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How Would Covid-19 Survivors Travel? A Study on Traveling Behavior Bali Domestic Tourists

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ABSTRACT This study aims to discover how tourists whose background as COVID-19 survivors and the perceived health-related risks when traveling and how it affects their travel behavior in the future. This research is motivated by the lack of study on tourist traveling behavior, particularly from a specific segment of respondents. These respondents are tourists who were diagnosed positive for COVID-19 and have already recovered from it and are currently on vacation in two areas in Bali, Denpasar, and Badung. Sampling in this study is based on a purposive convenience sampling method through questionnaires distributed online and offline. In addition, The author uses Roscoe's Theory as a baseline in obtaining the minimum number of respondents, where a total of 100 respondents were gathered on the field. The author used multiple linear regression analysis to analyze the data collected from this research. The results of this study found that: (1) perceived health risks do not have a significant influence on future travel behavior; (2) tourists' conditions as COVID-19 survivors have a significant influence on future travel behavior; and (3) simultaneously, health risks and tourists' conditions as COVID-19 survivors influence future travel behavior. This study concludes that reducing perceived health risks and improving the health conditions of tourists as Covid-19 Survivors will improve their travel behavior in the future. The limitations of this study can also be used as suggestions for further research.

KEYWORDS *Perceived Health Risks; Tourists as COVID-19 Survivors; Future Travel Behavior.*

INTRODUCTION

The world's mobility has suddenly slowed down due to the spread of COVID-19. Novel Corona Virus, or COVID-19, was first discovered at the year-end of 2019 in Hubei Province, China. Sometime later, the disease was identified as a novel coronavirus known as COVID-19 (Zhu et al., 2020). This virus spread rapidly to more than 214 countries, infecting 13 million people, with 500.000 of them killed as of 13th of July 2020 (Pham et al., 2020). As a result, the World Health Organization (WHO) proclaimed COVID-19 as a global spread pandemic on the 11th of March, 2020 (Alkhajar & Wijaya, 2020). In response, countries like Australia began imposing quarantines and closing their international and local borders. This decision is considered an effective way to control the virus' spread in societies (Mayangsari, 2020). As the fourth largest populated country, Indonesia was also affected severely due to the pandemic.

Indonesian Health Ministry recorded a steady increase in weekly deaths in Indonesia for every 100,000 inhabitants as

of the 29th of June 2021, and the numbers are continuously increasing (Yakhamid & Zaqi, 2021). To handle this crisis, the government issued several policies, one of which is the authorization of Indonesian Law No. 21 of 2020, which regulates the enforcement of social distancing, known in Indonesia as *Pembatasan Sosial Berskala Besar* (PSBB) (Syahdin & Fasyehhudin, 2021). This emergency policy aims to restrict activities with a high risk of causing crowds or human concentration. This includes restrictions on teaching and learning activities, offices, public places, and worship activities (Yakhamid & Zaqi, 2021). However, the Indonesian government extended the implementation of PSBB rules. It was soon discovered that many people ignored these health protocols, with offices operating offline or public gatherings still going despite the danger of spreading the virus. This is especially applicable in Jakarta, the capital of Indonesia, which is designated as a red zone (Putri Khasanah & Purwaningsih, 2021) due to the people's negligence.

The spread of diseases and epidemics has a significant influence on changing society. This results from the effects that are caused either by direct or indirect effects, such as lack of social activity, mental pressure such as loneliness, anxiety, depression, and also economic downfall due to limited mobility on individuals, such as lockdown (Singh & Singh, 2020). However, on the other hand, it also dramatically influences the tourism sector (Gössling et al., 2020).

As mentioned above, the imposition of community activity restrictions would undoubtedly impact the public's productivity, especially those traveling or involved in the tourism industry. According to Bali's Central Statistics Agency (*Badan Pusat Statistik*), the number of domestic tourist visits to Bali Province in 2019 was 10,545,039. However, it decreased -56,41% or 4,596,157 in 2020 and continued to decrease until -6,41% with 4,301,592 visits in 2021 (Badan Pusat Statistik, 2021b). This phenomenon clearly shows the extreme decline in tourist visits to Bali.

These days, visits to tourist destinations are affected by concerns about health risks and the possibility of contracting infectious diseases (Chinazzi et al., 2020). Some researchers have discovered that the transmission of viruses is one aspect tourists consider when choosing their travel destination (Teeroovengadum et al., 2021). For example, Garuda Wisnu Kencana that located in Badung regency. GWK is a tourism icon and one of Bali's most iconic tourist destinations. It has its own ideology, making Domestic tourist interest in this destination increase, as shown below:

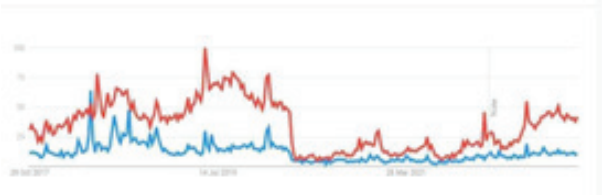

Figure 1 Dynamic of tourist interest in Garuda Wisnu Kencana

Source: Google Trends (retrieved by the 23rd of October 2022)

The Blue graphic shows the dynamic of domestic tourists' interest in GWK through google search. In short, GWK was searched the most within 2017 and fell significantly to the lowest between 2019 and 2020 (during the pandemic). In addition, this graphic also indicates that the search trend regarding

this destination has been steadily increasing shortly afterward, mainly when the pandemic subsided. The table above indicates the region in Indonesia that searched GWK during the timeframe, and they mostly came from the region of Central Java, followed by Lampung and Aceh. Another destination is Kuta, which has shown rapid development in the tourism industry in recent years. This is shown in the field by the increasing number of land transformations to support tourism facilities in this area (Kartika et al., 2020), like hotels, cafes, restaurants, etc.

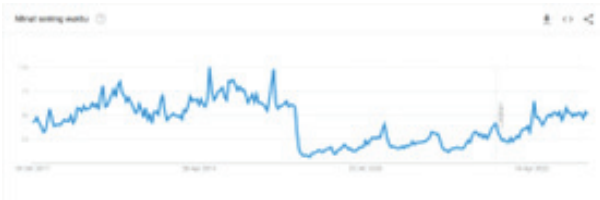

Figure 2 Tourist's interest dynamic in Canggu

Source: Google Trends (retrieved by the 23rd of October 2022)

Domestic tourists tend to be drawn to Kuta Utara, particularly Canggu, as a general tourist destination in Bali. This area also suffered the same decline in search interest from domestic tourists during the pandemic. The table above shows that the highest search interest was in 2019, before the pandemic of COVID-19, and then it dropped significantly afterward during the pandemic.

The current Pandemic Crisis has caused anxiety and distrust in travel services and activities, especially in areas with high population density. This phenomenon shows that tourists are susceptible to health risks. However, the return of tourism activity seems likely to lead to some risks. In addition, the spread of misinformation, particularly from non-credible sources, will ultimately contribute to the perceived risk of traveling (Mizumoto & Chowell, 2020).

Perceived Health Risk

Before traveling, the perceived risk is one of the main factors that tourists must consider. (Rahmafitria et al., 2021). Tourists also use perceived risk to consider whether it is safe to travel. Neuburger & Egger (2021) stated that increasing tourists' risk perception of COVID-19 would decrease their travel interest, ultimately leading to an increase in travel cancellations. In addition, previous research also stated that risk perception of COVID-19, travel risk perception, and travel behavior has significantly increased over a short period of time. Similarly, other researchers point out that the dread of the COVID-19 pandemic, travel restrictions policy, and uncertainty caused by the lockdown have altered tourists' behavior, making them rethink traveling (Hanafiah et al., 2022). Furthermore, the author of this research includes individual attitude, which is part of the theory of planned behavior, to limit this research's explanation regarding travel behavior (Ajzen, 2020).

Tasci & Sönmez (2019) argue whether perceptions influence an individual's actions. For example, when people realize the risk of contracting COVID-19 during travel, they tend to be less likely to travel to a particular destination, in this study, to travel to Bali. This fear resulted in a significant decline in tourist visits to Bali. Furthermore, when the pandemic lasts long enough, there will be a tendency to increase uncertainty about the spread of information (Holland et al., 2012). The spread of misinformation regarding this pandemic issue could lead people, mainly

tourists, to impact their mental stability as COVID-19 survivors.

Condition of Tourist As Covid-19 Survivors

Humans are the medium for the COVID-19 virus to spread. Humans have an immune system to protect the living body from any potential disease (Chowdhury et al., 2020). A decrease in the immune system would dramatically affect an individual's health, making them vulnerable to the virus. In addition, virus exposure is proven lethal for the elderly and people with congenital diseases. Therefore, special attention needs to be paid to any individual who is more than 50 years old. They are prone to contracting COVID-19 due to higher levels of stress and, in some cases, having congenital diseases which further weaken their immune system (Qiu et al., 2020). Tourists are also among clusters vulnerable to COVID-19 exposure due to high travel mobility and activities that often require physical encounters with other individuals (Gupta et al., 2022).

Indonesian Law No. 10 of 2009 on tourism states that tourists are a person or a group of people doing tourist-related activities. Based on their travel origin, there are two types of tourists: international and domestic. A study on domestic tourists defines domestic tourists as a person or group of citizens of one country traveling within the border of the said country (Maulana, 2016). In short, domestic tourists are those people who travel amongst their region and still around their country.

In this research context, they are domestic tourists who have visited Bali or those planning to visit Bali who has been declared healthy of COVID-19 symptoms. COVID-19 survivors are among the most vulnerable to stress due to the longevity of the pandemic and the social stigma they often receive (Kurniawan & Susilo, 2021)

Previous research also found that travel risk perception, linked with the perceived health risk in the middle of the COVID-19 pandemic, can lead to travel anxiety quickly (Neuburger & Egger, 2021). (Mazza et al., 2020). Mazza et al. (2020) stated that COVID-19 has a worse impact on individual mental health, including PTSD, anxiety, and major depression, especially for those COVID-19 survivors. Unstable mental health condition as a COVID-19 survivor tends to bring negative feelings, which proved to be worse in the elderly.

Future Travel Behavior

Ajzen (2020) states that The Theory of Planned Behavior (TPB) is effectively used to illustrate and forecast the plurality of behavior. There are three elements in theory planned behavior (TPB): individual attitudes, perceived behavior control, and subjective norms. This research will focus on individual attitudes as its research limit. This is used to analyze tourists whose background as COVID-19 survivors, their perceived health-related risks when traveling, and how it affects their travel behavior in the future. Individual attitudes are a set of beliefs that influence behavior. For example, citizens, especially tourists, believe vaccination could improve their immune systems in resisting COVID-19.

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behavior (TPB). It consists of individual attitudes, perceived behavior control, and subjective norms. This research tends to be limited only to individual attitudes in analyzing tourists whose background as COVID-19 survivors, their perceived health-related risks when traveling, and how it affects their travel behavior in the future. Individual attitudes are a set of beliefs that influence behavior. For example, citizens, especially tourists, believe vaccination could improve their immune systems in resisting COVID-19.

Fan et al. (2022) find that the travel behavior of domestic respondents is positively associated with the individual attitude, which is part of TPB, to contribute to tourism industry recovery, tourists' reliance on domestic COVID-19 control, and destination awareness promotional strategy. Additionally, travel behavior is also affecting individuals' public transport selection and any sharing facilities while traveling. This decision often depends on the hygiene of the facilities (Awad-Núñez et al., 2021).

Hanafiah et al. (2022) discovered that COVID-19 could affect individual travel intentions and perceived health risk and contributes to lowering travel attitudes. This research inveterates a theoretical framework by investigating the relations between perceived risk and tourist's condition as COVID-19 survivors potentially influencing their future travel behavior.

This simple framework (figure 3) was adapted and modified from the previous article by Hanafiah et al. (2022) that illustrates each variable and hypothesis used in this research. H stands for hypothesis, and X stands for a variable. The framework was then simplified, following their future research's recommendation. The framework of this research consists of perceived health risks, tourists' condition as COVID-19 survivors, and their effect on future travel behavior.

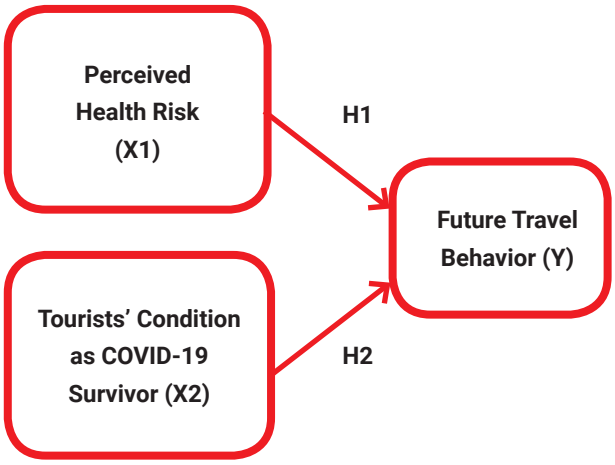

Figure 3 Framework For This Study

Source: processed by researchers, 2022

As previously mentioned, the point of future travel behavior, mainly travel attitude as a component of the Theory of Planned Behavior, will be the research limit of this study. Through a more straightforward framework, this study will investigate how domestic tourist travel behavior would differ for tourists as COVID-19 survivors and any perceived health risks that may affect their future travel behavior.

Through a literature review of previous research, three hypotheses are found as follows:

1. Perceived Health Risk significantly influences Future Travel Behavior.
2. Tourists' Condition as COVID-19 Survivors significantly influences their Future Travel Behavior.
3. Perceived Health Risks and Tourists' condition as COVID-19 survivors significantly influence Future Travel Behavior.

This research was motivated by the gap found in the previous research, "*I am Afraid to Travel! Investigating the Effect of Perceived Health Risk on Malaysian Travellers Post-Pandemic Perception and Future Travel Intention*" by Hanafiah et al. (2022), where the respondents used were not specific. The author tries to fill the research gap by using more specific respondents, namely COVID-19 survivors, who had traveled to Bali, especially Denpasar and Badung areas. This is done to find a correlation among variables conducted in this research. Furthermore, based on the limitations of the previous reference article, the author uses future travel behavior as a measuring tool for this research, which is recommended in the reference article to see the problems faced by COVID-19 survivors from a new perspective.

The descriptive quantitative Approach is used in this research. The study took place in Bali with the subject of domestic tourists who had traveled in Bali within at least two months, known as population. This research uses the purposive convenience sampling method. The sample for this research was conjoined with criteria based on the questionnaire. Convenience sampling was applied because of the authors' limited capacity to approach tourists diagnosed with COVID-19 in the field. The variable of this study consists of perceived health risks, the condition of tourists as COVID-19 survivors, and future travel behavior. Data collection uses questionnaire methods distributed both online and offline to reach the targeted respondents.

This study uses multiple-linear regression analysis to analyze all the data the author has collected. This analysis technique determines how much influence the independent variables (X1 and X2) have on the dependent variable (Y). The technique is used in the research, thus creating two direct hypotheses between X1 against Y and X2 against Y, and indirectly generating the third hypothesis, namely between X1 and X2 against Y. The number of samples was determined using Roscoe's theory of sampling (Sekaran & Bougie, 2016). This theory states that most research must define a sufficient sample size of 30 to 500 samples.

Additionally, for multiple regression analysis, the sample size should be at least ten times larger than the number of variables used in the research. In this study, the author uses three variables. Therefore, multiplied by ten will result in a sample of 30 respondents. However, the authors decided to gather 100 samples in the field for this research.

Through this study, the author tries to contribute and provide a new academic perspective related to future travel behavior. The author hopes it can be utilized optimally by tourism stakeholders, especially the travel industry, to understand the tourist's situation and conditions for better services and travel activities improvement in the future.

DISCUSSION

Characteristics of The Research Subject

Based on the study results, the author created four specific aspects for respondents to be eligible to fill out the questionnaire. This aspect consists of gender; their age should fall between 18-50 years, was previously diagnosed positive with COVID-19, and have been or currently traveling to the Bali region,

especially Denpasar City and Badung Regency because a lot of travel and rated hotels are present in these regions. These specific aspects were conducted to create a more detailed result through online and offline questionnaires involving 100 respondents. These four aspects were also used as a filter to reach the desired respondents as subjects for this research.

The majority of respondents fulfilled the questionnaire criteria. First, from 100 respondents obtained in this research, gender characteristics show that the majority of respondents of this research are female. This number shows that the women's participation rate is higher than that of male participants.

Second, the age characteristics indicate that 100% of respondents are between 18–50 years old during this research. The determination of the number of ages in this research aims to increase the number of respondents to give a better representation of each generation, starting from generation X (age 40 to 50), millennial generation or Y (age 26 to 40), and generation X (age 18 to 24).

Furthermore, all of the respondents of this research were previously diagnosed as positive for COVID-19. To obtain such information about the respondent, the author gives 1 question regarding whether they have been diagnosed positive with COVID-19 or not on the questionnaire. This question aims to determine whether the prospective respondent is suitable for this research.

Finally, the last look at the statement of *having traveled to the Bali region* on the questionnaire shows that 100% of respondents have traveled to the Bali region, especially to Badung regency and Denpasar city. This follows the author's research scope, set at the beginning of this research. The author chose Denpasar city and Badung regency as the main locus of research based on the assumption that these two areas could represent the sampling of this study. This statement is supported by the statistical data from BPS that shows Denpasar and Badung as the two areas with the highest tourism activity in Bali (Badan Pusat Statistik, 2021a).

The primary data of this research, such as data on the Perceived Health Risk (X1) variable, Tourist Conditions as a COVID-19 Survivor (X2), and Future Travel Behavior (Y), are obtained using a questionnaire that the author gave directly to respondents who were met in the field, precisely in the Denpasar and Badung areas. In addition, questionnaires were also distributed online to be able to reach respondents more easily. The data collected is in the form of numbers, where each number represents the sample's responses to each statement.

Correlation Between Independent Variable

The multicollinearity test is intended to settle any correlation amidst independent variables that are considered to exist or not. Testing of multicollinearity symptoms is carried out by performing the correlation matrix values generated during processing data, VIF (Variance Inflation Factor), and tolerance values. If tolerance utility < 0.10 and VIF > 10, an exorbitant correlation occurs between independent variables and vice versa. However, there is no multicollinearity if the tolerance utility > 0.10 and VIF < 10.

Table 1 Multicollinearity Test

Coefficients a			
Model		Collinearity Statistics	
		Tolerance	VIF
1	Perceived Health Risk (X1)	.819	1.221
	Condition of Tourist as COVID-19 Survival (X2)	.819	1.221

Source: SPSS 25.0, data proceed by researchers 2022

Table 1 shows that independent variables have a tolerance utility of >0.10 and a VIF utility of <10. Thus, the regression model is free from multicollinearity symptoms. This measurement concludes that there is no solid relationships among independent variables.

Significant Accuracy Between Independent and Dependent Variables

A regression model containing heteroscedasticity symptoms will give a distorted prediction result. Testing for heteroscedasticity symptoms can be done by performing absolute residuals on the independent variable. If the signification utility is >0.05, no heteroscedasticity is found, and vice versa. On the other hand, if the significant utility ≤0.05, then heteroscedasticity occurs.

Table 2 shows that each variable has a significance utility of > 5%. This outcome denotes that the independent variable used is significantly resistant to the dependent variable or professionally named as absolute error. Therefore, this study is free from heteroskedasticity symptoms.

Table 2 Heteroscedasticity Test

Coefficients a			
Model		t	Sig.
1	(Constant)	2.796	.006
	Perceived Health Risk (X1)	.167	.868
	Condition of Tourist as COVID-19 Survival (X2)	-1.777	.079

Source: SPSS 25.0, data proceed by researchers 2022

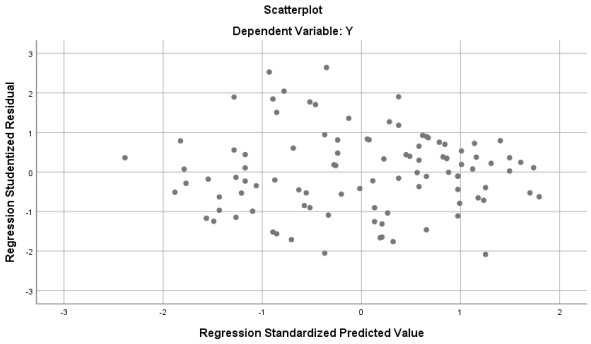

Figure 4 Heteroscedasticity test result

Source: SPSS 25.0, data proceed by researchers 2022

Figure 4 also shows that the dot spread disorderedly on either below 0 or Y-axis. This figure also means that no heteroscedasticity symptom is found in this research.

Simultaneous Test (F-test)

Test criteria for the F-test consist of:

1. If F-count > F-table, then H0 is rejected. This statement reveals that it has a significant consequence.
2. If F-count < F-table, then H0 is accepted. This statement reveals it has no significant consequence.

Table 3 can be defined that F-count (51.558) > t-table (3.09) with 0.000 < 0.05 significance level; therefore, H0 is rejected. It is safe to say that the variables of Health

Risks and Conditions of COVID-19 Survivors of Tourists simultaneously influence Future Travel Behavior.

The Effect of Perceived Health Risk on Future Travel Behavior

The test results between the perceived health risk variable and future travel behavior variable (see table 4) showed that the T-count on X1 is -3,557. This figure is smaller when compared to the T-table, which is 1,660. Therefore, the resulting significance level is 0.001, and the figure is smaller than 0.05.

Therefore, H0 is accepted, and these results conclude that perceived risk by COVID-19 survivor in traveling do not significantly affect their future travel behavior. This test's results align with research conducted by Teeroovengadum et al. (2021), which stated that perceived health risks had no significant effect on tourists' travel intention. It can be concluded that Hypothesis 1, which states that *Perceived Health Risk significantly influences Future Travel Behavior*, is rejected. As previously explained, perceived health risks have been a factor that tourists consider in choosing a travel destination.

Table 3 F-test

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	944.708	2	472.354	51.558	.000[b]
	Residual	888.682	97	9.162		
	Total	1833.390	99			

Source: SPSS 25.0, data proceed by researchers 2022

Table 4 The Results of The Perceived Health Risk and Condition of Tourists as COVID-19 Survival on Future Travel Behavior Test

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	9.505	2.502		3.799	.000
	Perceived Health Risk (X1)	-.231	.065	-.278	-3.557	.001
	Condition of Tourist as COVID-19 Survival (X2)	.403	.057	.554	7.095	.000

Source: SPSS 25.0, data processed by researchers 2022

Perception of someone, in this case, a tourist, can influence their next action. Through this COVID-19 pandemic, health is a part of every human being's priority.

The same goes for travel behavior. People tend to postpone or decline their travel schedules to avoid contracting COVID-19. Travel restriction and travel ban regulations applied in several countries indicate high positive cases of COVID-19. Furthermore, perceived health risks due to this COVID-19 pandemic also induce anxiety. It negatively affects tourists' trust. Therefore, an improvement in health protocol implication is much needed to gain trust and comfort.

Tourists' trust value is affected by their perceived health risk during the COVID-19 pandemic. Therefore, these terms also may affect tourists' intention to act on their future travel behavior. In addition, the spread of misinformation, especially from non-credible sources, could also trigger how some tourists perceive their health risks during traveling, possibly affecting their future travel behavior.

The Effect of Tourists' Condition as COVID-19 Survivors on Future Travel Behavior

The test results between tourists' condition as COVID-19 survivors variable on future travel behavior variable (see table 4) showed that the T-count on X2 was 7,095. This figure is bigger when compared to the T-table, which is 1,660. Therefore, the resulting significance level is 0.000, where the figure is smaller than 0.05. Therefore H0 was rejected, concluding that the condition of tourists as COVID-19 survivors significantly affects their future travel behavior.

The result presented above concludes that Hypothesis 2, which states that *Tourists' Condition as COVID-19 Survivor significantly influences their Future Travel Behavior*, is accepted. Furthermore, because there is a significant influence between the two variables, this study's results align with previous research by Mejía et al. After COVID-19, tourists have a more respectful attitude toward their surrounding environment and an increased awareness of their impact on their destination. As a result, potential tourists will be even more vigilant regarding the cleanliness of the places they visit (Orden-Mejía et al., 2022).

A COVID-19 survivor is someone who was previously diagnosed positive for COVID-19 and has recovered from it. In addition, their experience as a survivor who undergoesa period of quarantine or isolation would undoubtedly impact their physical and psychological condition. Seeing the considerable influence caused by COVID-19 on tourist travel behavior, the government is trying to rebuild tourist reliance on traveling. One of the efforts made is by providing COVID-19 vaccines to the community. This attempt aims to effectively contain the spread of the COVID-19 virus and increase human's immunity to the virus (Gursoy & Chi, 2021).

The implementation of Physical Distancing forces people to stop traveling, which further interferes with the tourist's travel intentions (Wen et al., 2021). On the other hand, with the vaccination process and the imposition of strict health protocols, it is estimated that many tourists will likely be traveling again. In addition, COVID-19 survivors are among the most vulnerable to

stress due to the longevity of the pandemic and the social stigma they often receive.

Therefore, it was generally believed that COVID-19 survivors would be less likely to be afraid of re-contracting the virus and are expected to return to travel. As an inclusion, the Government of Indonesia has required people to get vaccinated twice with a booster vaccine shortly after. The vaccination aims to stimulate the creation of antibodies to combat the COVID-19 viruses.

The Effect of Perceived Health Risk and Tourist's Condition as COVID-19 Survivor on Future Travel Behavior

To test how much influence the variables X1 and X2 variables have on the Y variable, the author uses the coefficient of determination. The coefficient determination's utility is 0 (zero) or 1 (one). The small utility of adjusted R square defined the independent variables (X1 and X2) capability to expound the diversity of the dependent variable (Y) is very limited.

Table 5 Contribution of The Perceived Health Risk (X1) and Condition of Tourists as COVID-19 Survivors on Future Travel Behavior

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.718[a]	.515	.505	3.027

Source: SPSS 25.0, data processed by researchers 2022

Through the test outcome as in Table 5, the utility of R Square (R^2) is 0.515, hence:

KD = r^2 x 100%
= 0,515 x 100%
= 51,5%

Regarding the calculation, the contribution of the Perceived Health Risk (X1) and Tourists as COVID-19 Survivors (X2) variables simultaneously influence Future Travel Behavior (Y) by 51.5%. At the same time, the remaining 48.5% is contributed from variables not included in this study.

The result above concludes that Hypothesis 3, which states that *Perceived Health Risk and Tourist' Condition as COVID-19 survivors significantly influences Future Travel Behavior*, is accepted because there is a significant influence between the independent variable against the dependent variable compared to other variables that are not included in this research.

CONCLUSION

COVID-19 became a deadly pandemic for the people and the tourism industry in early 2020. In the return of tourist activities amid the present subsided pandemic, it is feared that there could be changes in tourists' travel behavior in this research regarding their attitude toward traveling, especially for those in Bali who survived COVID-19 disease. The vaccine is one of the government's ways to convince and build trust among citizens, especially domestic tourists, to travel again with health protocol regulations. Through this research, the author found that perceived health risks significantly and negatively influence future travel behavior. This test's results align with Teeroovengadum et al. (2021), which stated that perceived health risk had no significant effect on tourists' travel intentions and did not fulfill the research's first hypothesis.

For another variable, the condition of tourists as COVID-19 survivors has

significant and positive effects on future travel behavior. This study's results align with previous research conducted by Orden-Mejía et al. (2022). After COVID-19, tourists have a more respectful attitude toward their surrounding environment and an increased awareness of their impact on the destination they visit. This statement fulfills the research's second hypothesis. Furthermore, the contribution of perceived health risk and the condition of tourists as COVID-19 survivors simultaneously influence future travel behavior with a 51.5% calculation, and another is leveraged by distinct variables unapplied in this study.

This statement also fulfills the third hypothesis of this research. If the health risk can be lowered by implementing health protocol among people involved in the tourism industry, it will significantly increase tourists' future travel behavior. In addition, the better-reviewed condition of tourists as COVID-19 survivors from psychological, environmental, and disease aspects will improve future travel behavior. Hence if the perceived health risks are lowered, and the condition of tourists as COVID-19 survivors gets better, their future travel behavior will also improve. However, the level of desire and readiness to travel is still high regardless of the risks and conditions, as mentioned in the research, the condition of tourists as COVID-19 survivors experienced before.

The suggestion the authors can bring through this study is to optimize the implementation of health protocols during tourist activities to travel resilience and decrease anxious feelings from tourists traveling in the future. Furthermore, through this new academic perspective related to future travel behavior, the author hopes it can be utilized optimally by tourism stakeholders, especially the travel industry, to understand the tourist's situation and conditions for better future services and travel activities improvement.

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