

# TIME OF PANDEMIC: THE PROGRESSIVE COMPLIANCE OF STUDENTS ON THE INTER-AGENCY TASK FORCE PROTOCOLS ON COVID-19

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## Abstract

The height of COVID-19 crisis brought numerous changes in the behavior of citizens. It is very crucial because the focus of the government is concentrated on stopping the spread of the coronavirus. The world seemed to stop spinning and that people have wondered how to go on with life day by day. The citizens of the nation are willing to actually change their behavior and comply with the new rules to inhibit the viral contagion in order to function normally and be able to earn for living or do normally what used to be done like students going to school. The measures to contain the possible spread of virus have been identified and strictly implemented. A descriptive design was used in the study which attempts to outline systematically a situation, problem, phenomenon, service or program, or provides information about the living conditions of a community, or describes attitudes towards an issue (Kumar, 2011). The respondents of this study were the students of the Bachelor of Science in Legal Management and Bachelor of Science in Accounting Information System of the College of Business, Entrepreneurship and Accountancy of the Andrews Campus where a convenience sampling technique was employed using the online google form questionnaire which is a checklist that has been modified by the researchers based on the standard of the Inter-Agency Task Force on Covid-19 when it comes to the precautionary measures needed to avoid the spread of the virus. The data needed for the study was interpreted, treated and analyzed by means of frequency counts, percentages, weighted mean, Anova and chi-square using a 4-point Likert Scale.

**Keywords:** Compliance, Inter-Agency Task Force, Covid-19, Health Awareness, Symptoms, Social Distancing, Prevention, Personal Hygiene, Lockdown, Community Quarantine

## INTRODUCTION

When COVID-19 struck the lives of people who used to be carefree and complacent on safety measures as regards to health practices, the governments have implemented a series of measures to tackle the spread of the disease. Many personal hygiene reminders have been aired in all media sites, television, radio, and printed materials to educate people how to make the virus at bay. Some practices are frequent hand-washing, wearing of masks, social distancing in public places, isolating people infected with the virus, and worst was letting loved-ones to be buried straight-away when confirmed dead due to the virus. All these interventions and many other protocols are effective at reducing the spread of the virus. It is however observed that these practices require voluntary cooperation on behalf of citizens. Compliance with these behaviors needed to be done not only for one's benefit but for all people in the community.

The height of COVID-19 crisis brought numerous changes in the behavior of citizens. It is very crucial because the focus of the government is concentrated on stopping the spread of the coronavirus. The world seemed to stop spinning and that people have wondered how to go on with life day by day. The citizens of the nation are willing to actually change their behavior and comply with the new rules to inhibit the viral contagion in order to function normally and be able to earn for living or do normally what used to be done like students going to school. The measures to contain the possible spread of virus have been identified and strictly implemented. In this way, the higher possibility to sufficiently contain the negative side effects on the health care system, the economy and the social fabric of society. In March 2020, many governments imposed severe measures on their citizens to stop the spread of the virus. People have suffered the feelings of loneliness and being deserted because streets were empty and the level of compliance was high. Many months passed when people seemed to be complacent that compliance seems to be much lower at times when outbreaks required the reintroduction of stricter measures. At this point, high practical relevance of policy makers crafted easier to understand and to follow the dynamics of compliance over time. The rules imposed are generally complied and left impact on the lives of people to be allowed to go back to circulation and do things for living and for learning on the part of the young learners.

The governments introduced protocols and rules for people to comply and strictly follow. In the COVID-19 crisis, governing agencies and implementing officials cannot effectively enforce the rules by merely monitoring and sanctioning alone. Such coercive compliance will only lead to higher compliance if the sanctions are severe enough and the risk of getting caught high enough (Becker 1968; Tenbrunsel & Messick 1999; Trinkner & Tyler 2016). In most democratic countries, people insist to fight for their rights and so this is not too realistic. The need to successfully reduce the spread of the virus is voluntary. And so, government task force has designed obligation-based compliance. It is like putting the blame on them when they get sick or die because of the deadly virus. In short, people need to feel the obligation to voluntarily comply with the rules even if it takes an effort (Tyler 2006). Some of the important readings related to the study specifically geared on obligation-based compliance are those of Murphy, 2004; Gunningham & Sinclair 2009; Six & Verhoest 2017; and in times of crisis, Tang & Wong 2003; Rubin et al. 2009; Blair et al. 2017; Vinck et al. 2019. Several studies have shown that the trust in government is very important in following protocols during COVID-19 pandemic. The level of compliance and the lessening of transmission are of key factors to totally eradicate the virus. The studies of Bargain & Ulugbek 2020; Brouard et al. 2020; Devine et al. 2020; Jørgensen et al. 2020 proves that compliance is for great factor.

The dynamics of compliance were the main subject of several additional research. It is not always done or practiced because it is legal or for the general good when people comply out of a sense of duty or out of apprehension of the consequences of punishments. According to Braithwaite's Responsive Regulation Theory, contextual circumstances do not have an impact on the dynamics of the connection between the regulator and the regulate as they vary over time (Ayres & Braithwaite 1992; Braithwaite et al. 2007). The global COVID-19 pandemic crisis put people's adherence to the Inter-Agency Task Force's mandated protocols to the test. To stop the virus from spreading, several approaches are adopted to daily living and task

completion. The numerous methods in which the government enacted adjustments and countermeasures to diseases have paved the path for new typical ways of living.

We cannot dispute the reality that a country's advancement depends on its citizens' capacity to move about freely, engage in trade, and maintain good health, which helps the economy grow and generate more wealth. The improvement of a country's economy maintains the equilibrium of its citizens' lives. The main means of support for families are trades and all related activities that provide income. In order for people to live regularly and meet their fundamental necessities, other connected employment in the public and private sectors are also a common source of income. Due to the spread of the dreadful sickness, all everyday tasks that were once appreciated had to be abandoned during the pandemic. The environment that formerly served as a gathering place for people with a lot on their plates has changed into a deserted playground.

The government's health department and all relevant agencies have concentrated on steps to keep everyone healthy and put the virus at bay so that people will not get sick and lives shall be preserved. The disease has forced the world to stop. To prevent the spread of the disease to all students, all levels of educational institutions in the country must close their doors. The required percentage for the organization's working skeleton was also established for private and public offices, ensuring that daily operations could continue. The hardest aspect of any country's experience was seeing the businesses that provided the community's necessities shut down. The pandemic has caused a number of setbacks, including shortages of basic supplies, restrictions on the purchase of commodities, and insufficient purchasing power because so many people have lost their jobs. Governments around the world have established rules to abide by in order to ensure that their citizens keep good health and are required to remain in the security of their homes. Talabis and others. (2020) noted the significance of the various quarantine levels that would correspond to the degree of rigidity in their study on local government responses for COVID 19 management in the Philippines through its Inter-Agency Task Force (IATF). The containment of the spread of viruses in a nation depends heavily on the responses of subnational government institutions. The IATF outlined various quarantine measures, with each level having a proportional degree of compliance based on urgency or the severity of dangers, to lessen the effects of the COVID-19 pandemic. In order to prevent hunger, businesses engaged in food manufacturing and distribution are required to open under tight guidelines. Other restrictions include preventing people of a certain age group from leaving their homes. Depending on the severity of the pandemic in their area, the local government units (LGUs), including municipalities and provinces, may choose to implement any of these strategies. The goal is to limit the spread of diseases and fatalities while lessening the pandemic's financial toll. Some LGUs have responded to the COVID-19 outbreak in a spectacular way.

The aim of this study is to identify prominent IATF-recommended practical actions that are being implemented by LGUs, Provincial governments, and the National administration across all private and governmental entities. Provinces and towns who have strictly followed the recommended protocols have helped to contain the COVID-19's health issues earlier than others. When all faculty members and students are instructed to continue teaching and learning

in the privacy of their own homes, the Cagayan State University's staff serves as the work force to keep the institution open. In the research project by Nilsen et al. (2020) on implementing social distance in the fight against coronavirus found the compliance levels of Denmark and Sweden's surrounding nations. Both nations substantially diverged. Swedish authorities primarily promoted voluntary advice, while Denmark introduced strict, mandatory regulations. Employees of the university have received the same protocols, and everyone is required to abide by additional exceptional steps to ward off the infection.

It was emphasized that, as in the study conducted by Kaso, et al. (2020), communities' adherence and conviction in the measure's overall protectiveness are necessary for the Covid-19 preventative techniques to be effective. Although the WHO advised keeping a physical distance, donning a facemask, and using hand sanitizer, country-to-country compliance varies with the preventive measures. To this end, it is being investigated if the Cagayan State University complies with the IATF-identified protocols in the province of Cagayan. They are required to submit their plan for compliance with minimum health standards that will be issued by DepEd, consistent with guidelines by the Department of Health (DOH), the Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF), and the OP, as the Department of Education has included the private schools, SUCs, and LUCs offering basic education. To this end, all other school board members, instructors, support staff, and students are required to abide by safety procedures in order to ward off the dreaded sickness.

As part of the University of Southern Mississippi's comprehensive efforts to plan to keep students and faculty safe while also providing learning and social opportunities to keep students engaged, the Department of Health (DOH) Philippines has identified helpful ways to keep everyone healthy through the work group. The group emphasized that for our institutional efforts to be successful, each member must take personal responsibility and a vow to follow health regulations. Institutional restrictions can only be as effective as people's willingness to implement them. To protect themselves and others while assisting in the containment of COVID-19, it will be crucial for everyone—faculty, staff, and students—to assume responsibility for their actions and abide by the recommendations made by USM, the Centers for Disease Control and Prevention (CDC), the Mississippi State Department of Health (MSDH), and other organizations.

All appointed staff members at Cagayan State University are required to carry out the following aspects of active surveillance:

1. To record temperatures, symptoms, absenteeism, positive cases, and clusters on a regular basis. Management will then compile this data to track continuing transmission within the setting;
2. Design active surveillance systems that include testing of workers who, given the nature of their jobs, are at high risk, such as those who are unable to adhere to minimum public health standards or who work in areas where there are frequently large concentrations of symptoms, absences, or positive cases, subject to established, evidence-based testing protocols and guidelines.

## STATEMENT OF THE PROBLEM

This study intended to determine the compliance of students of the Cagayan State University-Andrews Campus to the inter-agency task force protocols. Specifically, it sought to answer the following:

1. What is the demographic profile of the respondents as to:
  - 1.1 Age
  - 1.2 Sex
  - 1.3 Civil status
  - 1.4 Program enrolled
  - 1.5 Year level
  - 1.6 Religious affiliation
  - 1.7 Highest educational attainment of mother
  - 1.8 Highest educational attainment of father
  - 1.9 Occupation of mother
  - 1.10 Occupation of father
  - 1.11 Number of household members
2. What is the level of awareness of the respondents as to:
  - 2.1 IATF protocol
  - 2.2 Symptoms of the virus
  - 2.3 Prevention of virus spread
3. What is the extent of compliance of the respondents to the IATF protocols and other related Covid-19 guidelines?
4. Is there a significant relationship between the level of awareness of the respondents and the extent of their compliance to the IATF protocols and other related Covid-19 guidelines?

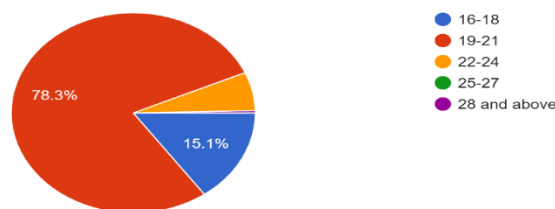
## RESEARCH METHODOLOGY AND STATISTICAL TREATMENT AND TOOLS

The quantitative descriptive research design was employed in this research to answer the aforementioned questions. A descriptive study attempts to outline systematically a situation, problem, phenomenon, service or program, or provides information about the living conditions of a community, or describes attitudes towards an issue (Kumar, 2011). The respondents of this study were the students of the Bachelor of Science in Legal Management and Bachelor of Science in Accounting Information System of the College of Business, Entrepreneurship and Accountancy of the Andrews Campus where a convenience sampling technique was employed

using the online google form questionnaire which is a checklist that has been modified by the researchers based on the standard of the Inter-Agency Task Force on Covid-19 when it comes to the precautionary measures needed to avoid the spread of the virus. Having gathered the data needed for the study, interpretation, treatment and analysis have been conducted by means of frequency counts, percentages, weighted mean, Anova and chi-square using a 4-point Likert Scale.

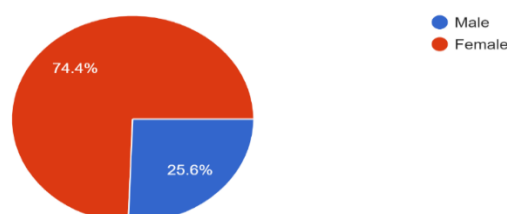
## RESULTS AND DISCUSSIONS

Age  
258 responses



The chart shows the frequency and percentage distribution of the student-respondents' profile relative to age. It shows that the bulk of the respondents with a frequency of 202 or 78.30 percent are aged 19 to 21 while the least – numbered, 1 or .39 percent are aged 25 and above years old and still, those who are 16 to 18 years old are 39 in number or 15.11 percent and there are 16 or 6.20 percent who are 22-24 years old. This suggests that the bulk of the responders who were students have reached legal adulthood. According to [exploringyourmind.com](http://exploringyourmind.com), during this phase of life, people manage to develop a sense of self (the outcome of integrating their previous selves with their new, free personal choices), forge new social connections, and internalize moral and ethical principles that will determine their eventual entry and functioning in the adult world. This indicates that the person begins to have the capacity to make independent decisions while accepting full accountability for the results of those decisions. In the research of M. K. Al-Hanawi et al. In contrast to the results of this study, Al (2020) discovered that older folks are likely to have superior knowledge and practices than younger people.

Sex  
258 responses





Pie chart 1.2 shows the frequency and percentage distribution of the student–respondents’ profile relative to sex. As shown on the result, the female student – respondents out-numbered the males with the frequencies of 192 and 66 or 74.41percent and 25.59 percent respectively. The output is in line with the World Economic Forum's (WEF) 2020 Global Gender Gap Report. Comparatively speaking, more women than men had completed tertiary education. And according to a Matthew Reysio-Cruz story that was published in the Philippine Daily Inquirer, an annual assessment that evaluates gender equality in 153 nations found that Filipino women enroll in high school and college at much greater rates than men. Additionally, this result is in line with a study by Kevin Williamson that was highlighted in a Wall Street Journal article, which emphasized that white men's college attendance in particular has fallen dramatically in comparison to that of men. He further emphasized that only two out of every five college students today are men. This information is consistent with the findings of the study done by Iorfa, S. K. et al. According to Al's (2020) findings, women were more likely than men to engage in precautionary behavior when they had a sufficient understanding of COVID-19. Similar to how Kim, S., & Kim, S. Results from the 2020 study indicated that women were more likely than males to engage in advised activity, which is thought to be due to women's greater sensitivity to danger. The findings of Hossain, M. A. (2020), who indicated that men had higher levels of knowledge and practice than women, cast doubt on these conclusions. As the authors Alahdal, Basingab, and Alotaibi (2020) stressed in the results of their study showed that male participants' awareness levels were slightly higher (by 60%) than those of the female participants. The findings of Al-Hanawi, M. K., (2020) revealed that men and women differed in their levels of knowledge, optimism, and COVID-19 good practices.

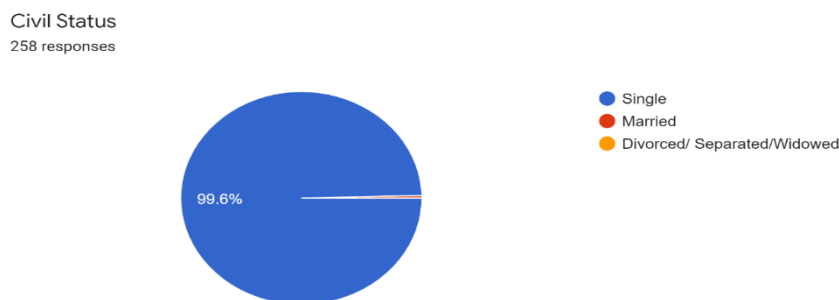
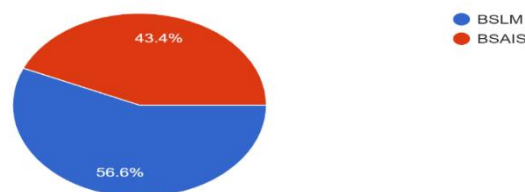


Chart 1.3 shows the frequency and percentage distribution of the student–respondents’ profile relative to civil status. The data shows that only 1 out of the 258 respondents is married. The outcome demonstrates that getting married to an undergraduate student is not common (Michael Langlais), which many people view as a barrier to achieving goals or aspirations in life. The talk Bella de Paulo gave on psychologytoday.com, which shows that lifelong single people perform better than married people in a variety of unglamorous ways, supports this data. She interprets this to suggest that, compared to married people, single people are better able to preserve their relationships with friends, siblings, parents, neighbors, and coworkers. They go above and beyond in terms of volunteering and aiding those in need, like their ailing parents. They have more freedom and self-determination, as well as more opportunities for personal

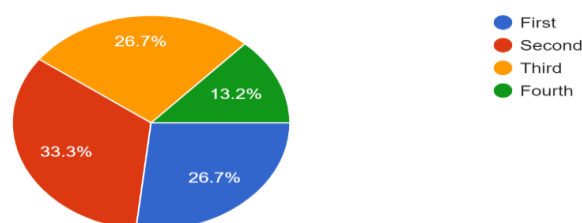
improvement. The study conducted by Al-Dossary, R., (2020) among nurses in Saudi Arabia disputes these findings and found that married nurses had greater understanding, a better attitude, and clinical experience with COVID-19 prevention. The extent to which COVID-19-related information is received online, risk awareness, and demographic traits like sex, ethnicity, age, marital status, and employment status are important factors associated with US residents' engagement in various preventive behaviors and testing for COVID-19, according to Li, S., (2020) findings.

Program Enrolled  
258 responses



The pie shows the frequency and percentage distribution of the student-respondents' profile relative to program enrolled. As can be gleaned from the data, respondents from the Bachelor of Science in Legal Management out-numbered the Bachelor of Science in Accounting Information System, which implies that at the time of the collection of the data, there were more Legal Management student – respondents who answered on the questionnaire.

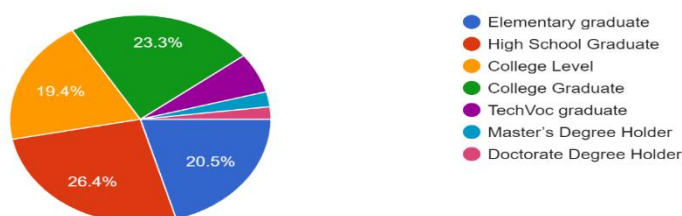
Year Level  
258 responses



The data in the chart reveals the frequency and percentage distribution of the student-respondents' profile relative to year level. As can be seen from the graph, the majority of respondents—86, or 33.3 percent—were between the ages of 19 and 21 and in the late stages of adolescence. This puts them in the sophomore level. According to en.electoralpsychology.com, this stage is a gradual return to equilibrium and the process of changing into a new person as a result of the process by which the person is able to develop a unique sense of personal change and a moment of settlement for all the changes they have gone through as a result of accepting and integrating all the physical, emotional, and psychological changes.

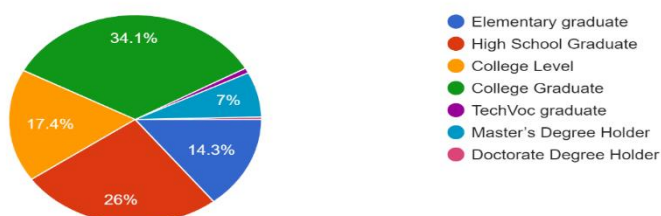


Highest educational attainment of father  
258 responses



The data in the chart reveals the frequency and percentage distribution of the student-respondents' profile relative to the highest educational attainment of father. As seen on the chart, majority or 26.36 percent of the respondent's father are high school graduate followed by college graduate with a frequency of 60 or 23.26 percent and then elementary graduate with a frequency of 53 and there are 50 who reached college level. 5 of the respondents' father were able to pursue and finish doctorate degree and 6 master's degree holder. Islam, M., et al. (2021) has thereby refuted this finding and stressed that greater SES, university education, and greater levels of education were associated with knowledge of the virus. Similarly, M. Baig et al. (2020) also noted that greater education or participants' educational status was a predictor of good knowledge ratings on their understanding of Covid-19.

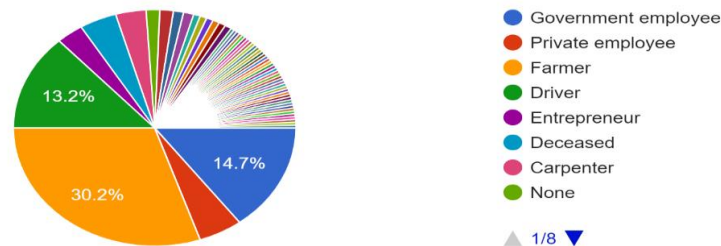
Highest educational attainment of mother  
258 responses



The data in the chart reveals the frequency and percentage distribution of the student-respondents' profile relative to the highest educational attainment of mother. As seen on the chart, 88 or 32.10 percent are college graduate followed by 67 or 25.9 percent are high school graduate and 45 or 17.44 percent reached college level. 1 is a doctorate degree holder and 18 are master's degree holder and there are 2 graduates of technical vocational school. The findings indicate that the mothers of the respondents are mostly college graduates with some being undergraduates. The mothers of the respondents are generally aware of the significant influence they have on their children's life and the potential for positive educational outcomes because they are primarily responsible for their upbringing. The outcome supports the Philippine Commission on Women's article, which claimed that education has contributed to women's economic emancipation and that educated moms give their children a better quality of life. Islam, M., et al. (2021) has therefore disagreed with this finding who stressed the correlation between knowledge of the virus and greater SES, university education, and higher

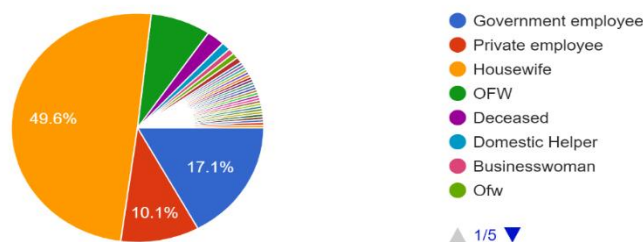
levels of education. In a similar vein, participants' educational position or higher education was cited by Baig, M., et al. (2020) as being a predictor of high knowledge scores on their awareness of Covid-19.

Occupation of father  
258 responses



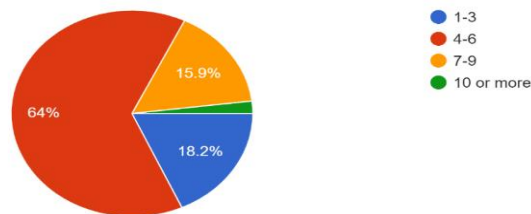
The chart shows the frequency and percentage distribution of the student-respondents' profile relative to the occupation of the father. As seen on the pie chart, the highest frequency of 78 or 30.2 percent are farmers, followed by 38 or 14.7 percent are government employees, 39 or 13.2 percent are tricycle or jeepney drivers. The data shows that majority of the parents of the student-respondents are farmers and minimum wage earners. The data further affirm the findings related on family income, wherein majority belongs to the below the poverty line as seen by the occupation of the father of the student-respondents.

Occupation of mother  
258 responses



The chart shows the frequency and percentage distribution of the student-respondents' profile relative to the occupation of the mother. As seen on the chart, the highest frequency of 128 or 49.61 percent is housewife, followed by government employee with a frequency of 44 or 17.1 percent. Sales clerk, housemaid and others got a frequency of 23, 16 and 11 respectively. The data imply that almost a majority of the respondents' mothers are living in the traditional family structure where the mother takes the role of a housekeeper who manages to foster the love and throws herself with more extra time to the care of her children.

Number of household members  
258 responses



The data shows that majority of the respondents belong to a family with an average of 4 to 6 members with a frequency of 166 or 63 percent and family with 10 and more members got the lowest frequency of 5 or 1.94 percent. The 2017 National Demographic and Health Survey indicated that Filipino families have an average of 4.2 individuals, supporting the aforementioned observation. The National Wages and Productivity Commission discovered the same outcome in their analysis of the socio-economic profile, where the average household size is 4.4. Similar to this, Berger (1980), as elaborated in [www.hhs.gov](http://www.hhs.gov) (2005), shown that family size is a significant factor in determining whether a family or an individual is in poverty because family size is included in the official poverty measure.

**Table 1: Level of Awareness of the Respondents on the Inter-Agency Task Force on Covid-19**

| AWARENESS ON IATF PROTOCOLS   | Fully Aware | Aware | Slightly aware | Not Aware | MEAN |
|---|-------------|-------|----------------|-----------|------|
| Gatherings outside of residences shall be prohibited  | 204         | 51    | 3              | 0         | 3.78 |
| those who are over sixty-five (65) years of age shall be required to remain in their residences at all times                  | 197         | 54    | 6              | 1         | 3.73 |
| Strict home quarantine shall be observed in all households  | 188         | 63    | 6              | 1         | 3.70 |
| work-from-home and other flexible work arrangements   | 182         | 68    | 7              | 1         | 3.67 |
| Face-to-face or in-person classes at all levels shall be suspended  | 184         | 58    | 14             | 2         | 3.64 |
| All persons are mandated to wear full-coverage face shields together with face masks whenever they go out of their residences | 177         | 70    | 9              | 2         | 3.64 |
| Any person below eighteen (18) years old shall be required to remain in their residences at all times                         | 178         | 68    | 9              | 2         | 3.63 |
| Compliance to Minimum public health standards   | 171         | 74    | 9              | 4         | 3.60 |
| Gatherings at residences with any person outside of one's immediate household shall be prohibited.                            | 163         | 87    | 6              | 2         | 3.59 |
| The movement of all persons shall be limited to accessing essential goods and services  | 162         | 80    | 13             | 3         | 3.55 |

|   |             |     |    |    |      |
|---|-------------|-----|----|----|------|
| Entertainment venues with live performers such as karaoke bars, bars, clubs, concert halls, theaters, and cinemas are not permitted   | 163         | 79  | 11 | 5  | 3.55 |
| pregnant women shall be required to remain in their residences at all times   | 167         | 66  | 20 | 5  | 3.53 |
| Religious gatherings shall be allowed at a certain percentage of the venue capacity   | 156         | 86  | 13 | 3  | 3.53 |
| conduct of religious services through online  | 153         | 90  | 11 | 4  | 3.52 |
| Gatherings for neurological services, wakes, inurnment, funerals for those who died of causes other than COVID-19 shall be allowed, provided that the same shall be limited to immediate family members,  | 144         | 95  | 12 | 7  | 3.46 |
| All establishments, persons, or activities not permitted to operate, work, or be undertaken shall be allowed to operate at a certain percentage on-site capacity  | 141         | 95  | 17 | 5  | 3.44 |
| Recreational venues such as internet cafes, billiard halls, amusement arcades, bowling alleys, and similar venues are not permitted   | 141         | 93  | 16 | 8  | 3.42 |
| Amusement parks or theme parks, fairs/perys, kid amusement industries such as playgrounds, playroom and kiddie rides are not permitted  | 138         | 96  | 15 | 9  | 3.41 |
| Outdoor sports courts or venues for contact sports, scrimmages, games, or activities are not permitted  | 135         | 98  | 16 | 9  | 3.39 |
| Outdoor tourist attractions are not permitted   | 132         | 97  | 21 | 8  | 3.37 |
| Casinos, horse racing, cockfighting and operation of cockpits, lottery and betting shops, and other gaming establishments except for the draws conducted by the Philippine Charity Sweepstakes Office are not permitted   | 139         | 88  | 17 | 14 | 3.36 |
| Indoor visitor or tourist attractions, libraries, archives, museums, galleries, and cultural shows and exhibits are not permitted   | 132         | 95  | 24 | 7  | 3.36 |
| Indoor sports courts or venues, fitness studios, gyms, spas or other indoor leisure centers or facilities, and swimming pools are not permitted   | 122         | 99  | 28 | 9  | 3.29 |
| Venues for meetings, incentives, conferences, and exhibitions are not permitted   | 117         | 104 | 29 | 8  | 3.28 |
| Personal care services which include beauty salons, beauty parlors, medical aesthetic clinics, cosmetic or derma clinics, make-up salons, nail spas, reflexology, aesthetics, wellness and holistic centers, and other similar establishments are not permitted | 121         | 98  | 28 | 11 | 3.28 |
| Home service for these activities is likewise not permitted   | 103         | 89  | 41 | 25 | 3.05 |
| Private corporations are encouraged to process payrolls online  | 75          | 106 | 52 | 25 | 2.90 |
| <b>Weighted Mean.</b>   | <b>3.47</b> |     |    |    |      |

On level of awareness on Inter-Agency Task Force (IATF) protocols, the table shows that respondents have complied and are observant on the rules of gatherings outside of residences are prohibited with a total mean of 3.78. Following the highest figure are 3.73 and 3.70 respectively giving the rules on those who are over sixty-five (65) years of age shall be required to remain in their residences at all times and Strict home quarantine shall be observed in all households. Another difficult adjustment was the work-from-home and other flexible work arrangements, 3.67 and no Face-to-face or in-person classes at all levels shall be suspended, 3.64. These first five protocols of the IATF have manifested the serious concern of the government to protect its people from possible contacts of the dreaded disease.

For human survival, all persons are mandated to wear full-coverage face shields together with face masks whenever they go out of their residences, 3.64 and in every household, only one person is allowed to go out for purchasing essential goods. The limited movement of people has controlled the influx of buyers from congesting the groceries, going to gatherings outside their homes was prohibited, indoor visits or tourist attractions, libraries, archives, museums, galleries, and cultural shows and exhibits are not also permitted.

Ranging from the highest mean of 3.78 down to 3.05 all public activities and even personal services were not allowed to be done during the heightened alert level of IATF restrictions. The good number of noted awareness of respondents manifests that public activities, household events, other personal and recreational functions and services, all indoor functions for whatever purpose wherein air circulation is congested were sacrificed in order to comply.

The last item with 2.90 mean is on urging private corporations to process payrolls online so that employees would receive their salaries even without physically receiving from their cashier. In that way, the possible transmission of the disease lessened.

Over-all, the small differences in the mean scores of each of the IATF protocols during the heightened level of restrictions of people in the community in the war against COVID-19 shows that the respondents have good understanding of what to comply in accordance to the rules pertaining the combat of pandemic.

Numerous international investigations that were undertaken provided support for these conclusions. Nearly all students in the study by Albaqawi HM et al (2020) were aware of the outbreak (99.2%), and the majority of them (71.0%) learned about COVID-19 mostly through social media. More over three-fourths of the students (89.1%) and the Ministry of Health (MOH) (86.5%) thought the government and MOH were responding to the COVID-19 outbreak in the nation effectively. The knowledge questionnaire's total average score was 9.85 (SD = 1.62, range = 0-12), which is equal to 82.1%. The majority of students consistently engaged in the majority of the preventative behaviors noted in the survey, with the exceptions of "daily cleaning and disinfecting frequently touched surfaces" (41.6%) and "washing hands with soap and water for at least 20 s after blowing my nose, coughing, or sneezing" (39.2%). High actual COVID-19 knowledge was correlated with being female, being in your fourth year, and having superior perceived knowledge. The linked characteristics included the university, gender, age, academic level, and perceived COVID-19 expertise. Similar findings were made

by Hatami H, et al in 2021, who discovered that high school students' opinions toward the illness were largely positive and that their understanding and safety behaviors around COVID-19 were reasonably adequate. However, some observed pandemic knowledge gaps, unfavorable attitudes, and dangerous behaviours in the study underscored the need for focused education. Young teenagers could benefit from the considerable role and potential of social and mass media in the fight against misinformation and delivery of accurate information. The findings of the study by Naseef HA et al (2021), which showed that students' awareness of COVID-19 was variable and that the majority relied on official media briefs in Palestine as a source of information, were not dissimilar from these findings. The overwhelming majority of participants engaged in proactive and cautious procedures with reference to the COVID-19 outbreak. Similarly, Chu DK et al. (2020) emphasized in their findings that this systematic review and meta-analysis supports physical distances of at least 1 m and provides quantitative values for models and contact tracing to advise policy. These results should guide the best usage of face masks, respirators, and eye protection in public and healthcare settings.

**Table 2: Level of Awareness of the Respondents on the Symptoms of Covid-19**

| AWARENESS ON COVID-19 SYMPTOMS                       | Fully Aware | Aware | Slightly aware | Not Aware | Mean |
|--|-------------|-------|----------------|-----------|------|
| New loss of taste or smell                           | 226         | 22    | 2              | 8         | 3.81 |
| Fever or chills                                      | 208         | 42    | 3              | 5         | 3.76 |
| Shortness of breath or difficulty breathing (DOB)    | 210         | 38    | 3              | 7         | 3.75 |
| Dry Cough  | 200         | 49    | 3              | 6         | 3.72 |
| Trouble breathing                                    | 203         | 45    | 2              | 8         | 3.72 |
| Sore throat  | 204         | 43    | 3              | 8         | 3.72 |
| Headache   | 177         | 67    | 8              | 6         | 3.61 |
| Congestion or runny nose                             | 180         | 56    | 15             | 7         | 3.59 |
| Persistent pain or pressure in the chest             | 178         | 62    | 10             | 8         | 3.59 |
| Fatigue  | 171         | 66    | 13             | 8         | 3.55 |
| Muscle or body aches                                 | 169         | 70    | 12             | 7         | 3.55 |
| Nausea or vomiting                                   | 153         | 68    | 24             | 13        | 3.40 |
| Diarrhea   | 144         | 74    | 29             | 11        | 3.36 |
| Pale, gray, or blue-colored skin, lips, or nail beds | 115         | 70    | 51             | 22        | 3.08 |
| New confusion  | 103         | 81    | 51             | 23        | 3.02 |
| Inability to wake or stay awake                      | 105         | 68    | 61             | 24        | 2.98 |
| <b>Weighted Mean.</b>                                | <b>3.51</b> |       |                |           |      |

The table shows the level of awareness of the respondents in terms of the symptoms to observe in any event they are identified as close or direct contact of people who are tested positive of the dreaded disease.

The new loss of taste and smell ranged to be the highest response with 3.81. It is an unusual incident for anyone to be losing her or his sense of smell and taste so this must have been noted as number one signal for respondents to suspect that he or she has contacted the disease. The following symptoms like fever or chills, shortness of breath or difficulty breathing (DOB), dry cough, trouble breathing, and sore throat have mean score of 3.76, 3.75, and 3.72 respectively. This is a manifestation that the flu-like symptoms are known with an extent alert considerations



on trouble and difficulty of breathing. Another flu-like symptoms on headache, 3.61 and congested and runny nose, 3.59 followed with which the respondents are aware to be alarmed and do home remedies to arrest the possible spread of the virus.

From persistent pain or pressure in the chest, fatigue, muscle or body ache, nausea or vomiting, diarrhea with mean scores of 3.59, 3.55, 3.40, and 3.36 respectively are also flu-like symptoms wherein these are commonly experienced by many. The alarming symptoms like pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone and new confusion, inability to wake or stay awake must have left the respondents wondering so these have shown the last three at the bottom in the hierarchy of mean scores.

These results were in line with those of many pandemic-related investigations. Similar to how Prasad Singh, J. et al. (2020) highlighted that more than 70% of students had good understanding of COVID-19 symptoms, mechanism of transmission, and prevention measures, while 66% understood about treatment approaches. TV (77%) and social media (83%) were their main information sources. Most students shown a desire to adhere to the lockdown and social isolation rules; nevertheless, only 27% of them understood the risk of infection. Almost all students said they followed official health advice. Olaimat, A. N. et al. (2020) emphasized that 56.5% of respondents shown good knowledge, while nearly 40% demonstrated moderate understanding. 3.0% of the participants, on the other hand, had insufficient knowledge of COVID-19. Students scored an average of 80.1% on the knowledge scale, which is regarded as being within the range of good knowledge. Significant ( $P < 0.05$ ) correlations between educational level and student knowledge were found for both the college of study and both. The group of students who majored in medical sciences had the highest mean score, at 82.8%, with a good knowledge level of 69.0%. In comparison to undergraduate students, postgraduate students scored much higher on knowledge tests. Most students used the internet, social media, and mainstream media as their primary information sources for COVID-19. Medical and graduate students used scientific websites and papers more frequently. They came to the conclusion that senior pharmacy students are typically informed with COVID-19, which is not dissimilar from the findings of Hamza, M. S. et al. (2021). They are ignorant of certain clinical manifestations of a severe COVID-19 infection, like hyper coagulation. Additionally, they are ignorant of when it is appropriate to use a face mask. The current study is the first attempt to assess the knowledge and opinions of aspiring Egyptian pharmacists on pandemic diseases. Finally, a guide for stopping the further spread of this disease might be provided by the analysis of senior pharmacy students' knowledge and the factors influencing their attitudes and practices about COVID-19. Additionally, R. F. Sharaf and N. Kabel. The majority of participants, according to (2021), strongly agreed or agreed that COVID-19 is a very serious illness. Participants said that fever (84.4%) and trouble breathing (89.4%) are the two most typical symptoms. The disposable robe (96.3%) and face shield (98.6%) were the two personal protective equipment (PPE) items that were most frequently suggested for use during dental procedures. The majority of participants (84.8%) advised using 70% ethyl alcohol first, followed by sodium hypochlorite, to clean surfaces between dental appointments.

**Table 3: Level of Awareness of the Respondents on the Covid-19 Prevention**

| <b>AWARENESS ON COVID-19 PREVENTION</b>   | <b>Fully Aware</b> | <b>Aware</b> | <b>Slightly aware</b> | <b>Not Aware</b> | <b>Mean</b> |
|---|--------------------|--------------|-----------------------|------------------|-------------|
| Wear a mask in public indoor spaces in areas with widespread transmission of the SARS-CoV-2 virus | 244                | 14           | 0                     | 0                | 3.95        |
| Wash hands regularly.   | 244                | 14           | 0                     | 0                | 3.95        |
| Observe proper distancing   | 242                | 16           | 0                     | 0                | 3.94        |
| Stay home when you are sick   | 240                | 18           | 0                     | 0                | 3.93        |
| Get your COVID shot   | 239                | 17           | 2                     | 0                | 3.92        |
| Avoid close contact with people who are sick.   | 236                | 22           | 0                     | 0                | 3.91        |
| Cover coughs and sneezes  | 235                | 23           | 0                     | 0                | 3.91        |
| Do away with social gatherings  | 232                | 25           | 1                     | 0                | 3.90        |
| Travel safely   | 234                | 23           | 1                     | 0                | 3.90        |
| Dine out carefully  | 224                | 34           | 0                     | 0                | 3.87        |
| Avoid crowds and poorly ventilated spaces   | 225                | 33           | 0                     | 0                | 3.87        |
| Frequently clean and disinfect touched objects and surfaces regularly.                            | 219                | 37           | 2                     | 0                | 3.84        |
| Minimize touching your eyes, nose, and mouth.   | 215                | 41           | 2                     | 0                | 3.83        |
| Be mindful of your mental health  | 206                | 45           | 7                     | 0                | 3.77        |
| Get your flu shot   | 185                | 58           | 12                    | 3                | 3.65        |
| Seek routine medical care   | 170                | 72           | 16                    | 0                | 3.60        |
| Differentiate between flu, colds, and COVID-19  | 158                | 77           | 20                    | 3                | 3.51        |
| <b>Weighted Mean. 3.84</b>  |                    |              |                       |                  |             |

Table 3 shows the awareness of respondents in terms of COVID-19 prevention. The wearing of mask public indoor spaces in areas with widespread transmission of the SARS-CoV-2 virus, washing hands, observing proper distancing, and staying at home when sick is the first four on top in the responses of the survey ranging from 3.95, 3.94, and 3.93 respectively. This is a manifestation that respondents have taken the prevention measures seriously to protect themselves from COVID-19. They also trust that getting COVID shots for keeping themselves protected is evident having a mean score of 3.92. Other preventive practices like avoiding close contact with people who are sick, covering coughs and sneezes, doing away with social gatherings to avoid crowds and poorly ventilated areas, and travelling safely with range of 3.91 and 3.90 respectively believed to have been practiced religiously.

Regular reminders to the public in regards to medical practices and concerns were aired on TV, radio, social media platforms, and other printed materials for campaign to keep oneself healthy were done. These reminders on cleaning and disinfecting objects and surfaces, minimizing touching of eyes, nose, and mouth, get flu vaccine, seeking routine medical care, and be keen on the symptoms between flu and COVID-19 were helpful tips for the community to keep everyone informed and mindful in protecting themselves.

Above all the mentioned medical-related practices and measures to observe, the most important that respondents have practiced was keeping physical distance from crowds wherein the possibility of contacting the disease is lesser because the transmission or contact of droplets from someone nearby is at bay. In doing so, people dined out observing allowed distance from everyone. Other important functions like meetings and conventions in enclosed areas were

done virtually. And most importantly, everyone was reminded to stay home and have self-isolation when there are peculiar symptoms like losing smell and taste senses and all the bodily pains as manifestations COVID-19 transmission.

The respondents paid close attention to following the many specified regulations and recommendations during the pandemic. This was supported by a study by Barrios LC et al. (2021), who stressed that six American institutions had higher than 80% compliance with the CDC's advised COVID-19 mitigation method of mask wearing. The CDC has made the training materials used in this study available to institutions who wish to keep track of mask use on their campuses because mask use is anticipated to remain a crucial COVID-19 mitigation tool. Universities have, however, also put into place multifaceted strategies, such as reduced residential density, surveillance and entry testing, educational campaigns, and other campus and community mitigation efforts, in addition to mask mandates. The spread of SARS-CoV-2 can be stopped by monitoring mask use, customizing messages to encourage healthy behaviors (like mask use, handwashing, and physical seclusion) on and off campus, and developing measures to enforce or ensure compliance with healthy behaviors. These actions have the potential to improve the implementation and efficacy of public health strategies. In a parallel investigation into Albaqawi, H. As the COVID-19 crisis is now taking place, baseline data on Saudi nursing students' views, knowledge, and preventive actions were supplied by et al (2020). The results showed certain areas that should be addressed by nursing education and health organizations to make sure that students have the necessary information and adopt the right preventive behavior.

**Table No 4: Extent of Compliance of the Respondents to the IATF Protocols and Other Related Covid-19 Guidelines**

| ITEMS   | Fully Compliant | Moderately Compliant | Somewhat Compliant | Not Compliant | MEAN |
|---|-----------------|----------------------|--------------------|---------------|------|
| Stay at home when you are sick  | 232             | 18                   | 1                  | 7             | 3.84 |
| Cover your mouth and nose when coughing and sneezing  | 229             | 19                   | 3                  | 7             | 3.82 |
| Practice proper hygiene   | 221             | 29                   | 1                  | 7             | 3.80 |
| Avoid close contact with people who are sick  | 222             | 27                   | 2                  | 7             | 3.80 |
| Wash hands regularly.   | 217             | 34                   | 1                  | 6             | 3.79 |
| Observe proper health protocols when dining out   | 219             | 31                   | 2                  | 6             | 3.79 |
| Observe proper health protocols when traveling  | 218             | 32                   | 2                  | 6             | 3.79 |
| Alcohol/sanitizers are practice   | 220             | 27                   | 5                  | 6             | 3.79 |
| Have the COVID vaccine  | 220             | 27                   | 3                  | 8             | 3.78 |
| Wearing of face mask and face shield in shared public spaces and/or in public indoor spaces where there is a possibility of widespread transmission of the SARS-CoV-2 virus | 213             | 36                   | 3                  | 6             | 3.77 |

|   |     |    |    |    |      |
|---|-----|----|----|----|------|
| Temperature is checked upon entry at home   | 218 | 26 | 8  | 6  | 3.77 |
| Avoid crowds and poorly ventilated spaces   | 206 | 44 | 2  | 6  | 3.74 |
| Observe proper physical/social distancing   | 205 | 40 | 7  | 6  | 3.72 |
| Regular/routine cleaning and disinfection of study space/place  | 201 | 46 | 4  | 7  | 3.71 |
| Health declaration forms are properly filled out when going to establishments   | 202 | 40 | 11 | 5  | 3.70 |
| Conduct of online academic gatherings (seminars, orientation, symposia, fora)   | 189 | 61 | 4  | 4  | 3.69 |
| Regular/Frequent cleaning and disinfecting of surfaces and objects that are touched often, such as desks, countertops, doorknobs, computer keyboards, hands-on learning items, taps, phones, etc. | 195 | 52 | 5  | 6  | 3.69 |
| Ensure proper ventilation in the home   | 197 | 47 | 7  | 7  | 3.68 |
| Minimize touching your eyes, nose, and mouth.   | 191 | 55 | 6  | 6  | 3.67 |
| In-person meetings is done virtually where possible, (e.g. employee interviews  | 183 | 66 | 6  | 3  | 3.66 |
| Secure COVID shield pass/certification  | 193 | 48 | 10 | 7  | 3.66 |
| Installation of hand washing areas within the home  | 193 | 46 | 12 | 7  | 3.65 |
| Disinfecting mats in the home   | 185 | 55 | 11 | 7  | 3.62 |
| Face-to-face or in-person classes at all levels is suspended  | 182 | 56 | 17 | 3  | 3.62 |
| Conform to the uniform curfew hours imposed by LGUs   | 171 | 68 | 14 | 5  | 3.57 |
| Minimize the use of common breakrooms, coffee stations or refrigerators to store food   | 170 | 71 | 11 | 6  | 3.57 |
| Conduct of online religious services is limited   | 167 | 71 | 14 | 6  | 3.55 |
| Gatherings outside of residences is restricted/prohibited   | 156 | 85 | 15 | 2  | 3.53 |
| Gatherings at residences with any person outside of one's immediate household is prohibited.  | 156 | 85 | 12 | 5  | 3.52 |
| The movement of all persons is limited to accessing essential goods and services only   | 164 | 69 | 20 | 5  | 3.52 |
| Seek routine medical care   | 167 | 64 | 18 | 9  | 3.51 |
| Have the flu vaccine  | 155 | 64 | 18 | 21 | 3.37 |

Based on the data, it can be concluded that the respondents are aware of the regulations being enforced by the government agencies to stop the spread of the virus, as evidenced by the highest item mean of 3.84 and a very high rate of compliance. This result was consistent with that of the research by Saurabh, K., and Ranjan, S. (2020), where they emphasized that although compliance with household protective measures was better than compliance with community protective measures (17.35%), most children and adolescents were non-compliant due to low compliance with all standards (7.43%). Children and adolescents who were placed in quarantine felt more psychological anguish than those who were not ( $p = 0.001$ ). The most frequent emotions during confinement were worry (68.59%), helplessness (66.11%), and dread (61.98%). The limited compliance with quarantine rules as demonstrated in this study raises severe doubts regarding the efficacy of quarantine as a preventative measure of disease transmission. Compliance and mental health issues can be eased by offering sufficient financial support and better pandemic preparation education. The findings of Lathifa's research, A. R. According to et al. (2021), 404 students (84.5%) obeyed the rules about wearing masks, 365 students (72.7%) obeyed the rules about washing their hands, while just 21 students (4.2%) obeyed the rules about keeping their distance. These findings support the notion that student adherence to health guidelines still needs to be strengthened, particularly with regard to the practice of keeping a safe distance from other people while engaging in daily activities. The findings of this study can be used as the foundation for creating public education campaigns regarding health protocols, particularly for kids.

**Table 5: Test of significant relationship between the level of awareness of the respondents and the extent of their compliance to the IATF protocols and other related Covid-19 guidelines**

| Level of awareness of the respondents on the Covid-19 protocols and other related guidelines | Extent of compliance of the respondents to the IATF protocols and other related Covid-19 guidelines (n=258) |         |             |
|--|---|---------|-------------|
|  | r- value  | p-value | Decision    |
| IATF Protocol  | 0.611**   | 0.000   | Significant |
| Symptoms of the Virus  | 0.781**   | 0.000   | Significant |
| Prevention of Virus Spread   | 0.860**   | 0.001   | Significant |

\*\*significant at 0.01 level

Table 5 illustrates the test of significant relationship between the level of awareness of the respondents and their extent of compliance on the Covid-19 protocols and other related guidelines. The p-values under IATF Protocol ( $r=0.611$ ,  $p=0.000$ ), Symptoms of the virus ( $r=0.781$ ,  $p=0.000$ ) and Prevention of Virus Spread ( $r=0.860$ ,  $p=0.001$ ) are less than 0.05 level of significance shows that there is a significant strong positive relationship between the three variables being correlated to the extent of compliance of the respondents on IATF Protocols and under covid-19 guidelines. Higher level of awareness of the respondents on covid-19 protocols and guidelines is associated with higher extent of compliance of the respondents on IATF protocols.

## CONCLUSIONS

As the pandemic spread throughout the nation and other parts of the world, a number of task forces and implementing agencies issued a number of guidelines and informational materials regarding the symptoms and methods for preventing the spread of the deadly disease known as COVID-19. These materials were intended to encourage citizen adherence to the guidelines and protocols. The study's findings demonstrated that the respondents were completely aware of the existence, symptoms, and prevention of Covid-19, and as a result, they were in compliance with the many regulations and recommendations set forth by the various regulating authorities.

## RECOMMENDATIONS

The following actions are strongly advised in order to preserve a healthy environment in the face of the COVID-19 pandemic. All attendees to events in crowded areas are required to adhere to health regulations at all times. To recover quickly from even minor health difficulties, it is important to treat them seriously and follow healthy habits. It is necessary to always maintain good health and fitness. The best course of action to take to prevent other members of the home or community from contracting the disease is self-isolation and quarantine. To protect everyone's safety, submit to testing. When the COVID-19 vaccine becomes available, get it. Regularly disinfect objects and areas. When required, wash your hands and sterilize them with alcohol or hand sanitizer.

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