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The Effect of COVID-19 Pandemic News Coverage on New Normal Tourism in Indonesia

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Abstract
Along with the recent decline in the number of COVID-19 cases in Indonesia, people's mobility has begun to increase, including traveling. This study highlights the effect of COVID-19 pandemic news coverage on public's intention to travel during the pandemic by implementing health protocols, known as new normal tourism, as a behavior to protect health based on individual perceptions of their risk of being infected with COVID-19. Referring to the frameworks of the Health Belief Model and Theory of Planned Behavior, this study examines the effect of COVID-19 risk perception on behavioral intention towards new normal tourism. An online questionnaire using Google Form was distributed in Jakarta from April 18 – 21, 2021 and data from 483 respondents were used for analysis. The findings show that affective risk perception is a significant predictor of attitude, while cognitive risk perception has a positive influence on subjective norms. Even though both cognitive and affective risk perceptions have a considerable impact on behavioral intention, affective risk perception has a negative influence, which contradicts the initial hypothesis. Subjective norms mediated the relationship between cognitive perception and behavioral intention, whereas attitude was found to be a significant mediator between affective risk perception and behavioral intention. The hypothesized relationships were partially mediated by gender and marital status. This study has important and insightful implications for tourism practitioners who would be asked to prepare the post-corona field for a new normal following the pandemic.

Keywords
Risk Perception; Tourism; New Normal; COVID-19; Pandemic.

1. Introduction

The COVID-19 pandemic has brought forth unheard-of socioeconomic issues. Due to the terror of COVID-19, many locations, cities, and even entire nations have been forced to seal their doors to travelers. In contrast to natural disasters, pandemics are much more likely to repeat and can result in long-term damage. Pandemics also have a wider range of effects, such as job losses, economic issues, and psychological instability, whereas other catastrophes typically cause material destruction.

Governments in different nations have attempted a variety of actions to stop the virus from spreading, including expanding the number of medical facilities, performing various tests, enforcing social isolation and limitations, and putting in place health regulations. Many societies experienced bewilderment, dread, worry, and tiredness as a result of the COVID-19 epidemic. For instance, many South Koreans suffer from sadness, sometimes known as the "Corona blues," as a result of their prolonged seclusion from the outside world in order to reduce face-to-face contact (Bae & Chang, 2021).

To reduce the spread of the virus, the government continues to run advertisements urging individuals to follow and apply health protocols. Due to the COVID-19 epidemic, there has been a noticeable rise in video conferencing, online learning, and online commerce (Kim, 2020).

During the COVID-19 pandemic, the term new normal has an increasing use to refer human behavior changes during or after this pandemic. This includes limiting person-to-person contact, like handshakes and hugs. Additionally, maintaining distance from others or social distancing. Sandman and Lanard (2005) used the term in relation to public's attitude manipulation methodes towards avian influenza. Oxford English dictionary defines new normal as a previously unfamiliar or atypical situation that has become standard, usual, or expected.

As states start to reopen, people will have to weigh the risk versus benefit of getting out more, along with their own tolerance for uncertainty. The bottom line is people should continue to be vigilant: Maintain distance, wear masks, and wash hands.

New Normal

After being closed for a few months, various business sectors can now reopen thanks to the New Normal era. The implementation of health protocols coincided with the reopening of the commercial sector. Some members of the community have begun traveling as a result of the opening of the tourism industry, one of the business sectors most negatively impacted by the pandemic. Tourists have begun going to numerous tourist destinations even though the epidemic is still in progress, where staff members have introduced common health precautions including

washing hands, wearing masks, and keeping a distance.

The modern society has a basic universal demand for travel. Tourism is defined as " one of those necessary structured breaks from ordinary life which characterizes all human societies." (Graburn, 1983 p. 11). However, risk considerations like pandemic outbreaks at popular tourist destinations will significantly affect travelers' choice of destinations (Chew & Jahari, 2014). The Health Belief Model (HBM) states that people who perceive a significant danger to their health usually make more attempts to reduce that risk (Rosenstock, 1974). In an effort to balance perceived threats and their urge to travel while also maintaining their safety, people employ self-protective actions (Brewer et al., 2004).

Travel agencies have started to profit from the pandemic crisis by explicitly providing vacation packages tailored to be COVID-19-safe. By spending time in nature, sleeping in hotels made especially for families, enjoying outdoor camping, or taking solo tours, this tour package is intended to reduce physical contact between tourists.

National park, hiking routes, and forested areas were designated as "new normal" tourist destinations. Additionally, hotels have provided contactless amenities like an in-room buffet or a private dining area. The rules for minimal contact tourism have been made public with a strong emphasis on social distance. Limiting the number of visitors, maintaining a safe distance between tables in cafés and restaurants, employing personal equipments, and encouraging outside activities rather than interior ones are a few examples of these regulations..

Pandemic News Coverage

This study highlights the effect of Covid-19 pandemic news coverage on new normal tourism as a health protection behavior that stems from individual perceptions of the risk of COVID-19 that they received from the media. Thus, this article is a part of research on media effects, which are pertinent to communication studies. Media effects theories highlight how messages conveyed by the media influence audience behavior for travel (Umar et al., 2021; Mach et al., 2021). Specifically for this study, the media messages that were highlighted were news about the

COVID-19 pandemic, while the effect under study was travel behavior.

This study aims to investigate the impact of news-related perceptions of COVID-19 risk on behavioral intention toward new normal tourism based on HBM and the theory of planned behavior (TPB). This study aims to show the moderating impacts of gender and marital status in the expected structural relationship, taking into account the significance of demographic characteristics in examining tourist behavior in the context of uncertain risk (Umberson, 1992; Yang et al., 2017). For those working in the tourism sector who must get ready for a "new normal" after experiencing "limited life" during an unusual pandemic, this study has important and timely consequences (Nielsen, 2020).

Based on the discussions above, this study formulate the research question as follows: (1) Is there a significant positive relationship between risk perception and attitude, subjective norms, perceived behavioural control, and behavioural intention? (2) Is there a significant positive relationship between attitude, subjective norms, perceived behavioural control and behavioural intention? (3) Do attitude, subjective norm, and perceived behavioural control mediate the relationship between risk perceptions and behavioural intention? (4) Do gender and marital status moderate the relationships between risk perceptions, attitude, subjective norms, perceived behavioural control, and behavioural intention?

2. Literature Review

Risk Perception and Tourism

Subjective opinions (value judgments) regarding uncertain situations that result from specific hazards are referred to as "perceived risk" (Bauer, 1960 in Bae & Chang, 2020). People frequently utilize the available rules of thumb to determine the possibility of future events in various scenarios when evaluating risk (Butler & Mathews, 1987). Because risk perception is the primary driver of human action, researchers frequently test the idea of risk based on respondents' perceptions rather than focusing on actual or genuine risk (Dillard et al., 2012). According to Brug et al. (2004), there are two components to the perception of risk: cognitive and emotional, and the media heavily influences how people perceive risk. Cognitive risk perception includes an individual’s perceived

severity and susceptibility of risks, whereas affective risk perception refers to one's worries or anxiety about their exposure to a risk (Sjoberg, 1998).

Individuals' perceptions of "the possibility that an action may expose them to danger that can impact travel decisions if the perceived threat is regarded to be beyond an acceptable threshold" are referred to as risk perception in the tourism industry (Chew & Jahari, 2014, pp. 383–384). The dangers could be posed by accidents, natural disasters, political unrest, terrorism, or epidemics, as well as health, psychological, or financial threats. It has been determined that risk is the main issue for foreign travelers. (Kozak et al., 2007). When deciding to travel in an environment with unknown risks, people can be strongly influenced by safety and security concerns because they primarily seek safety. Additionally, travelers frequently perceive higher levels of unsystematic risks due to the experiential and intangible nature of travel. (Fuchs et al., 2013).

Since the 1990s, researchers have studied perceived risk and how it affects travel behavior (Huang et al., 2014). Particularly, because catastrophic illnesses like MERS, Avian flu, and SARS severely impacted the travel and tourism sector, the economic effects of the pandemic on tourism and their impact on travel intention have been widely discussed (Floyd et al., 2004; Lee et al., 2012). Some research looked at how travelers preserve their health, including how they seek out medical care when traveling, how they prevent disease, and how they treat it without using drugs (El-Ghitany et al., 2018; Lee et al., 2012).

Risk assessment has been described as a crucial component of anticipating wellbeing behaviors (Rosenstock, 1974). People who perceive a certain risk are encouraged to engage in more preventive wellness behaviors to avoid or reduce their chances of being ill (J. Chen et al., 2017). The HBM will be used in this study as a method to explain people's health and protective measures during the COVID-19 pandemic.

It has been suggested that risk perception is a key factor in predicting health behaviors (Rosenstock, 1974). People are anticipated to engage in more preventive health activities to reduce their health risks when they are aware of a particular risk (Chen et al., 2017). The health belief

model (HBM) will be applied in this study as a framework to understand people's activities to safeguard their health during the COVID-19 epidemic.

Health Belief Model

Health behaviors are described as "any behavior that may affect an individual's physical health or any behavior that an individual believes may affect their physical health" and are best understood using the Health Belief Model (HBM) (Sutton, 2012, p. 94; Bae & Chang, 2020). One of the main elements influencing people's health-promoting actions, according to the HBM, is how they perceive their health risks. (Champion & Skinner, 2008).

The cognitive theory on which this model is based emphasizes the significance of the subjective value of consequences and the subjective expectation of outcomes result in a behavior (Champion & Skinner, 2008). It makes sense to assume that someone who values avoiding health risks also anticipates that a certain health-promoting action will lower that risk when it comes to health habits.

The HBM has been used to explain a range of health behaviors, such as dieting, vaccinations, wearing helmets, and losing weight (Donadiki et al., 2014; Hosseini et al., 2017). Additionally, the HBM has demonstrated success in defining preventive health practices in the tourism and hospitality industries. For instance, Huang et al. (2020) employed the HBM and TPB to explain the structural relationships between travellers' health beliefs, attitudes, and self-efficacy when traveling to high-altitude regions. Donohoe et al. (2018) used the HBM to investigate the causes of health-protective behaviours among outdoor workers in Florida. The association between risk perception toward food safety outbreaks and food intake intention was also explained using the media's mediation role (Shim & You, 2015).

Compared to earlier MERS or SARS crises, the COVID-19 pandemic is significantly more contagious and susceptible, and it has certainly had a global impact. In comparison to earlier crises, the higher contagion risks and susceptibility, have recently spurred people to adopt health-promoting habits. This study, which is based on the HBM, shows people's activities that have been labeled "the new normal" in managing their perception of COVID-19 risk as health preventive

actions and reduce human interaction. HBM was used to support a hypothetical association between perceived COVID-19 dangers and subsequent health-promoting behavior, specifically ‘new normal tourism,' which has gained a lot of attention.

Planned Behavior in Communication

Attitude and behavior are important subjects in the study of communication. The Theory of Planned Behavior (TPB) by Ajzen (1991), although a bit outdated, is still irreplaceable since it represents one of the major instances of foreseeing people's behaviors based on attitude, subjective norms, and perceived behavioral control. The three factors function as predictors of behavioral intention, which has an impact on behavior. A person's attitude refers to how they feel about a given action or situation (Ajzen, 1991). Since attitude lingers for a long time once it is established, it frequently serves as a significant predictor of a person's behavioral purpose (Hsu & Huang, 2012).

Social forces that prohibit or encourage people to engage in a particular activity are referred to as "subjective norms" (Rivis et al., 2009). When family or friends have a good attitude about a certain activity, a person is more likely to engage in it because they desire to live up to their expectations, and vice versa.

A person's view of her or his own capacities regarding the resources (money, time, and skills) required to carry out a specific action is known as "perceived behavioral control" (Hsu & Huang, 2012). It refers to a person's conviction that they might effectively manage the resources and circumstances needed to carry out a specific action.

The TPB has been expanded with additional variables to increase its explanatory power and provide a more precise prediction of behaviors. Variables like destination image, travel restrictions, authenticity, place attachment, and tourist characteristics were added to the travel and tourism industry to improve the comprehension of tourist behaviors (Girish & Lee, 2020). Recently, risk-related variables were added to expand the TPB. One study, for instance, confirmed that perceived risk affected the attitudes of Japanese and Korean tourists, whereas perceived

uncertainty affected the attitudes of Chinese and Korean visitors as well as the perceived behavioral control of Japanese and Chinese visitors. (Quintal et al., 2010).

The circumstance of the Covid-19 pandemic has caused complete turmoil, created a need to predict tourists' future behavioral intentions and challenged the existing norms (Bae & Chang, 2020). Two theories—HBM and TPB—discussed above—were used in this study to create a theoretical framework. The ultimate outcome variable of the study was behavioral intention toward "new normal" tourism, and three variables (attitude, subjective norms, and perceived behavioral control) were specified as antecedents based on TPB because unprecedented uncertainty has affected people's attitude and behavior under the social impact.

The COVID-19 risk perception variable was added to the TPB model to account for the pandemic crisis circumstances. The HBM, which emphasizes a person's propensity to engage in health-protective activity under perceived hazards, can be used to support this modification to the original TPB model. According to the presumption, visitors' efforts to promote and/or safeguard their health are motivated by their perceptions of risk related to the COVID-19 situation. Specific HBM variables were left out of the research framework because the main goal of this study was to investigate the relationship between risk perception from COVID-19 and behavioral intention toward "new normal" tourism. TPB variables were instead used to keep the study's focus on this relationship.

Research Model and Hypotheses

The trend of new normal tourism has been seen in the COVID-19 pandemic in Indonesia. This study has been initiated to analyze the relationship of this trend with the Covid-19 outbreak because some Indonesians appeared to discover their coping strategies to limit the perceived risk and simultaneously satisfy their desire to travel. In this situation, HBM provides a logical framework to highlight new normal travel as a health-protective action to deal with people's perception of the Covid-19 risk. An extended TPB was used to predict the development of new typical tourist behavior during the Covid-19 pandemic and to construct the study model (Figure 1).

Previous research has demonstrated that media coverage of perceived risk determines attitude, which then influences behavioral intention (Ajzen, 1985; Quintal et al., 2010). Additionally, perceived behavioral controls and subjective norms were found to have risk perception as a significant antecedent (M. C. Lee, 2009). Lower risk levels are typically associated with a more optimistic view, a greater degree of confidence in one's own skills to carry out a desired activity, and a sense that one's family or friends will support their intended actions (Jarvenpaa et al., 2000). However, as the focus of this study is on regular travel as a practice that promotes health and lowers health risks, we expected that risk perception would have a positive effect on the TPB variables (attitude, subjective norms, and perceived behavioral control) as follows:

H1: There is a significant positive relationship between risk perception (cognitive/affective) and attitude.

H2: There is a significant positive relationship between risk perception (cognitive/affective) and subjective norms.

H3: There is a significant positive relationship between risk perception (cognitive/affective) and perceived behavioral control.

Previous research has shown that people's decision-making is influenced by their perception of risk (Stefani et al., 2008). It has been discovered that risk perception has a strong positive impact on behavioral intention (Floyd et al., 2004). As a result, we hypothesized the following in our investigation.

H4: There is a significant positive relationship between risk perception and behavioral intention.

According to Ajzen (1991), conduct is determined by behavioral purpose, which is influenced by attitude, subjective norms, and perceived behavioral control. The validity of the TPB has been demonstrated by previous studies that examined the relationship between these three traits and behavioral intentions. (M. F. Chen & Tung, 2014). Subjective norms, in particular, should have been a primary driver of behavioral intention in the Indonesian environment. There have been no big lockdowns or mobility restrictions in Indonesia, even during the peak of the pandemic, while

health authorities urged Indonesian individuals to follow health measures like as social distancing and mask-wearing.

However, social pressure to follow health procedures to avoid public condemnation has had a significant impact on behaviours among Indonesians. We hypothesized the following based on past TPB study results and the Indonesian environment.

H5: There is a significant positive relationship between attitude and behavioral intention.

H6: There is a significant positive relationship between subjective norms and behavioral intention.

H7: There is a significant positive relationship between perceived behavioral control and behavioral intention.

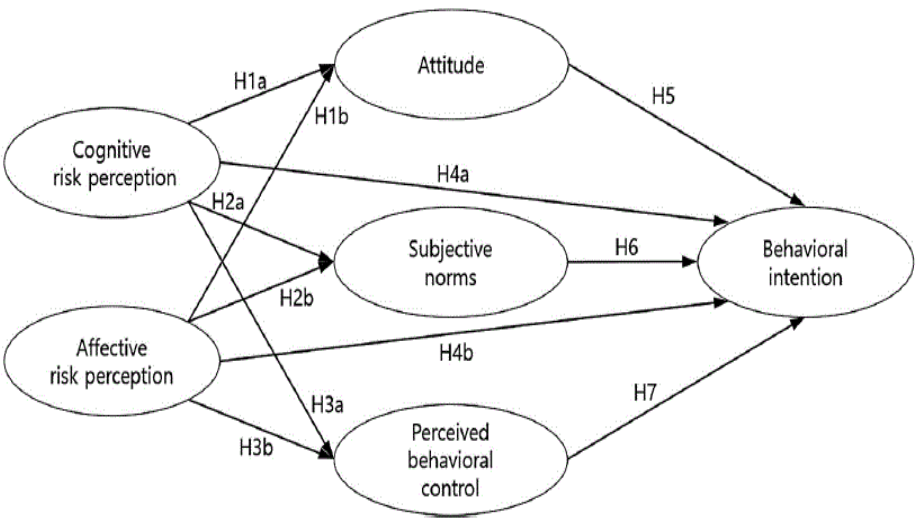


Figure 3.1: The Research Model

Risk perception and behavioral intention are both influenced by one's attitude. A high level of risk perception has an impact on attitude, which in turn has an impact on people's behavior intentions (Choi et al., 2013). The unusual Covid-19 crisis in Indonesia heightened social pressure to comply with acceptable behavior. People's daily movements were also influenced by the authority's directive to exercise daily social distance. This study hypothesized that attitude, subjective norms, and perceived behavioral control mediate the relationship between risk

perceptions and behavioral intention in this situation.

H8: The relationship between risk perceptions and behavioral intention is mediated significantly by attitude.

H9: The relationship between risk perceptions and behavioral intention is mediated significantly by subjective norm.

H10: The relationship between risk perceptions and behavioral intention is mediated significantly by perceived behavioral control.

Demographic factors warrant more consideration, specifically marital status and gender, since they are frequently used as important variables and they impact tourists' behavioral intentions (Skogland & Siguaw, 2004). The two demographic factors have been thought to influence visitor behaviors like information seeking, travel encounters, and an inclination to return (Okazaki & Hirose, 2009). They are also important factors in determining behaviors that promote health when it comes to avoiding unknown dangers (Yang et al., 2017).

Recent COVID-19 surveys have also included gender and marital status as important indicators of people's behavioral tendencies. For instance, more married people (70.0%) than unmarried people (42.8%) have cut back on social gatherings since the COVID-19 epidemic, according to a survey on the impact of the disease and the resulting way of life that included 1,000 South Koreans aged 15 to 64 (Kim, 2020).

Due to the uncertain economic circumstances caused by the Covid-19, more married (56.8%) than unmarried (47.0%) and more females (54.2%) than males (43.5%) South Korean office workers expressed positive plans to obtain a part-time employment (Bae & Chang, 2021). This study's hypothesis was that gender and marital status have a moderating effect on the structural linkages between components.

H11: The relationships among risk perceptions, attitude, subjective norms, perceived behavioral control, and behavioral intention are moderated by gender.

H12: The relationships among risk perceptions, attitude, subjective norms, perceived behavioral control, and behavioral intention are moderated by marital status.

3. Research Method

The population of this study was composed of Indonesian adults living in the Jakarta metropolitan area known locally as Jabodetabek. It is the most populous area in Indonesia that includes the national capital Jakarta as the core city as well as five satellite cities and four regencies. The reason this area was chosen is because the region is the center of government, culture, education, and economy of Indonesia. It has pulled many people from throughout the country representing most Indonesian demographic segments. This target market is also known to consist of essential travel decision-makers with financial resources.

An online questionnaire using Google Form was distributed 18 – 21 April 2021. After more than one and a half years since the first case was announced in March 2020 and more than a half of population had been fully vaccinated since January 2021 and the number of Covid-19 cases has dropped drastically, some members of the community started traveling. Since the pandemic is still not over yet, travelling and tourism operators implemented standard health protocols such as wearing masks, washing hands, and maintaining distance.

An initial evaluation of the measurement reliability (Cronbach's alpha of 0.87) and questionnaire quality was done with 56 participants before the questionnaire was made available. Then, for the primary survey, a total of 1,160 questionnaires were sent, primarily via telephone. In total, 872 respondents clicked on the link to the survey, 586 responded, and 483 valid replies were used in the final data analysis.

This survey consists of six sections: demographic data, cognitive and affective risk assessment, attitude, subjective norms, perceived behavioral control, and behavioral intention. It was adapted from Bae and Chang (2021) with modifications for the Indonesian context. Risk perception was measured using two subscales, cognitive and affective perceptions, each with four items. Risk perception was defined as a person's awareness of COVID-19 risk (Bae & Chang, 2020; Brug et al., 2004). Then, four items were used to measure each of the four factors (attitude, subjective norms, perceived behavioral control, and behavioral intention toward new normal tourism (Ajzen, 1991). In this study, "new normal tourism" was defined as a method of traveling while wearing a mask, constantly washing one's hands, reducing direct contact with others, and maintaining a distance from them.

Every item was evaluated using a 5-point Likert scale (1: strongly disagree; 5: strongly agree). We also inquired about the respondent's gender, age, marital status, occupation, education, and income; whether they had children; and how frequently they traveled within the country prior to the epidemic in 2019. Three tourism researchers examined the applicability of the measures to assure construct validity.

The data were analyzed using IBM SPSS 21.0 and Amos with the following steps. First, a confirmatory factor analysis (CFA) was performed to understand the relationships between each construct. Second, structural equation modeling (SEM) was used to investigate the causal links between constructs after the CFA results were acquired. Third, the bootstrapping approach was used to demonstrate how attitudes, subjective norms, and behavioral control act as mediators between risk perception and behavioral intention. Finally, to compare differences by gender and marital status, a multi-group invariance analysis using z-scores was employed to investigate the potential moderating effect of demographic variables. The structural routes in each subgroup were compared using the calculated z-score discrepancies between the restricted and unconstrained models.

4. Results

The demographic data of the participants is shown in Table 1. The participants' average age was 26.2 years, and there were slightly more men (53.4%) than women (46.6%). The majority of participants (54.3%) were married, and their monthly income ranged from 10 to 14.9 million Rupiahs on average. Approximately 67.5% of the participants were childless. Participants took domestic flights 3.2 times on average in 2019.

According to table 2, the measurement model's goodness-of-fit indices were RMSEA = 0.079, CFI = 0.910, and NFI = 0.984. According to Kline (2005), the comparative fit index (CFI) and normed fit index (NFI) must show the fitness between the model and null hypothesis with needed values higher than 0.9. The root mean square error of approximation (RMSEA) must be less than 0.08 as well (Hair et al., 2010). The composite reliability (CR) value, which was larger than 0.7, explained the construct indicators' internal consistency. The average variance extracted (AVE), which was greater than 0.5, demonstrated that the latent variables could indeed explain the observed data. Cronbach's alpha values, which ranged

from 0.731 to 0.940, are also included in Table 2 for evaluating the reliability of the multi-item scales. All alpha coefficients were above the threshold of 0.7, indicating that each construct satisfies the requirements for reliability. The discriminant validity was confirmed by comparing correlations between constructs and the square root of AVE. The indices indicated above demonstrated that the study's hypothetical model could be used to thoroughly evaluate the data that were observed (Table 3).

Table 1: Demographic Information (N =483)

		n	%			*n*	%
Gender	Male	258	53.4	Has children	Yes	57	11,8
	Female	225	46.6		No	426	88,2
Age	10 - 19	57	12,0	Travel freq. before pandemic	Less than 5	312	64,6
	20 - 29	354	74,5		5 - 9	117	24,2
	30 - 39	36	7,6		10 - 14	36	7,5
	40 - 49	12	2,5		15 - 19	6	1,2
	50 - 59	15	3,2		over 20	18	3,7
	60 - 69	1	0,2	Travel during pandemic	Yes	327	67,7
Marital status	Single	72	14.9		No	156	32,3
	Married	411	85.1	Travel freq. during pandemic	Never	57	11,8
Monthly income	Less than 5M	175	36.2		1 - 4	279	57,8
	5 - 9.9	159	32.9		5 - 9	21	4,3
	10 - 14.9	98	20.3			9	1,9
	15 - 19.9	39	8,1				
	over 20 M	12	2,5				

Table 2. Results of Confirmatory Factor Analysis.

Variables	Factor loading	C.R.	AVE
Cognitive risk perception (α=.791)		0,741	0,646
Compared to other persons, I have a high risk of being COVID-19-infected.	0,731		
I'm quite likely to pass away from COVID-19.	0,940		
Compared to other diseases, I have a high chance of contracting COVID-19.	0,957		
I am very likely COVID-19 infected in general.	0,823		
Affective risk perception (α=.868)		0,836	0,637
Concerning the possibility of COVID-19 in my area.	0,848		
I'm concerned that I might contract COVID-19.	0,860		
Concerned about my family members who have COVID-19 infections.	0,870		
The possibility of COVID-19 being a health concern worries me.	0,872		

Attitude (α=.871)		0,821	0,617
New normal tourism is beneficial.	0,832		
New normal tourism is useful.	0,900		
New normal tourism is valuable.	0,907		
New normal tourism is attractive.	0,835		
Subjective norms (α=.954)		0,764	0,624
Most of the major people in my life believe it is acceptable for me to partake in new normal tourism.	0,855		
Most of the individuals who matter to me agree that I should partake in new normal tourism.	0,875		
Most of my close friends and family members are aware of my new typical travel habits.	0,875		
The majority of the essential people in my life concur with my views on new normal tourism.	0,888		
Perceived behavioural control (α=.852)		0,837	0,683
It is entirely up to me whether or not I use new normal tourism when I go.	0,745		
I am capable of taking part in tourism in the new normal.	0,918		
I have faith that I can partake in new normal tourism if I so want.	0,915		
I have ample time, opportunities, and resources to partake in new-normal tourism.	0,822		
Behavioural intention (α=.962)		0,868	0,621
In the near future, I want to travel adopting new tourist norms.	0,862		
In the near future, I intend to travel employing new tourist trends.	0,884		
I'll try to use new-normal tourism when I travel in the near future.	0,887		
In the near future, I will undoubtedly spend time and money traveling adopting new tourist trends.	0,883		

Note: CFI = .910, NFI = .984, RMSEA = .079.
CR: Composite reliability; AVE: Average variance extracted.

The next step was to assess the proposed associations in a structural model, and additional validation was done using SEM, after confirming the scale eligibility for measuring the various study variables. The structural model's goodness-of-fit indices, CFI = 0.891, NFI = 0.865, and RMSEA = 0.079, showed an excellent fit to the data. Though H2b and H3b were rejected because affective risk perception had no discernible impacts on subjective norms and perceived behavioral control, it did, however, significantly positively influence attitude (($\beta = 0.156$, $p < 0.05$)), supporting H1b.

H1a and H3a were rejected because cognitive risk perception had no discernible impact on attitude and perceived control, but it did considerably positively affect subjective norms (= 0.073, p 0.001), hence supporting H2a. Additionally, it was discovered that behavioral intention was significantly positively

influenced by cognitive risk perception (= 0.324, p 0.001), supporting H4a, as opposed to emotional risk perception, which had a negative impact on behavioral intention (= 0,154, p 0.001), rejecting H4a. H5, H6, and H7 were supported by the favorable effects of attitude, subjective norms, and perceived behavioral control on behavioral intention (= 0.268, p 0.01; = 0.176, p 0.001; = 0.324, p 0.05).

Mediation Test

Using the Process macro in SPSS, bootstrapping was utilized to show how attitude and subjective norms mediate behavior once the structural model was constructed. According to Table 4, there was no zero between the upper and lower boundaries of the relationships between cognitive risk perception, affective risk perception, subjective norms, attitude, and behavioral intention. Additionally, the estimates for the indirect effects were not zero. Due to attitude's mediation role in the relationship between affective risk perception and behavioral intention, H8 was partially supported. Additionally, H9 was supported by the discovery that subjective norms were a significant mediator between cognitive risk perception and behavioral intention.

Multi-Group Comparison

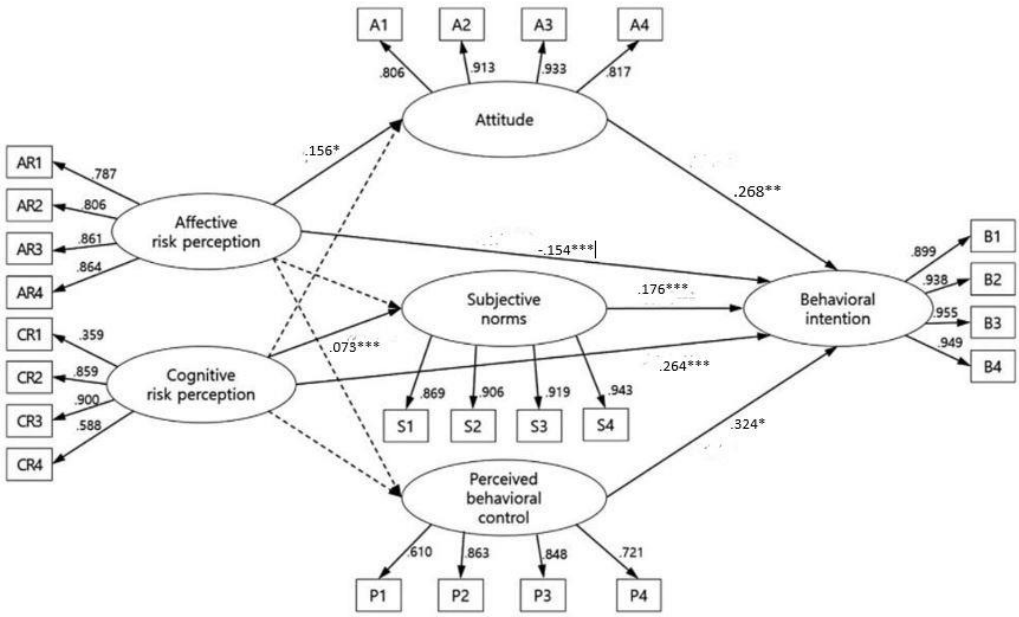
A multi-group analysis was done to evaluate the coefficient differences of the corresponding structural routes for male and female, married and unmarried models using z-score comparison to explore the potential moderating effect of gender and marital status (Chin, 2000; Keil et al., 2000). In a series of multi-group comparisons, the z-score approach was utilized to compare the means of these parameters for the male and female groups, as well as the single and married groups. To calculate z-score, the mean difference between the two distributions and standard error are required, as z = mean difference / standard error. When the $|z| > 1.645$ and the p-value < 0.05, there is a significant difference between the two groups (Sananes et al., 2009).

Table 3. Intercorrelations of Study Measures.

Measure	1	2	3	4	5	6
1. Cognitive risk perception	(0,757)	.547**	.202**	.098**	– .042	.136**
2. Affective risk perception		(0,763)	.233**	0,136	0,010	0,010

3. Attitude			(0,776)	.645**	.434**	.412**
4. Subjective norm				(0,754)	.540**	.548**
5. Perceived behavioural control					(0,754)	.491**
6. Behavioural intention						(0,786)

Note: The diagonal values represent the AVE's squared root for each construct.
*$p < .05$; **$p < .01$.



*Note: CFI = .900, NFI = .884, RMSEA = .078; *p < .05; **p < .01; ***p < .001; Age, education, income, having children or not, and the frequency of domestic travel in 2019 were the variables controlled by the SEM model; a dotted line denotes a nonsignificant route that was left out of the final model.*

Figure 3. Standard Estimations for Path Analysis in Structural Equation Model.

The comparisons of the results by gender are shown in Table 5, which demonstrates that there were substantial gender differences in the route coefficients from affective risk perception to behavioral intention. In comparison to male individuals, the effect of affective risk perception on behavioral intention was noticeably greater in female participants. H11 was thus only partially confirmed.

Table 4. 95% Confidence Intervals (CI) and Bootstrapping Effects for The Meditational Model

Model pathways	Estimates	95% Confidence Interval

		Lower	Upper
Total effects			
Affective risk perception → Intention	-0,147	-0,31	-0,06
Cognitive risk perception → Intention	0,453	0,293	0,526
Indirect effects			
Affective risk perception → Attitude → Intention	0,034	0,037	0,063
Cognitive risk perception → Subjective norms → Intention	0,026	0,009	0,064
Direct effects			
Attitude → Intention	0,337	0,242	0,437
Subjective norms → Intention	0,186	0,100	0,265

The path coefficients from affective risk perception to attitude, the subjective norm to behavioral intention, and perceived behavioral control to behavioral intention show substantial differences between the married and unmarried groups. Unmarried subjects showed much higher effects of emotional risk perception on attitude and a perceived norm on behavioral intention. Additionally, among individuals who were not married, perceived behavioral control had a stronger effect on behavioral intention. Consequently, H12 was only partially confirmed.

5. Discussion

In a post-crisis environment, this study sought to investigate the impact of COVID-19 risk perception on behavioral intention toward "new normal" tourism. It sheds light on important conclusions about the "new normal" of tourism as a risk-averse or health-preventive behavior resulting from COVID-19 risk perception. The principal conclusions of the study are as follows:

First, the findings show a positive relationship between emotional or affective risk perception and attitudes toward "new normal" tourism, which is in line with those of Bae and Chang (2020), Shim and You (2015), and Chew and Jahari (2014). On the other hand, it was not discovered that cognitive risk perception was a significant antecedent. Rather than being motivated by a desire to protect themselves from the COVID-19 sickness, they developed a positive attitude toward the "new normal" of tourism. Depending on marital status, there was a substantial difference in the link between affective risk perception and attitude. Participants who were single and who experienced higher levels of affective risk were more enthusiastic about the "new normal" in travel. Married people are more likely to travel with their families and, as a result, are more inclined than

single people to make travel decisions for their families. The decision-making process for family travel is challenging since it involves a lot of uncertainty and is significantly influenced by the family's life cycle (Bae & Chang, 2020).

Table 5. Comparing the Route Coefficients Between the Male and Female Groups Revealed Significant Results

	Male		*Female*		
Path	Estimate	*p*-value	Estimate	*p*-value	*z*-score
Affective risk perception → Attitude	0,067	0,102	0,167	0,000	1,563
Affective risk perception → Intention	−.131	0,028	−.243	0,000	−1.73*
Cognitive risk perception → Subjective norms	0,063	0,440	0,221	0,004	1,402
Cognitive risk perception → Intention	0,348	0,000	0,457	0,000	1,027
Attitude → Intention	0,265	0,000	0,378	0,000	1,535
Subjective norm → Intention	0,221	0,000	0,159	0,000	−.800
Perceived behavioural control → Intention	0,331	0,000	0,246	0,000	−.872

Table 6. Comparing the Route Coefficients Between the Married and Unmarried Groups Yielded Significant Results

Path	Unmarried Estimate	*p*-value	Married Estimate	*p*-value	*z*-score
Affective risk perception → Attitude	0,707	0,000	0,421	0,000	−4.928***
Affective risk perception → Intention	−.050	0,275	−.067	0,002	−.335
Cognitive risk perception → Subjective norms	0,923	0,000	1,039	0,000	1,226
Cognitive risk perception → Intention	0,264	0,000	0,226	0,000	−.459
Attitude → Intention	0,116	0,008	0,087	0,000	−.567
Subjective norm → Intention	0,349	0,000	0,168	0,000	−3.147***
Perceived behavioural control → Intention	0,074	0,109	0,262	0,000	3.410***

Note: This table lists the unstandardized values for each group used to create the Gaskin-recommended z-scores (2012).
***$p < .001$.

Second, the subjective standards for the "new normal" in tourism were affected by cognitive risk perception. A person is more inclined to believe that the "new normal" of tourism is endorsed by their in-group when they associate danger with news about genuine diseases. This is in line with

Murray & Schaller's (2012) findings, which showed how perceptions of an infectious illness threat affected adherence to social norms. Peer pressure to adhere to social norms, such as social distancing, could serve as a barrier to societal health issues.

Third, risk perception influenced behavioral intention significantly. This backed up earlier research findings on the impact of perceived risk on people's decision-making (Bae & Chang, 2020; Stefani et al., 2008). In contrast to the original hypothesis, affective risk perception had a significant negative influence on intention, whereas cognitive risk perception had a favorable association with intention. That is, despite their favorable attitude toward new normal tourism, fear and emotional concerns may nevertheless prevent people from traveling during the pandemic. This shows that attitude plays a key role in mediating risk perception and behavioral intention.

The connection between affective risk perception and behavioral intention was significantly moderated by gender. Both genders' views were affected by affective risk perception equally, although female respondents demonstrated a stronger negative influence of affective risk perception on behavioral intentions toward new normal tourism than male subjects. This might be explained by the fact that gender differences in travel risk exist (Elsrud, 2001). In two-thirds of the current investigations, gender variations in risk perception were confirmed (Yang et al., 2017).

The crisis' effects on both genders may have been different during the COVID-19 pandemic. According to many media accounts, females, particularly working mothers, were subjected to extreme mental anguish and despair as a result of being overburdened with childcare because of school closures while performing numerous tasks. Accusing the crisis of exacerbating gender disparity. As a result, it is possible that females rated the risk more negatively than males (Elsrud, 2001), which could have affected their larger aversion to new normal tourism during the pandemic.

Fourth, attitude is a significant mediator between risk perception and behavioral intention, which backs up Bae and Chang (2020), Choi et al. (2013), and Lee's findings (2009). Individuals who had a higher perception of affective risk had a more favorable attitude toward new normal tourism and hence had a higher behavioral intention. The pandemic, which has lasted longer than

anticipated, has caused a lot of individuals to feel concerned right now. Even though they are fully aware of their obligations to practice social withdrawal for the sake of both themselves and society, they have tried to come up with coping mechanisms to reduce these tensions by engaging in "new normal" leisure. People's propensity to engage in "new normal" travel may have increased because of the consistent media coverage of the new normal lifestyle trend. (Shim & You, 2010)

Fifth, it was discovered that subjective norms were an important modulator of risk perception and behavioral intention. The main factor in keeping the level of serious infection low in Indonesia during the pandemic has been people's adherence to protective practices, including mask use and social seclusion. These behaviors are typically the consequence of social pressures, since people who break from accepted norms are swiftly labeled as adversaries and face hostility from others. (Murray & Schaller, 2012).

People frequently use heuristic processes to adopt normative behaviors, especially in uncertain situations (Eidelman & Crandall, 2009; Jost & Hunyady, 2005). People's judgments of the COVID-19 risk influence their belief that engaging in new normal travel will earn them social acceptance from their cultural group, which increases their readiness to do so. Finally, behavioral intention was positively influenced by attitude, subjective norms, and perceived behavioral control, which is consistent with prior research findings (e.g., Bae & Chang, 2020, Huang et al., 2014).

Individuals' behavior evaluation, recognition of their cultural group, and perception of their capacity for new normal travel all had an impact on how they behaved. There was a significant moderating effect of marital status on the relationships between subjective norms and behavioral intentions as well as between perceived behavioral control and behavior.

Compared to married participants, single participants showed a stronger influence of subjective norms on boosting the intention to partake in the new normal of tourism. The study's findings imply that even though many single people tend to be individualistic, they nevertheless need reference groups to give their actions meaning. To minimize anxiety from uncertainty, their

herding behavior, or consulting others' opinions when making decisions, may be especially crucial in high-risk situations (Banerjee, 1992).

In contrast to unmarried participants, married participants demonstrated a stronger effect of perceived behavioral control on their intention to partake in "new normal" tourism. People notice fewer apparent barriers that could prevent them from intending to engage in a certain behavior when they sense higher levels of behavioral control (Ajzen, 2002). As was already mentioned, married people are more likely to plan family vacations, which calls for a more careful approach because it takes more time, money, and effort. It makes sense to believe that a person's conviction that he or she has control over their travel decisions will have a big impact on what motivates them to act. Given the current situation in Indonesia, local governments' initiatives to promote their areas as desirable new destinations for normal tourism may have an impact on how people see their capacity to control their behavior.

4. Conclusion

In this unprecedented pandemic, this study provides a timely and informative discussion of the impact of COVID-19 on the behavioral changes among domestic tourists. It offers numerous theoretical implications based on timely data collection and analysis in the post-crisis period of the pandemic in Indonesia. To begin with, this study contributes to the literature of tourism marketing communication by analyzing a worldwide ongoing current issue that has wreaked havoc on global society and individual lives. The results of this study will serve as an essential point of reference for studies tracking short- and long-term changes in tourist behavior considering the upcoming COVID-19 and other infectious disease waves.

Second, this study used the notion of the new normal to explain a new tourist behavior pattern during the pandemic. This study looked into new normal tourist behavior that meets people's need to travel even during a pandemic while limiting the disease's perceived risks. Individuals' new normal behaviors utilized for health protection could be potential research topics in the post-corona era.

While identifying the moderating impacts of gender and marital status on the expected structural linkages, this study proved the mediating roles of attitudes and subjective norms between

risk perception and behavioral intention. The results of this study will give precise information about how tourists will behave in the future during an infectious illness pandemic. This research has practical consequences for both Indonesian tourism industry and the global tourism sector.

The necessity to prepare for the upcoming waves of the COVID-19 has been stressed by health officials. They also stated that due to environmental changes, major diseases such as COVID-19 will recur every four to five years (Kim, 2020a). Practitioners in the tourist industry may need to examine new normal tourism as a new paradigm that accommodates people's desire to reduce their perceived risks while still having fun.

Despite its strengths, this research has some limitations. This study starts by examining cross-sectional data. After Corona, the same behavioral intentions that persisted throughout the pandemic might not. Researchers would need to gather additional data over a number of time periods in order to conduct a longitudinal study of the problem. In this case, it could also be interesting to investigate the connection between early behavioral intention and later actual behavior. Second, the findings of this study were based on people in Indonesia, therefore other contexts should be examined before drawing any firm conclusions. Third, the idea of "new normal" tourism is still very fresh, calling for additional research. To have a better understanding of this alternative form of tourism in the COVID-19 pandemic, the motivational elements for new normal tourism should be investigated further.

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