Does the Covid-19 Pandemic Affect the Travel Intentions of Comorbid Individuals???

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ARTICLE INFO	ABSTRACT
Keywords: Health Risk Propensity, Prevention Focus, Intention to Travel, Xenophobia	This study aims to determine the effect of health risk tendencies and the focus of prevention on travel intentions on the history of comorbid individuals in the city of Padang during the COVID-19 pandemic with xenophobia as a moderating variable. The sample of this study was all comorbid individuals in the city of Padang using purposive sampling technique. The research data processing was carried out using the SmartPLS3 test tool. The results showed that health risk propensity had a positive and significant effect on travel intentions, the focus of prevention had no significant effect on travel intentions. Xenophobia as a moderating effect with a tendency to health risks and a focus on prevention also did not significantly affect the intention to travel.
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1. Introduction

The latest fact is that COVID-19 has become most of the special topics that are capable of ravaging various aspects at the world level. This epidemic started from the city of Wuhan, Hubei province in China, which then spread to all corners of the world one after another. Then on January 30, 2020 WHO declared a global public health emergency and on February 11, 2020 it was announced a new virus called COVID-19. In Indonesia, President Joko Widodo officially announced the first case of COVID-19 on March 2, 2020, and then for the first time an Indonesian citizen died from the virus on March 11, 2020 (Pranita, 2020). The COVID-19 pandemic has become an event that has a significant impact as a disruptor of market mobility on a major global scale, including the tourism sector. Zenker & Kock (2020) explain that human mobility is inherently associated with health risks, so tourism-related research becomes interesting in understanding the effects of pandemics on travel behavior. Emerging empirical evidence Joo et al. (2019), Novelli et al. (2018), Zeng et al. (2005) and Kuo et al. (2008) showed that pandemics have a severe and long-lasting influence on risk perceptions and related travel decisions to disease-affected areas, thereby affecting a person's intention to travel (intention to travel).

Health risk propensity is an attitude that influences health risk assessment and health risk behavior (Hajibaba et al., 2015). Furthermore, the aspect that also affects the intention to travel in tourism is the prevention focus. In research (Zhao & Pechmann, 2007), it is explained that prevention focus is the attitude of someone who focuses more on prevention to avoid threats to security and safety and is sensitive to danger. Then Faulkner et al. (2004) in his research, the element that affects the intention to travel tourism is xenophobia. The existence of such a tendency will certainly affect a person's intention to take a tourism trip. In the West Sumatra BPS data, there are twelve districts in the province of West Sumatra visited by domestic tourists in 2018-2020. The city of Padang with 1,877,313 tourists became the city most visited by domestic tourists. Then there was a reduction in 2019 with 843,296 tourists, so that Bukittinggi became the city with the most tourist visitors totaling 933,609. Although there was a reduction in 2019, things were different in 2020 (BPS, 2021).

The desire to travel for tourism is not specific to people with good health. However, people with a history of comorbidities also need it. Comorbidities are diseases that occur together in individuals as

comorbidities such as diabetes, heart disease, hypertension and certain substance abuse. Comorbidities tend to increase a person's health risk when infected with certain diseases, thus hampering healing which is the most common cause of death for COVID-19 patients (Virdita Ratriani, 2020). Alam (2021) explains that immunity or body immunity is closely related to COVID-19. If the immune system is weak, the chances of being reinfected or infected with COVID-19 a second time after recovering are quite high.

The results of the logistic regression analysis revealed that the burden of comorbidities significantly altered the effect of vitamin D treatment on study outcomes. Thus, the positive effect of high-dose cholecalciferol on the combined endpoint was significantly amplified with an increase in the comorbid burden (Giannini et al., 2021). Research by Riou et al. (2021) showed a trend towards higher global mortality observed in COVID-19 patients. Then Song et al. (2020) say that asthmatic and COPD patients are most likely to have a different risk of severe COVID-19, which may be related to different ACE2 expression. For this reason, research on "The Effect of Health Risk Propensity and Prevention Focus on Intention to Travel in Individuals with Comorbid History in the City of Padang During the COVID-19 Pandemic with Xenophobia as a Moderating Variable" is interesting to study.
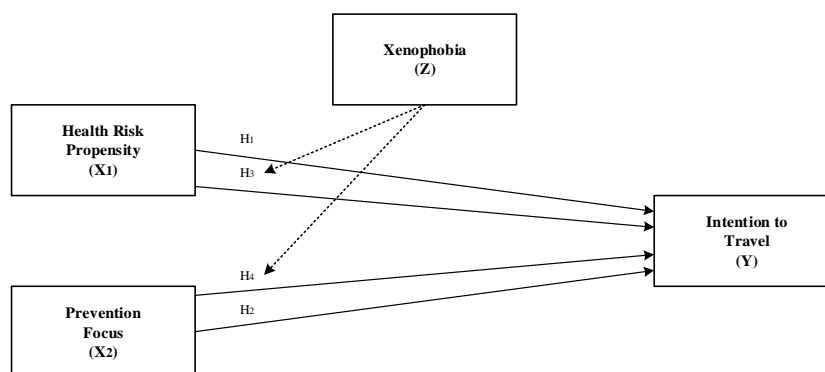

Figure 1. Research Model

Based on the background of the problem, objectives, theoretical basis and literature reviews of previous research journals, research on the effect of health risk propensity and prevention focus on intention to travel in individuals with comorbid history in the city of Padang during the COVID-19 pandemic with xenophobia as a moderating variable is described in a framework. think. The framework provides an illustration with the aim of clarifying the hypothetical question. First, it describes the effect of health risk propensity on intention to travel. Second, the effect of prevention focus on intention to travel. Third, the influence of xenophobia moderates the relationship between health risk propensity and intention to travel. Fourth, the influence of xenophobia moderates the relationship between prevention focus on intention to travel. Then a framework is formed by looking at the description of the framework from the research of Zenker et al. (2021) who tested health risk propensity, prevention focus, PATS xenophobia and intention to travel. Based on the explanation of the research hypothesis, the following framework is formulated.

2. Method

Quantitative methods are carried out with an approach to empirical studies to collect data, analyze and display data in numerical form rather than narrative (Sekaran & Bougie, 2016). The observation unit of this study is a survey of the people of Padang city with an analysis unit of each comorbid individual in the city of Padang during the COVID-19 pandemic to determine the effect of health risk propensity and prevention focus on intention to travel in individuals with comorbid history in the city of Padang during the COVID-19 pandemic. with the moderating variable xenophobia. Data was taken by distributing questionnaires to respondents which were then processed using Partial Least Square (SmartPLS) tools. The type of data according to Sulaiman (2004) is divided into types of data, namely qualitative data and

quantitative data. This study uses primary and secondary data, primary data is data that refers to information obtained directly by researchers. While secondary data is data collected from existing sources related to variables of interest for a particular purpose of the study (Sekaran & Bougie (2017). The sample is part of the population consisting of a number of selected population members (Sekaran & Bougie, 2017). in this study are all individuals with a history of comorbid domiciled in the city of Padang.According to Hair et al.(2014) in a study stated that the ideal number of samples is considered representative to be used 5-10 times the number of indicators.For the number of samples this study is set by the number of the indicator is multiplied by 8, then 8 is multiplied by 15 so that the number of samples in this study is 120 respondents. The sampling method is a non-probability method with purposive sampling technique, where each member of the population does not have the same opportunity and sampling is limited to certain types of people with criteria according to needs (Sekaran & Bougie, 2016) Respondent criteria n to be sampled in this study are individuals with a history of comorbidities who live in the city of Padang.

3.   Result and Discussion

3.1 Respondent Identity
There are several characteristics in the questionnaire distributed including domicile, history of comorbidities, age, gender, education, occupation and income of the respondents. there are 7% of individuals with a history of comorbidities who have lived in the city of Padang for 1 year - 2 years, 10% with a length of stay in the city of Padang for 3 years - 4 years and 83% of individuals with a history of comorbidities who have lived in the city of Padang for more than 4 years. There are 4% of individuals with a history of comorbid asthma, 29% hypertension, 5% heart, 2% liver, 10% elderly, 0% stroke. This means that individuals with the most comorbid history are hypertensive patients as many as 33 people. While 50% of respondents who filled out the questionnaire were with a history of diabetes, skin allergies, diarrhea, hepatitis A and several other types of comorbidities. 20% of respondents are aged 31-40 years, 50% are aged 18-30 years, 9% are aged 61+, 10% are aged 51-60 years, and 11% are aged 41-50 years. Related to the data that has been described, the respondents in the age range of 18-30 years mostly filled out the research questionnaire. This means that the questionnaire research is dominated by individuals with a history of comorbidities in the age range of 18-30 totaling 67 people. While the lowest questionnaire filler is individuals with a history of comorbid at the age of more than 61 years with a total of 12 people. This means that in the city of Padang today many have a history of comorbidities at a young age. 64% of respondents were male with 74 people and 36% of respondents were female with 41 people. This means that male respondents dominate the questionnaires in this study and it can be said that the individuals with the most comorbid history in the city of Padang are male. there are 34% high school, 5% did not finish high school, 2% strata-3, 9% strata-2 and 50% strata-1. Based on the figure, individuals with a history of comorbidities at the level 1 education level were the most filling questionnaires totaling 52 people and those filling the strata-3 questionnaires being the smallest questionnaire fillers as many as 2 people. This means that broadly speaking, this research questionnaire was filled out by highly educated individuals. In Figure 4.6 it can be seen that of the total respondents, there are 0% of respondents with jobs as TNI, 6% civil servants, 50% self-employed, 6% retired, 9% students, 8% housewives and 21% answered other options. For other options that are included as research data are private employees, honorary, ex. students, private employees, ojol, BUMN and marketing. Based on the data that has been processed, individuals with the most comorbid history are self-employed. there are 30% of respondents earning IDR 2,100,000-Rp 3,000,000, 38% earning < IDR 2,100,000, 4% earning > IDR 7,000,000, 8% earning IDR 5,000,001-Rp 7,000,000 and 20% earning IDR 3,000,001-Rp 5,000,000. Based on the data described in the diagram above, it can be seen that respondents with income < Rp 2,100,000. being the most filling questionnaires, and respondents with incomes of more than 7 million with the smallest numbers. This means that individuals with a history of comorbidities in the city of Padang have relatively low incomes.

3.2 Descriptive Analysis
To test the hypothesis, descriptive analysis is needed to find out respondents' responses about health risk propensity, prevention focus, intention to travel and xenophobia in each of the selected

respondents. In the health risk propensity variable, it is known that the statement item number 3 has the largest TCR value of 89%. This means that respondents give a very high assessment of the attitude of avoiding the risk of contracting a dangerous disease while traveling. Based on this assessment, it can be concluded that individuals with a history of comorbidities in the city of Padang try to keep themselves from contracting the disease while traveling. While the lowest statement on the Health risk propensity variable is in statement number 5, namely news about COVID-19 makes me worried about traveling with a TCR value of 79%, with high criteria. Based on the results of the average score on the Health risk propensity variable, it can be concluded that the Health risk propensity variable plays a high role in the intention to travel for individuals with a history of comorbidities in the city of Padang during the COVID-19 pandemic. In the prevention focus variable, it is known that statement item number 4 has the largest TCR value of 87%. This means that respondents gave a very high assessment of attitude that they will always keep their distance when traveling. This assessment can be concluded that individuals with a history of comorbidities in the city of Padang try to keep their distance when traveling. While the lowest statement on the prevention focus variable is in statement number 3, which is often thinking about bad things that can happen when traveling with a TCR value of 80%, with high criteria. Based on the results of the average score on the prevention focus variable, it can be concluded that the prevention focus has a high role in the intention to travel of individuals with a history of comorbidities in the city of Padang during the COVID-19 pandemic. In the intention to travel variable, it is known that the statement item number 2 has the largest TCR value, which is 84%. This means that respondents gave a very high assessment of their attitude towards collecting information about travel procedures during the COVID-19 pandemic when they were going to travel. From this assessment, it can be concluded that individuals with a history of comorbidities try to take care of themselves while traveling. In the xenophobia variable, it is known that the statement item number 1 has the largest TCR value of 78%. This means that respondents gave a high assessment of the attitude of the local population to welcome tourists when traveling to a tourist destination during the COVID-19 pandemic. While the lowest statement on the xenophobia variable is in question number 2, which is feeling uncomfortable to interact with residents of tourist attractions visited during the COVID-19 pandemic with a TCR value of 75%, with high criteria. Based on the results of the average score on the xenophobia variable, it can be concluded that xenophobia has a high role in the intention to travel for people with a history of comorbid Padang city during the COVID-19 pandemic.

3.3 Validity and Reliability

Convergent validity test is used to measure whether or not each indicator of the research construct is valid. This test can be seen in the loading factor value for each construct indicator. The rule of thumb on the commonly used loading factor is > 0.5 but it is better with a loading factor > 0.7 (Abdillah & Jogiyanto, 2014). The following are the results of the convergent validity test with the smartPLS3 test tool, which are described in the following table.

Table 1.
Convergent Validity

Variabel	HRP_(X1)	ITT_(Y)	PF_(X2)	XPB_(Z)	*Rule of thumb*	Keterangan
x.1.1	0,826				0,7	Valid
x.1.2	0,789				0,7	Valid
x.1.3	0,903				0,7	Valid
x.1.4	0,789				0,7	Valid
x.1.5	0,709				0,7	Valid
x.2.1			0,854		0,7	Valid
x.2.2			0,890		0,7	Valid
x.2.3			0,776		0,7	Valid
x.2.4			0,771		0,7	Valid
y.1		0,761			0,7	Valid
y.2		0,858			0,7	Valid
y.3		0,847			0,7	Valid
z.1				0,862	0,7	Valid
z.2				0,835	0,7	Valid
z.3				0,891	0,7	Valid

Discriminant validity test is used to ensure convergent validity results, if there are two different instruments in measuring the two constructs are predicted to be uncorrelated. This method uses cross loading and compares the AVE roots with the rule of thumb for cross loading on the discriminant validity test > 0.7 in one variable. The rule of thumb for the AVE root is > 0.5 but if the rule of thumb does not reach > 0.5, then the results can still be used because the convergent validity results are valid. The AVE root is used to compare each construct with the correlation between constructs in the model (Abdillah & Jogiyanto, 2014).

Table 2.
Discriminant Validity

Variabel	X1	(Y)	X2	Z	Rule of Thumb	Keterangan
Health Risk Propensity (X1)	0,806				0,7	Valid
Intention to Travel (Y)	0,443	0,823			0,7	Valid
Prevention Focus (X2)	0,752	0,409	0,824		0,7	Valid
Xenophobia (Z)	0,417	0,622	0,501	0,863	0,7	Valid

Cronbach's alpha is used to measure the lower limit of the reliability value of a construct and ensure the value of composite reliability. The rule of thumb for cronbach's alpha is > 0.7 (Abdillah & Jogiyanto, 2014).

Table 3.
Cronbach Alpha

Variabel	Cronbach's Alpha	Rule of thumb	Keterangan
Health Risk Propensity (X1)	0,868	0,7	Reliabel
Intention to Travel (Y)	0,766	0,7	Reliabel
Prevention Focus (X2)	0,843	0,7	Reliabel
Xenophobia (Z)	0,830	0,7	Reliabel

Composite reliability is used to measure the real value of the reliability of a construct. This test is considered better in estimating the internal consistency of a construct. The rule of thumb for composite reliability is > 0.6 (Abdillah & Jogiyanto, 2014).

Table 4.
Composite Reliability

Variabel	Composite Reliability	Rule of thumb	Keterangan
Health Risk Propensity (X1)	0,902	0,6	Reliabel
Intention to Travel (Y)	0,863	0,6	Reliabel
Prevention Focus (X2)	0,894	0,6	Reliabel
Xenophobia (Z)	0,898	0,6	Reliabel

3.4 Fornell and Larker Criterion
Based on the table above, it can be seen that each variable has an AVE score of 0.5 and almost all of our variables have good reliability. Then, we ensured that our construct passed in discriminant validity with the final construct score being greater than the previous construct, and more than 0.7. Thus, our scores have passed the discriminant validity test.

3.5 Hasil Hipotesis
Hypothesis testing is carried out based on the results of the Inner Model (structural model) test which includes r-square output, parameter coefficients and t-statistics. To see whether a hypothesis can be accepted or rejected, among others, by paying attention to the significance value between constructs, t-statistics, and p-values. The hypothesis testing of this research was carried out with the help of SmartPLS3 software. These values can be seen from the bootstrapping results. The rule of thumb used in this study is t-statistic > 1.96 with a significance level of p-value 0.05 (5%) and a positive beta coefficient. The results of this research model can be described as in Figure 4.9 and the value of testing the hypothesis of this study can be shown in Table 4.9 below.

Table 5.
Path Coefficients

Hipotesis	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (|O/STDEV|)	P Values
HRP_(X1) -> ITT_(Y)	0,261	0,261	0,119	2,193	0,030
ME_(X1) -> ITT_(Y)	-0,020	-0,015	0,132	0,151	0,880
ME_(X2) -> ITT_(Y)	0,019	0,020	0,129	0,144	0,886
PF_(X2) -> ITT_(Y)	-0,064	-0,024	0,116	0,551	0,583

Based on Table 4.9, the statistical T value of the health risk propensity variable on intention to travel is 2.193 more than 1.96 and the P-values are 0.030 so that the first hypothesis is accepted. The statistical T value of the prevention focus variable on intention to travel is 0.551 less than 1.96 and the P-values are 0.583, so the second hypothesis is rejected. The statistical T value of the xenophobia variable moderating the relationship between health risk propensity and intention to travel is 0.151 less than 1.96 and the P-values are 0.880, so the third hypothesis is rejected. The statistical T-value of the xenophobia variable moderating the relationship between prevention focus on intention to travel is 0.144 less than 1.96 and the P-values are 0.886, so the fourth hypothesis is rejected.

3.6 Discussions

Based on the results of the study, health risk propensity has a positive and significant effect on intention to travel in individuals with a history of comorbidities in the city of Padang. As the health risk propensity capacity increases, the intention to travel for individuals with a history of comorbidities in the city of Padang will also increase significantly. This means that individuals with a history of comorbidities in the city of Padang will try to avoid travel activities with low hygienic standards, avoid the habit of gathering without keeping a distance when traveling, avoiding the risk of contracting dangerous diseases when traveling, feeling worried about traveling in a normal way and Worried about going on a tourist trip when I heard the news about COVID-19. These results are in accordance with the research of Zenker et.al (2021) which concluded that health risk propensity affects the intention to travel. Another study conducted by Peric et.al in 2021 on Serbian tourists with the title The impact of Serbian tourists' risk perception on their travel intentions during the COVID-19 pandemic, showed that risk perceptions (health, psychological, financial, and destination risks) among Serbian tourists negatively impacted their travel intentions during the COVID-19 pandemic. In terms of travel destinations, the results show that travel risk has a negative impact on overseas travel, while health risks that are on the verge of significance have proven to be a predictor of overseas travel during the COVID-19 pandemic. Furthermore, the research of D. Joo et al. In 2021 with the title residents perceived risk, emotional solidarity, and support for tourism amidst the COVID-19 pandemic, it was found that perceived risk was negatively related to emotional solidarity and support for tourism, and emotional solidarity had a positive impact on support for tourism.

Based on the results of the study, prevention focus had no significant effect on the intention to travel of individuals with a history of comorbidities in the city of Padang. The results of this study are in accordance with the results of research by Zenker et.al (2021) which concluded that the prevention focus has no effect on intention to travel. This means that individuals with a history of comorbidities in the city of Padang do not pay much attention to the prevention focus before traveling during the COVID-19 pandemic. This fact means that individuals with a history of comorbidities in the city of Padang do not try to focus on preventing negative events in their lives when traveling, then they are not worried about making mistakes when traveling, and do not think about the bad things that can happen while traveling. tour. Even individuals with a history of comorbidities in the city of Padang do not care about keeping their distance while traveling. Based on the results of the study, health risk propensity did not significantly affect the intention to travel in individuals with a history of comorbidities in the city of Padang when moderated by xenophobia. That is, the sense of doubt that local residents will welcome tourists when traveling to a tourist destination, feeling uncomfortable to interact with residents of the tourist sites visited, feeling that there will be a lot of misunderstanding of the residents of the tourist

sites visited are unable to moderate the relationship between health risk propensity and intention to visit. travel on individuals with comorbid history in the city of Padang during the COVID-19 pandemic.

Research conducted by Luo & Lam in 2020 with the title Travel Anxiety, Risk Attitude and Travel Intentions towards the "Travel Bubble" Destinations in Hong Kong: Eect of the Fear of COVID-19, shows that fear of COVID-19, travel anxiety, and risk attitudes negatively impact travel intentions, travel anxiety and risk attitudes moderate the indirect impact between COVID-19 fear and travel intentions. Based on the results of the study, xenophobia was not able to moderate the interference of prevention focus on intention to travel in individuals with comorbid history in the city of Padang. That is, the doubt that local residents will welcome tourists when traveling to a tourist destination, feeling uncomfortable to interact with residents of the tourist places visited, feeling that there will be many misunderstandings with residents of the tourist places visited are unable to moderate the relationship prevention focus on intention to travel. in individuals with a history of comorbidities in the city of Padang during the COVID-19 pandemic. Meanwhile, the research by Sebastian Zenker, Erik Braun, and Szilvia Gymothy (2021) explains that the prevention focus affects the intention to travel, moderated by xenophobia.

4. Conclusions

Based on the analysis and discussion of the results of testing the research results that have been carried out, the conclusions from the results of research on the effect of health risk propensity and prevention focus on the intention to travel of individuals with a history of comorbidities in the city of Padang during the COVID-19 pandemic moderated by the xenophobia variable are as follows. Health risk propensity has a positive and significant effect on intention to travel. If the health risk propensity capacity increases, the travel intention of individuals with a history of comorbidities in the city of Padang will also increase significantly. That is, individuals with a history of comorbidities in the city of Padang consider the tendency of health risks when they are going to travel. The smaller the health risk, the higher the intention to travel for comorbid individuals. Prevention focus has no significant effect on intention to travel. This means that individuals with comorbid history in the city of Padang are not worried about making mistakes when traveling, not thinking about bad things that can happen to me when traveling and not keeping their distance when traveling during the COVID-19 pandemic so that it does not affect their intentions. journey. Xenophobia has no significant effect in moderating the relationship between health risk propensity and intention to travel. That is, fear is not able to moderate the effect of health risk tendencies on travel intentions of individuals with a history of comorbidities in the city of Padang. Xenophobia has no significant effect in moderating the relationship between prevention focus on intention to travel. That is, fear is not able to moderate the effect of the prevention focus on travel intentions of individuals with a history of comorbidities in the city of Padang.

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