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### RESPONSES AND ATTITUDE OF TOURISTS TOWARD THE COVID-19 PANDEMIC: A CASE STUDY OF VIETNAM

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#### **ABSTRACT**

World tourism is facing a multitude of global challenges in the event of a world pandemic (Covid-19). The loss of the tourism industry during a pandemic is caused by the drop-off of tourist numbers. Understanding tourist response in the context of various types of crises is important and has several managerial and marketing implications. Through an online survey taken in Vietnam during March 2020, this paper aims at indicating how Vietnamese tourists react to their traveling needs during the time of an epidemic. The result showed that tourists are strongly impacted by the epidemic and are less likely want to take risk of traveling. Their decisions depend on their awareness of risk and preventive measures taken by other tourism stakeholders. Findings from this study brought out some implications for reviving the tourism industry in response to the epidemic. Measures to reassure customers that their holidays are safe will be the ultimate way for the tourism sector to recover.

#### **INTRODUCTION**

Tourism is among the fastest growing industries and has a great contribution to the economies around the world. According to World Travel & Tourism Council, the global Travel & Tourism sector grew at 3.9% to contribute a record \$8.8 trillion and 319 million jobs to the world economy in 2018. Meanwhile, tourism is a sensitive industry and easily affected by change, both domestic and international (Ardahaey F.T, 2011). Political changes, epidemics or natural disasters are among the most popular factors to influence tourism.

According to WHO, an epidemic is considered "*the occurrence in a community or region of cases of an illness, specific health-related behavior, or other health-related events clearly in excess of normal expectancy*" (Bloom, D., Canning, D., 2013). A pandemic is "*an epidemic occurring over a very wide*

*area (several countries or continents) and usually affecting a large proportion of the population.*" (US Centers for Disease Control and Prevention, in Bloom, D., Canning, D., 2013). Since pandemics are simply epidemics spread over a wide area, a discussion of the two naturally goes hand in hand (Bloom, D., Canning, D., 2013).

The tourism literature identified five critical tourism risk factors significantly impacting the choice of destination as follows: (1) War and political instability (2) Health concerns (3) Crime (4) Terrorism and (5) Natural disasters (Abukhalifeh et al, 2018). Regarding health concerns, concretely epidemic and pandemic, travel represents a significant risk factor for infectious diseases since it is easy for travelers to carry them (the diseases) from one person to another to any spot in the world (Abukhalifeh et al, 2018). According to Rossello et al (2017), the growth in the number of international tourist flows reflects the rapid movement of large population groups, which may pose an increased risk of travel-related illnesses, especially transmissible diseases. Travelers can carry microbes and their genetic material, they can be victims, guards, couriers, processors, and transmitters of microbial pathogens, affecting the host community through their contact with people there. Consequently, travel should be looked at as a cycle rather than just an origin and destination (Chen and Wilson 2008, in Abukhalifeh et al, 2018). Using data from a sample of more than 90 countries and applying multiple regression analysis, Farzanegan et al (2020) found that international tourism has serious consequences for the Covid-19 outbreak, positive and noteworthy association between the past records of international tourism and the current accrued numbers of confirmed cases and deaths resulting from Covid-19 was observed. Travel and tourism, therefore, are even considered the main sources to cause the emergence of infectious diseases (Richter 2003 in Qiu R. et al. 2020).

The world is now facing a pandemic caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) previously known as "2019 novel coronavirus" and the disease caused by it is called coronavirus disease (COVID-19) declared a global pandemic by WHO on 11 March 2020 (Nhamo G et al. 2020). As one of the first sections to be affected by the Covid-19 (World Bank Group, 2020b), the world travel and tourism industry is facing a multitude of global challenges. As can be seen on the media worldwide, the tourism sector has suffered severe impacts from the complicated movements of SARS-CoV-2 over recent months, it can be seen as one of the worst affected sector (Nhamo G et al. 2020). Many reports and papers have indicated how the tourism and travel industry is affected by epidemics globally. This is not the first time world tourism has suffered from such pandemic. The SARS epidemic in 2003 led to a significant decline in international tourist arrivals in that year; the World Tourism Organization (WTO) reported that arrivals to some affected countries in Asia has fallen to less than 50%, (WTO, 2004 in Abukhalifeh et al, 2018). Although the region recovered quickly, SARS had considerable economic impacts and was responsible for a 9% overall loss in travel volume for Asia in 2003 (Baker, 2015 in Abukhalifeh et al, 2018). Also about SARS and another infectious disease in Asia, Kuo et al. (2008 in Rossello et al, 2017) investigated the impacts of those diseases on international tourist arrivals in Asian countries. Their results indicated that the numbers of affected cases have a significant

impact on SARS-affected countries but not on Avian Flu-affected countries. A drop of 12 million arrivals to Asian and Pacific countries following the outbreak of the avian flu epidemic has been estimated (Wilder-Smith 2006). The World Travel and Tourism Council estimated that approximately 3 million people in the tourist industry lost their jobs following the SARS outbreak in the most severely affected countries of China, Hong Kong, Vietnam and Singapore, resulting in losses of over \$20 billion (WTTC 2003 in Rossello et al, 2017), and a drop of about 12 million arrivals over the months of the SARS outbreak in Asia and the Pacific was observed (Nhamo G et al. 2020). While SARS affected Asian countries the most, Ebola is another epidemic to hit African ones. As noted in WTTC (2018), The West Africa Ebola epidemic, which had its first reported case in December 2013, lasted two-and-a-half years, affecting almost 30,000 people, 99% cases were in Guinea, Sierra Leone and Liberia. The World Bank Group conducted a study on the economic impact of Ebola in Africa which divulged that the Ebola epidemic continued to ruin the economies of Guinea, Liberia, and Sierra Leone even though a significant infection reduction rate was recorded. The study estimated a total loss of at least US\$1.6 billion for the three countries in 2015 as a result of the epidemic (Oldstone 2009; Baker 2015; Del Rio and Guarner 2015; Roossinck 2016 in Abukhalifeh et al, 2018).

At America continent, a 2013 paper estimated the economic impact to the Mexican tourism sector of the H1N1 influenza pandemic, by examining tourist arrivals. The authors found that the virus caused Mexico to lose almost one million inbound visitors, which is estimated to have resulted in losses of around US\$2.8 billion. This extended over a five-month period, mostly because of the slow return of European travelers to the country. Similarly, a paper investigating the economic impact of the 2015 Middle East respiratory syndrome coronavirus (MERS-CoV) outbreak on the Republic of Korea's tourism-related industries found that the relatively brief outbreak was associated with 2.1 million fewer non-citizen visitors, which corresponds to about US\$2.6 billion in lost tourism revenue. Another study estimated that the impact of SARS on domestic tourism earnings losses reached US\$3.5 billion in China and US\$1.7 billion in Malaysia (Delivorias, A., Scholz, N. 2020).

Vietnam confirmed the first two cases of Covid-19 on January 23rd, 2020 (a Chinese man traveling from Wuhan to visit his son who lived in Vietnam and his son who was believed to have undertaken the disease from his father). On March 22nd, Vietnam recorded its 100th patient with many cases returned from various countries, including the US, Britain, Malaysia and France; which are severely hit by the coronavirus. The Vietnam Government was considered to react quite quickly to the announcement of the breakout of the coronavirus (World Bank Group, 2020) and has taken effective preventive steps to stop the outbreak to reach its borders or to control the community transmission of the disease. Nonetheless, the negative impacts of the Covid-19 pandemic to Vietnam's economy is unavoidable and the most direct and immediate negative impact is on tourism (World Bank Group, 2020). For Vietnam, compared to the impacts on the tourism sector during the outbreak of the SARS epidemic 17 years ago, the consequences caused by Covid-19 are more serious. In addition to the sharp drop in the number of Chinese tourists, which accounts for 30% of the structure of Vietnamese overseas visitors, the epidemic has also prevented

foreign tourists from other markets from traveling to Vietnam. As reported by the World Bank Group (2020), the absence of the 5.8 million Chinese tourists to Vietnam may cause this country a loss of 750 million US dollar per month and the loss would boost to 1.6 billion considering the multiplier effect from the drop off of all market international tourists. Moreover, the number of domestic travelers has also had a plunge. According to the travel management agencies and tourism associations in many localities, the cancellation of tours, seats and services is very common. The immediate damage to the tourism sector is estimated at tens of trillion Vietnamese dong (Nhan Dan, 2020).

The loss of the tourism industry during an epidemic or pandemic is caused by the drop-off of tourist numbers. Understanding tourist response in the context of various types of crises is important and may result in several managerial and marketing implications. Tourism organizations, managers and promoters must understand the volatile influence of a crisis on tourist behavior so that they can have sound responses following tourists' perceptions and reactions (Senbeto, D L., 2020). In other words, understanding tourists' responses and adaptation may help minimize the negative consequences of tourism during a crisis time. Whilst numerous previous studies have indicated how the tourism and travel industry is affected by epidemics globally, less attention has been paid to the responses of tourists to these impacts. This research, therefore, aims to contribute to addressing this gap by looking at how Vietnamese tourists react to their traveling need during the time of an epidemic (Covid-19) and how it can be helpful for tourism policy makers and practitioners in response to the pandemic.

## **METHOD**

As the research was carried out during the time of Covid-19 epidemic, most people stayed home and were afraid of directly communicating with others, an online survey has been taken.

Online surveys are and will be frequently used. The most popular form of online surveys is the open, unrestricted web survey, where a questionnaire is put on the web and everybody can join in voluntarily (Faas T., Schoen H. 2006). A closed-ended questionnaire was designed by Google Form and the survey link was posted on the author's Facebook timeline and some Vietnamese public Facebook groups which the author was a member (e.g alumni groups of some high school or public group for travel and tourism lovers) (all members of those groups were asked to join and to share the link also).

There is no clear-cut sampling frame in the case of an open online survey and there are three doorsteps of participation in this case: First, a person has to become aware of the survey; second, the person must have access to the Internet; third, (s)he has to decide to participate (Faas T., Schoen H. 2006). In this case, as far as this survey link was posted on Facebook, persons without access to Facebook have less chance to notice them (less but not "no chance" as some participants might use other platforms to share the link, like Viber, Zalo, email); in contrast, heavy Facebook users are very likely to become aware of them.

The survey questioned the following socio-demographic characteristics: gender, age and educational level, occupation.

Data were analyzed using statistical software SPSS. Descriptive statistics were used to describe the distribution of the demographic characteristics of the participants as well as presented as proportions for categorical variables. Pearson Chi-square test of independence, Independent Samples T-Test and One-way Anova were used to compare differences in categorical variables by gender, age and educational level.

## RESULT

### *Participant Demographics*

The online survey was carried out during March 2020 when the Covid-19 outbreak situation was considered to be quite serious in Vietnam with more than 100 cases all over the country. After two weeks, there were 309 participants, of whom 121 (39.2%) are male, 188 (60.8%) are female.

46.9% of the respondents are among 16-25 years of age, 38.5% are among 26-40, the rest (14.6%) are above 40. The average age of the participants is 29,21 (min 16, max 75).

Regarding education level, 84 participants (27.1%) have high school degrees or lower, 138 (44.7%) have bachelor degrees and 87 (28.2%) have post graduate degrees.

### *Attitude on traveling during the time of Covid-19 epidemic*

As stated above, this survey was taken at the time when Vietnam had more than 100 Covid-19 cases confirmed and the situation of the pandemic worldwide was identified on mass media as serious. Consequently, of all the participants, 212 (68.6%) considered this pandemic extremely serious, 94 (30.4%) serious and just 3 (1%) not very serious.

About three-fourths (75.7%) of the respondents thought that people absolutely should not travel during the time of the epidemic while the other one-fifth (20.7%) believed they may go but should be careful. A small amount of the participants believed people can normally go or just need to stay away from high-risk areas (2.2%) or even should take this chance to go traveling for the low price and less crowded (0.3%). Chi-square test showed no differences among participants with different demographic characteristics (see Table 1).

The participants were more likely to agree with the statement that considering those who still go on traveling during the epidemic time are risky or stay despising of the epidemic (mean 3.69, 3.71 respectively). The participants also seemed to somewhat agree with the statements that those people are carefree (3.38) or even ignorant (3.24) while the statement that those people "are the ones who know how to take the chance" was not agreed with (2.35).

When being asked about the promotions made by the travel agencies or airlines during the epidemic time, the statement which was mostly agreed with is "It should not be done for it may cause the epidemic to become worse" (mean 3.62),

following by "It should be done at small scale level and where there is no sign of the epidemic" (3.16). Agreement with "It should be done soon to minimize the loss of the tourism industry and other economic fields" was the least (2.86). Women seem to more agree with the statement "It should not be done" than men ( $p=0.033$ ). Those whose educational level is bachelor were more likely to agree with the statement "It should be done soon" ( $p=0.012$ ). And those whose educational level is high school and below were more likely to agree with the statement "It should be done at small scale level and where there is no sign of the epidemic" ( $p=0.016$ ) (see Table 2).

### ***Response of tourists toward Covid-19 epidemic***

When being asked whether they would go traveling if there is a good promotion program during the time of the epidemic, two-third (66.3%) of the respondents chose not to go, about one-fifth (21%) chose to go if they are convinced by the travel agencies/airlines that it is a safe choice and the rest (12.3%) said they would go if the destination is free from the epidemic. Chi-square test showed no differences among participants with different demographic characteristics (see Table 3).

Of the total 309 respondents, 66% said they had not and would not go anywhere until the epidemic has gone while 12.6% said they had not gone anywhere since the epidemic but probably go if there was a chance. Whereas, 8.1% of participants did go traveling during the epidemic time as they had already booked the tours/tickets or they took the chance while the price was so low. 1.6% were preparing to go soon while 9.1% had to cancel their traveling plan due to the epidemic.

Assessing traveling during the epidemic time, the participants regarded tourism as *worrying* (4.09), *less crowded* (3.99), *more difficult* (3.88), *experiences restricted* (3.86), *communication restricted* (3.85), *cheaper* (3.66), somewhat *uneasy* (3.41) but not *more comfortable* (2.91).

On their traveling plan, the participants' most concern was the epidemic situation at the destinations (2.90 with max is 3) following by measures taken to prevent the disease by the travel agencies/airlines/hotels (2.85), by the attractions/malls/restaurants (2.82) and by the local government (2.81). Price received the least concern (2.31). Those with higher educational level seemed to have concern more about the prices ( $p=0.047$ ). Those who considered this pandemic very serious seemed to care about everything more than those who considered it serious (all  $p$  ranges from 0.001 – 0.018) (see Table 4).

Regarding essential things for tourism under the epidemic situation, the active role of the tourists in protecting themselves and the role of the authorities in providing updated/accurate information was considered the most important (2.88 and 2.83 respectively with max is 3). All other measures taken by different stakeholders were also considered important with mean ranging from 2.73 to 2.76.

## **DISCUSSION**

The pandemic seems to clearly impact the respondents' attitude toward traveling with a big amount believed that travelers should be careful or even should not go anywhere at all. A previous study found that pandemics bring about anxiety among tourists and influence traveling irrespective of profile and purpose (Senbeto, D L., 2020). Our findings go in line with this as most of the participants, regardless of their socio-demographic background, were impacted by the pandemic and cautious of making traveling decisions. As disease outbreaks play a major role in choosing a travel destination (Abukhalifeh et al, 2018), on giving their own ideas, a certain number of the participants in this survey considered it is up to whether the epidemic is serious at the destination that the travelers can make their travel decision. Scholars have found that risk perceptions significantly influence the intention to travel (Abukhalifeh et al, 2018). Risk perceptions seem to affect the choice of a destination, for example when potential travelers perceive a destination as risky, their intentions to travel to that destination change and they will seek other destinations and riskier destinations may be excluded from the destination choice set (Crompton and McKay 1997; Sönmez and Graefe 1998 in Abukhalifeh et al, 2018). And although tourist ignorance and carelessness are often the cause of these real risk situations, the perceived risk of disease clearly affects tourist behavior, especially in their choice of tourist destination (Rossello et al, 2017). Findings from this survey comply with those above statements for the respondents only chose to go on traveling as long as they see the destinations are less risky and their biggest concern was the safety at the destination.

Being in accordance with their attitude on the decision of going, the participants' viewpoints on those who still go traveling during the epidemic time showed that they believed those people are risky or even carefree or ignorant. General precautions taken by travelers to any destination with high-risk factor can greatly lower the risk of exposure to infectious agents, nevertheless, travelers still play a crucial role in the movement of microbes globally (Abukhalifeh et al, 2018). That's why traveling during an epidemic time can cause risky situation not only for the travelers but for their surrounding people and the community as a whole.

Any economic sector which is facing gloomy days must try ways to rebound or to minimize their loss. Tourism industry and airline are not exceptional. But as the present pattern of air travel could hasten the spread of an influenza pandemic compared with past pandemics (The outbreak of SARS in 2003 demonstrated the impact of spatial mobility and the dynamic role of travelers), maybe the greatest concern for global health is the ability of a person with a communicable illness to travel to virtually any part of the world within 24 hours as has been seen with the Ebola virus (Abukhalifeh et al, 2018). In the Covid-19 case, given that the spread of it, like other infectious diseases, relies mostly on human-to-human interactions, the movement of people could be a dominant driver of its outbreak and immensity (Farzanegan et al. 2020). Tourists can become the epidemic transmitters and make it worse, that is why many respondents in our study were not consent with the tourism promotion programs during the time of the epidemic or showed their understanding but not supporting. Even the UNWTO showed their point of view that during times of crisis, tourism has to

live up to its responsibility as an integral part of wider society. The sector must put people and their wellbeing first (UNWTO, 31 Jan 2020).

Not only do crises and disasters threaten the tourism industry, they also have profound implications on tourist behavior (Senbeto, D L., 2020). Research on the uncertainty avoidance approach reveals that traveling during a crisis affects tourist behavior (Kozak, Crotts, & Law, 2007 in Senbeto, D L., 2020). A crisis can affect tourists' behavior in quite a few ways – from their traveling decisions to their activities at the destination before, during and after the crisis (Senbeto, D L., 2020).

Tourists generally do not travel during a crisis, although research indicates some tourists travel irrespective of a crisis (Hajibaba, Gretzel, Leisch, & Dolnicar, 2015 in Senbeto, D L., 2020). Taking the Ebola epidemic for an example, the first case of Ebola in Sierra Leone was recorded in May 2014, international tourist arrivals flopped immediately and 35 months on from the beginning of the Ebola epidemic in Sierra Leone, international visitor arrivals were still over 50% below pre-epidemic highs (WTTC, 2018). Or in Hong Kong during the SARS epidemic in 2003, international visitor arrivals dropped by 65% (Noy, I., Shields, S, 2019). Findings from this study, are also in compliance with that by indicating only a small part of the respondents chose to go traveling during the epidemic of Covid-19.

With growing globalization comes increased exposure to global epidemics (Noy, I., Shields, S, 2019). According to UNWTO, tourists have a responsibility to inform themselves before they travel in order to limit the threat of transmission, and they should follow the recommendations of the WHO and their own national health authorities (UNWTO, 31 Jan 2020). Respondents of this survey seemed to recognize the role of themselves as well as other stakeholders in taking measures to prevent the disease during their travel.

The economic consequences of an epidemic (like SARS) can be specified into direct and indirect impacts, of which the impacts to tourism can be classified as indirect economic impacts for they were not caused by the direct illness of service providers but by aggregate behavioral changes driven by the public's perception of the outbreak (Noy, I., Shields, S, 2019). The perception of the customers (which will subsequently lead to their behaviors) may create psychological barriers. This psychological impact may last long (World Bank Group, 2020b) and continue to prevent customers from traveling and affect tourism negatively even after the pandemic.

The overall findings of this study on the attitude and response of the respondents toward traveling during a pandemic showed that as long as people feel safe and sound (especially about the destination), they may still choose to go and make themselves adapted as long as they are convinced that their choices are safe. This imposes implications for those who have a stake in the tourism industry who want to minimize the economic loss caused by the pandemic. In order to attract tourists during and after this hard time, preventive measures should be taken; marketing strategy should focus on safety; instructions, recommendations or warnings should be updated widely to tourists to inform



and involve them in the epidemic fight for the sake of themselves as well as the tourism stakeholders and the whole society.

According to World Bank Group (2020b), countries with sizeable domestic tourism markets are likely to recover quicker than the ones that depend much on international demands, correspondingly, focusing on domestic market rebound may be the considerable strategy for the Vietnam case. The findings on the attitude and response of the respondents of this study who are Vietnamese potential domestic tourists can, therefore, be helpful for the policy makers and practitioners in the field of tourism in Vietnam in making their retrieval plans.

### **LIMITATION**

This study has some limitations.

Respondents in online surveys are obviously not a random sample of the population, but tend to be younger and better educated (e.g. Bandilla et al. 2001, pp. 8-11; Vehovar et al. 2002, p. 239 in Faas T., Schoen H. 2006). Thus, it may be limited in generalizing the results.

The online survey can not be long for not to make the respondents impatient, consequently, does not cover lots of information.

In addition, this study is descriptive and therefore, is limited in determining causal relationships among factors.

### **CONCLUSION**

As this big hit by Covid-19 for the world tourism may last long, long-term impacts on the travel and tourism industry can not be avoided, countries and regions with big contributions from tourism must have strategies for a step by step recovery, starting with their domestic markets. This paper aims at shedding some light on the Vietnamese domestic tourist's responses and attitude toward traveling during an epidemic, based on which some implications for recovery plans may be made. The result showed that tourists are strongly impacted by the epidemic and are less likely want to take risk of traveling throughout this time. Their decisions depend on their awareness of risk and preventive measures taken by other tourism stakeholders like the authorities, travel agencies, airlines, hotel owners etc. Findings from this study brought out some implications for managing, marketing and reviving the tourism industry in response to the epidemic. Measures to reassure customers (even after the pandemic) that their holidays are safe will be the ultimate way for the tourism sector to recover.

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**Table 1:** Opinion on going travelling during epidemic time

	<b>(N=309)</b>						
	<b>Total</b>	Absolutely should not go	May go but have to be careful	Only need to avoid high risk areas	Can normally go	Should take the chances for low price and less crowded	Others
<b>Gender</b>							
Male	121 (39.2)	87 (71.9)	28 (23.1)	3 (2.5)	1 (0.8)	0 (0.0)	2 (1,7)
Female	188 (60.8)	147 (78.2)	36 (19.1)	2 1.1)	1 (0.5)	1 (0.5)	1 (0.5)
<i>p=0.615</i>							
<b>Age</b>							
16-25	145 (46.9)	95 (65.5)	42 (29.0)	3 (2.1)	2 (1.4)	1 (0.7)	2 (1.4)
26-40	119 (38.5)	103 (86.6)	14 (11.8)	1 (0.8)	0 (0.0)	0 (0.0)	1 (0.8)
Over 40	45 (14.6)	36 (80.0)	8 (17.8)	1 (2.59)	0 (0.0)	0 (0.0)	0 (0.0)
<i>p=0.05 (66.7%)</i>							
<b>Educational level</b>							
High school and below	84 (27.2)	60 (71.4)	21 (25.0)	0 (0.0)	2 (2.4)	0 (0.0)	1 (1.2)
Bachelor	138 (44.7)	105 (76.1)	27 (19.6)	4 (2.9)	0 (0.0)	1 (0.7)	1 (0.7)
Post graduate	87 (28.2)	69 (79.3)	16 (18.4)	1 (1.1)	0 (0.0)	0 (0.0)	1 (1.1)
<i>p=0.354</i>							
<b>Evaluating the Covid-19 epidemic</b>							
Serious	97 (31.4)	64 (66.0)	30 (30.9)	1 (1.0)	0 (0.0)	1 (1.0)	1 (1.0)
Very serious	212 (68.6)	170 (80.2)	34 (16.0)	4 (1.9)	2 (0.9)	0 (0.0)	2 (0.9)
<i>p=0.03 (66.7%)</i>							

P values are based on chi square tests for categorical variables (number for each cell  $\geq 5$  only) .

**Table 2:** Opinion on tourism promotions during epidemic time

<b>(N=309)</b>				
	Total	It should be done soon in order to minimize the loss of the tourism industry and other economic fields	It should be done at small scale level and where there is no sign of the epidemic	It should not be done for it may cause the epidemic become worse
<b>Gender</b>				
Male	121 (39.2)	2.91	3.12	3.45
Female	188 (60.8)	2.82	3.18	3.74
<b>p</b>		0.557	0.670	<b>0.033</b>
<b>Age</b>				
16-25	145 (46.9)	2.97	3.24	3.64
26-40	119 (38.5)	2.81	3.08	3.72
Over 40	45 (14.6)	2.62	3.09	3.31
<b>p</b>		0.198	0.390	0.114
<b>Educational level</b>				
High school and below	84 (27.2)	2.77	3.27	3.69
Bachelor	138 (44.7)	3.07	3.25	3.62
Post graduate	87 (28.2)	2.60	2.89	3.56
<b>p</b>		<b>0.012</b>	<b>0.016</b>	0.766
<b>Evaluating the Covid-19 epidemic</b>				
Serious	97 (31.4)	2.94	3.24	3.56
Very serious	212 (68.6)	2.82	3.12	3.66
<b>p</b>		0.403	0.314	0.445

Mean (SD). P values are based on independent samples t-tests and one-way Anova comparing among participants. Higher numbers indicate stronger levels of agreement (range 1–5).

**Table 3:** Decision if there is a good tourism promotion program during the epidemic

	<b>(N=309)</b>				
	Total	Surely do not go	May go if the destination is free from the epidemic	May go if they are convinced by the travel agencies/airlines that it is a safe choice	Others
<b>Gender</b>					
Male	121 (39.2)	79 (65.3)	15 (12.4)	27 (22.3)	0 (0.0)
Female	188 (60.8)	126 (67.0)	23 (12.2)	38 (20.2)	1 (0.5)
<i>p=0.842</i>					
<b>Age</b>					
16-25	145 (46.9)	80 (55.2)	22 (15.2)	42 (29.0)	1 (0.7)
26-40	119 (38.5)	92 (77.3)	13 (10.9)	14 (11.8)	0 (0.0)
Over 40	45 (14.6)	33 (73.3)	3 (6.7)	9 (20.0)	0 (0.0)
<i>p=0.007 (25.0%)</i>					
<b>Educational level</b>					
High school and below	84 (27.2)	49 (58.3)	13 (15.5)	22 (26.2)	0 (0.0)
Bachelor	138 (44.7)	92 (66.7)	17 (12.3)	28 (20.3)	1 (0.7)
Post graduate	87 (28.2)	64 (73.6)	8 (9.2)	15 (17.2)	0 (0.0)
<i>p=0.446</i>					
<b>Evaluating the Covid-19 epidemic</b>					
Serious	97 (31.4)	50 (51.5)	19 (19.6)	28 (28.9)	0 (0.0)
Very serious	212 (68.6)	155 (73.1)	19 (9.0)	37 (17.5)	1 (0.5)
<i>p=0.002 (25.0%)</i>					

P values are based on chi square tests for categorical variables (number for each cell  $\geq 5$  only) .

**Table 4:** Concern of travelling issues during epidemic time

<b>(N=309)</b>						
	Total	The epidemic situation at the destinations	Measures taken to prevent the disease by the local authorities	Measures taken to prevent the disease by the travel agencies/airlines/hotels	Measures taken to prevent the disease by the attractions/malls/restaurants	Prices
<b>Gender</b>						
Male	121 (39.2)	2.93	2.82	2.86	2.83	2.38
Female	188 (60.8)	2.89	2.81	2.84	2.82	2.27
<b>P</b>		0.268	0.889	0.595	0.719	0.131
<b>Age</b>						
16-25	145 (46.9)	2.90	2.76	2.83	2.79	2.22
26-40	119 (38.5)	2.91	2.85	2.88	2.85	2.39
Over 40	45 (14.6)	2.89	2.89	2.82	2.87	2.38
<b>p</b>		0.843	0.078	0.428	0.371	0.064
<b>Educational level</b>						
High school and below	84 (27.2)	2.90	2.75	2.82	2.79	2.18
Bachelor	138 (44.7)	2.91	2.84	2.87	2.85	2.33
Post graduate	87 (28.2)	2.88	2.84	2.83	2.82	2.41
<b>p</b>		0.780	0.235	0.600	0.516	<b>0.047</b>
<b>Evaluating the Covid-19 epidemic</b>						
Serious	97 (31.4)	2.82	2.71	2.72	2.74	2.17

Very serious	212 (68.6)	2.94	2.86	2.90	2.86	2.38
<b>p</b>		<b>0.008</b>	<b>0.004</b>	<b>&lt;0.001</b>	<b>0.018</b>	<b>0.006</b>

Mean (SD). P values are based on independent samples t-tests and one-way Anova comparing among participants. Higher numbers indicate stronger levels of agreement (range 1–3).

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