Does Higher Trust Mean Better Compliance? Covid-19 Evidence from Urban Bangladesh

MOHAMMAD RIAZ UDDIN[*]
RUBAIYA MURSHED[**]
MD ZABID IQBAL[***]

The ongoing Covid-19 pandemic has exacerbated many problems that were inherent in our societies, e.g., poverty, inequality, and food shortages, to name a few. The pandemic has also brought to the surface other problems, some of which are valid in the context of the coronavirus: public panic, difficulty in getting the public to comply with issued guidelines, and the struggle to keep information separate from rumours. In such situations of uncertainty, it is crucial to be able to provide guidance for the public to follow, and equally important that the public believes the communication. So, it matters who the public trusts as a source of information. This paper is based on the premise that public trust in information sources translates into public compliance with issued guidelines to make communication count. Thus, we ask whether there is any association between peoples' most trusted information source, and most followed information source, with their compliance, which we measure through a compliance score that we calculate. Using a sample of respondents that is urban-representative of Bangladesh, this paper finds that people who mostly trust international media, academicians, political leaders, and the World Health Organization are more compliant with issued guidelines. In contrast, people who mostly follow the police as an information source are less compliant. Based on the findings, the paper suggests that the increased involvement of certain trusted information sources is better than other sources in designing and implementing effective communication strategies during a pandemic in Bangladesh.

Keywords: Bangladesh, Communication, Compliance, Covid-19, Information Source, Trust

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*Bangladesh Institute of Development Studies (BIDS). **Department of Economics, University of Dhaka. ***University of British Columbia and Bangladesh Institute of Development Studies (on leave).

I. INTRODUCTION

The Covid-19 pandemic has created many difficulties for countries and people all around the world and has caused great loss- the loss of life, economic loss, the loss of jobs, and the consequent hardship of poverty. Policymakers, authorities, public health experts, and scientists are each occupied with handling different dimensions of the wide range of problems created and, in many cases, exacerbated by the pandemic. On the one hand, there is the issue of misinformation during such troubling times and the difficulties in separating the right information from the wrong amidst such uncertainties. On the other hand, one of the most difficult problems, especially in the context of Covid-19, has been how to encourage and induce the public to comply with the issued guidelines that are believed to play a vital role in lessening the impact of the pandemic and in "flattening the curve." This paper focuses on the latter issue in the context of Bangladesh.

In Bangladesh as well as in the rest of the world, the Covid-19 pandemic has indeed been revealing in terms of how difficult it often is to get different groups of people, i.e., people of different religions, beliefs, countries, political ideologies, races, ethnicity, gender, socio-economic background, and education level and age, to comply with the issued guidelines in combatting and limiting the spread of the coronavirus. Why is it that some people listen diligently and follow the guidelines while others believe that such a response to the coronavirus is an overreaction? Why do some arm themselves with masks and hoard sanitisers while others refuse to change their lifestyle and limit their social gatherings? We advocate that the answer involves, to some extent, psychological factors such as underlying beliefs, attitudes, perceptions, and trust, especially in sources of information. In this paper, we focus on the factor of public trust in the belief that effective crisis communication depends substantially on how the public perceives and trusts the government and related institutions during the pandemic.

In disseminating the necessary information and in using advertising methods to reach different groups of people within the society, it is important to have the necessary information about the perceptions and preferences- in terms of sources of information- of the targeted group of people so that effective information dissemination strategies can be designed and then implemented. For example, it would be helpful to know which information source is the most trusted among different groups of people. Do less educated people tend to trust the government as an information source more? Which is the most trusted information source among people across different criteria, i.e., age, gender, religion, political

affiliation, etc.? Stemming from the notion that knowing such information regarding public trust towards different information sources provides valuable evidence in building effective communication strategies, this paper asks whether public trust actually has any association with public compliance. Since the ultimate goal is to get people to comply with issued guidelines, it is important to explore the association, if any, between public trust and public compliance so that while we attempt to understand the dynamics of public trust, we can also try to understand how much public trust, in fact, translates into public compliance. Therefore, the paper asks, is public trust a determinant of public compliance?

Undoubtedly, in the case of Covid-19 and pandemics alike, it is crucial that people comply with the recommended behaviour and guidelines issued by the authorities. It is an essential component of effective communication, and in any crisis situation, effective communication is essential on the part of the government, authorities, and public health officials (Quin et al., 2013). According to the World Health Organization (2005) and the US Department of Health and Human Services (2005), "Proper communication during a health crisis is critical for saving lives and for achieving an efficient resolution to the crisis." In a national emergency or crisis such as a pandemic, the duty of communicating or disseminating information about the risk, vulnerability, and severity of the situation generally falls upon information sources such as the government, health professionals, and the mainstream media. When the public attain such information from these different sources, they have to decide how much they believe the information and how much they would follow the issued guidelines based on the information. Thus, the level of trust that people have in an information source may have the potential to influence people's decisions to adopt protective measures (Freimuth, Musa, Hilyard, Quinn, & Kim, 2014; Smith, 2006).

Some particular information sources may play a relatively more important role than others in this regard. For example, Siegrist and Zingg (2014) examined the important role of trust in preparing for a pandemic and found that trust in health agencies positively influenced people's willingness to follow the recommended guidelines. The study found people's vaccination decisions are strongly influenced by their trust in authorities. Based on the review of studies in various countries, the study suggested that people who trusted the authorities were more likely to adopt recommended behaviour and guidelines, such as getting the recommended vaccines, than people who did not trust the authorities.

In fact, the literature suggests that trust is a key factor in communication and is especially vital in the case of communication by the authorities in charge. For example, in a study based in the United Kingdom, Rubin, Amlot, Page, and Wessely (2009) found that trust in government authorities was associated with people adopting the recommended behaviours to prevent potential H1N1 infection. Prati, Pietrantoni, and Zani (2011) used a cross-sectional telephone survey using random digit dialing based in Italy and found that when controlled for socio-demographic variables, public compliance with recommended behaviours during the H1N1 pandemic was associated with trust in the media and trust in the Ministry of Health. Then, Gilles et al. (2011) found that public trust in medical and political authorities is a predictor of public compliance with officially recommended public health guidelines and measures. Using a two-wave longitudinal survey based in Switzerland, the study found that, in the case of the avian influenza H1N1 pandemic of 2009, trust in medical organisations was associated with the perceived effectiveness of officially recommended protection measures, such as getting vaccinated, washing hands, wearing a mask, and sneezing into the elbow. Lastly, Van der Weerd, Timmermans, Beaujean, Oudhoff, & van Steenbergen (2011) collected data from a large nationally representative sample in the Netherlands and found that there was an association between increased public trust in the government and higher levels of public intention to receive the vaccination but not an intention to adhere to protective measures (for example, following extra hygienic precautions).

There are several other reasons why exploring and understanding how trust and compliance are associated matters. For instance, to identify ways of promoting compliance with recommended guidelines and behaviours during the outbreak of any infectious disease, it is important to assess the relationship between public trust, public perception, and public compliance. In the context of the Covid-19 pandemic, compliance with recommended or issued guidelines indicates a person generally wearing a mask, staying at home, keeping a distance of at least one/two meters from other people, washing hands frequently and properly, using hand sanitisers/disinfectants, avoiding touching the face, avoiding shaking hands, avoiding large gatherings/long queues and avoiding touching objects/surfaces in public. On the other hand, Longstaff and Yang (2008) suggest that 'Trust is one of the most important variables in effective communication management in times of surprise' and found that there is a correlation between trust and an institution's preparedness and organisation of crisis communication.

Indeed, a growing literature explores the significance of trust in compliance and communication in a pandemic or crisis. However, most of these studies are based in the global north. Studies from the global south are scarce; hence, the study at hand aims to contribute to this gap by focusing on how trust is associated with compliance in the context of Bangladesh- a South-Asian lower-middle-income country. The premise of this study stems from the stipulation that there is a relationship between trust in the issued recommendations and the adoption of the behaviours necessary to follow the recommendations. Vaughan and Tinker (2009) argue that understanding public trust levels is vital in determining how the public 'hear, interpret and respond to' issued guidelines and announcements in a crisis or pandemic and that 'a high level of public trust is related to compliance with recommended measures' (Vaughan & Tinker, 2009). The 'Trust and Confidence Model' postulates that trust is an important factor in crisis and risk management because it influences peoples' perception and judgement about the situation and can subsequently indirectly affect people's acceptance or rejection of recommended measures (Siegrist, Earle, & Gutscher, 2003). According to the model, people with higher levels of trust in the government and responsible institutions are more likely to accept recommended measures compared to those with lower trust levels (Siegrist et al., 2003). Therefore, trust -in the information, informants, wider health system, government, and authority entities- is an important factor in the efforts to influence peoples' decision-making process regarding recommended guidelines during a pandemic (Larson & Heymann, 2010).

In our study, we aim to investigate whether there is any association between trust and compliance with issued guidelines. We also explore the determinants of various levels of public compliance, which we measure through compliance scores that we construct. Our research question stands: Is higher public trust a determinant of higher public compliance? Is there a relationship between an individual's choice of the most trusted or followed information source and the general compliance level of an individual with recommended guidelines? To the best of our knowledge, this is the first study in the context of a pandemic situation in Bangladesh to explore the tenets of public trust and public compliance, particularly the linkage, if any, between these two dimensions. Using an urban-representative sample of respondents, this study contributes to gathering evidence on how to design and implement better communication mechanisms and more effective information dissemination strategies in Bangladesh, thereby emphasizing the need for such strategies and policies to be data-driven.

Although Bangladesh has experience in tackling natural disasters, the Covid-19 pandemic is a unique experience and the first of its kind for the country. As a result, little is currently known about public trust in a pandemic situation in Bangladesh. Bangerter et al. (2012) emphasises the need to conduct trust studies in different national contexts because public trust or mistrust and the related factors may vary across contexts and will depend on the particulars of each context. Thus, the overall goal of this study is to contribute to building evidence in Bangladesh that would help officials target their messages (information and guidelines) in a way that helps leverage positive associations with public compliance effectively and efficiently.

The rest of the paper is organised as follows. We discuss our research approach in the data and methods section. We then present the results of our regression analysis and discuss the findings. In the final section, we underline the policy recommendations following our findings and underscore the limitations and future scope of research following our study.

II. DATA AND METHODS

2.1 Data

To collect the data for this study on public trust during Covid-19 in Bangladesh, we conducted telesurveys of the respondents from a survey previously conducted by the Bangladesh Institute of Development Studies (BIDS) during March and April 2019. The primary focus of the initial survey had been to assess the use of gas by respondents, especially urban respondents. The sample size of the initial survey was determined using simple random sampling as well as based on the family size and the total number of gas line connections by burner type for a number of districts of six divisions in Bangladesh. The survey was conducted in 13 districts across the country, whereby the highest number of respondents was drawn from Dhaka district, followed by Chattogram. The initial sample included small, medium, and large families. The average family size is about 4.31, which is close to the national level statistics of the Household Income and Expenditure Survey (HIES) 2016 urban sample. Also, similar to the HIES urban statistics, the sample households are engaged in different categories of occupations: wage employed, salaried employed, self-employed, and homemaker (household work), and the majority of the household head's education level is above the higher secondary level. Furthermore, the average household expenditure of the initial sample is about 29,000 BDT, which is close to the HIES urban household expenditure. These are some of the reasons that justified the initial survey sample

being claimed as largely representative of national urban households, especially representative of households with access to the usage of gas.

From the initial survey, we attained information on the socio-demographic characteristics of the household head and household characteristics, such as household size, income, expenditure, and assets. Then, a new questionnaire was designed and used for the follow-up survey,[1] conducted from August 2020 to September 2020, on public trust and public compliance in Bangladesh. Out of 665 respondents whose contact information was collected from the initial survey, we collected data from 496 respondents. Merging our newly collected data with the previously collected data in 2019 derives a dataset that is urban-representative of Bangladesh.

To verify and corroborate that the sample for this particular study- which is based on a 75 per cent response rate of respondents from the initial urban-representative sample- is also representative of respondents from urban Bangladesh, we compare the distribution of respondents across the selected 13 districts in Bangladesh and some key summary statistics across the original survey sample and the final sample for this study, the telesurvey sample. The comparison of the sample distribution across districts between the telesurvey and original samples is presented in Table A1. It is evident that even though our current telesurvey does not have a full response rate, the distribution of samples across the 13 sample districts is almost similar. The negligible differences allow us to establish that the follow-up survey is a good representative of the original survey. Similarly, the summary statistics between the previous survey and the current telesurvey is shown in Table A2. It appears that the difference between the full sample and the telesurvey sample is not significant. Therefore, we contend that the selected sample for our study is largely representative of national urban households in Bangladesh.

2.2 Empirical Model and Variables

As the paper aims to explore the association between compliance scores and the respondents' most trusted and most followed information source, we adopt a count data model, which we estimate using Poisson regression. Our dependent variable, compliance scores, is a count variable, so the Poisson model is a natural

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[1]The authors confirm that the consent of the respondents was attained in collecting the data newly using the follow-up survey questionnaire. The permission to re-contact the respondents for follow-up surveys had been attained during the initial survey in 2019.

starting point (Kouser & Qaim, 2011; Hirvonen & Hoddinott, 2017). Moreover, it is much more restrictive, as the variance and the expected mean are assumed to be equal. However, in reality, count data is often over-dispersed, meaning that the variance is higher than the mean. The negative binomial regression can solve this problem by estimating one additional parameter for the possible overdispersion, which we show in the results section. The Poisson model takes the following functional form:

$$Y_i = \beta_1 + \beta_2 X_{1i} + \beta_3 X_{2i} + \beta_4 X_{3i} + \beta_5 X_{4i} + \beta_6 X_{5i} + \beta_7 X_{6i} + \beta_8 X_{7i} + \beta_9 X_{8i} + \beta_{10} X_{9i} + \beta_{11} X_{10i} + \beta_{12} X_{11i} + \beta_{13} Z_i + \varepsilon_i$$

Here Y_i is the dependent variable and measures the 'compliance score' of respondent i; ε_i is the error term; X's and Z_i are the explanatory variables, whereby X's represent the dummy variables comprising all of the 'most trusted' or 'most followed' information sources. In this case, X's are our main explanatory variables, where X's=0 if the most trusted or most followed source is the government and administration (base category), and X_{1i} to X_{11i} will each take the value 1 for respectively the following other most trusted or most followed information sources: national mainstream media; religious authorities (Imams in mosques, religious leaders, etc.); political leaders; police; social media; international media (BBC, CNN, Al Jazeera, etc.); academicians (scientists, educators, researchers, public health experts), and World Health Organization. Lastly, Z_i is the vector of other respondent and household characteristics, such as gender of the respondent, gender of household head; respondents' highest level of education, log of expenditure per capita, household head's highest education level, religion, age of the respondents, age of the household heads, respondents' stream of education, district (regional variable); number of long-term diseases or pre-conditions, political party affiliation, household size, knowing any Covid-19 patient, etc.

The dependent variable- compliance score- is based on respondents' answers to the question 'To what extent do the following statements describe your behaviour during the pandemic/lockdown? Please rate 0=Not at all, 1=Somewhat, 2= A lot.' The statements were: I stayed at home; I kept a distance of at least two meters from other people; I washed my hands more frequently than the month before; I wore face masks; I Used hand sanitisers/disinfectants; Avoided touching my face; Avoided shaking hands; Avoided large gatherings/long queues; and avoided touching objects/surfaces in public. The compliance score has been calculated as the sum of the respondents' ratings of these above-mentioned

statements highlighting the issued guidelines for Covid-19. Therefore, the compliance score ranges between '0' and '18.'

The main explanatory variable in these models is the respondents' choice of their most trusted information source in the case of the first Poisson model and then the respondents' choice of their most followed information source in the case of the second Poisson model. We ask respondents to select which information source they trust the most and follow the most from the following list of information sources: government authorities and administration, mainstream national media, religious authorities (e.g., Imams in mosques, religious leaders, etc.), political leaders, police, army, social media and YouTube, national online media portals (operate especially through social media), international media (e.g., BBC, CNN, Al Jazeera, etc.), family and friends, academicians, scientists, researchers, educators, public health expert; World Health Organization (WHO), and celebrities. The measurement of the other explanatory variables is self-explanatory. The data stems from either the initial survey's demographic variables or the respondents' answers to particular questions in the follow-up survey. In this case, we measure 'Health Condition' by asking the respondent to identify how many of the following conditions they have: cardiovascular diseases, diabetes, hepatitis B, chronic obstructive pulmonary disease, chronic kidney diseases, and cancer. Also, we measure 'Political party affiliation' by asking the respondent whether they are affiliated with either the ruling political party or any other political party or not affiliated with any party at all.

2.3 Sources of Information

In this paper, in exploring trust in information sources in the context of Bangladesh, we include as many information sources as possible. We also separate entities as much as possible depending on whether the entity may be considered an independent information source in the context of Bangladesh. This means that, in some cases, we isolate entities that we may very well have placed together, for example, international and domestic media. We separate these entities into independent information sources to better understand the trust that people place in different information sources, and each separation stems from a particular intuition or notion based on the context of Bangladesh. For instance, in our study, we consider domestic mainstream media, domestic online media, government and administration, and political leaders each as separate sources of information.

Firstly, we separate domestic media from the government as the political climate in Bangladesh is such that different media platforms have different political affiliations, and individuals may or may not share the same political ideologies of a particular media platform. So, for many, a media platform may be considered a different information source than the government. Many may trust the government but not the media or vice-versa. Second, the information source 'government and administration' means individuals and entities who are employed in the administration and offices of the government in power. In this case, the government and administration source is an official source of the ruling government, that is, in power. It may be the case that someone works in an official position in the government administration but has no political orientation. On the other hand, political leaders are kept as a separate information source because it may be the case that someone has the same political affiliation as someone employed in the government, but they do not have an official position in the government administration. It may also be the case that someone is a political figure associated with a political party other than the ruling government's party. Third, we attribute major media outlets, such as *Channel i and Prothom Alo*, to the 'domestic mainstream media' category, whereby media outlets belonging to this category have both online and offline platforms and presence. On the other hand, we create a separate category of 'domestic online media' for media outlets that have only online platforms and no offline physical outlets or television channels, e.g., Banga Tribune, BDnews24.com, etc. Social media platforms, such as Facebook and Twitter, constitute another separate category that includes Youtube as well. We keep social media as a separate source of information since studies in different contexts, for example, in recent research in China, have shown that individuals' risk perceptions of Covid-19 and trust may vary depending on whether they received information from the mainstream media or social media (Lin, Hu, Alias, & Wong, 2020).

It is also worth explaining why we chose to keep a 'most trusted source' and a 'most followed source' as separate constructs in this study. It was not a decision informed by literature but rather by the lack of it. To clarify, in conducting this study in the context of Bangladesh, we realised that it might be misleading to assume that people perceive 'trusting' an information source to be the same as

'following' the information source, especially since there is no prior literature on the topic in Bangladesh. Thus, we decided to investigate the two as separate constructs instead of assuming they are one and the same in the context of Bangladesh.

Thus, with the assumption that trusting an information source does not necessarily imply that it is followed, we ask the respondents to first rate their trust levels in the different information sources and, second, choose their most trusted information source amongst the various options of information sources, and third, choose their most followed information source amongst the various information sources. Our phrasing of the questions is straightforward, and we rely on the simplest definition of trust. In our setup, trusting an information source simply means believing what the information source conveys.

III. RESULTS AND FINDINGS

This section begins with an overview of the variables used in the empirical analysis and then presents the most striking findings from the descriptive statistics analysis. Since we cannot establish any correlations between our variables of interest through the descriptive statistics analysis, we resort to our two Poisson models to address our research question and end this section with a discussion of the results of our regression analysis.

3.1 Descriptive Statistics

Table I presents the operational definitions and descriptive statistics of the variables used in the analysis. From Table I, we see that, due to being an urban sample, the average per capita income is 15,845 BDT, per capita expenditure is 7,351 BDT, the per capita asset is 118,000 BDT, and the household head's average years of schooling is 13 years. Additionally, the mean household size, age of the household head, and age of the respondents are 4.3, 45.2, and 42.4, respectively.

TABLE I

**OPERATIONAL DEFINITIONS OF VARIABLES
AND SUMMARY STATISTICS**

Variable	Definition	Mean	Median	SD
Income per capita	Household monthly income per capita	15845	10000	19317
Expenditure per capita	Household monthly expenditure per capita	7351	6971	2603
Asset per capita	Household asset value per capita	118000	32987	249000
Household size	Size of the respondents' household	4.30	4	1.4
Age of respondents	Total age of the respondents	42.4	40	13.5
Age of heads	Total age of household heads	45.2	45	14.52
Education of heads	Total years of schooling of household heads	12.97	13	4.99
		Percentage		
Female respondent	Percentage of female respondent	36.3%		
Female head	Percentage of female household head	7.5%		
No party affiliation	Percentage of respondents affiliated with no political party	94%		
Ruling party affiliation	Percentage of respondents affiliated with the ruling party	5.6%		
Muslim respondent	Percentage of respondents who are Muslim	92.9%		
Hindu respondent	Percentage of respondents who are Hindu	6.3%		
Christian respondent	Percentage of respondents who are Christian	0.4%		

(Contd. Table I)

Variable	Definition	Mean	Median	SD
Respondent's education level 1	Percentage of respondents with no formal education	4.03%		
Respondent's education level 2	Percentage of respondents with less than primary education	4.84%		
Respondent's education level 3	Percentage of respondents completed primary	16.9%		
Respondent's education level 4	Percentage of respondents completed secondary	10.9%		
Respondent's education level 5	Percentage of respondents completed higher secondary	17.9%		
Respondent's education level 6	Percentage of respondents completed BA or Fazil	11.3%		
Respondent's education level 7	Percentage of respondents who completed honours	34%		
Government job	Percentage of respondents having a government job	28.4%		
Autonomous job	Percentage of respondents having an autonomous job	10.5%		
Self-employed	Percentage of respondents who are self-employed	22.2%		
Bangla medium	Respondents educated from Bangla medium education	91.3%		
Madrasah medium	Respondents educated from Madrasah medium education	2.02%		
English medium	Respondents educated in English medium education	2.02%		

Figure 1 and Figure 2, respectively, show the distribution of the respondents' most trusted and most followed information sources, overall and also disaggregated across gender, during the Covid-19 pandemic. It is seen that the majority of the people mainly trust and follow the government and administration as a source of information. However, the percentage of respondents who have chosen the government and administration as their most followed information

source is higher (32 per cent) compared to those who have chosen (20 per cent) the information source as their most trusted information source, and this is true irrespective of whether the respondents' are male or female. In terms of the most trusted information source, the second most popular choice is 'academicians' as an information source, which includes scientists, researchers, educators, and public health experts. It is notable that there is little difference- only 2 per cent - between the choice of academicians and the choice of the government and administration as the most trusted information source. Interestingly, a much higher number of females than males choose 'family and friends' as their most trusted information source. In terms of the most followed information source, the government and administration is the most popular choice, closely followed by the WHO and academicians. In particular, a much higher number of females than males choose 'domestic mainstream media' as their most followed information source. On the contrary, the least popular choices for the most trusted information source, or in other words, the least trusted sources, are the police, media celebrities, domestic online media, social media, and political leaders. On the other hand, the least followed information sources include religious leaders, political leaders, and domestic online media.

FIGURE 1: **Distribution of the Most Trusted Information Sources, Overall and by Gender**
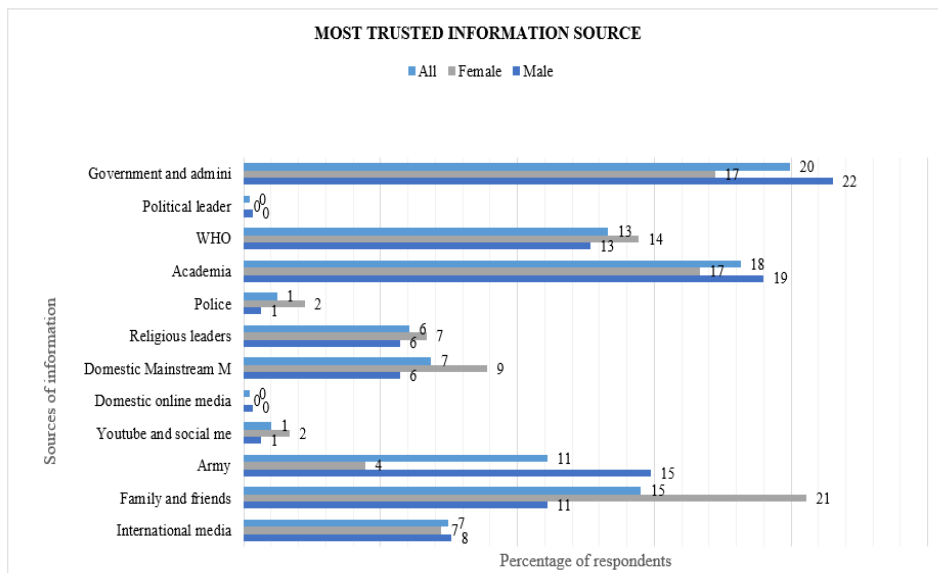
FIGURE 2: **Distribution of the Most Followed Information Sources, Overall and by Gender**
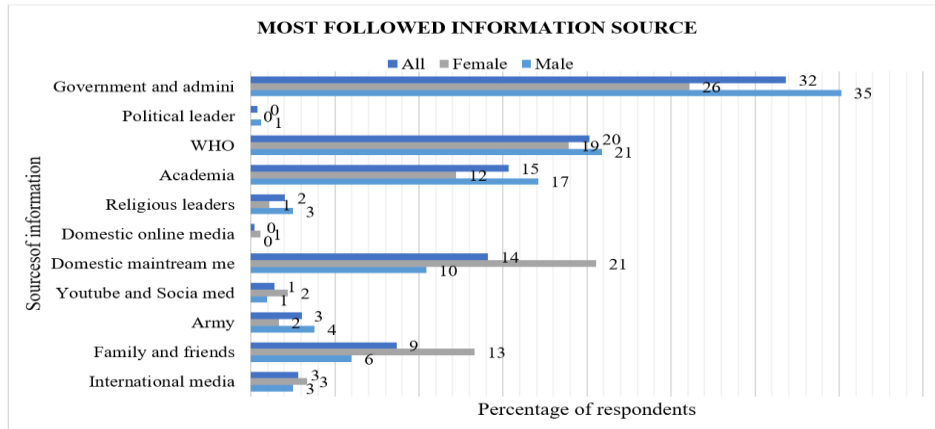
Figure 3 illustrates the distribution of people's compliance with issued guidelines across some specific measures. In the case of all the guidelines, respondents were given three options to choose from-not at all, somewhat, and a lot-in answers to questions about how often they complied with the guidelines during the reference period. Evidently, respondents have complied better in terms of using masks and avoiding handshakes, whereby 93 per cent and 92 per cent, respectively, reported that they complied with these guidelines 'a lot.' On the contrary, respondents have performed comparatively worse in complying with the guidelines of avoiding touching surfaces and avoiding touching one's face.

FIGURE 3: **Degree of Compliance Across Specific Indicators**

Table II shows the average compliance scores across respondents' most trusted information sources and respondents' most followed information sources. In this case, we have disregarded the people who mostly follow political leaders as an information source due to its very low number of observations-only one or two observations. We find that peopl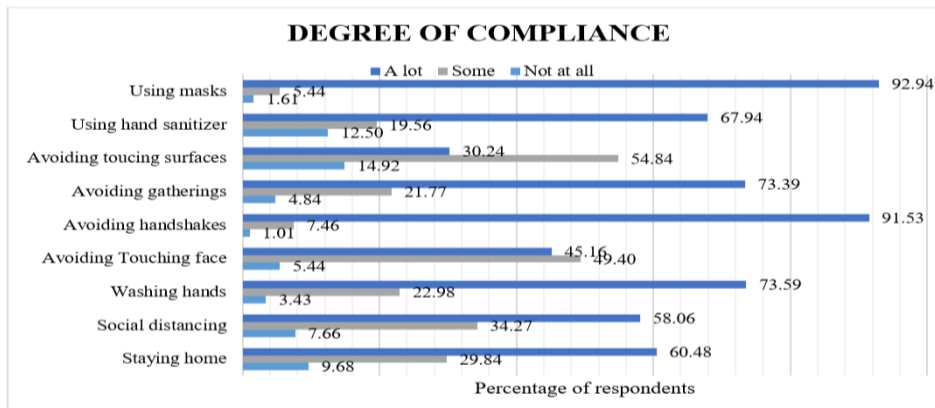e who mostly follow international media as an information source have the highest average compliance score (16.4), followed by people who mostly follow consecutively: the WHO (15.1), police (14.8), and academicians (14.8). Evidently, whether the information source is the most trusted or most followed, compliance scores are higher for people who mostly trust or follow international media, academicians, and the WHO. Additionally, respondents who mostly follow or trust the government as an information source have one of the lowest average compliance scores.

TABLE II
**MEAN COMPLIANCE SCORES ACROSS RESPONDENTS'
MOST TRUSTED INFORMATION SOURCES**

Information source	Compliance scores when information source is most trusted			Compliance scores when information source is most followed		
	N	Mean	SD	N	Mean	SD
Government and administration	99	13.72	2.70	158	13.98	2.54
Domestic mainstream media	34	14.65	2.73	70	14.13	2.40
Religious leaders	30	12.97	3.02	10	11.90	3.57
Political leaders	1	16.00	.	2	14.50	2.12
Police	6	14.83	1.17	6	14.83	1.169
Army	55	14.13	2.24	15	13.60	3.25
Social media	5	15.2	3.11	7	13.29	4.15
Domestic online media	1	13.00	.	1	16.00	.
International media	37	15.76	1.62	14	16.43	0.94
Friends and family	72	13.70	3.44	43	13.65	3.69
Scientist and researcher	90	14.70	2.42	76	14.75	2.36
WHO	66	15.09	2.29	100	15.07	2.40

We end this sub-section by discussing some descriptive statistics mentioned in Table A3 and Table A4 in the appendix. Table A3 shows the percentage of the respondents who support the policies undertaken by the Bangladesh government and administration during Covid-19. Clearly, more than 75 per cent of people support government activities in all cases except in the case of working from home and the government providing unproven medicine. We assume that the lesser support towards the policy of working from home stems from the fact that, for many, the overall infrastructural situation at home may not be so suitable in Bangladesh. Additionally, most of the respondents (73 per cent) do not support the

government providing medicine or vaccine that has not been proven by scientists/researchers or certified yet. We find people's unwillingness to take risks with unverified medical products a positive indication.

Table A4 shows the comparison of average compliance scores respectively in terms of political party affiliation; number of diseases; whether the respondent knows any Covid-19 patient; respondent's level of education; religion; the household head's level of education; gender of the household head; type of occupation; and stream of education. The results indicate that respondents with no political affiliation have a higher compliance score (14.4) than those affiliated with the ruling party (13.6). On the contrary, respondents who are affiliated with the non-ruling political party have a higher compliance score (17.5) compared to people with ruling party affiliations or no political affiliation whatsoever. On the other hand, we had assumed that people with a higher number of long-term diseases would be likelier to have higher compliance scores based on the supposition that they would deem themselves to be at a higher risk. However, the results do not reflect this notion. In terms of respondents knowing anyone infected with Covid-19, there is apparently little difference between the compliance scores of respondents who know some Covid-19 patients (14.8) and those who do not know any Covid-19 patients (13.8). Evidently, there is no specific relationship between the respondent's level of education and compliance score. However, respondents from households with higher educated household heads have higher compliance scores than the respondents from households with lower educated household heads. Additionally, people who have attended English medium schools have the highest compliance score (15.8), followed consecutively by people who have attended a Bangla medium stream of schooling (14.4), Madrasah stream of schooling (13.9), and people with no formal education (11.8). Thus, irrespective of the stream of education, people with higher levels of education are more compliant than people with no formal education. In terms of religion, people who follow Buddhism and Christianity as their religion have higher compliance scores (16 and 14.5, respectively) compared to people who follow Islam (14.32) and Hinduism (14.3). So, it is evident that compliance varies across religious identities. Gender-wise, female respondents are more compliant (15.2) than their male counterparts (14.3). Lastly, government job holders have the lowest compliance score among different types of occupations.

Regression Analysis: Noteworthy Findings

In this section, we explore the association between people's choice of most trusted or most followed information source and their level of compliance measured through a compliance score that we construct- using Poisson regression models. We have chosen the Poisson models over negative binomial as the test

results rejected that overdispersion in the count data (see Table A5). Additionally, we investigate whether certain factors are determinants of higher compliance among the urban population of Bangladesh. In the case of the Poisson models, we use both the most trusted information sources and the most followed information sources separately as the main explanatory variable to assess how the coefficients differ. Moreover, in the case of both models, we use different specifications to examine the sensitivity of the results. In this sub-section, we present and discuss the main results- the results of interest to our research questions- and include the remaining results relating to the auxiliary covariates in the appendix section (Tables A6 and A7).

TABLE III

CORRELATES OF COMPLIANCE SCORE WITH 'MOST FOLLOWED INFORMATION SOURCE' AS THE MAIN EXPLANATORY VARIABLE

Variables	Specification 1	Specification 2	Full specification
Most followed sources (base: govt. and administration)			
1. International media	0.161***	0.107***	0.110***
	(0.0206)	(0.0271)	(0.0275)
2. Friends and family	-0.0239	-0.0205	-0.0241
	(0.0433)	(0.0370)	(0.0352)
3. Army	-0.0276	-0.0113	-0.00997
	(0.0613)	(0.0586)	(0.0560)
4. Social media	-0.0510	-0.122	-0.112
	(0.110)	(0.101)	(0.0991)
5. Domestic online media	0.0105	-0.0274	-0.0197
	(0.0248)	(0.0234)	(0.0252)
6. Domestic mainstream media	0.135***	0.0368	0.0352
	(0.0144)	(0.0317)	(0.0330)
7. Police	-0.161*	-0.149*	-0.152**
	(0.0913)	(0.0774)	(0.0773)
8. Religious leader	0.0535**	0.0436**	0.0472**
	(0.0232)	(0.0215)	(0.0220)
9. Academia	0.0750***	0.0459**	0.0450**
	(0.0214)	(0.0204)	(0.0208)
10. WHO	0.0364	0.152**	0.154
	(0.0746)	(0.0681)	(0.103)
11. Political leader	2.734***	3.325***	4.815***
	(0.387)	(0.674)	(1.139)
Controlling for individual characteristics	No	Yes	Yes
Controlling for household and regional characteristics	No	No	Yes
No. of observations	496	496	496
R-squared	0.251	0.264	0.305

Note: Robust standard errors are in parentheses. *** p<0.01, ** p<0.05, * p<0.1
     The full specification controls for all household characteristics and regional variables.

According to the results presented in Table III, people who mostly follow the international media, academicians, and the WHO as sources of information have higher compliance scores than those who follow the 'government and administration' as an information source. However, people who mostly follow the police as an information source have lower compliance scores on average than those who mostly follow the government and administration as an information source.

TABLE IV

CORRELATES OF COMPLIANCE SCORE WITH 'MOST TRUSTED INFORMATION SOURCE' AS THE MAIN EXPLANATORY VARIABLE

Variables	Specification 1	Specification 2	Full specification
Most followed sources (base: government and administration)			
1. International media	0.139***	0.0998***	0.0936***
	(0.0258)	(0.0247)	(0.0259)
2. Friends and family	-0.00166	-0.00987	-0.0103
	(0.0354)	(0.0324)	(0.0317)
3. Army	0.0295	0.0541*	0.0440
	(0.0289)	(0.0276)	(0.0281)
4. Social Media	0.103	0.0385	0.0345
	(0.0844)	(0.0842)	(0.0828)
5. Domestic online media	-0.0537***	-0.00911	-0.0153
	(0.0197)	(0.0390)	(0.0411)
6. Domestic mainstream media	0.0656*	0.0532*	0.0514*
	(0.0371)	(0.0302)	(0.0297)
7. Police	-0.0563	-0.0478	-0.0575
	(0.0463)	(0.0431)	(0.0447)
8. Religious leader	0.0782**	0.0380	0.0463
	(0.0354)	(0.0423)	(0.0499)
9. Academicians	0.0692***	0.0482*	0.0426*
	(0.0262)	(0.0249)	(0.0258)
10. WHO	0.0954***	0.0597**	0.0552**
	(0.0270)	(0.0243)	(0.0245)
11. Political leader	0.154***	0.247***	0.324***
	(0.0197)	(0.0469)	(0.0839)
Controlling for individual characteristics	No	Yes	Yes
Controlling for household and regional characteristics	No	No	Yes
No. of Observations	496	496	496
R-squared	0.261	0.274	0.310

Note: Robust standard errors are in parentheses, *** $p<0.01$, ** $p<0.05$, * $p<0.1$.
      The full specification controls for all household characteristics and regional variables.

According to Table IV, people who mostly trust the international media, domestic mainstream media, academicians, political leaders, and the WHO have, on average, higher compliance scores than people who mostly trust the government and administration as the information source. On the contrary, people who mostly trust domestic online media and the police have lower compliance levels than those who mostly trust the 'government and administration' as an information source.

Our findings from the above two tables reveal that respondents who mostly trust or follow international media as an information source have 9.8 (e(0.0936)-1*100) per cent to 11.6 (e(0.110)-1*100) per cent higher compliance scores compared to respondents who mostly trust or follow the government and administration as an information source. Similarly, individuals who mostly follow the domestic mainstream media as an information source have, on average, a 5.3 per cent to 14.5 per cent higher compliance score than individuals who mostly follow the government and administration. In addition, people who mostly follow or trust academicians as their source of information have, on average, a 4.4 per cent to 7.2 per cent higher compliance score than people who mostly trust or follow the government and administration as an information source. Also, people who mostly trust or follow the WHO as an information source have, on average, 5.7 per cent to 16.4 higher compliance scores than people who mostly trust or follow the government and administration. On the other hand, individuals mostly following the police as their information source have, on average, a 16 per cent to 17 per cent lower compliance score than individuals who mostly follow the government and administration. Interestingly, people who mostly trust domestic online media have, on average, 5 per cent lower compliance scores than those who mostly trust the government and administration as an information source.

While we primarily investigate the association between compliance scores and our main explanatory variables of people's most trusted and most followed information sources, we also explore other potential determinants of compliance (Tables A6 and A7). We find that females, on average, have 10 to 11 per cent higher compliance scores than their male counterparts. It may be because, in most cases, males are the primary income earners in families across Bangladesh, so they perhaps have to go out of their homes for work more frequently. We find that respondents from households headed by female members have, on average, a 4 per cent to 5 per cent higher compliance score than respondents from households headed by male members. In terms of political affiliations, individuals who are affiliated with the non-ruling party have, on average, a 22 per cent to 23 per cent higher compliance score than people who have no political affiliation. Lastly, we have used household expenditure per capita to see whether there is any significant difference in compliance across higher-income and lower-income households. We find no difference in compliance scores in terms of income.

We emphasise, as our main takeaways from these findings, that academicians–scientists, researchers, educators, public health experts–and political leaders-

especially those with more positive acceptance and a fresher image- may be engaged, in a widespread manner, to spread information, messages, and guidelines during Covid-19, and to communicate effectively with the general urban population of Bangladesh during the pandemic.

IV. DISCUSSION AND CONCLUSION

The goal of this study was to contribute to building evidence in the context of Bangladesh that would help officials target their messages, information, and guidelines in a way that allows them to leverage positive associations with public compliance quickly, effectively, and efficiently. We aimed to inform how different levels of trust in different sources of information are linked with more compliance with issued guidelines. For instance, we ask, does a higher level of trust in celebrities translate into better compliance? If yes, we would suggest that authorities and officials leverage people's desire to do the right thing and comply with issued guidelines by using images of celebrities in masks or featuring celebrities telling people to stay at home. In the case of our study, however, we find that we have quite the contrary evidence and cannot suggest the dissemination of information through celebrities because we find a very low and negligible level of public trust in celebrities. We conduct a similar analysis in terms of several information sources and, on the basis of our findings, suggest the following:

Firstly, since people who mostly trust international media, academicians (scientists, researchers, educators, public health experts), political leaders, and the WHO have higher compliance scores, these groups, as information sources, should be highly involved and more engaged in Covid-19 information dissemination, advertising correct guidelines, and raising awareness. It is also crucial that these information sources practice the highest level of authenticity in maintaining the flow of credible and reliable information. These groups cannot afford to provide wrong or incomplete information and cannot be allowed to mislead. They must be of utmost diligence in this regard. Secondly, since people following the police as an information source have lower compliance scores, it is important that the authorities mandate special training or similar initiatives that would be effective for the police to ensure that they disburse the correct information and encourage their followers- people who trust them most–to comply with the issued guidelines. Lastly, for groups with comparatively lower compliance scores (i.e., males, people with lower education levels, etc.), targeted information dissemination initiatives should be constructed to try and induce these groups of people to comply better.

Some clarifications are worth discussing at this point. Firstly, it is not within the aims of this study to explore and focus on the construct of 'trust' or the perception of 'trust' as an aspect or attribute but rather to investigate- in the context of effective information dissemination in the light of Covid-19- whether and how people's compliance is associated with their trust in different information sources in the context of Bangladesh. With the belief that this study would lay the foundation for future research on trust to perhaps delve deeper into the meaning and perception of trust in our communities, the greatest contribution of this study lies in unearthing evidence on how compliance differs across the trust in varying information sources. Secondly, it is not within the scope of this study to infer why people trust certain sources of information more than others, and given the focus of the study, it is not within the aims either. On the contrary, the study at hand focuses on the 'what,' 'whether,' and 'how' rather than the 'why of the matter.' Thirdly, this study acknowledges that 'access' to information sources is an important angle in examining trust in information sources. For example, individuals may have varying levels of access to different information sources. However, in this study, we do not collect and examine any data relating to access to information sources, so we cannot account for the aspect of 'access to information sources' in our study. In fact, as a result, an inherent assumption in our analysis is that all respondents have the same access to information sources, and our results are conditional on this assumption. It may be perceived as a limitation of our study.

Fourthly, in this study, we purposefully place a 'most trusted source' and a 'most followed source' as two separate constructs. Our aim was to explore whether there may be differences in the results in terms of 'most trusted' and 'most followed' sources, and the results do reveal differences–which further convinced us that our initial decision to keep the two constructs separate was not wrong. Our results show that there are respondents who trust but do not follow certain sources, and vice versa.

This gap between individuals' 'trusting' and 'following' particular sources of information is, arguably, counter-intuitive to the tendency of individuals to believe information that aligns with their prior beliefs and preconceptions. Assumedly, according to the concept of confirmation bias, people would be most likely to follow the information sources that they trust. However, the gap between 'trusting' and 'following' in this paper forces us to consider the fact that there may be other factors and biases offsetting the confirmation bias, thus weakening it. For example,

on the one hand, the access to information sources may vary, which in turn, may influence the gap between 'trusting' and 'following.' On the other hand, certain information sources may be more prevalent than others in terms of advertising and marketing–simply put, in terms of 'supply.' It may be the case that people 'follow' more or less compared to 'trusting,' depending on the comparative magnitude of the presence of certain information sources in terms of the dissemination of the information. For example, if information source A is more prevalent or active than information source B in terms of disseminating information, then despite a higher level of trust in 'B,' I may be compelled to follow 'A' more simply because of its higher 'supply' of information. Moreover, since most people would get information from the most widely available sources, a higher number of people would be most likely to follow the guidelines of those particularly largely available information sources. As a result, majority bias- the tendency of an individual to preferentially adopt behaviours demonstrated by the majority of people around them. Unfortunately, this paper does not account for any of these aspects of access to information sources or the relative 'supply' mechanisms of information sources. There is scope for future research to incorporate these aspects into research on trust in information sources and to take steps forward in understanding the 'why' behind the results derived in our analysis.

Fifthly, we would like to clarify that our findings are only correlational and should not be interpreted as causal. We hope future research will move beyond the scope of our analysis to incorporate further analysis, such as causational analysis, into the topic of trust in information sources in Bangladesh. Lastly, the degree of trust that a person has in an information source may vary across the 'type' of information or, in other words, across the 'way' the information is given, i.e., whether the information is given through audio, video, leaflet, poster, etc. Also, even the presentation of the information within the medium may matter, i.e., colour, font, voice, etc. Unfortunately, we do not account for these factors in this study, which we acknowledge is a limitation. Despite these limitations, however, the merit of this study lies in its contribution to building the literature on the topic of trust in information sources and, in particular, its association with compliance in the context of Bangladesh.

The Covid-19 pandemic is perhaps one of the largest, if not the largest, and most comprehensive behaviour-change initiatives of our times. To induce the public to follow and comply with the necessary guidelines in the attempts to control and infiltrate the coronavirus, authorities, policymakers, and stakeholders

need to 'market' the information directly to people by using data on public trust and public perception. Just as market research analyses different factors of different groups of people to then target their products, we need to take a similar approach in targeting information to different groups of people.

The first step of this process would be to assess and understand the 'factors' that may matter in devising successful information dissemination strategies. We assume that public trust is one such factor, and on the basis of our assumption, we explore whether and how public trust is associated with public compliance. We find that people who mostly trust international media, scientists and researchers, political leaders, and WHO have higher compliance scores. On the other hand, people following the police as information sources have lower compliance scores. Our findings reveal that compared to males, females and people with higher education levels have higher compliance scores. Finally, the number of diseases, religion, household assets, and knowing any Covid-19 infected people have no significant association with compliance.

While researchers continue to gather evidence on what works best in reaching the public mind and encouraging them to heed issued guidelines- leaders, authorities, officials, policymakers, and stakeholders must unite in enforcing more effective information dissemination strategies accordingly. As we, as a race, continue to struggle with the ongoing emergency that Covid-19 has forced us into, we will need to continue a steady influx of messaging to try and shift people's behaviour. The hope is that if we can appeal to the public utilising what we know of their trust levels and perceptions, with the right strategies, we can do better in encouraging people to comply better, thus, 'flattening the curve.' Accordingly, we also hope to become better prepared for any future calamities that are to come.

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Appendix

Table A1: Percentage Distribution of Survey Sample by District

District	Telesurvey sample	Original sample	Difference
Bhola	2.22	1.8	0.42
Chattogram	21.17	19.75	1.42
Cumilla	3.63	3.32	0.31
Dhaka	44.35	46.25	-1.9
Gazipur	2.42	1.90	0.52
Moulavibazar	1.21	0.95	0.26
Mymensingh	6.45	7.60	-1.15
Narayanganj	1.81	1.90	-0.09
Noakhali	1.01	0.95	0.06
Pabna	2.42	2.28	0.14
Rajshahi	6.25	4.75	1.50
Sylhet	6.25	7.60	-1.35
Tangail	0.81	0.95	-0.14

Table A2: Comparison of Some Explanatory Variables between Full Sample and Telesurvey Sample

	Original sample	Telesurvey sample	Difference
Income per capita	16,107	15,845	262
Expenditure per capita	7,228	7,351	-123
Asset per capita	109,857	118,000	-8143
Household size	4.31	4.30	0.01
Age of head	45.84	45.19	0.65
Education of head	12.49	12.97	-0.48

Table A3: Percentage of People Supporting the Government's Policies during Covid-19

Government and Administration Policies	Frequency	Percentage
Working from home	335	67.54
Quarantine	440	88.71
Closing educational institution	414	83.47
Closing market	403	81.25
Closing prayer house	383	77.22
Encouraging treatment at home	410	82.66
Providing/using unproved medicine	135	27.22
Closing transport	378	76.21
Discouraging handshake	483	97.38
Discouraging social gathering	469	94.56

Table A4: Average Compliance Scores

	Mean	SD
Political party affiliation		
Govt. party	13.643	2.947
No party	14.35	2.677
Other party	17.5	0.707
Number of long-term illnesses/pre-conditions		
0	14.265	2.752
1	14.529	2.345
2	14.342	3.052
3	15	1.414
4	14.5	2.121
Whether the respondent knows anyone infected with Covid-19		
No	13.782	3.006
Yes	14.771	2.322
Level of education		
BA or equivalent	14.982	2.067
Class 1-4	12.9	2.673
Class 5-9	13.429	3.216
Diploma or nursing	16.429	1.134
HSC or equivalent	14.659	2.52
Honours or MBBS	14.373	2.518
MA or equivalent	15.114	1.982
MPhil or PhD	13.6	5.32
No formal education	12.55	3
SSC or equivalent	14.426	2.237
Self or informal education	7.25	2.5
Religion		
Buddhist	16	0
Christian	14.5	2.121
Hindu	14.29	2.224
Muslim	14.317	2.735
Household Head's level of education		
Graduate	14.872	2.231
Higher secondary	14.176	3.018
Less than primary	13.132	3.215
No formal education	12.667	3.162
Primary completed	13.951	2.935
Secondary completed	13.951	2.801
Gender of household head		
Female	15.216	2.79
Male	14.251	2.679
Type of occupation		
Autonomous job	14.577	3.133
Govt. job	13.915	2.755
Self-employed	14.409	2.797
Unemployed	14.503	2.448
Stream of education		
Bangla medium	14.426	2.595
English medium	15.8	2.098
Madrasah medium	13.9	2.885
No formal education	11.826	3.499

Table A5: Test Results

Variables	Poisson	Negative binomial
Most followed sources (base: govt. and administration)		
1. International media	0.110***	0.110
	(0.0275)	(0.0736)
2. Friends and family	-0.0241	-0.0241
	(0.0352)	(0.0490)
3. Army	-0.00997	-0.00997
	(0.0560)	(0.0763)
4. Social media	-0.112	-0.112
	(0.0991)	(0.110)
5. Domestic mainstream media	-0.0197	-0.0197
	(0.0252)	(0.0420)
6. Domestic online media	0.0352	0.0352
	(0.0330)	(0.256)
7. Police	-0.152**	-0.152
	(0.0773)	(0.0986)
8. Religious leader	0.0472**	0.0472
	(0.0220)	(0.0393)
9. Academia	0.0450**	0.0450
	(0.0208)	(0.0371)
10. WHO	0.154	0.154
	(0.103)	(0.203)
11. Political leader	2.734***	3.325***
	(0.387)	(0.674)
Controlling for individual characteristics	Yes	Yes
Controlling for household and regional characteristics	Yes	Yes
No. of Observations	496	496
Test results		
/lnalpha		-21.98998
alpha		2.82e-10
LR test of alpha=0		
chibar2(01) = 0.00		
Prob >= chibar2 = 1.000		

Note: Robust standard errors are in parentheses. *** p<0.01, ** p<0.05, * p<0.1.
The full specification controls for all household characteristics and regional variables.

Table A6: Correlates of Compliance Score with 'Most Followed Information Source' as the Main Explanatory Variable

Variables	Specification 2	Full specification
Female dummy	0.102***	0.0945***
	(0.0158)	(0.0162)
Age of respondent	0.000493	0.000299
	(0.000665)	(0.000661)
Respondent's level of education (base: no formal education)		
1. Self or informal education	0.501***	0.516***
	(0.0492)	(0.0501)
2. Class 1-4	0.529***	0.531***
	(0.0474)	(0.0466)
3. Class 5-9	0.582***	0.586***
	(0.0422)	(0.0419)
4. Secondary	0.584***	0.590***
	(0.0423)	(0.0430)
5. Higher secondary	0.649***	0.657***
	(0.0472)	(0.0473)
6. Diploma or nursing	0.629***	0.632***
	(0.0408)	(0.0410)
7. BA or Fazil	0.580***	0.579***
	(0.0401)	(0.0408)
8. Honours or MBBS	0.610***	0.608***
	(0.0441)	(0.0440)
9. Masters	0.521***	0.522***
	(0.152)	(0.154)
10. MPhil or PhD	0.000975	0.00175
	(0.00210)	(0.00230)
Head's years of schooling	0.0259	0.0216
	(0.0247)	(0.0254)
Non-Muslim dummy	0.219***	0.215***
	(0.0356)	(0.0424)
Other party (base: no party)	-0.0525	-0.0528
	(0.0386)	(0.0394)
Govt. party (base: no party)		
Respondent's stream of schooling (base: no formal education)	0.0297	0.0306
	(0.0547)	(0.0499)
1. Bangla medium	0.0345	0.0367
	(0.0446)	(0.0447)
2. Madrasah medium	0.0408*	0.0526**
	(0.0236)	(0.0241)
3. English medium	0.000181	0.000104
	(0.000610)	(0.000596)
Female head dummy	0.00887	0.00758
	(0.00981)	(0.00970)
Age of head	0.0130	0.0184
	(0.0326)	(0.0324)

(Contd. Table A6)

Variables	Specification 2	Full specification
HH size	0.00963	0.00620
	(0.0159)	(0.0162)
Log of expenditure pc		
Number of diseases (base: 0)	-0.00193	-0.000294
	(0.0212)	(0.0213)
1	0.0237	0.0225
	(0.0311)	(0.0298)
2	0.00433	0.0133
	(0.0414)	(0.0444)
3	-0.0650	-0.0533
	(0.0431)	(0.0461)
4	-0.968*	-0.875
	(0.496)	(0.670)
Known infected dummy	0.169	0.104
	(0.230)	(0.234)
Constant	9.906***	4.204
	(0.781)	(5.147)
No. of Observations	496	496
R-squared	0.274	0.310

Note: Robust standard errors are in parentheses, *** p<0.01, ** p<0.05, * p<0.1.
The full specification also controls for regional factors.

Table A7: Correlates of Compliance Score with 'Most Trusted Information Source' As the Main Explanatory Variable

Variables	Specification 2	Full specification
Female dummy	0.102***	0.0920***
	(0.0163)	(0.0168)
Age of respondent	0.000475	0.000260
	(0.000672)	(0.000661)
Respondent's level of education (base: no formal education)		
1. Self or informal education	0.491***	0.504***
	(0.0510)	(0.0513)
2. Class 1-4	0.517***	0.520***
	(0.0496)	(0.0472)
3. Class 5-9	0.560***	0.563***
	(0.0429)	(0.0413)
4. Secondary	0.576***	0.582***
	(0.0428)	(0.0421)
5. Higher secondary	0.643***	0.651***
	(0.0475)	(0.0468)
6. Diploma or nursing	0.609***	0.611***
	(0.0419)	(0.0414)
7. BA or Fazil	0.570***	0.568***
	(0.0411)	(0.0409)
8. Honours or MBBS	0.600***	0.597***
	(0.0450)	(0.0438)
9. Masters	0.524***	0.519***
	(0.151)	(0.152)
10. MPhil or PhD	-9.82e-05	0.000560
	(0.00210)	(0.00233)

(Contd. Table A7)

Variables	Specification 2	Full specification
Head's years of schooling	0.0346	0.0298
	(0.0255)	(0.0258)
Non-Muslim dummy	0.211***	0.204***
	(0.0726)	(0.0766)
Other party (base: no party)	-0.0392	-0.0436
	(0.0388)	(0.0388)
Govt. party (base: no party)		
	0.0146	0.0189
Respondent's stream of schooling (base: no formal education)	(0.0551)	(0.0481)
Bangla medium	0.0445	0.0465
	(0.0441)	(0.0440)
Madrasah medium	0.0466**	0.0593**
	(0.0230)	(0.0239)
English medium	0.000311	0.000257
	(0.000623)	(0.000609)
Female head dummy	0.0101	0.00843
	(0.0102)	(0.0101)
Age of head	0.0224	0.0278
	(0.0338)	(0.0332)
HH size	0.0103	0.00678
	(0.0161)	(0.0165)
Log of expenditure pc		
	-0.00707	-0.00672
Number of diseases (base: 0)	(0.0213)	(0.0216)
1	0.0277	0.0265
	(0.0337)	(0.0317)
2	-0.00652	0.00690
	(0.0382)	(0.0430)
3	-0.0469	-0.0342
	(0.0430)	(0.0445)
4	-0.728	-0.610
	(0.464)	(0.620)
Known infected dummy	0.198	0.120
	(0.234)	(0.237)
Constant	9.713***	2.796
	(0.838)	(5.360)
No. of Observations	496	496
R-squared	0.264	0.305

Note: Robust standard errors are in parentheses. *** p<0.01, ** p<0.05, * p<0.1
The full specification also controls for regional factors.