Travel Intention of People Susceptible to COVID-19: Social Issues

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Abstract. COVID-19 pandemic has triggered a fundamental challenge to inclusive tourism particularly in terms of people at high risk to COVID-19. Considering physical distancing as the most effective non pharmaceutical intervention to minimize the virus contagion, this research purported to reveal the influence of interpersonal constraints on the travel intention of people physically vulnerable to COVID-19, also owing to the concern of their need to fulfill well-being. Data collection was conducted through an online survey to citizens of Jakarta aged 46 and older. SmartPLS SEM was used to examine the role of interpersonal constraints and the Theory or Reasoned Action in determining travel intention. The study showed that travel intention of people at high risk from COVID-19 can be classified as high, with attitude, subjective norms, and interpersonal constraint as its determinants. Nonetheless, the structural model did not show any moderating effects of interpersonal constraints in the framework. The weak effect of interpersonal constraints hinted collective values might act as a buffer towards the constraints in travel decision making. The study offered some thoughts and recommendations for inclusive tourism development, inter alia in promoting physical distancing in destinations, wishing to contribute towards the attainment of sustainable tourism.

Keywords: COVID-19 · Intention · Interpersonal · Tourism

1 Introduction

Tourism is one of the ways to attain well-being. Being a break from the ordinary, tourism allows people to make improvements or restoration in various areas of life needing it, whether it is social, educational and cultural, or psychological [1]. The ability and desire to travel, including travel, is the key to fully participate in the economic and sociocultural sectors of modern society [2].

The age group of 46 and older has an important role in the tourism industry as they contribute the highest average length of stay and travel expenditure [3]. However, the emergence of COVID-19 virus outbreak in 2020 from Wuhan, China, throughout the world has created limited choices of safe spaces outside the home for people aged 46 years and older who are rather vulnerable to COVID-19. This may become an obstacle in traveling affecting the fulfilment of their needs in an effort to achieve well-being.

Epidemiologists stated that due to decreasing organ functions, people aged 45 years and older are prone to disease [4]. The age group above 46 years is classified by the

World Health Organization (WHO) [5] and the Ministry of Health of the Republic of Indonesia [6] as the older people group. Besides older people, people with comorbidities are also susceptible to COVID-19 [7].

Tourism and pandemics are closely related in the global era [8]. This is partly because the mobile population is growing rapidly and the development of transportation which is a potential means of disease transmission. With the prolonged pandemic, WHO warned the world that people have to learn to live with the virus [9]. It means that after the pandemic, the possibility of being exposed to the virus when people travel still exists.

The new normal phase in Indonesia was responded by tourism policy namely Cleanliness, Health, Safety, and Environmental Sustainability (CHSE) program for every tourism subsector. The program support tourism restart by prioritizing sanitation, hygiene, and touchless services for mutual safety [10]. Although COVID-19 vaccines have been invented, physical distancing is still believed to be one the most effective pharmaceutical intervention. During the new normal period, the physical distancing rules has become daily practice. However, the implementation of physical distancing in the tourism sector is not as easy as in other sectors, especially as it requires high discipline of tourists in maintaining each other's health and safety. Being an applied public health practice against COVID-19, physical distancing is a challenge for tourism, as mobility and interaction are the heart of tourism. People, especially those who are prone to COVID-19, wonder how to comfortably participate in tourism activities and this may affect their travel intention.

Besides being contrary to the basic characteristics of tourism, mobility barriers for tourists also contradict the essence of development sustainable tourism, particularly the elements of inclusive tourism. Relevant to target Sustainable Development Goals (SDG) No.3, 10, and 12 (Health & Well-Being, Reduced Inequalities, and Responsible Consumption & Production), this study intends to examine the impact of the pandemic on the travel intentions of individuals who are prone to COVID-19 in Indonesia. Pandemic has caused pressure on various aspects of life, namely health and impact, so that it can influence the mindset and behavior of tourists. Travel intentions, which can predict the actual behavior of tourists, is important information in understanding tourists' constraints and preferences post-pandemic and develop strategies to embrace all community members in tourism activities. One of the theories used to determine travel intention is Theory of Reasoned Action.

Taking it into account, this study examined the travel intention of people susceptible to COVID-19 by using the theory of reasoned action (TRA) as the model foundation. TRA, consisting of the variables of attitude and subjective norms, is used since it is a well-established theory in social psychology that has been widely used to predict human behavior [11]. Towards understanding travel intention of people at-risk and its relations with social issue in the pandemic time, interpersonal constraints is included to extend the framework.

2 Objectives

Changes in behavior and normal tourism trends caused by disruption, uncertainty, and risk occur at the post-crisis stage where feelings of fear, uncertainty, and anxiety can

affect the desire of tourists to travel or even refusal to travel [12]. In relation to the notable characteristics of tourism activities, which are mobility ad interaction, the research was determined to focus on the social issue. Therefore, taking the aforementioned matters into account, this study aims to identify the factors that influence people at-risk's decisions making to travel in the new normal using the theory of reasoned action (TRA) and interpersonal constraints as the framework.

3   Theoretical Review

3.1   Theory of Reasoned Action

Thoery of Reasoned Action (TRA) model was developed to account for an individual's specific behavior under a high degree of volitional control [13]. According to TRA, people's decisions are substantially determined by their intention to perform a particular behavior and these intentions are largely built upon two fundamental antecedents, namely individual's attitude and subjective norms about a certain behavior [11]. In general, the more agreeable the attitude and the subjective norms, the stronger the individual's intention to perform the behavior [14]. TRA has among others been applied in predicting university students' intention to attend university events [11], young tourists' travel intention by railway in the new normal [15], and intention to experience local cuisine in a travel destination [16].

Travel intentions are the desires or intentions of tourists in making a tour [17]. Research trends on travel intention in the last five years were dominated by discussions about the role of destination (awareness/image) [18, 19]; role of motivation [20, 21] and role of media [22, 23] in planning the destinations to be visited, and its relation to travel constraints, one of which is the COVID-19 pandemic [16, 17, 24–27].

Attitude towards behavior is someone's personal evaluation of favorable or unfavorable to perform the behavior. Previous studies by [28] and [29] showed that attitude towards behavior had positive and significant influence on travel intention. However, the prolonged pandemic may have awakened the awareness and nurtured consumer ethics, making individuals be more perceptive with the meaning and consequence of their consumption activities towards themselves and others in a context of responsible and prosocial consumption [30].

Subjective norms are defined as perceived social pressure to do or not to show behavior from people who are close or important to someone such as close friends, relatives, colleagues or business partners. Individuals and community take the advice of people around them who they think are close, respect and agree with these suggestions [15]. In Indonesian culture which dominantly collective, opinion of people highly valued by someone is important [31]. COVID-19 pandemic makes one's participation in travelling becomes a mutual decision making within his or her circle since virus transmission may happen in a close social contact, such as family or friends. Previous researches showed that subjective norms had positive and significant influence on travel intention.

Notwithstanding the established capacity of the TRA in predicting different human behaviors, the predictive ability of the TRA could be improved through adding new variables to the model [11]. In predicting intention to attend university events, [11] add variables cultural exploration in the TRA framework. In addition, [15] extended the

framework by inserting social media promotion as a moderator variable. In predicting and understanding travel intention of people susceptible to COVID-19, this study included interpersonal constraints as a moderator variable in the framework.

3.2 Travel Constraints and Travel Intention

Travel constraints have attracted attention in the tourism literature, due to their effects on individuals' behavior [32, 33]. A clearer understanding of travel constraints would help tourism industry adequately improve services. Travel constraints pertaining to specific tourist segments might elicit disparate results [11].

Most of the literature on participation in travel is discussed with reference to the constraint model, especially leisure constraints, where constraints are seen as factors that limit the formation of leisure preferences and hinder participation and enjoyment in leisure [34, 35]. The three basic travel constraints under leisure constraints model are intrapersonal constraints, interpersonal constraints, and structural constraints.

Intrapersonal constraints reflect the individual's physical, psychological, and cognitive conditions, such as physical illness, stress, anxiety, depression, beliefs, and subjective evaluation [36–38]. Interpersonal barriers are related to interactions and relationships between humans [39, 40]. In tourism studies, an indicator that often appears as a reflection of interpersonal barriers is travel companions [29, 33, 36, 37, 39, 41, 42]. Now, the COVID-19 pandemic can actually add new type of interpersonal constraints in the form of fear of interacting with fellow tourists, as well as fear of hurting people who are considered important if they are infected by the virus caught from the journey. Structural constraints are defined as external factors that can affect one's travel activities [37, 39, 41].

Studies by [29] and [32] showed that travel constraints have negatively influenced tourists travel intention. [20] also did a study about intention to study abroad and found that interpersonal and intrapersonal constraints have influenced intention negatively and significantly.

3.3 Hypotheses

The model developed in the study is Theory of Reasoned Action with moderating effects of interpersonal constraints. Moderation happens when the relationship intensity or direction of two variables is influenced by the third variable [43]. The study proposed five hypotheses as follows:

H1: Attitude towards behavior significantly influences travel intention.

H2: Subjective norms significantly influence travel intention.

H3: Interpersonal constraints significantly influence travel intention.

H4: Interpersonal constraints significantly moderate the relationship between attitude towards behavior and travel intention.

H5: Interpersonal constraints significantly moderate the relationship between subjective norms and travel intention.

4   Methods

This research was a descriptive study with a quantitative approach. The population of this study were people who were physically susceptible to COVID-19 in Jakarta. Due to the unfavorable atmosphere of the pandemic, purposive convenience sampling was applied. The sample in this study were selected based on certain criteria, i.e., individuals aged 46 years and older living in the five cities in Jakarta.

Jakarta was chosen for several reasons. First, DKI Jakarta Province was ranked fourth for the province with the highest number of trips [3]. Second, the province of DKI Jakarta is almost always in the top position on the national COVID-19 transmission rate report. Last, Jakarta experienced relatively frequent high mobility restrictions as a result of high transmission rate.

The sample size in this study was taken based on the following guidelines. First the appropriate sample size for research in general is 30 to 500 samples; a minimum size of 30 for each category (if divided into subsamples) [44]. Next, [45] recommend minimum sample of 300 for statistical data analysis. Thus, the researchers set the sample to be a minimum of 300 respondents.

Data was collected using online questionnaires (Google Form) distributed via What-sApp messages. During the COVID-19 pandemic, online questionnaires are an effective data collection tool because they can still support physical distancing so that they will not endanger respondents who have vulnerable physical conditions.

The instrument in this study was a questionnaire with three TRA constructs, namely attitude, subjective norms, and travel intention--and one interpersonal constraints constructs. The questionnaire consisted of two parts. The first part was the respondent's profile. The second part contained multiple choice questions regarding the motivational factors, travel constraints, and travel intention constructs.

5   Findings and Discussion

A pilot study filled by 30 respondents was undertaken in mid-June 2021. After deletion of two indicators in the interpersonal constraints' variables, all indicators were verified to be used in the study.

The questionnaire resulted in 337 responses, which is more than the minimum sample adopted. Despite the persistent effort to collect the data, there were some obstacles in the data collecting period. First, due to the data collection mechanism, the issue of digital divide and device incompatibility arose, mainly for elderly respondents. Second, due to the pandemic, offline visit to respondents was strongly discouraged. Thus, the data collection and communication extremely relied on the online mechanism. Furthermore, the questionnaire was distributed starting from the end of June up to September 2021, which coincided with the coming of COVID-19's second wave in Indonesia. A lot of potential respondents and their relative got infected or in mourning because of the outbreak, with relatively various duration of recovery, so asking for their support for the study was rather challenging.

Table 1. Variables and Indicators

Variables & Indicators		Average Score	LRA (%)	Interpretation
X1	Attitude: Travelling during the new normal…	2.59	64,66	High
	X1.1: is more convenient	2.14	53.49	Moderate
	X1.2: is more economical	2.40	59.94	Moderate
	X1.3: brings advantage for people in the destination	2,76	69.07	High
	X1.4: is beneficial to maintain life balance	2,86	71,44	High
	X1.5: will be an interesting and valuable experience	2,77	69.36	High
X2	Subjective Norms	2.46	61,54	High
	X2.1: Most of my friends think positively about travelling during the new normal.	2.48	61.94	High
	X2.2: My friends encourage me to travel during the new normal.	2,26	56.50	Moderate
	X2.3: My family hopes that I invite them to go on a vacation during the new normal.	2.28	57.05	Moderate
	X2.4: Stories from my favorite public figure about their travels during the new normal make me want to travel during the new normal.	2,36	58,98	Moderate
	X2.5: The government's efforts to launch health protocol certification for tourism industries have built my trust in travelling during the new normal.	2,93	73,15	High
Z	Interpersonal Constraints	3,16	79,01	High

(*continued*)

Table 1. (*continued*)

Variables & Indicators		Average Score	LRA (%)	Interpretation
	Z1: I am afraid that I may transmit COVID-19 to my family if I travel during the new normal.	3,14	78,41	High
	Z2: Looking for nice friends who can travel together during the new normal is not an easy thing for me.	3,11	77,82	High
	Z3: I doubt that all tourists visiting destinations during the new normal really care about each other's health.	3,23	80,79	High
Y	Travel Intention	2,71	67,73	High
	Y1: I feel excited to travel during the new normal.	2,49	62,17	High
	Y2: I carefully select the tourist destinations to visit during the new normal.	3,12	77,97	High
	Y3: It is very likely that I will travel during the new normal	2,52	63,06	High

People from the middle-aged category was extremely the larger number of the respondents in this study. There were also imbalance portion between male and female respondents. A large number of the respondents are university alumni; and more than 50% still worked.

Table 1 shows that overall, people susceptible to COVID-19 had high LRAs. In addition, although the elderly was said to have higher risk to COVID-19, but they also show high travel intention.

In general, people at-risk have a positive view towards travelling in the new normal. However, seeing X1.1 and X1.2 whose values are under average, it can be concluded that people susceptible to COVID-19 were aware of the benefit of travelling during the new normal, yet does not view it as convenience nor economical. X1.3 especially shows a tendency towards prosocial consumption in which people think on how their consumption could bring good things not only to themselves, but also for others [30]. Covid-19 has delivered a new society with collective values to protect one another in the form of altruism, empathy, compassion, and social solidarity [46].

Next, with most of the LRAs being under average, the subjective norms of showed that people at-risk from COVID-19 does not really feel social pressure to travel in the new normal. This may happen as people they value highly do not encourage them to do so. In pandemic era, travel decision-making may become mutual decision among people

close to one, since they need to consider the health consequence for people within their closest physical dan social range. This is in line with the study done by [46] that crisis stimulated solidarity, altruism, and compassion as collective values, which is a drive to protect each other. Next, it can also be seen that public figure does not have a very big influence on people at-risk. This showed that people at-risk in Jakarta tend to refer to authorities in getting information about travelling in the new normal.

The high LRA of interpersonal constraints shows that people susceptible to COVID-19 have high interpersonal constraints. Of all the indicators, Z3 had the highest LRA, showing people at-risk's fear to interact with other tourist when travelling in the new normal. Shahabi explained that individual's behavior towards strangers is relevant with their risk to be infected by a disease. People who feel more prone to a disease is more comfortable to interact with people they know rather than with a stranger. Besides that, fear to travel in the new normal may also be caused by tourist ignorant behavior to health protocols. The examples found in the destination are tourist not wearing mask or even smoking in the destination [47]. Next, Z1 shows that people susceptible to COVID-19 were very afraid of bringing the virus to their family. [48] found that emotional reaction and danger-threat feeling experienced by people at-risk is rooted from the worry about their personal health and also their family members'.

Finally, Z2 shows that the classic intrapersonal constraints also happen in the pandemic era. This may happen as people were still reluctant to travel during the new normal because they do not have partners to travel [49] or doubt on friends' mechanism and compliance to health protocols in daily life [50].

To have a deeper understanding on the social issue related to travel intention of people susceptible to COVID-19. The LRA analysis were also broken down into two groups, the first one was based on health condition and the second one was based on the health condition of people living with people at-risk.

Table 2 showed that in general middle-aged people have high LRAs, except for the subjective norms and interpersonal constraints of based people with comorbidities. Table 3 showed that LRAs for elderly people is far lower than the middle-ages people's, particularly in terms of attitude and subjective norms. Therefore, it can be concluded that middle-aged people have a more positive view towards travelling in the new normal. People around at-risk people, particularly elderly people, and those with comorbidities from both groups, seem do not encourage them to travel during the new normal. People with comorbidities also showed a lower travel intention and very high interpersonal constraints than those without ones.

Table 4 showed similar pattern to Table 2, except for intrapersonal constraints, which is higher for the middle-aged having comorbidities rather than middle-aged living with people having ones. Unlike elderly with comorbidities, Table 5 demonstrates that elderly living with people with comorbidities have high attitude and intrapersonal constraints.

By comparing Table 2, 3, 4, and 5 it can be seen that people with comorbidities and elderly receive less encouragement to travel during the new normal from people they value. Next, it can also be seen that people living with people having comorbidities have lower travel intention than those living without ones. As mentioned by [46], these phenomena show that pandemic has delivered collective values and resilience in the community where people care and want to protect each other.

Table 2. LRA calculation for middle-aged people based on health condition

Health Condition		AT (%)	SN (%)	TI (%)	IC (%)
Without Comorbidities (N = 210)	LRA	65.4 (H)	62.6 (H)	69.4 (H)	77.8 (H)
With Comorbidities (N = 59)	LRA	64.5 (H)	60.3 (M)	65.9 (H)	82.2 (VH)
Total (N = 269)	LRA	65.2 (H)	62.1 (H)	68.7 (H)	78.8 (H)

AT = attitude; SN = subjective norms; TI = travel intention; IC = interpersonal constraints; H = high; M = medium; VH = very high.

Table 3. LRA calculation for elderly people based on health condition

Health Condition		AT (%)	SN (%)	TI (%)	IC (%)
Without Comorbidities (N = 30)	LRA	66.8 (H)	60.8 (M)	67.2 (H)	77.5 (H)
With Comorbidities (N = 38)	LRA	59.1 (M)	58.4 (M)	61.4 (H)	81.8 (VH)
Total (N = 68)	LRA	62.5 (H)	59.5 (M)	63.9 (H)	70.9 (H)

AT = attitude; SN = subjective norms; TI = travel intention; IC = interpersonal constraints; H = high; M = medium; VH = very high

Table 4. LRA calculation for middle-aged people based on living companion

Living with individual(s)		AT (%)	SN (%)	TI (%)	IC (%)
Without Comorbidities (N = 195)	LRA	65.4 (H)	63.9 (H)	69.4 (H)	78.1 (H)
With Comorbidities (N = 74)	LRA	64.7 (H)	57,2 (M)	66.9 (H)	80.6 (H)
Total (N = 269)	LRA	65.2 (H)	62.1 (H)	68.7 (H)	78.8 (H)

AT = attitude; SN = subjective norms; TI = travel intention; IC = interpersonal constraints; H = high; M = medium

Table 5. LRA calculation for elderly people based on living companion

Living with individual(s)		AT (%)	SN (%)	TI (%)	IC (%)
Without Comorbidities (N = 48)	LRA	63.1 (H)	59.2 (M)	64.4 (H)	79.7 (H)
With Comorbidities (N = 20)	LRA	61.0 (H)	60.3 (M)	62.9 (H)	80.4 (H)
Total (N = 68)	LRA	62.5 (H)	59.5 (M)	63.9 (H)	79.9 (H)

AT = attitude; SN = subjective norms; TI = travel intention; IC = interpersonal constraints; H = high; M = medium

Studies on travel intention have shown that attitude significantly and positively influence travel intention (28, 29), and the current study also noticed the same thing. Finally,

similar to this study, previous studies have shown that subjective norms have a significant and positive influence on travel intention [27, 29] Respondents answers showed that their persons or group referents do not really encourage them to travel during the new normal. People seem to mind a great deal about each other's health. This could be caused by the presence of collective resilience and a shift to prosocial and responsible consumption urge by the pandemic. This shown the importance of involving social dimension in the framework of individual's behavior, especially those with physical susceptibility, with health crisis.

Table 6 demonstrated the structural model testing. It was proven that H1, H2, and H3 were supported and resulted in the structural model depicted in Fig. 1. The model resulted in a Q^2 of 0.414, meaning that it has predictive relevance. Next, an R^2 value of 0.591 was found, which falls into the category of moderate. This shows that travel intention was influenced by attitude, subjective norms, and interpersonal constraints as much as 59.1%, while other aspects excepted from this study have a share of 41.9% of effects on travel intention. Subjective norms were the variable with the highest effect in
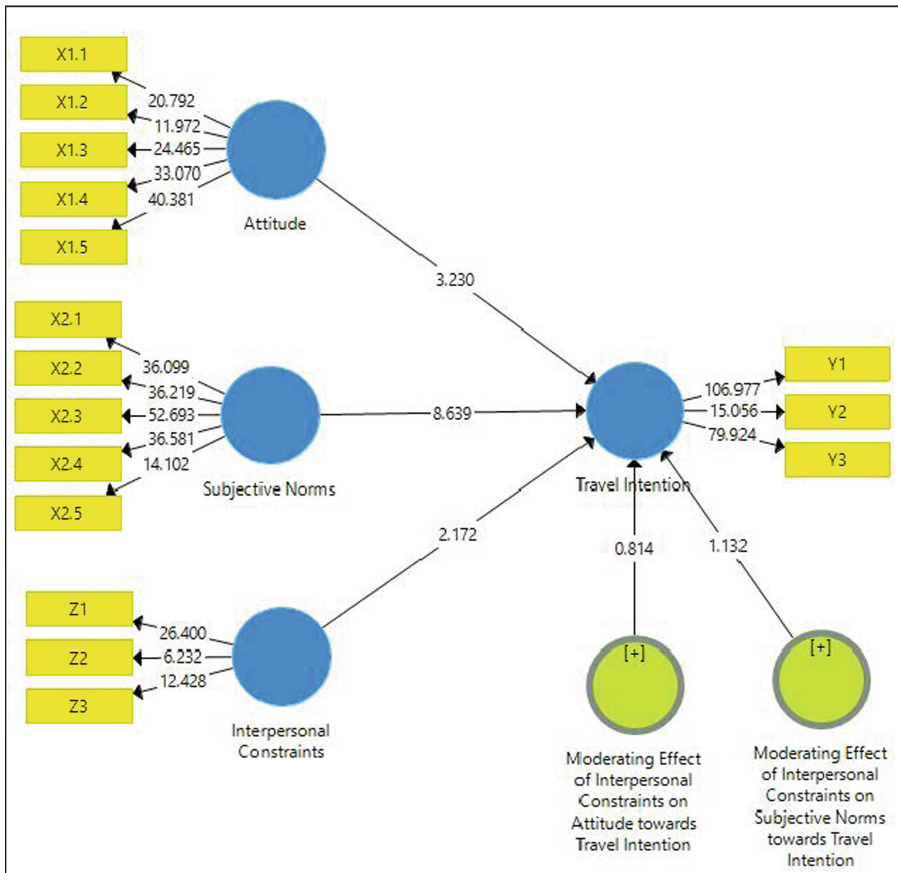

Fig. 1. Result of PLS SEM

Table 6. Hypotheses testing result

Relationships	Original Sample	T Statistics	P Values	Effect Size	Remarks
H1: AT → TI	0.226	3.230	0.001	0.054	Significant/Weak
H2: SN → TI	0.546	8.639	0.000	0.314	Significant/Moderate
H3: IC → TI	-0.095	2.172	0.030	0.020	Significant/Weak
H4: Moderating Effect of IC on AT → TI	-0.048	0.814	0.416	0.003	Not significant/No Effect
H5: Moderating Effect of IC on SN → TI	0.061	1.132	0.258	0.005	Not significant/No Effect

the model, while attitude and interpersonal constraints demonstrated weak effect. The R^2 which is higher than the R^2 of the TRA only model (0.579) shows that the expanded TRA model with interpersonal constraints can better explain travel intention of people at-risk from COVID-19.

Collective resilience has thus also been a buffer toward intrapersonal constraints to be an insignificant moderator of subjective norms toward travel intention. However, taking other studies done in USA [28] and Spain [29], it seemed that subjective norm did not only influence people from collective culture society.

Previous studies have shown that interpersonal constraints have a significant negative influence on travel intention. The current study also found a similar result. This means that people at high risk from COVID-19 does not feel comfortable with relationship during the new normal. This may affect their plans to travel in the new normal. This finding is in line with the study done by [51–53]. However, it is in contrast with previous research done by [54]. As mentioned by [11] studies on interpersonal done to different segment may result differently. Respondents in [54] were young people, while this research's focus were older people. Experiencing a decrease of organ function, older people worry more about getting infected by the virus from other travelers and spread it to the family. Interaction was one of older people's tourism motivation, and at the present age, some of them probably does not have a companion to travel, or should they have, they are probably not sure of their friends' adherence to health protocols.

Although having significant influences, interpersonal constraints do not moderate attitude towards behavior nor subjective norms. This may happen as people at-risk generally view travelling in the new normal positively, except that they found it inconvenient. In addition, the high interpersonal constraints were also buffered by the collective resilience from valued people of at-risk individuals. As people at-risk mostly do not receive encouragement to travel during the new normal, people at-risk are not generally really affected by the constrains.

6   Conclusion

This research holds some limitations. First, there was an imbalance proportion between respondents' ages due to digital divide and device incompatibility issues. However, LRA calculations were also done instead of SEM analysis only. These separate the results between the elderly and middle-aged respondents, and are expected to minimize bias. Future studies could find a better data collection mechanism during the new normal to gain a proportional sample. Second, questionnaires were distributed during the second peak of COVID-19 outbreak in Indonesia. Therefore, a study done when the positivity rate is low could yield a different result. However, the data collection period covered the time when cases were increasing until they flattened at the end of September 2021.

This study theoretically contributes in the tourism and pandemic literature where discussion on it still rarely found. It also expands TRA with the involvement of interpersonal constraints. Thus, it does not only offer a steadier view for explaining travel intention, including in the pandemic time, but also show the importance of involving social dimension in the discussion on tourism during health crisis. Future studies may investigate about travellers' collective resilience in the new normal. In addition, taking the R^2 value in mind where there are still 41,9% uncovered influences for travel intention, future studies may involve the interpersonal constraints in the TRA framework with different interaction.

This research offers several practical implications. First, tourism industries should not only abide by the health protocols but also encourage visitors' responsible behavior by monitoring their conformity to the rules. Tourism industries should deliver services based on CHSE. Once society found that travelling is safe and comfortable, they will encourage other people to do it. Next, considering the high interpersonal constraints among travellers, visitor management should be well taken care in the destination. Finally, noticing the growing social solidarity for mutual health in the society, tourism should also pay attention to services offering more social and health values such as voluntourism and healing ecotourism.

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