Beck, A. Bryman, & T. Futing Liao, The SAGE Encyclopedia of Social Science Research Methods. Sage Publications, Inc. https://doi.org/10.4135/9781412950589.n774.

Rahman, M. M., Khan, S. J., Sakib, M. S., Halim, Md. A., Rahman, F., Rahman, M. M., Jhinuk, J. M., Nabila, N. H., & Yeasmin, M. T. M. (2021). COVID-19 responses among general people of Bangladesh: Status and individual view toward COVID-19 during lockdown period. *Cogent Psychology*, *8*(1), 1860186. https://doi.org/10.1080/23311908.2020.1860186.

Rahman, S. Md. M., Akter, A., Mostari, K., Ferdousi, S., Ummon, I., Naafi, S., Rahman, M., Uddin, M., Tasmin, S., Uddin, M., Lopa, S., Amin, S. S., Miah, M., Saha, T., Rahim, M., & Hossain, S. (2020). Assessment of knowledge, attitudes and practices towards prevention of coronavirus disease (COVID-19) among Bangladeshi population. Bangladesh Medical Research Council Bulletin, 46(2), 73–82. https://doi.org/10.3329/bmrcb.v46i2.49015.

Rugarabamu S, Ibrahim M, Byanaku A. Knowledge, attitudes, and practices (KAP) towards COVID-19: A quick online cross-sectional survey among Tanzanian residents. Infectious Diseases (except HIV/AIDS); 2020. https://doi.org/10.1101/2020.04.26.20080820.

Saleem MKM, Lal A. Knowledge, Attitude, and Practice Towards COVID-19 Among General Population of Karachi South: A Cross-Sectional Survey. J Dow Univ Health Sci 2020;14. https://doi.org/10.36570/jduhs.2020.2.991.

Szymona-Pałkowska K, Janowski K, Pedrycz A, et al. Knowledge of the Disease, Perceived Social Support, and Cognitive Appraisals in Women with Urinary Incontinence. Biomed Res Int. 2016; 2016:3694792. https://doi.org/10.1155/2016/3694792 PMID: 28097132.

DOI: 10.48165/sajssh.2024.6306

Tachfouti N, Slama K, Berraho M, Nejjari C. The impact of knowledge and attitudes on adherence to tuberculosis treatment: a case-control study in a Moroccan region. Pan Afr Med J. 2012; 12:52. PMID: 22937192.

The COVID-19 Crisis in Sub-Saharan Africa: Knowledge, Attitudes, and Practices of the Nigerian Public in: The American Journal of Tropical Medicine and Hygiene Volume 103 Issue 5 (2020) n.d. https://www.ajtmh.org/view/journals/tpmd/103/5/article-p1997.xmlhttps://doi.org/10.4269/ajtmh.20-0461.

The Daily Star. (2020). Public Transport: Pre-Covid fare, health rules not followed. Available online: https://www.thedailystar.net/frontpage/news/public-transport-pre-covid-fare-health-rules-not-followed-1954377.

The Daily Star. (2021). "Lockdown": Public transport services to resume tomorrow in 11 major cities. Coronavirus. 6 April 2021. Available online: https://www.thedailystar.net/coronavirus-deadly-new-threat/news/govt-decides-resume-public-transport-servicesdivisional-cities-amid-restrictions-2073121.

Van Nhu, H.; Tuyet-Hanh, T.T.; Van, N.T.A.; Linh, T.N.Q.; Tien, T.Q. Knowledge, Attitudes, and Practices of the Vietnamese as Key Factors in Controlling COVID-19. J. Community Health 2020, 45, 1263–1269. [CrossRef] [PubMed].

WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020 n.d. https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020.

World Health Organization (WHO) (2020a) Statement on the second meeting of the international health regulations (2005) emergency committee regarding the outbreak of novel coronavirus (2019- nCoV). In: Interim Guid. WHO, Geneva, Swizerland. https:// www.who.int/news-room/detail/30-01-2020-statement-on-thesecond-meeting-of-the-international-health-regulations-(2005)- emergency-committee-regarding-the-outbreak-of-novelcoronavirus-(2019-ncov)

World Health Organization (WHO) (2020b) Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected. Interim guidance, WHO, Geneva. https:// www.who.int/publications/i/item/10665-331495

Worldometer. (2021, June 1). *"COVID Live Update: 800,540 Coronavirus-infected cases and 12,619 deaths cases from the Coronavirus*. Www.worldometers.info. https://www.worldometers.info/coronavirus/country/bangladesh/

Worldometer. (2024, April 13). *Bangladesh Coronavirus: 2049,377 Coronavirus-infected cases with 29,493 deaths from Coronavirus*. Www.worldometers.info. https://www.worldometers.info/coronavirus/country/bangladesh/

Yousaf, M.A.; Noreen, M.; Saleem, T.; Yousaf, I. A Cross-Sectional Survey of Knowledge, Attitude, and Practices (KAP) Toward Pandemic COVID-19 Among the General Population of Jammu and Kashmir, India. Soc. Work Public Health 2020, 35, 569–578. [CrossRef] [PubMed]

Zhao, P.J. 2020.A Social Network Model of the COVID-19 Pandemic. DOI: 10.1101/2020.03.23.20041798.

DOI: 10.48165/sajssh.2024.6306

Zhong BL, Luo W, Li HM, et al. Knowledge, attitudes, and practices towards COVID-19 among Chinese residents during the rapid rise period of the COVID-19 outbreak: a quick online cross-sectional survey. Int J Biol Sci. 2020; 16(10):1745-1752. https://doi.org/10.7150/ijbs.45221 PMID: 32226294.

DOI: 10.48165/sajssh.2024.6306