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Efforts to Improve Covid-19 Infection Prevention Behavior Based on the Adaptation Factors of Lawrence Green's Theory and the Health Action Process Approach and Its Implementation Among Pregnant Women at Community Health Centers in Surabaya City

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ABSTRACT

Background: Among 147 pregnant women in Surabaya, 8% experienced severe symptoms and 1% were in critical condition. The initial symptoms observed in pregnant women infected with the coronavirus included fever (78%), cough (44%), muscle pain (33%), general fatigue (22%), shortness of breath (11%), and sore throat (22%). This health problem was analyzed using Lawrence Green's theory and the Health Action Process Approach (HAPA) model. **Object:** This study aimed to analyze preventive behaviors against Covid-19 infection among pregnant women using the frameworks of Lawrence Green's theory and HAPA. **Method**: This research employed an observational analytic design with a cross-sectional approach. The study involved pregnant women aged 18–35 years. The sample size was calculated using the Cummings and Hulley formula**,** resulting in 200 respondents**. Results:** Regression analysis revealed a significant influence of knowledge on behavior (p = 0.001), while attitude (p = 0.185) and information sources (p = 0.235) had no significant effect. Social support significantly influenced behavior (p = 0.002). There was no influence of risk perception (p = 0.361) or outcome perception (p = 0.158) on behavioral intention**.** However, action self-efficacy significantly affected behavioral intention (p = 0.000), and behavioral intention influenced coping planning **(**p = 0.000). Maintenance self-efficacy had no effect on coping planning (p = 0.563), but recovery self-efficacy did (p = 0.004). Action planning significantly influenced behavior (p = 0.035), whereas coping planning did not (p = 0.409). **Conclusion:** Maintenance self-efficacy had a significant effect on preventive behavior (p = 0.003). The most dominant factor influencing preventive behavior was maintenance self-efficacy.

Keywords: Predisposing Enabling, Reinforcement, Health Action Process Approach, Measures to Prevent Covid-19 Infection

BACKGROUND

At the beginning of 2019, the world was shocked by the emergence of the Covid-19 pandemic. In Indonesia, the first case of Covid-19 infection was reported in early March 2019. Pregnant women are considered a vulnerable group to Covid-19 infection and therefore must be protected. According to WHO, the symptoms experienced by pregnant women are generally similar to those experienced by other infected individuals. In an analysis of 147 pregnant women, only 8% had severe symptoms, and 1% were in critical condition. The initial symptoms experienced by pregnant women exposed to the coronavirus include fever (78%), cough (44%), muscle pain (33%), general fatigue (22%), shortness of breath (11%), and sore throat (22%).

Pregnant women must be more vigilant by improving their immune system.

Pregnant women are more susceptible to various diseases due to hormonal changes, which automatically lower their immune defenses. Early detection allows healthcare providers to recommend the best treatment to prevent further viral exposure. Patient safety equipment must be prioritized. The Journal of Infectious Disease (2014) reported a case of stillbirth at five months of gestation, where the mother was suspected to have MERS-CoV infection. This acute respiratory disease caused by the coronavirus interrupts the oxygen supply to the fetus, leading to impaired fetal development. In another study published in the American Journal of Obstetrics and Gynecology (2004), pregnant women who tested positive for SARS-CoV were found to be at risk of premature rupture of membranes, resulting in preterm labor.

Additionally, women infected with the SARS coronavirus were at higher risk for spontaneous abortion and Intrauterine Growth Restriction (IUGR), a condition where the fetus's size and weight are below normal for its gestational age. However, it is still unclear whether the SARS virus can be transmitted to the fetus. Prevention of Covid-19 infection can be done as early as possible by frequently washing hands with soap and running water or using an alcohol-based hand sanitizer after interacting with the environment. Avoid touching the mouth, eyes, or nose before washing hands thoroughly. Keep a distance from sick individuals, consume nutritious foods to maintain immunity, wash fruits and vegetables thoroughly, and ensure meat is cooked completely before consumption. Whenever possible, avoid visiting crowded or public places to minimize exposure to the virus.

Therefore, it is necessary to analyze efforts to improve Covid-19 infection prevention behaviors based on Lawrence Green's adaptation factor theory and the Health Action Process Approach (HAPA), as well as their implementation among pregnant women at Public Health Centers (Puskesmas) in Surabaya City. The objective of this study is to analyze efforts to improve Covid-19 infection prevention behavior based on the adaptation factors of Lawrence Green's theory and the Health Action Process Approach and their implementation among pregnant women in Surabaya City Health Centers.

RESEARCH METHODS

Materials and Method

This study used an observational analytic design with a cross-sectional approach. The study population consisted of pregnant women aged 18–35 years. The sample included 200 pregnant women who visited Mojo, Tanah Kalikedinding, Sidotopo Wetan, and Mulyorejo Health Centers. The independent variables included predisposing factors (knowledge, attitude), enabling factors (information sources), reinforcing factors (support), risk perception, outcome expectancies, action self-efficacy, behavioral intention, maintenance self-efficacy, recovery self-efficacy, coping planning, action planning, and coping planning maintenance self-efficacy. The dependent variable was Covid-19 prevention behavior. Data were collected using questionnaires to measure the independent variables and observations to measure the dependent variable (performance). Data analysis included univariate analysis (frequency distribution), bivariate analysis (Spearman Rank correlation), and multivariate analysis (regression) to test the effect of independent variables on the dependent variable.

RESULT AND DISCUSSION

The study was conducted in four Health Centers in Surabaya City: Mojo, Tanah Kalikedinding, Sidotopo Wetan, and Mulyorejo. All centers provided maternal and child health services, and the

number of patients met the sample requirements.

Description of Respondent Characteristics and Research Variables

Table 1.

Characteristics of Research Respondents

No	Characteristics	Frequency	Percentage (%)
1	Age		
	20–30 years	142	71
	30–40 years	58	29
	Total	200	100
2	**Education**		
	Basic	33	16,5
	Secondary	101	50,5
	Higher	66	33
	Total	200	100
3	**Occupation**		
	Employed	86	43
	Unemployed	114	57
	Total	200	100

The respondents of this study were pregnant women residing in the working areas of Mojo Public Health Center, Mulyorejo Public Health Center, Sidotopo Wetan Public Health Center, and Tanah Kali Kedinding Public Health Center. The results showed that most respondents (71%) were aged 20–30 years. More than half of the respondents (50.5%) had secondary education, and 57% were unemployed.

Table 2.

Research Variables

No	Type of Variable	Frequency	Percentage (%)
1	**Knowledge**		
	Good	200	100
	Total	200	100
2	**Attitude**		
	Fair	2	1
	Good	198	99
	Total	200	100

No	Type of Variable	Frequency	Percentage (%)
3	**Information Source**		
	Poor	10	5
	Fair	45	22,5
	Good	145	72,5
	Total	200	100
4	**Prevention Support**		
	Poor	2	1
	Fair	25	12,5
	Good	173	86,5
	Total	200	100
5	**Risk Perception**		
	Low	2	1
	Moderate	9	4,5
	High	189	94,5
	Total	200	100
6	**Outcome Perception**		
	Low	2	1
	Moderate	5	2,5
	High	193	96,5
	Total	200	100
7	**Action Self-Efficacy**		
	Fairly Confident	17	8,5
	Very Confident	183	91,5
	Total	200	100
8	**Behavioral Intention**		
	Fairly Interested	4	2
	Very Interested	196	98
	Total	200	100
9	**Action Planning**		
	Fairly Planned	4	2
	Well Planned	196	98
	Total	200	100
10	**Coping Planning**		

No	Type of Variable	Frequency	Percentage (%)
	Fairly Planned	3	1,5
	Well Planned	197	98,5
	Total	200	100
11	**Maintenance Self-Efficacy**		
	Fairly Confident	8	4
	Very Confident	192	96
	Total	200	100
12	**Recovery Self-Efficacy**		
	Fairly Confident	8	4
	Very Confident	192	96
	Total	200	100
13	**Preventive Behavior**		
	Good	4	2
	Very Good	196	98
	Total	200	200

All respondents in this study had good knowledge regarding Covid-19 prevention. Almost all respondents demonstrated a positive attitude toward Covid-19 prevention. A small proportion of respondents (27.5%) had moderate information sources, obtaining information from four to seven different sources. Only 1% of respondents reported low support for Covid-19 infection prevention. Almost all respondents (94.5%) had a high risk perception of Covid-19 infection, and nearly all (96.5%) had a high outcome perception regarding the consequences of Covid-19 infection. Furthermore, 91.5% of respondents exhibited very high action self-efficacy in preventing Covid-19 infection. Nearly all respondents (98%) showed strong behavioral intention to prevent Covid-19 infection and highly structured action planning (98%) for prevention behaviors. Similarly, 96% of respondents demonstrated very high maintenance self-efficacy and very high recovery self-efficacy in maintaining Covid-19 preventive behaviors. Overall, almost all respondents (98%) exhibited good preventive behavior toward Covid-19 infection.

Table 3.

Analysis of Relationship

Variable		p-value	Relationship Between Variables
Knowledge	Preventive Behavior	0.001	Significant Relationship
Attitude	Preventive Behavior	0.000	Significant Relationship

Variable		p-value	Relationship Between Variables
Information Source	Preventive Behavior	0,002	Significant Relationship
Prevention Support	Preventive Behavior	0,000	Significant Relationship
Risk Perception	Preventive Behavior	0,049	Significant Relationship
Outcome Perception	Preventive Behavior	0,028	Significant Relationship
Action Self-Efficacy	Preventive Behavior	0,000	Significant Relationship
Behavioral Intention	Preventive Behavior	0,000	Significant Relationship
Action Planning	Preventive Behavior	0,000	Significant Relationship
Coping Planning	Preventive Behavior	0,002	Significant Relationship
Maintenance Self-Efficacy	Preventive Behavior	0,000	Significant Relationship
Recovery Self-Efficacy	Preventive Behavior	0,000	Significant Relationship

Significance Test Results of the Structural (Inner) Model

Regression of Knowledge, Attitude, Information Source, Support, Action Planning, Coping Planning, Maintenance, and Recovery on Preventive Behavior

Table 4.

Effects Between Variables

Variable		p-value	Relationship Between Variables
Knowledge	Preventive Behavior	0.001	Significant Effect
Attitude	Preventive Behavior	0.185	No Significant Effect
Information Source	Preventive Behavior	0,235	No Significant Effect
Prevention Support	Preventive Behavior	0,002	Significant Effect
Risk Perception	Preventive Behavior	0,035	Significant Effect
Outcome Perception	Preventive Behavior	0,409	No Significant Effect
Action Self-Efficacy	Preventive Behavior	0,003	Significant Effect
Behavioral Intention	Preventive Behavior	0,292	No Significant Effect

Risk Perception, Outcome Expectancies, and Action Self-Efficacy Toward Behavioral Intention for Covid-19 Prevention.

Table 5.

Effects of Risk Perception, Outcome Expectancies, and Action Self-Efficacy on Behavioral Intention for Covid-19 Prevention

Risk Perception	Behavioral intention	0,361	No Significant Effect
Outcome Perception	Behavioral intention	0,158	No Significant Effect
Action Self Effication	Behavioral intention	0,000	Significant Effect

Table 6.

Effects of Behavioral Intention, Maintenance, and Recovery on Coping Planning

Behavioral intention	Coping Planning	0,000	Significant Effect
Maintenance Self Effication	Coping Planning	0,563	No Significant Effect
Recovery Self Effication	Coping Planning	0,004	Significant Effect

Table. 7.

Effects of Behavioral Intention, Maintenance, Self-Efficacy, and Recovery Self-Efficacy on Action Planning

Behavioral intention	Action Planning	0,000	Significant Effect
Maintenance Self Effication	Action Planning	0,016	Significant Effect
Recovery Self Effication	Action Planning	0,068	No Significant Effect

Discussion

Based on age, education, and occupation, most respondents (pregnant women) were aged 20–30 years, which is considered the healthy reproductive age. According to the National Population and Family Planning Board (BKKBN), the ideal reproductive age ranges from 20 to 35 years. Meanwhile, the World Health Organization (WHO) states that the peak of a woman's fertility and the best quality of her eggs occur between the ages of 20 and 30. Women in this age range are more likely to conceive easily, while fertility tends to decline as they grow older.

More than half of the respondents had secondary education (senior high school or vocational high school). According to the National Education System, the level of education is based on the developmental stage of the learner. Formal education levels include secondary education, which continues from primary education and consists of general secondary education and vocational secondary education. Secondary education includes Senior High School (SMA), Islamic Senior High School (MA), Vocational High School (SMK), Islamic Vocational High School (MAK), and other equivalent institutions.

With a secondary level of education, respondents are expected to be able to understand and absorb information provided by healthcare workers, including information related to COVID-19 prevention among pregnant women (Notoatmodjo in Dewi, 2019).

More than half of the respondents were pregnant women who were not formally employed or were housewives. A housewife is a woman who manages the household, is responsible for educating children, cooking, preparing meals, and purchasing household needs. Being a housewife is a lifelong occupation without salary, yet it requires preparation and commitment. Pregnant women who are not formally employed are expected to have more time to care for themselves and pay attention to their pregnancy (Notoatmodjo in Dewi, 2019).

The Influence of Knowledge and Attitude on COVID-19 Prevention Behavior

There is an influence of knowledge on COVID-19 prevention behavior among pregnant women. This is in line with the theory that knowledge is the result of knowing, which occurs after a person perceives a certain object (Notoatmodjo, 2010). Knowledge is a key aspect in determining a person's behavior—whether consciously or unconsciously—and in regulating one's own actions. Knowing often becomes the basis of an action (Soetrisno, 2010). Preventive behavior against disease is a person's response to disease prevention. Notoatmodjo concluded that an individual's knowledge influences their behavior. The higher a person's knowledge about health, the better their health behavior will be.

There is no significant influence between attitude and COVID-19 infection prevention behavior. Attitude refers to how pregnant women perceive or evaluate COVID-19 prevention. According to Damiati , attitude is an expression of one's feelings that reflects their likes or dislikes toward an object. Defines attitude as a person's evaluation, feeling, and consistent tendency to like or dislike an object. This study showed that although attitude was related to pregnant women's preventive behavior, it did not significantly influence it. This could occur when pregnant women have a negative attitude toward COVID-19 but still engage in preventive behaviors due to fear or situational factors. Conversely, pregnant women with a positive attitude—who believe in the existence of COVID-19 infection—may still neglect preventive actions due to carelessness or lack of attention to preventive behaviors.

The Influence of Information Sources on COVID-19 Prevention Behavior

There is no significant influence between information sources and COVID-19 prevention behavior. The sources of information in this study included friends, neighbors, relatives, teachers, community leaders, parents, magazines, newspapers, radio, television, and the internet. The researcher measured information sources based on the number of sources obtained. The findings showed that the number of information sources did not influence pregnant women's preventive behavior toward COVID-19 infection. It is possible that some women who received fewer information sources paid more attention to them and thus practiced preventive behavior, while others who received many information sources became overwhelmed or bored, leading to less attention to preventive behaviors.

The Influence of Support on COVID-19 Prevention Behavior

There is a significant influence of support on COVID-19 infection prevention behavior among pregnant women. This finding aligns with the theory that support refers to efforts—both moral and material—provided to motivate others to engage in certain activities (Notoatmodjo, 2016). In this study, the term support refers to assistance received from parents, husbands, friends, relatives, community leaders, doctors, nurses, midwives, other health workers, and health cadres.

Family support (from parents, husbands, or relatives) involves providing

information, either independently or from others, that encourages and assures the family's readiness to offer help . Peer support is a system of giving or receiving assistance based on mutual responsibility and cooperation among friends (Stiver & Miller, 2017). Community leader support refers to interpersonal relationships that provide comfort, calmness, and beneficial information or verbal encouragement that influences community behavior. Health worker support (from doctors, nurses, midwives, and others) includes physical and psychological comfort, attention, appreciation, and other forms of assistance. Support may come in various forms—emotional, appraisal, instrumental, or informational. The presence of support from multiple parties toward pregnant women regarding COVID-19 prevention significantly influences their preventive behavior.

The Influence of Risk Perception and Behavioral Intention on COVID-19 Prevention

There is no significant influence between risk perception and behavioral intention regarding COVID-19 prevention. This indicates that risk perception or risk awareness—the minimal level of perceived threat—determines an individual's sensitivity to health risks (Mulla et al., 2013). This construct is important because a minimum level of perceived threat must exist before an individual considers the benefits of possible actions or their ability to perform them (Namadian et al., 2016). Perceived health threats serve as a prerequisite for motivating individuals to change risky health behaviors (Renner & Schupp, 2021).

The Influence of Outcome Expectancies on Behavioral Intention for COVID-19 Prevention

There is no significant influence of outcome expectancies on behavioral intention. Outcome expectancies refer to the subjective belief an individual holds about the expected results of their actions. This construct reflects the belief in how certain behaviors will produce specific outcomes (Bandura, 1986). A person must not only be aware of the risks or health threats but also understand how to regulate their behavior by recognizing the connection between their actions and future outcomes (Schwarzer, 2016). Outcome expectancies shape the motivation needed for individuals to change their behavior.

The Influence of Action Self-Efficacy on Behavioral Intention for COVID-19 Prevention

Action self-efficacy has an influence on behavioral intention. Action self-efficacy, also known as preaction self-efficacy or task self-efficacy, refers to an individual's belief in their ability to perform a specific behavior (Schwarzer et al., 2003). This construct is one of the most influential motivational factors and a strong predictor of behavioral intention. Action self-efficacy represents the initial phase of the behavioral process, during which an individual has not yet taken action but has developed motivation and confidence to engage in the behavior.

The Influence of Behavioral Intention and Maintenance Self-Efficacy on Action Planning for COVID-19 Prevention

The Influence of Behavioral Intention on Action Planning for COVID-19 Prevention. There is an influence of behavioral intention on action planning for COVID-19 prevention. According to theory, when individuals attempt to translate their intentions into behavior, they often face various obstacles such as distractions, forgetfulness, or conflicting habits. If efforts to change behavior are not supported by strategies to overcome these barriers, motivation alone is insufficient to create behavioral change. To address this limitation, an additional construct is

needed to help ensure the translation of intention into action (Schwarzer, 2016).

Action planning refers to how and under what situational conditions the behavior should be performed . This construct is sometimes referred to as the "when-where-how" plan (Schwarzer, 2016). In this context, action planning consists of concrete ideas about when, where, and how to act. Planning plays an important role in promoting the adoption and maintenance of health behaviors. Therefore, action planning serves as a mediator that helps bridge the gap between intention and behavior (Schwarzer, 2014).

The Influence of Maintenance Self-Efficacy on Action Planning for COVID-19 Prevention

There is an influence of maintenance self-efficacy on action planning for COVID-19 prevention behavior. Maintenance self-efficacy, also known as coping self-efficacy, reflects an individual's belief in their ability to anticipate obstacles that may arise during planning and while maintaining the behavior (Schwarzer, 2016). Recommended health behaviors are often challenging to achieve, and newly adopted behaviors can also be difficult to maintain. Therefore, individuals with strong self-confidence are expected to develop better strategies and persistence to overcome potential barriers. Compared to those with low maintenance self-efficacy, individuals with high maintenance self-efficacy tend to respond more confidently, apply more strategies and efforts, and demonstrate persistence and resilience in overcoming challenges (Schwarzer, 2018).

The Influence of Recovery Self-Efficacy on Action Planning for COVID-19 Prevention

There is an influence of recovery self-efficacy on action planning for COVID-19 prevention. According to theory, recovery self-efficacy refers to an individual's ability to maintain self-belief and control when attempting to modify behavior after experiencing failure or setbacks (Schwarzer, 2018). Recovery self-efficacy plays a role in restoring and strengthening an individual's confidence to return to the path of behavioral improvement after a relapse.

The Influence of Behavioral Intention, Maintenance Self-Efficacy, and Recovery Self-Efficacy on Coping Planning for COVID-19 Prevention

The Influence of Behavioral Intention on Coping Planning for COVID-19 Prevention. There is an influence of behavioral intention on coping planning for COVID-19 prevention. The theory states that behavioral intention is the individual's intention to perform a specific behavior; this intention is essential for explaining and predicting behavior. However, its predictive power is limited because intention must be supported by means to overcome barriers to behavior.

Coping planning refers to the anticipation of barriers and the ability to identify alternative behaviors to overcome them . Individuals imagine potential obstacles that might prevent them from performing the desired behavior and develop one or more plans to deal with these barriers. Coping planning may represent a more effective self-regulation strategy compared to action planning, as part of this construct inherently includes action planning. After individuals contemplate when, where, and how to perform a behavior, they then anticipate potential obstacles and prepare coping strategies to overcome them.

The Influence of Maintenance Self-Efficacy on Coping Planning for COVID-19 Prevention

There is no influence of maintenance self-efficacy on coping planning for COVID-19 prevention. Maintenance self-efficacy refers to an individual's belief in their ability to anticipate barriers that arise during

planning or while maintaining behavior, whereas coping planning refers to anticipating barriers and identifying alternative behaviors to overcome them. Coping planning is a more effective self-regulation strategy compared to action planning. It is a modifiable construct that can be easily communicated to individuals who experience self-regulation deficits, making it widely applicable in behavioral change interventions. According to the researcher's assumption, even though individuals with high maintenance self-efficacy believe they can anticipate barriers, this belief does not necessarily mean they will apply those strategies in coping planning for COVID-19 prevention. Many other factors—such as environmental influences or changes in psychological state—can affect an individual's confidence and subsequent coping behavior.

The Influence of Recovery Self-Efficacy on Coping Planning for COVID-19 Prevention

There is an influence of recovery self-efficacy on coping planning for COVID-19 prevention. Recovery self-efficacy is the individual's ability to maintain control and confidence during the process of modifying behavior after failure or setbacks. In this context, recovery self-efficacy helps restore and strengthen confidence after a relapse, which in turn affects coping planning—the anticipation of barriers and the ability to find alternative strategies to overcome them, forming an effective self-regulation mechanism.

The Influence of Coping Planning on COVID-19 Prevention Behavior

There is no influence of coping planning on COVID-19 prevention behavior. Coping planning refers to the anticipation of barriers and the ability to develop alternative behaviors to overcome them (Scholz et al., 2007; Sniehotta et al., 2005). Individuals imagine possible obstacles that might prevent them from performing desired behaviors and develop one or more strategies to address them. Although coping planning is considered a more effective self-regulation strategy compared to action planning, it does not necessarily translate into preventive behaviors. After individuals plan when, where, and how to act, they may still face challenges in executing these plans due to situational or personal factors.

The Influence of Maintenance Self-Efficacy on COVID-19 Prevention Behavior

There is an influence of maintenance self-efficacy on COVID-19 prevention behavior. Maintenance self-efficacy in this context refers to the confidence to sustain preventive actions. It reflects a person's belief in their ability to continue performing the behavior. The Health Action Process Approach (HAPA) model explains that the action phase includes both initiation and maintenance. When obstacles arise during preventive efforts, individuals must strive to maintain the actions they have initiated.

The Influence of Recovery Self-Efficacy on COVID-19 Prevention Behavior

There is no influence of recovery self-efficacy on COVID-19 prevention behavior. According to the HAPA model, the action phase consists of initiation, maintenance, and recovery. The recovery phase occurs when individuals are unable to sustain their actions, leading to possible disengagement before returning to their initial goals. In this study, recovery self-efficacy did not affect COVID-19 preventive behavior—possibly due to the difficulty of overcoming barriers or the influence of other factors affecting individual behavior. Dominant Factor Affecting COVID-19 Prevention Behavior among Pregnant Women The dominant factor influencing COVID-19 prevention behavior among pregnant women is maintenance self-efficacy—the strong

belief in one's ability to maintain preventive actions. This confidence stems from strong intrinsic motivation toward COVID-19 prevention. With this firm belief in maintaining behavior, individuals are more capable of consistently performing the actions they perceive as effective. This finding aligns with the Health Action Process Approach (HAPA) theory.

CONCLUSION

There is an influence of knowledge on COVID-19 prevention behavior. There is no influence of attitude on COVID-19 prevention behavior. There is no influence of information sources on COVID-19 prevention behavior. There is an influence of prevention support on COVID-19 infection prevention behavior toward behavioral intention for COVID-19 prevention. There is no influence of risk perception on behavioral intention for COVID-19 prevention. There is no influence of outcome perception on behavioral intention. There is an influence of action planning on behavioral intention for COVID-19 prevention. There is an influence of behavioral intention on action planning.

There is an influence of maintenance self-efficacy on action planning. There is no influence of recovery self-efficacy on action planning. There is an influence of behavioral intention on coping planning for COVID-19 prevention. There is no influence of maintenance self-efficacy on coping planning for COVID-19 prevention. There is an influence of recovery self-efficacy on coping planning for COVID-19 prevention. There is an influence of action planning on COVID-19 prevention behavior. There is no influence of coping planning on COVID-19 prevention behavior. There is an influence of maintenance self-efficacy on COVID-19 prevention behavior. There is no influence of recovery self-efficacy on COVID-19 prevention behavior. The dominant factor influencing COVID-19 prevention behavior is maintenance self-efficacy, with the highest standard coefficient (Beta = 0.350).

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