



# Encounter to COVID-19 and Its Impacts on People At-Risk's Intention for Tourism in the New Normal

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**Abstract.** COVID-19 pandemic has brought great impacts not only to physical but also mental well-being. Ordeals in daily life due to the real exposure of COVID-19 may generate an extra cautious behavior to do out-of-home activities in order to avoid the encounter to the disease again, which plays a part in shaping inclusive tourism challenge. Down to the concern of the fulfillment of well-being, this study aimed to learn the role of COVID-19 exposure to people at-risk's tourism intention. Online surveys were used as the data collecting instrument from citizens of Jakarta aged 46 and older. Using the Theory of Planned Behavior as its theoretical framework, this research applied SPSS' sub-group analysis as the data analysis technique. The study showed that tourism intention of people at-risk from COVID-19 could be classified as high and was significantly influenced by attitude, subjective norm, as well as perceived behavioral control. The analysis also showed that COVID-19 exposure to people at-risk was a moderator to travel intention. Comparison of path coefficients among the exposure-based group showed that exposure to COVID-19 affects differently to personal rather than external factors. The study highlights the importance of lessening people at-risk's apprehension to travel during the new normal.

**Keywords:** COVID-19 · Intention · Exposure · Tourism

## 1 Introduction

Tourism has a high dependency on consumer's trust. Thus, the tourism sector needs to consider the costs, risks, and impacts of tourism in the global environment. Two of main issues in the 21st century changing the tourism industry are climate and health emergency. [1] Global Preparedness Monitoring Board in its annual report mentioned about risks and predictions on the occurrence of a global pandemic that can cause crises in various fields [2].

COVID-19 pandemic came in the early 2020, forcing the world to face unprecedented times. The severity of the pandemic's impact is underscored by statistics indicating 258,338,164 confirmed cases of COVID-19 infection and 5,173,896 deaths worldwide as of 23 November 2021. [3] Indonesia recorded 4,256,409 confirmed cases of COVID-19 infection and 148,830 deaths on the same day [4].

Health crises due to pandemics have been triggers for crises in various sectors of life, as well as being a driving factor for changes in individual and organizational behavior since a long time ago. [5] The scale of the pandemic has changed people's daily lives in numerous ways. Sectors requiring people's physical presence, for instance, hospitality and entertainment, have witnessed an extremely high increase in unemployment because the demand for such services has fallen to almost zero. Infections have, moreover, continued in wave after wave, which has intensified individuals' feelings of fear and thus caused panic, anxiety and stress. [6] Encounter to COVID-19 in Indonesia was managed by two ways based on the severity of the infection. Those who did not show any clear symptoms or those who suffered from mild symptoms did self-quarantine either at home or a separate place from home. Meanwhile, people at-risk and those who suffered from serious symptoms were hospitalized.

Most experts predict that tourism will return to 'normal' in 2023, and return to a level equivalent to growth pre-pandemic tourism by 2024 [7]. Although COVID-19 transmission is still happening, entering a new era normal, economic life begins to open, one of which is by opening a tourism destination. Restarting tourism requires transformation, and as industry prepares for transformation, consumers are also experiencing changes due to the pandemic, both in terms of perception, preferences, and attitudes in traveling. The situation indicates that tourism needs a new 'code of conduct', either for tourists, hosts, and industry, to ensure responsible behavior and reliability of industry, tourists, and hosts [8].

This study applies the Theory of Planned Behavior (TPB) in predicting travel intentions, namely through attitudes towards behavior, subjective norms, and perceived behavioral control. TPB was used in the study because the theory has been used to examine a variety of social behaviors with a high degree of predictability, especially behavior that is not completely under one's personal control, [9] which in an uncertain pandemic period is more likely to happen.

Research on travel behavior, especially travel intentions during the pandemic has developed since 2020. [10–14] A lot of studies focus on the people's perception on COVID-19, among others the perception of infection severity towards travel intention (Meng dkk, Qiao dkk, Neuburger and Egger). The intention to travel during COVID-19 has been shown to be influenced by the perceived severity of SARS-CoV-2 infection across the world in tourists from Germany, Austria, and Switzerland [26], China [27], Greece [28], Bulgaria [29], and Serbia [8, 30]. However, little is known about how different degrees of exposure to COVID-19 predict changes in travel behavior. Furthermore, only very few research discussed the travel intentions of individuals who have physical vulnerability towards COVID-19. Several studies were found to discuss travel intentions of people belonging to the vulnerable category, even though they are not the main focus. [15–18] This fact even shows an indication of less inclusive treatment for individuals who are physically susceptible to COVID 19 in tourism.

## 2 Objectives

Travellers' characteristics and behaviours play a significant role in the evolving landscape of travel and tourism, [19] however, changes in behavior and normal tourism trends at

the post-crisis stage can affect the desire of tourists to travel or even refusal to travel. [20] While it is presumed that degree of COVID-19 severity encounter might have influenced travel intention of people at-risk, there is no data on the influence of COVID-19 infection on people at-risk's travel intention. Thus, based on it, using the Theory of Planned Behavior as the theoretical framework, the purpose of this study is to see whether encounter to COVID-19 moderates travel intention of people at high risk from COVID-19, based on their degree of severity to COVID-19.

### 3 Theoretical Review

#### 3.1 Vulnerability to COVID-19

Vulnerability is a condition that is disproportionately experienced by an individual due to lack of access caused by poverty, remoteness, or mobility limitations, inequality in the quality of public services, and age-based allowances, disability, as well as social identity. [21] COVID-19 pandemic, which potentially threaten the health of all individuals, may cause: 1) individuals vulnerable becomes more vulnerable; and 2) non-susceptible individuals become vulnerable [2].

Vulnerability also causes an individual or a group to narrow their opportunities in health, education, economy, protection, and socially as well as politically". [21] This research tries to see groups of people who have narrowed opportunities in tourism activities, namely those who during the pre-pandemic period could travel relatively freely, and are now experiencing limited choices safe space in maintaining health. Literature studies show that the elderly and people with comorbidities are the most dominant type of community group who are physically susceptible to COVID-19. People with physical vulnerability to COVID-19 are grouped by their exposure to COVID-19.

#### 3.2 Severity of COVID-19 Infection

Based on the severity and risk level of Covid-19 spread in Indonesia, The Special Capital Region of Jakarta (DKI Jakarta) is the only province having the highest COVID-19 severity and spread risk level. COVID-19 degree of severity is differentiated into five levels, and the treatments are decided based on those levels. The first level is asymptomatic, the second one is mild, the third one is medium, the fourth is severe, and finally, the last one is critical (Indonesian Association of Indonesian Pulmonologists, et al., 2020).

Asymptomatic COVID-19 is the condition where the patient does not suffer from any COVID-19 symptoms. Mild symptoms are commonly indicated by such symptoms as fever, coughs, fatigue, short breath, myalgia, sore throat, nasal congestion, headache, nausea, vomit, anosmia or ageusia, but without proof of pneumonic virus or hypoxia. At the medium level, patients generally show clinical signs of pneumonia, with oxygen saturation level in indoor condition is more than 93%. Severe COVID-19 is commonly indicated by clinical signs of pneumonia, plus one of the following symptoms: breath frequency of 30x/minute, heavy breathing distress, or oxygen saturation level is under 93%. Finally critical COVID-19 is shown by acute respiratory distress syndrome (ARDS), sepsis, and septic shock.

People with asymptomatic COVID-19 need to do self-quarantine at home for ten days. Next, people with mild symptoms must do the same, with addition of having been free from fever and breath problems for three days. People with medium level of COVID-19 severity must be referred to and be isolated in a hospital. People with severe and critical condition ought to be hospitalized. The ones with a critical condition are usually treated in an intensive care unit. Therefore, it can be concluded that people without proof of pneumonic virus can do a self-quarantine, while the ones with pneumonia must be treated in a hospital.

### 3.3 Tourism Intention

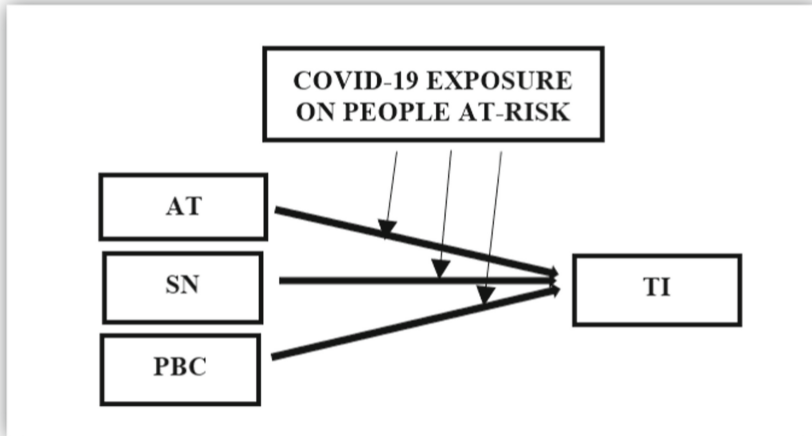
The intention to travel in various previous studies is referred to as travel intention. Basically, there is a difference in meaning between travel and tourism. Merriam-Webster [22] defines travel as 'the act of traveling; a journey especially to a distant or unfamiliar place' where journey is defined as 'an act or instance of traveling from one place to another', while tourism is defined as 'the practice of traveling for recreation'. So, the difference between the two terms is destination of departure, where travel is a general term, while tourism is an excursion intended for recreation, so it can be said that tourism is part of travel. This is also supported by the KBBI [23] which defines travel as 'going (about traveling) from a place to another', while tourism as 'going on a tourism activity'; which shows that traveling is a general departure, while tourism is a departure with a specific purpose. So, traveling is part of the journey. Thus, this study subsequently addresses intentions for tourism activity not as travel intentions but as tourism intentions.

Travel intentions (or tourism intentions) are the desires or intentions of tourists in making a tour, [24] that too describes the possibility of a person to visit a destination tourism in the relatively near future. [25] So, the intention to travel is basically an affirmation of commitment someone to travel.

Research trends regarding tourism intention in the last five years dominated by discussions about the role of destination (awareness/image) (Chi et al., 2020; Chaulagain, 2019); role of motivation (Khan et al., 2019; Prasongthan, 2018) and role of media (Gosal et al., 2020; Jalilvand et al. 2013) in planning the destinations to be visited, and its relation to tourism constraints, one of which is the COVID-19 pandemic [12–15, 18, 24]. Most of the studies on travel intentions were also conducted by applying the Theory of Planned Behavior (TPB) [17, 18, 24], which is a way to understand tourists' decision making process.

### 3.4 Theory of Planned Behavior

The basic paradigm of the Theory of Planned Behavior (TPB) is that a person are more likely to carry out a behavior if the behavior is something that he appreciates or approves of, and is appreciated and approved by people who are important or influential in his life, and can be done with the resources, abilities, and opportunities that he has. [32] In TPB, intention is a direct determinant of behavior. TPB states that intentions are influenced by attitudes towards behavior, subjective norms, as well as perceived behavioral control [33].



**Fig. 1.** The research framework.

First, attitudes towards behavior indicate a tendency to view individual towards a behavior, which can be positive or negative [33]. Second, subjective norms or social influences show the magnitude of social pressures that encourage or attract a person’s participation in certain behaviors. [33] Finally, the perceived behavioral control shows how easy or difficult it is for someone to carry out a behavior with the resources he has [33].

Warshaw & David define intention as “the degree to which a person has formulated a conscious plan to perform or not perform some specified future behavior.” [34] In depth, intention assumed to be a container of motivational factors that influence behavior, and is an indication of how far a person is willing to try and how much effort is planned to be expended in order to carry out a behavior, in which the stronger the intention for a behavior, the greater the possibility of the realization of this behavior. [33] In this study, intention is defined as the people vulnerable to COVID-19’s potential to travel during the new normal, which is measured with three basic TPB constructs namely attitude factors, social factors, and external factors acting as driving force in decision making about traveling during the new normal.

### 3.5 Research Framework

Based on the afore-mentioned studies, the research framework is depicted in the following Fig. 1.

## 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. Second, the province of DKI Jakarta is almost always in the top position on the national COVID-19 transmission rate report. Last, Jakarta is the province with the highest COVID-19 severity and spread risk level (Sari & Yunita, 2020).

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). [26] Next, Tabachnick and Fidell recommend a minimum sample of 300 for statistical data analysis. [27] Thus, the researchers set the sample to be a minimum of 300 respondents.

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

The instrument in this study was a questionnaire with four TPB constructs, namely attitude, subjective norms, perceived behavioral control, and travel intention. The questionnaire consisted of two parts. The first part was the respondent's profile. The second part contained multiple choice questions on TPB constructs--each five indicators except for tourism intention which had three indicators--which were measured using a four-point Likert scale (1 = strongly disagree, 2 = disagree, 3 = agree, 4 = strongly agree). The example for attitude towards behavior is "Travelling during the new normal is more convenient"; the example for subjective norms is "Most of my friends think positively about travelling during the new normal"; the example for perceived behavioral control is "I have enough free time to travel during the new normal"; and the example for travel intention is "I feel excited to travel during the new normal". Research in Indonesia is recommended to use and even Likert scale because Indonesian tend to take the neutral side. [28].

Multiple linear regression was used to test hypotheses, and subgroup analysis was done to see the significance of encounter to COVID-19 variables on travel intention. Subgroup analysis is separating samples into two categories based on the third hypothesized variables.

## 5 Findings and Discussion

A pilot study filled by 30 respondents was undertaken in mid-June 2021. 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 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.

The questionnaire led to 32.6% male and 67.4 female; 79.8% middle-aged and 20.2% elderly; 88.7% married people and 11.3 singles; The large number of the respondents (71,8%) graduated from university; 57% work; 10.4% were hospitalized because of COVID-19, 19.3% did self-quarantine for COVID-19, and 70.3% never suffers from COVID-19.

The validity test for all variables was completed by using bivariate correlation showing that all indicators' Pearson correlation values were above 0.005, validating them to be used in the study. Furthermore, the reliability test also disclosed that the Cronbach's Alpha for all variables was above 0.6, proving them reliable to be used in the research.

Next, the classical assumption test included the multicollinearity, heteroskedasticity, and normality studies were done. The multicollinearity test was done by identifying the collinearity statistics i.e., tolerance and VIF, which fulfilled the requirement. The heteroskedasticity test by using Spearman Rho test revealed that the significance value of each variable was higher than 0.05, thus it does not have any heteroskedastic issue. The last was normality study done through Smirnov-Kolmogorov method, resulting on the Monte Carlo significance value which was higher than 0.05, therefore, it can be concluded that the variables were normally distributed.

## 5.1 Multiple Linear Regression

A multiple linear regression was used to analyze the relationship between the three independent variables, namely attitude towards behavior, subjective norms, and perceived behavioral control with tourism intention. Table 1, 2, and 3 show the results of the regression.

The  $f$  value, shown in Table 1, which is less than 0.05 exhibits that this model is a feasible model to be applied in this study. Table 2 showed that all variables significantly influence tourism intention. In Table 3, the coefficient determination score of 0.649 shows that attitude towards behavior, subjective norms, and perceived behavioral control simultaneously affect tourism intention as much as 64.9%. It means that other variables excepted from this study have a share of 36.1% influence towards tourism intention.

## 5.2 Subgroup Analysis

To see the moderating effect of encounter to COVID-19 towards tourism intention, subgroup analysis was done by dividing the sample into three groups. The first one is people who was treated for COVID-19 in the hospital, the second one is people who did self-quarantine for COVID-19 treatment, and the last one is people who had never been infected by COVID-19.

**Table 1.** The f value of all samples.

ANOVA <sup>a</sup>						
Model		Sum of Squares	df	Mean Square	F	Sig
1	Regression	1085.185	3	361.728	205.440	.000 <sup>b</sup>
	Residual	586.329	333	1.761		
	Total	1671.513	336			

a. Dependent Variable: Y

b. Predictors: (Constant), X1, X2, X3

**Table 2.** The t value of all samples.

Coefficients <sup>a</sup>						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig
		B	Std. Error	Beta		
1	(Constant)	0.015	0.344		0.043	0.966
	X1	0.096	0.033	0.143	2.882	0.004
	X2	0.191	0.037	0.288	5.162	0.000
	X3	0.330	0.036	0.455	9.300	0.000

a. Dependent Variable: Y

**Table 3.** The R<sup>2</sup> value of all samples.

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.806 <sup>a</sup>	0.649	0.646	1.327

a. Predictors: (Constant), X1, X2, X3

### 5.2.1 COVID-19 Treatment in a Hospital

The multiple linear regression results are demonstrated in Table 4, 5, And 6. The *t* value shows that PBC was the only variable significant for people who were hospitalized due to COVID -19. However, the three variables were significant when working simultaneously, showed an influence of 71.4%.



**Table 4.** The f value of Group 1.

ANOVA <sup>a</sup>						
Model		Sum of Squares	df	Mean Square	F	Sig
1	Regression	61.995	3	20.665	10.748	.000 <sup>b</sup>
	Residual	59.605	31	1.923		
	Total	121.600	34			

**a. Dependent Variable: Y**

**b. Predictors: (Constant), X1, X2, X3**

**Table 5.** The t value of Group 1.

Coefficients <sup>a</sup>						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig
		B	Std. Error	Beta		
1	(Constant)	0.572	1.341		0.426	0.673
	X1	0.123	0.114	0.171	1.080	0.289
	X2	0.173	0.121	0.255	1.436	0.161
	X3	0.277	0.121	0.398	2.284	0.029

**a. Dependent Variable: Y**

**Table 6.** The R<sup>2</sup> value of Group 1.

Model Summary					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	
1	.714 <sup>a</sup>	0.510	0.462	1.387	

**a. Predictors: (Constant), X1, X2, X3**

**5.2.2 COVID-19 Treatment by Self-quarantine**

Table 7, 8, and 9 show the result of the multiple linear regression for group 2. Different from people who were hospitalized for COVID-19 treatment, the tourism intention of people who did self-quarantine were strongly influenced by attitude towards behavior, subjective norms, and perceived behavioral control. The *t* value shows that all variables significantly influence this group. The R square values reflects that the three variables simultaneously influence tourism intention by 66.8%.

**Table 7.** The f value of Group 2.

<b>ANOVAa</b>						
Model		Sum of Squares	df	Mean Square	F	Sig
1	Regression	216.074	3	72.025	40.942	.000 <sup>b</sup>
	Residual	107.310	61	1.759		
	Total	323.385	64			

- a. Dependent Variable: Y
- b. Predictors: (Constant), X1, X2, X3

**Table 8.** The t value of Group 2.

<b>Coefficientsa</b>						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig
		B	Std. Error	Beta		
1	(Constant)	-0.358	0.859		-0.417	0.678
	X1	0.270	0.083	0.359	3.264	0.002
	X2	0.215	0.091	0.303	2.374	0.021
	X3	0.185	0.079	0.254	2.348	0.022

- a. Dependent Variable: Y

**Table 9.** The R<sup>2</sup> value of Group 2.

<b>Model Summary</b>					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	
1	.817 <sup>a</sup>	0.668	0.652	1.326	

- a. Predictors: (Constant), X1, X2, X3

### 5.2.3 People Never Suffering from COVID-19

The results of the multiple linear regression for group 3 were shown in Table 10, 11, And 12. Different from the two groups discussed before, the tourism intention of people who never suffered from COVID-19 were only influenced by subjective norms and perceived behavioral control. Yet, when working simultaneously, the model significantly influences tourism intention of the group by 67% .

**Table 10.** The f value of Group 3.

ANOVA <sup>a</sup>						
Model		Sum of Squares	df	Mean Square	F	Sig
1	Regression	807.383	3	269.128	157.477	.000 <sup>b</sup>
	Residual	398.195	233	1.709		
	Total	1205.578	236			

a. Dependent Variable: Y  
 b. Predictors: (Constant), X1, X2, X3

**Table 11.** The t value of Group 3.

Coefficients <sup>a</sup>						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig
		B	Std. Error	Beta		
1	(Constant)	-.038	.391		-.098	.922
	X1	.049	.038	.076	1.274	.204
	X2	.188	.043	.291	4.391	.000
	X3	.376	.042	.519	8.990	.000

a. Dependent Variable: Y

**Table 12.** The f value of Group 3.

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.818 <sup>a</sup>	.670	.665	1.307

a. Predictors: (Constant), X1, X2, X3

**5.3 Chow Test**

Chow test was used to see whether the variables of COVID-19 exposure influences people at-risk in their decision making towards tourism activity in the new normal.

$$f_{\text{statistics}} = \frac{(RSSr - RSS_{\text{Sur}})/k}{(RSS_{\text{Sur}})/(n_1 + n_2 + n_3 - 2k)}$$

RSSr = Residual Sum of Square for all samples

RSS<sub>Sur</sub> = Residual Sum of Squares for all subgroups

k = number of subgroups

n = number of each subgroup

$$f_{\text{statistics}} = \frac{(568.329 - (59.605 + 107.310 + 398.195)) / 3(565.110)}{(35 + 65 + 237 - 2.3)}$$

$$f_{\text{statistics}} = 4.114$$

Chow test mentioned that a variable moderates the relationship between the independent and dependent variables if the  $f_{\text{statistics}}$  is higher than  $f_{\text{table}}$ . With alpha 0.05, three variables, and 337 samples,  $f_{\text{table}}$  was found at 2.63. Therefore, exposure to COVID-19 has influence on people at-risk tourism intention.

Further analysis was then done by comparing the  $t$  values of each subgroup. It can be seen that the only significant variable for group 1 is perceived behavioral control. On the other hand, all variables significantly influenced group 2. Meanwhile, group 3 is not influenced by attitude towards behaviors. Thus, it can be concluded that personal factors affect quite variably for each group's tourism intention.

The tourism intention of people who experienced treatment at the hospital issues is influenced by their perceived behavioral control only. This means that although they have a positive view towards tourism activity during the new normal, and they get support to travel from their family, they will only travel for tourism if they are sure that they are capable of doing it well. This may happen as they have experienced the most severe symptoms of COVID-19, so they need to feel ensured that apart from the benefits of travelling and the support from their family, they are really capable of travelling well without getting reinfected. Next, besides being influenced by their capability to travel for tourism during the new normal, people or those whose significant others never been infected by COVID-19 take their close circle's opinion much into account. This might happen as they have no experience the consequence of being infected by the virus, so they also consider the effect of getting infected from the virus for people they cherish. Finally, people who did self-quarantine are the ones who considers all the three variables in making their decisions to do tourism activities in the new normal. Therefore, It seems that people really think twice in order not to be quarantined for COVID-19 again while actually they have only mild symptoms.

Attitude towards tourism activities have a significant influence only towards people who did self-quarantine. It means that their positive or negative view affects the intention for tourism during the new normal. When they think not the activity is nor worthy to do, they will not risk their health to do it. Subjective norms have a significant influence on tourism intention of people who did self-quarantine and people who never suffered from COVID-19. This means that opinion of person or group reference only affects those who does not suffer from severe COVID-19. Perceived behavioral control is a factor that influences all groups' tourism intention. Perceived behavioral control has mostly been proven as a significant variables in Theory of Planned Behavior when evaluating tourism intention in the COVID-19 pandemic era. This shows that people at-risk really pay attention to external condition in deciding to travel during the new normal.

## 6 Conclusion

The study found that attitude towards behavior, subjective norms, and perceived behavioral control significantly influence tourism intention, and exposure to COVID-19 by

people at-risk moderates the relationship. This study fills the tourism and pandemic literature gap that has not much discussed about people with physical vulnerability to COVID-19.

While previous studies mention the significant influence of perceived severity of COVID-19, this study contributes to confirm that severity to COVID-19 indeed influences tourism intention. The study offers several practical implications. First, since it was known that perceived behavioral control is the strongest influence for people at-risk in deciding to travel during the new normal, it is necessary to create an atmosphere where people at-risk believe that they are able to maintain their health while doing tourism activities. Tourism authorities are recommended to encourage consistency with the implementation of health protocols to enhance the safety and convenience of traveling during the new normal. This will also have effect with subjective norms factors when people recommend a safe destination to friends and families. Finally, it is also essential to ensure the accuracy and timeliness of information delivery in efforts to improve safety in activities during the pandemic to prevent overconfidence due to misinformation that could lead to higher vulnerability.

## 7 Competing Interest Statement

This article is free from any conflict of interest regarding the data collection, analysis, and the publication process itself. Either replicate or modify the previous sentence for this part.

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