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Multidiciplinary Output Research For Actual and International Issue

DIFFERENCES IN KNOWLEDGE, PREPAREDNESS, PERCEIVED RISK, AND PREVENTIVE BEHAVIOR IN IMPLEMENTING HEALTH PROTOCOLS BETWEEN POST INFECTED AND NEVER INFECTED WITH COVID-19 IN POLDA ACEH

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Abstract

This study aims to determine differences in knowledge, preparedness, perceived risk, and preventive behavior in implementing health protocols between post-infected individuals and those who have never been infected with Covid-19 at the Aceh Regional Police. This study was obtained by means of purposive sampling involving 330 respondents, divided into 165 respondents who had been infected with COVID-19 and 165 who had never been infected with COVID-19 with a validity value above 0.3 and a Cronbach alpha value above 0.6. The data collection technique used a questionnaire/questionnaire and the data analysis technique used the chi-square test. The results showed that knowledge, preparedness, perceived risk, and preventive behavior of respondents who had been infected with Covid-19 were better and had a different significance value below 0.05.

Keywords :***Covid-19, knowledge, preparedness, perceived risk, and preventive behavior***

1. INTRODUCTION

Coronavirus disease 2019(Covid-19) has become a world health problem and the World Heatlh Organization (WHO) officially declared Covid-19 a pandemic on 11 March 2020 (Moudy, 2020). As of 9 December 2022, there were 648 million cases of Covid-19 worldwide with 6.65 million deaths, while in Indonesia there were 6,695,010 cases with 160,175 deaths (KPCPEN, 2020).

The increasing number of Covid-19 cases in Indonesia since early 2020 has prompted the government to take a stand by forming the Covid-19 Handling Task Force to tackle this pandemic. The task force is coordinating various things so that the handling of this pandemic ends soon. Meanwhile, the government through the Ministry of Health appointed a spokesperson representing the government to provide information related to Covid-19, in particular providing updated information, the number of exposed, asymptomatic people (OTG), patients under surveillance (PDP), people under observation (ODP), the number distribution of the virus for each region, the number of recovered and dead, as well as many other information related to Covid-19. In order to accelerate the handling of Covid-19, fast, precise, focused, integrated and synergistic steps between ministries/agencies and local governments are needed.

Public knowledge about Covid-19 is an important aspect during a pandemic, which includes the causes of Covid-19 and the characteristics of the virus, signs and symptoms, terms related to Covid-19, necessary examinations and transmission processes and efforts to prevent the disease. Someone who already knows about certain information, then he will be able to determine and make

a decision how he should deal with it. In other words, when a person has information about Covid-19, he will be able to determine how he should behave towards Covid-19.

For the prevention of Covid-19, it can be in the form of proper and proper hand washing, how to apply cough etiquette, how to practice physical distancing, and how to maintain personal hygiene. Providing education regarding PHBS can be done by counseling or by using the media in the form of posters (Razi et al., 2020).

In maintaining one's health, there are two main factors that affect health, namely behavioral factors and non-behavioral factors. According to B. Bloom, there are three domains/realms of behavior, namely knowledge, attitude, and practice (Notoatmodjo, 2014). Meanwhile, health behavior, according to L. Green, is influenced and determined by three factors, namely predisposing factors, enabling factors, and reinforcing factors (Notoatmodjo, 2014). When viewed from predisposing factors, people have sociodemographic factors such as differences in age, gender, education, occupation, educational/occupational background and region of origin.

Public knowledge about Covid-19 is a very important aspect during a pandemic like now, which includes the causes of Covid-19 and the characteristics of the virus, signs and symptoms, terms related to Covid-19, necessary examinations and transmission processes and disease prevention efforts (Purnamasari & Raharyani, 2020).

Seeing that Covid-19 is a disease that can become serious due to co-morbidities, the need for knowledge about health can be seen from the background of the person's illness (Nurislaminingsih, 2020). Some things to note regarding knowledge about Covid-19 are the emergence of gaps in misinformation such as social distancing and quarantine as well as the negative perception that Covid-19 only attacks the elderly and using the elbow when coughing is not a good practice to prevent the spread of the virus (Singh et al. al., 2020). Research conducted by (Rosidin et al., 2020) found that knowledge and attitudes about Covid-19 among community leaders in Jayaraga Village encouraged them to take action in an effort to respond to the pandemic.

Preparedness is influenced by the government's role in preventing Covid-19 by making preparedness guidelines that refer to the draft health quarantine law and the infectious disease outbreak law, providing masks, personal protective equipment, transportation, accompanied by human resource support, simulating the handling of patients suspected of Covid-19, increasing communication, education and information related to the corona virus in preventing panic from misinformation, building a positive paradigm with stakeholders, and building public awareness to act in anticipation of the spread of Covid-19. Therefore, the control effort that can be done in a short time is to be prepared.

Besides being carried out by the government, preparedness in the prevention phase can also be carried out by each individual. Efforts that can be made include: using a mask when experiencing symptoms of cough and cold; immediately go to a health care facility if there are further complaints; implementing a clean and healthy lifestyle; cook meat and eggs thoroughly; be careful when in contact with animals, especially wild animals; and avoiding contact with people showing symptoms of respiratory disease (Ministry of Health, 2020).

When the PSBB has ended, at the individual level, there needs to be preventive action as an effort to protect against the transmission of Covid-19. A person's key element to take preventive

action to protect himself and others is the perception of risk (perceived risk). This risk perception can be distorted by various cognitive biases that can plague society. When a person has a high risk perception of a disease, he will experience anxiety and fear associated with risk (emotional response), and seek information to minimize the risk of developing the disease (information-seeking behavior). In the end, the person will take preventive measures to prevent himself from getting the disease (Kim et al., 2020).

In the context of Covid-19, of course it is hoped that the public has a high perception of the risk of Covid-19 so that it encourages them to take preventive actions, such as 3M (wearing masks, washing hands and maintaining distance) with discipline. A person's perception of risk can be distorted by cognitive biases. Cognitive bias is a systematic error in thinking that arises when a person processes and interprets information from the world around them and influences decision making and judgment (Mohamed et al., 2020). Cognitive biases that may occur include optimistic bias and confirmation bias.

Optimistic bias occurs where people tend to assess their risk of developing a disease as lower than that of others or other people (Druica et al., 2020). Then, confirmation bias occurs when there is a tendency to like, search, and remember information that confirms the beliefs we have (Chan, 2020). Confirmation bias is closely related to conspiracy theories where people believe that the cause of an event is due to the conspiracy of various actors working together for a goal (Chan, 2020). The level of education acts as a "buffer" against conspiracy theories, where highly educated people have a high level of knowledge, analytical thinking and awareness to accept counter arguments (Georgiou et al., 2020).

Health workers (doctors, nurses and other medical personnel) are struggling in handling Covid-19 patients. Their role is very big for society. They are at the forefront of the war against this virus, which transmits very quickly and has a very high risk of transmission. The health protocol is a method that needs to be implemented to prevent the spread of cases of corona virus infection. This needs to be done because no specific antiviral has been found that can be used as a vaccine (Gennaro et al., 2020., Yuliana, Y. 2020). Seeing this, of course the public needs to know and implement several health protocols during the Corona virus pandemic. The main problem in efforts to deal with the Covid-19 outbreak is that the government has difficulty obtaining public compliance to comply with its policies according to health protocols. Various government policies or appeals regarding health protocols seem to be ignored or not complied with by the community. The basis for health protocol regulations is the Decree of the Minister of Health Number HK.01.07/MENKES/382/2020 Concerning Health Protocols for Communities in Public Places and Facilities in the Context of Prevention and Control of Corona Virus Disease 2019 (Covid-19), issued on 19 June 2020. The purpose of this study was to determine differences in knowledge, preparedness, perceived risk, and preventive behavior in implementing health protocols between post-infected individuals and those who had never been infected with Covid-19 at the Aceh Regional Police.

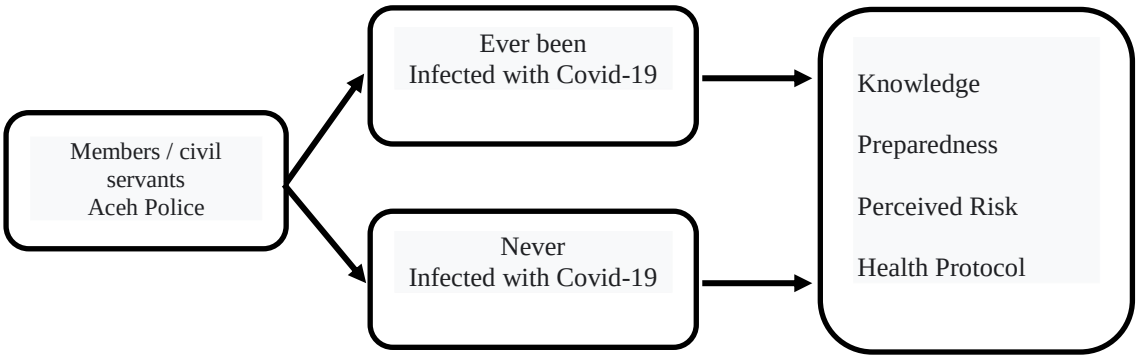
The rapid and widespread spread of the pandemic has resulted in significant changes in all aspects of people's lives. The psychological pandemic Covid-19 has rapidly spread fear, anxiety and panic around the world. There are several dynamics of the psychology of the Covid-19 pandemic that are of concern in the perspective of social psychology, namely processing changes in emotions and behavior, as well as social influences and conformity. The dynamics of psychology cannot be separated from the interaction between personal characteristics (personality, culture, norms, religion) and government policies in dealing with the Covid-19 pandemic. Understanding

the social-psychological dynamics of the Covid-19 pandemic helps us to think, act and behave, as well as provide input for the government and related parties in making policies for handling Covid-19 accurately, effective and comprehensive. When described, the framework in this study is as follows:

1.1. Research Design

The type of research that will be used is descriptive analytic research with a cross-sectional study. Here the researcher wants to know the differences: (1) knowledge, (2) perceived risk, (3) preventive behavior and implementation of health protocols between individuals who have been infected with Covid-19 and those who have never been infected at the Aceh Regional Police, and will study what other factors affect the relationship.

In this study, questionnaires will be distributed to two groups of members of the Aceh Regional Police, namely those who have been infected with Covid-19 and those who have not been infected with Covid-19 and sampling using the slovin formula for Members/PNS at the Aceh Regional Police, so that total sampling will be carried out where for each -each category of covid-19 status obtained 165 respondents so that when combined there will be 330 respondents who will be examined in completing this writing.



The research tool used is a questionnaire. The questionnaire used consists of several parts: (1) demographic data of respondents; (2) knowledge; (3) preparedness; (4) perceived risk; (5) preventive behavior in implementing health protocols; and (6) other factors that may have influenced the differences in the status of the covid-19 that occurred in the Aceh Regional Police.

This research was conducted at the Aceh Regional Police with a focus on members of the Police within the Aceh Regional Police. The location for the research was taken for the reason that some time ago a Covid-19 examination was carried out, the test results found positive results for Covid-19 in Polda members in Aceh, totaling 254 people. This research has been carried out for 4 (four) months, namely from May to September 2021.

The independent variable in this study was the status of Covid-19, namely respondents who had been exposed to Covid-19 and respondents who had never been exposed to Covid-19, while the dependent variables in this study were knowledge, preparedness, perceived risk and preventive behavior in implementing health protocols.

The chi-square or qai-square test is used to see the dependence between the independent variables and the dependent variable on a nominal or ordinal scale. The chi-square test procedure

tabulates one or the variables into categories and calculates the chi-square statistic. For one variable, it is known as an alignment test or goodness of fit test which functions to compare the observed frequency (fo) with the expected frequency (fe). If it consists of 2 variables, it is known as an independence test that functions for the relationship between the two variables. All variables to be analyzed must be categorical or nominal numerical and can also be ordinal scale. This procedure is based on the assumption that nonparametric tests do not require assumptions about the shape of the underlying distribution. The data is assumed to come from a random sample.

Chi Square test formula:

$$X^2 = \frac{\sum(fo - fe)^2}{fe}$$

Information:

- $\chi 2$ = Chi Square Value
- c = degree of freedom (df/dk)
- Oi = f = Frequency of observed results (observed value)
- Ei = fe = Expected frequency (expected value)

2. RESULTS AND DISCUSSION

The characteristics of the respondents are the self-criteria of the research respondents so that the sources of information in this study can be directed precisely according to the wishes of the researchers and in this case the characteristics of the respondents include Covid-19 status, gender, age, education, rank, income, religion, personal status and respondent's domicile. The total respondents in this study were 330 people which can be explained in the table below:

Characteristics	Number of Respondents	Percentage
Covid-19 Status		
Infected	165	50
Not yet infected	165	50
Gender		
Man	219	66,4
Woman	111	33,6
Age		
20 Years – 29 Years	86	26,1
30 Years – 44 Years	204	61.8
45 Years – 59 Years	40	12,1
Education		
high school	142	43
D3	6	1,8
S1	130	39,4
S2	52	15,8
Rank		
Enlisted	36	10,9
NCO	152	46,1

Characteristics	Number of Respondents	Percentage
First Officer	94	28.5
Intermediate Officer	48	14.5
Income		
1.9 million to 2.5 million	36	10,9
2.5 million to 4 million	152	46,1
4 Million to 7 million	94	28.5
7 million and above	48	14.5
Religion		
Islam	330	100
Christian	-	-
Hindu	-	-
Buddha	-	-
Etc.	-	-
Self Status		
Marry	275	83.3
Not married yet	55	16,7
domicile		
Banda Aceh	221	67
Aceh Besar	109	33

The table above can be explained if the characteristics of the respondents based on their Covid-19 status were the same, namely 165 people who were infected and 165 people who had not been infected. Meanwhile, when viewed from gender, the dominant respondents were male, namely 219 people and 111 women. In terms of age characteristics, it can be seen that respondents aged between 30 and 44 years were the most respondents, namely 204 people, followed by respondents aged 20 to 29 years who totaled 86 people and the rest aged 45-59 years who totaled 40 people.

Characteristics of respondents based on the most recent education were respondents with high school education, namely as many as 142 people or 43 percent, followed by those with Strata 1 education as many as 130 people or 39.4 percent, Strata 2 as many as 52 people or 15.8 percent and the last most few have Diploma 3 education, namely as many as 6 people or 1.8 percent. For rank characteristics, Non-Commissioned Officers were the most respondents, namely 152 people or 46.1 percent, followed by First Officers with 94 people or 28.5 percent, Middle Officers with 48 people or 14.5 percent and finally those with the rank of Privates with 36 people or 10 .9 percent.

Characteristics based on income, it can be seen that the most are respondents who have an income of Rp. 2,500,000 – Rp. 4,000,000, namely 152 people, followed by those with an income of Rp. 4,000,000 – Rp. 7,000,000 as many as 94 people, who have an income of Rp. 7,000,000 and above as many as 48 people and the fewest who have an income of Rp. 1,900,000 – Rp. 2,500,000 as many as 36 people or 10.9 percent. For religious characteristics, all 330 respondents were Muslim and the last characteristic was marital status, where the majority of respondents who were married were 275 people and the rest were unmarried, totaling 55 people.

2.1. Research Instrument Test Results

Validity Test Results

The validity test indicates the extent to which a measuring device measures what it should measure. When the questionnaire method is used in scientific data collection, the questionnaire prepared must measure what is to be measured. The data collection tool in the form of a questionnaire must have high validity so that the data collected truly describes the phenomenon you want to measure.

Validity according to Sugiyono (2016) shows the degree of accuracy between the data that actually occurs on the object and the data collected by the researcher to find the validity of an item, we correlate the item scores with the total of these items. If the coefficient between items and total items is equal to or above 0.3 then the item is declared valid, but if the correlation value is below 0.3 then the item is declared invalid.

The minimum requirement to be considered a valid instrument item is a valid index value with a validity index value of ≥ 0.3 (Sugiyono, 2016). Therefore, all statements that have a correlation level below 0.3 must be corrected because they are considered invalid.

Table of Validity Test Results

	Item-Total Statistics				
	Scale Mean if Item Deleted	*Scale Variance if Item Deleted*	*Corrected Item-Total Correlation*	*Cronbach's Alpha if Item Deleted*	Ket
Knowledge					
Question 1	6.0	7,363	0.486	0.851	Valid
Question 2	6,52	7,241	0.526	0.848	Valid
Question 3	6,44	7,281	0.579	0.843	Valid
Question 4	6,51	7,163	0.574	0.843	Valid
Question 5	6,47	7,478	0.460	0.853	Valid
Question 6	6,52	7,126	0.581	0.843	Valid
Question 7	6,45	7,409	0.515	0.848	Valid
Question 8	6,49	7,278	0.531	0.847	Valid
Question 9	6,48	6,986	0.684	0.834	Valid
Question 10	6.58	6,760	0.704	0.831	Valid
Preparedness					
Question 1	5.91	2,506	0.461	0.774	Valid
Question 2	5,81	2,785	0.421	0.781	Valid
Question 3	5.85	2,611	0.510	0.768	Valid
Question 4	5.85	2,554	0.566	0.760	Valid
Question 5	6.08	2,362	0.414	0.792	Valid
Question 6	6.07	2,217	0.535	0.766	Valid

Item-Total Statistics

	Scale Mean if Item Deleted	*Scale Variance if Item Deleted*	*Corrected Item-Total Correlation*	*Cronbach's Alpha if Item Deleted*	Ket
Question 7	5.85	2,514	0.592	0.756	Valid
Question 8	5.84	2,498	0.656	0.748	Valid
Perceived Risk					
Question 1	12.54	75,660	0.925	0.962	Valid
Question 2	12.80	73,567	0.941	0.957	Valid
Question 3	12.73	74,962	0.936	0.959	Valid
Question 4	12.61	73,996	0.906	0.968	Valid
Preventive Behavior					
Question 1	9,81	4,903	0.606	0.864	Valid
Question 2	9,83	5,092	0.417	0.876	Valid
Question 3	9.87	4,877	0.483	0.874	Valid
Question 4	9.76	5,196	0.529	0.870	Valid
Question 5	9.85	4,771	0.595	0.865	Valid
Question 6	9.79	5.013	0.590	0.866	Valid
Question 7	9.79	4,930	0.637	0.863	Valid
Question 8	9.79	4,948	0.622	0.864	Valid
Question 9	9.78	5,028	0.601	0.865	Valid
Question 10	9.79	5,177	0.449	0.873	Valid
Question 11	9.88	4,627	0.634	0.863	Valid
Question 12	9,82	4,710	0.742	0.856	Valid

The results of the questionnaire test in the table above if the numbersThe Corrected Item-Total Correlation count is greater than the conditional value of 0.3, which means that all question items are declared valid. To test the validity of this instrument using the SPSS 25 for Windows program.

Reliability Test Results

Useitems as indicators of research variable data require a consistency test through reliability testing, so that the data used is truly reliable or meets the reliability aspect for further analysis. Test the reliability of the question items from the questionnaire using the Cronbach alpha value. This test was only carried out once on a group of respondents on each variable.

The measure of reliability is considered reliable based on Cronbach alpha 0.60 (Malholtra, 2005). If the degree of data reliability is greater than Cronbach alpha (α), then the measurement results can be considered as a measuring tool with a good level of

accuracy and consistency of thinking. The results of the reliability test can be seen in the following table:

Table of Reliability Test Results

Variable	Number of items	Cronbach's Alpha		Information
		Count	Standard	
Knowledge	10	0.858	0.60	reliable
Preparedness	8	0.791	0.60	reliable
Perceived Risk	4	0.971	0.60	reliable
Preventive Behavior	12	0.877	0.60	reliable

2.2. Univariate analysis

Knowledge of Covid-19

The frequency distribution of knowledge about Covid-19 can be seen in Table 4.4 below. Respondents were classified as good (total score 6-10) and bad (total score 0-5).

Table of Knowledge Frequency Distribution of Covid-19 (N=330)

Knowledge	Frequency	Percent	Percent Valid	Cumulative Percent
Bad	88	26.7	26.7	26.7
Well	242	73.3	73.3	100.0
Total	330	100.0	100.0	

The table above shows that the level of knowledge of respondents in Banda Aceh and Aceh Besar about Covid-19 has a number of respondents who have poor knowledge of 88 respondents or 26.7 percent and the majority of respondents in this study have good knowledge, namely 242 respondents or 73. 3 percent.

2.3. Preparedness for Covid-19

DistributionThe frequency of preparedness for Covid-19 can be seen below. Respondents were classified as Alert (total score 5-8), and Not Alert (total score 0-4).

Table of Frequency Distribution of Preparedness Against Covid-19 (n=330)

Preparedness	Frequency	Percent	Percent Valid	Cumulative Percent
Not Standby	42	12.7	12.7	12.7
Standby	288	87.3	87.3	100.0
Total	330	100.0	100.0	

The table above shows that the level of preparedness of respondents in Banda Aceh and Aceh Besar for Covid-19 has a number of respondents who are not alert to Covid-19 as many as 42 respondents or 12.7 percent and almost all respondents have a high level of preparedness that is as many as 288 respondents or 87.3 percent.

2.4. Bivariate analysis

In this study the Chi-Square Test was used which according to Singgih Santoso (2014: 222) guidelines or basis for decision making in the chi-square test can be done by looking at the value of the "Chi Square Test" output table from the results of SPSS data processing. In making decisions for this chi square test, researchers can be guided by two things, namely comparing the Asymp values. Sig with a critical limit of 0.05 or you can also compare the calculated chi square value with the chi square table value at 5% significance. Decision making based on the significance value (Asymp.Sig) and based on the calculated chi square value is as follows:

1. If the Asymp. Sig (2-sided) < 0.05, it means that H0 is rejected and Ha is accepted.
2. If the Asymp. Sig (2-sided) > 0.05, it means that H0 is accepted and Ha is rejected.
3. If the calculated chi square value > chi square table, it means that H0 is rejected and Ha is accepted.
4. If the calculated chi square value < chi square table, it means that H0 is accepted and Ha is rejected.

2.5. Differences in Covid-19 Status Against Knowledge Related to Covid-19

The difference in the knowledge of respondents in this study about the Covid-19 virus that the researchers conducted can be explained in the table below where 11 respondents who had been infected with Covid-19 had poor knowledge and 154 people who had good knowledge. If we look at the respondents who have not been infected, there are 77 people who have poor knowledge and the remaining 88 people who have good knowledge. So that through the Pearson Chi-Square test a P value of 0.000 was obtained. So it can be concluded, H0 is rejected and Ha is accepted, so it can be interpreted that there is a difference between the knowledge and status of Covid-19 respondents who have been infected and those who have never been infected with Covid-19.

Differences in Knowledge Levels Regarding Covid-19

Covid-19 Status	Category			p value
	Bad	Well	Total	
Ever Infected	11	154	165	0.000
Not yet infected	77	88	165	
Total	88	242	330	

2.6. Differences in Preparedness for Covid-19

The difference in the preparedness of the respondents in this study for the Covid-19 virus that the researchers did can be explained in the table below where the respondents who had been infected with Covid-19 had 14 people who were not alert and who had 151 people who were alert. If we look at the respondents who have not been infected, there are 28 people who are not on alert and the remaining 137 people have a high level of alert. Based on the output of the statistical test, the pearson chi square value was 0.021. So it can be concluded that H0 is rejected and Ha is accepted, so it can be interpreted that there is a difference between the preparedness and the Covid-19 status of respondents who have been infected and those who have never been infected with Covid-19.

Differences in Preparedness Levels Related to Covid-19

Covid-19 Status	Category			p value
	Not Standby	Standby	Total	
Ever Infected	14	151	165	0.21
Not yet infected	28	137	165	
Total	42	288	330	

2.7. DifferencesPerceived Risk Against Covid-19

The differences in the perceived risk of respondents in this study against the Covid-19 virus that the researchers conducted can be explained in the table below where respondents who have been infected with Covid-19 have a perceived risk of 78 people who are at risk and who have perceived risk who are not at risk of as many as 87 people . If we look at the respondents who have not been infected, there are 56 people who have perceived risk and the remaining 109 people who have perceived risk who are not at risk. The pearson chi square test value was 0.014. So, it can be concluded that H0 is rejected and Ha is accepted, so that it can be interpreted that there is a difference between the perceived risk and the Covid-19 status of respondents who have been infected and who have never been infected with Covid-19.

Differences in Perceived Risk Levels Related to Covid-19

Covid-19 Status	Category			p value
	risky	No Risk	Total	
Ever Infected	78	87	165	0.014
Not yet infected	56	109	165	
Total	134	196	330	

2.8. Differences in Preventive Behavior Against Covid-19

The difference in the preventive behavior of respondents in this study regarding the Covid-19 virus that the researchers conducted can be explained in the table below, where 29 respondents who had been infected with Covid-19 had bad preventive behavior and 136 had good preventive behavior. If we look at the respondents who have not been infected,

as many as 15 people have bad preventive behavior and the remaining 150 people have good preventive behavior. Obtained the pearson chi square test of 0.023. So it can be concluded, H0 is rejected and Ha is accepted, so it can be interpreted that there is a difference between preventive behavior and the Covid-19 status of respondents who have been infected and who have never been infected with Covid-19.

Differences in Preventive Behavior Related to Covid-19

Covid-19 Status	Category			p value
	Well	Bad	Total	
Infected	29	136	165	0.023
Not yet infected	15	150	165	
Total	44	286	330	

3. DISCUSSION

The knowledge variable differs from individual respondents, both those who have been infected and those who have never been infected with Covid-19. This can be seen in the results of data processing where the calculated chi square value is greater than the chi square table value or it can also be seen in the Asymp.Sig (2-sided) calculated value below 0.05 which can be interpreted if knowledge has a significant difference to Covid-19 status for respondents in Banda Aceh or Aceh Besar. Knowledge has an important role for someone because with qualified knowledge a person is better able to protect himself from actions or precautions that can protect himself or his family members from the Covid-19 virus. According to Purnamasari and Raharyani (2020), Public knowledge about Covid-19 is a very important aspect during a pandemic like now, which includes the causes of Covid-19 and the characteristics of the virus, signs and symptoms, terms related to Covid-19, necessary examinations and transmission processes and disease prevention efforts. the. The results of this study are also in line with the results of the research by Budi Yanti, et al (2020), which is based on the results of research conducted if good knowledge or a positive attitude will be followed by good behavior in preventing Covid-19.

The preparedness variable differs from individual respondents who have or have never been infected with Covid-19. This can be seen in the results of data processing where the calculated chi square value is greater than the chi square table value or it can also be seen in the calculated Asymp.Sig (2-sided) value below 0.05 which can be interpreted if preparedness has a significant difference to Covid-19 status for respondents in Banda Aceh or Aceh Besar. Preparedness is an effort to estimate needs in order to deal with emergency situations and identify the need for resources to meet those needs. This is intended so that the community has better preparation for dealing with disasters (IDEP, 2007). Natalia et al's research (2020),

The perceived risk variable differs from individual respondents who have been infected or have never been infected with Covid-19. This can be seen in the results of data processing where the calculated chi square value is greater than the chi square table value or it can also be seen in the calculated Asymp.Sig (2-sided) value below 0.05 which can be interpreted if the perceived risk has

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a significant difference on the status of Covid-19 in respondents who are in Banda Aceh or Aceh Besar. The perceived risk variable is in line with Zakirotul Diana's research (2021),

The preventive behavior variable differs from individual respondents, both those who have been infected and those who have never been infected with Covid-19. This can be seen in the results of data processing where the calculated chi square value is greater than the chi square table value or it can also be seen in the calculated Asymp.Sig (2-sided) value below 0.05 which can be interpreted if preventive behavior has a significant difference on the status of Covid-19 in respondents who are in Banda Aceh or Aceh Besar. The results of this variable are in line with the results of Tesa Nurul Huda's research (2021), with the title "The Role of Covid-19 Information-Seeking Behavior on Covid-19 Preventive Behavior: Mediation of Decision-Making Patterns during the Covid-19 Pandemic, in which the results of research he conducted through mediation analysis through PROCESS showed that there was a direct influence of Covid-19 information-seeking behavior on Covid-19 preventive behavior (Beta = 0.346; p <0.001). Meanwhile, the pattern of decision making has not been able to become a mediator in the relationship between Covid-19 information-seeking behavior and Covid-19 preventive behavior (Beta = 0.009; p> 0.05). Even so, a significant influence can be seen on the pattern of decision making on preventive behavior of Covid-19 (Beta = -3.75; p <0.05). Meanwhile, the pattern of decision making has not been able to become a mediator in the relationship between Covid-19 information-seeking behavior and Covid-19 preventive behavior (Beta = 0.009; p> 0.05). Even so, a significant influence can be seen on the pattern of decision making on preventive behavior of Covid-19 (Beta = -3.75; p <0.05). Meanwhile, the pattern of decision making has not been able to become a mediator in the relationship between Covid-19 information-seeking behavior and Covid-19 preventive behavior (Beta = 0.009; p> 0.05). Even so, a significant influence can be seen on the pattern of decision making on preventive behavior of Covid-19 (Beta = -3.75; p <0.05).

4. CONCLUSIONS AND SUGGESTIONS

4.1. CONCLUSION

a. Having a difference in knowledge with the status of Covid-19 where individuals who have been infected have better knowledge with a significance level of 0.000.
b. Has a difference in preparedness with covid-19 status where individuals who have been infected have better preparedness with a significance level of 0.021
c. Has a difference in perceived risk with Covid-19 status where individuals who have been infected have a better perceived risk with a significance level of 0.014.
d. Has a difference in preventive behavior with covid-19 status where individuals who have been infected have better preventive behavior with a significance level of 0.023.

4.2. SUGGESTIONS

a. It is hoped that the government will need to take steps to increase knowledge, preparedness, perceived risk, and preventive behavior in implementing health protocols in the form of routine and continuous outreach to all people, including members of the Aceh Regional Police, so that people are always vigilant in dealing with the Covid-19 virus.

b. Respondents can use the results of this study as input in increasing knowledge, preparedness, perceived risk, and preventive behavior in implementing health protocols in dealing with the Covid-19 virus.
c. For researchers it can be used as knowledge to continue learning, where researchers realize there are still deficiencies and imperfections and it is hoped that there will be efforts to improve in the future.

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