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## FACUTLY OF HOSPIATLITY, TOURISM AND WELLNESS, UNIVERSITI MALAYSIA KELANTAN

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# Impact Of Perceived Health Risk on Behavioral Intention To Visit Malaysia Among International Tourists

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#### **ABSTRACT**

The COVID-19 epidemic had a significant impact on the travel and tourism business where visitors are forced to postpone and consider their travel intention. Hence, this study is designed to determine the effect of perceived health risks on international tourists' behavioural intention to visit Malaysia. Data was gathered by performing quantitative research and distributing 250 questionnaires to tourists who actively travel across the world. The acquired data were analysed using the Statistical Package for Social Science (SPSS). From the findings, perceived susceptibility, perceived severity, perceived uncertainty and perceived psychological risk positively affected behavioural intention to visit Malaysia. The findings of this study contribute to tourism crises in the travel and tourism sector, as well as responses to modify tourists' travel risk toward perceived health during the COVID-19 pandemic era in future research.

Keywords: Perceived Health Risk, Perceived Susceptibility, Perceived Severity, Perceived Uncertainty, Perceived Psychological Risk

#### INTRODUCTION

Malaysia used to be one of the countries with a significant number of COVID-19 cases. Beginning March 15, 2020, Malaysia had a large surge in active COVID-19 cases. Malaysia is the third country in Southeast Asia affected by COVID-19 infection cases and deaths, trailing only Indonesia and the Philippines. As of December 4 2021, Malaysia had a total of 2,654,474 confirmed cases, with 2,561,230 patients recovered, 30,574 instances of death, and 62,670 active cases. The scenario has affected Malaysia's image in the eyes of the globe, particularly foreign tourists planning to visit the country. This is most likely because the media frequently exaggerates the risks of a scenario by stressing specific parts of COVID-19 instances in Malaysia, which substantially impacts public opinion and individual risk perceptions (Parvin, 2020).

Aside from that, the relationship between opinions and travel intentions is influenced by perceived travel risk. Tourists are more inclined to rearrange their vacation plans to avoid "dangerous" areas and seek safer alternatives when the press associates certain destinations with negative events or a greater likelihood of incidents (Sönmez, 1998). Visitors are far more inclined to avoid locations with a high risk of terrorism, natural disasters, or pandemic outbreaks (Pizam, 2002). As a result, it is vital to comprehend the relationship between risk attitude and travel behaviour.

Furthermore, little study has been conducted to investigate international tourists' perceptions of risk when visiting Malaysia, particularly in the aftermath of COVID-19. Characteristics such as perceived susceptibility, perceived severity, perceived ambiguity and perceived psychological risk are not commonly employed in perceived risk studies. Most scholars explore other elements in risk perception, such as perceived travel risk, perceived health risk and many more. Due to the general research gap above, this study is designed to investigate the perception of tourists or a person's propensity for the disease, the perceived severity and travel behaviours among international tourists towards travelling in Malaysia.

There are four objectives of this research:

- 1. To examine the impact of perceived susceptibility of COVID-19 health risk on behavioural intention to visit Malaysia.
- 2.To examine the impact of perceived severity of COVID-19 health risk on behavioural intention to visit Malaysia.

- 3.To examine the impact of perceived uncertainty of international travel on behavioural intention to visit Malaysia.
- 4.To examine the impact of perceived psychological risk of COVID-19 health risk on behavioural intention to visit Malaysia.

## Significance of the Study Practical Perspective

In terms of practical perspective, this study is expected to benefit tourism players such as the tourist industry by providing a better understanding of the numerous challenges encountered during the perceived health risk and assisting businesses in improving their business following post-covid. The tourism player can utilise this scale as an option to evaluate the influence of performance on tourist experience across the COVID-19 epidemic. This discovery will assist tourism players in improving their company by promoting a low-risk travel experience to lure travellers to Malaysia and developing additional activities and packages ideal for the post-covid trip.

#### **Academic Perspective**

In terms of academic perspective, the study's input and data can serve as a reliable reference source for postgraduate students researching perceived health risks among international tourists. The findings of this study will also create awareness of perceived health risks among tourism players in Malaysia. Aside from that, this study can be utilised as a reference and guideline for future research, particularly in the area of perceived health risk.

#### LITERATURE REVIEW

#### **Behavioural Intention**

The degree to which the behaviour or destination or product and its performances are judged favourably or unfavourably by tourists may be characterised by their attitude toward tourism behaviour, destination, or product (Han,2020). The concept indicates that the travel's tendency toward the tourism behaviour, destination, or product is formed based on their cognitive valuation, which is either positive or negative. The attitude towards the action is often incorporated in diverse social psychology theories or models because the concepts influence the individuals' intention formation for the behaviour.

#### **Perceived Susceptibility**

Perceived susceptibility refers to a person's assumption that suffering from a disease is the outcome of a specific behaviour. Perceived susceptibility is also defined as a perceived vulnerability that alludes probability of being exposed to the disease (Ayniariqa, 2014). When there is COVID-19 throughout the world, especially in Malaysia, tourism activities are disrupted because tourists are lack of confidence and feel nervous when they want to participate in tourism activities. In addition, high-risk tourists such as the elderly, children, pregnant women, smokers, chronic patients (diabetes, hypertension, heart, asthma), and low-risk patients (cancer, HIV) would have a different perceived susceptibility as compared to low-risk tourists (Kementerian Kesihatan Malaysia, 2020).

#### **Perceived Severity**

People typically consider the medical and social implications when determining the severity of an illness or disease (Wayne et al., 2019). The probability that a person will change their health behaviours to prevent a coronavirus outbreak depends on the person's perception of the severity consequences. Some tourists travel despite having health difficulties, and these interactions are influenced by personal factors as much as the surroundings. At the same time, tourism scholars fail to study the relationship between perceived health risk and perceived severity. This is due to the fact that COVID-19 disease is a novel disease that has never been found in a biological system, and no vaccination has ever been developed (WHO, 2020).

#### **Perceived Uncertainty**

Perceived uncertainty is the anticipation of an unknown impending loss, and it was assumed to influence attitudes toward behaviour (Vanessa, 2009). Perceived uncertainty has long been studied in tourism studies. Initially, it is associated with numerous outcomes in customer behaviour, such as purchase intention, revisit intention, contentment, and loyalty (Farias, 2020). Uncertainty is a cultural value that reflects how uncomfortable people feel in unfamiliar settings. Cultures with a high level of uncertainty avoidance value structure consider the unknown and ambiguous to be dangerous, whereas cultures with a low level of uncertainty avoidance are more willing to take risks.

#### Perceived Psychological Risk

Psychological risk factors are environmental elements that have the potential to affect society's mental health and well-being (psychological risk in the health and safety, 2019). Psychological factors can influence one's sense of health and illness, as well as one's health practices. Chronic stress can cause anxiety, despair, and the inability to manage painful and unpleasant emotions. Furthermore, the constant fear of infection affects daily living and social isolation, affecting human connections (Valeria, 2020). At the same time, if a person believes that a tourist location is unsafe and that the risk of an epidemic is high, they will experience increased anxiety and stress. The situation will affect the psychological danger that a person feels when under stress. The widespread impact of COVID-19 is most likely to induce psychological harm. As a result, there is a higher need to understand visitors' psychological risk aversion for COVID-19.

#### **Research Hypotheses**

In this study, there were four hypotheses determined. The independent variables are perceived susceptibility, perceived severity, perceived uncertainty, and perceived psychological risk. The dependent variable for this study isbehavioural intention towards international travel to visit Malaysia.

- H1: There is a positive relationship between perceived susceptibility and behavioural intention towards international travel to visit Malaysia.
- H2: There is a positive relationship between perceived severity and behavioural intention towards international travel to visit Malaysia.
- H3: There is a positive relationship between perceived uncertainty and behavioural intention towards international travel to visit Malavsia.
- H4: There is a positive relationship between perceived psychological risk and behavioural intention towards international travel to visit Malaysia.

#### Research Framework

A research framework has been conducted to investigate the connection between four independent variables used to measure the perceived health risk and behavioural intention to visit Malaysia among international tourists.

## 

#### **METHODOLOGY**

### **Research Design**

A research design can be defined as a strategic framework for action that links research questions and research implementation. According to Martin (2006), study designs are plans that guide the creation of data collection and analysis settings to combine relevance to the research objective. The quantitative research method has been used to study impact of perceived health risk on behavioural intention to visit Malaysia among international tourists.

#### **Data Collection**

Due to COVID-19, the best approach is to use social media, as face-to-face communication is inappropriate. A cross-sectional online survey and google form questionnaire was used in this study. According to Sekaran (2003), a self-administered survey is an effective data collection when the researcher is aware of what is required and how the variables of interest will be measured. A set of questionnaires was distributed and targeted to the respondents splanning to travel to Malaysia during the Covid-19 endemic. The researchers believe that the targeted respondent can provide the necessary information for the current study. Additionally, the research purposes have been described and explained only through social media accounts. Respondents' names will not be revealed to protect their identity.

### Sampling

Non-probability sampling is the sampling approach used in this investigation, in which the researcher selects samples based on subjective judgement. The researcher used the convenience sampling method, in which samples were gathered from overseas tourists wanting to visit Malaysia. The researcher chose these samples primarily because they were easier to recruit, and the researcher did not consider choosing a sample that reflected the entire population. The researcher chose approximately 250 international tourists who were scheduled to visit Malaysia. The number was chosen based on the socialising community on Facebook and Instagram. Furthermore, the quantity is deemed adequate because similar studies used a similar number of respondents.

#### Data analysis

The Statistical Package for the Social Sciences, or SPSS as it is commonly known among researchers, was used in this study for data analysis. After the data collection period, all responses were evaluated in SPSS. Before doing any tests, the data were carefully screened, and invalid samples with missing values were eliminated. The data analysis results on all variables' score distribution were reported using descriptive statistics and reliability analyses. Later, the researcher conducted a correlation test on the foreign tourist respondents. The research objectives were examined using a correlation test (which measures respondents' perceived susceptibility, perceived severity, perceived uncertainty, and reported psychological danger toward international tourists).

### FINDING Descriptive Analysis

Table 1: Descriptive Analysis

Variables	Items	Mean Score	Standard Deviation
Perceived	I will suffer serious negative	4.24	0.936
susceptibility	consequences.		
	The Covid-19 disease will have a severe	4.26	0.928
	negative impact on me.		
	The disease will be detrimental to my	4.30	0.905
	well-being.		

	The disease will affect my health.	4.42	0.843
Perceived	I feel was at risk of contracting Covid-19	4.47	0.772
severity	while traveling.		
	My chances of contracting Covid-19	4.46	0.817
	while traveling are high.		
	My chances of being in close contact with	4.43	0.825
	others are very high.		
	It is difficult for me to accept that I will be	4.40	0.864
	infected with covid-19 while traveling in		
	high.		
	Covid-19 had a giving impact on my	4.33	0.997
	mental health.		
Perceived	I think travel experience does not	4.17	1.140
uncertainty	function as expected.		
_	I think my financial will loss caused by the	4.26	0.979
	flight or hotel cancellation.		
	I think psychological discomfort	4.21	1.051
	increased if I do not travel during the		
	Covid-19 pandemic.		
	Travel during the Covid-19 pandemic will	4.22	0.935
	make me lose social caused hearing other		
	people's negative opinions about travel.		
	I think will be a threat to health if I go	4.29	0.964
	travel during the Covid-19 pandemic.		
	I think it is a waste of time if I go travel	4.25	1.073
	during the Covid-19 pandemic.		
Psychological	I feel uncomfortable travelling anywhere	4.30	1.026
risk	at the moment during the Covid-19		
	pandemic.		
	Domestic travel is equally risky as	4.30	0.886
	international travel.		
	Tourists should avoid visiting destinations	4.40	0.787
	seriously affected by the COVID-19		
	outbreak.		
	I feel nervous about international travel at	4.36	0.887
	the moment during the Covid-19		
	pandemic		
	Travelling to destinations severely	4.42	0.809
	affected by the COVID-19 outbreak is		
	risky.		

Descriptive analysis showing independent variables confirmed a moderate mean score (M = 4.3287, SD = 0.73946). Overall, the dimensional variables also got a moderate mean score where the perception of vulnerability was 4.3070 (SD = 0.80815), the perception of severity 4.4176 (SD = 0.74597), the perception of uncertainty 4.2340 (SD = 0.91129). Moreover, the dependent variable confirmed an intermediate mean score (M = 3.0712, SD = 1.41576) in which a sub -variable named psychological risk perception obtained 4.3560 (SD = 0.76813).

#### RELIABILITY TEST

Table 2: Reliability Test

Variable Variable	Number of items	Reliability Cronbach's Alpha
Perceived susceptibility	4	0.916
Perceived severity	5	0.919
Perceived uncertainty	6	0.946
Perceived psychological risk	5	0.919
Behaviour intention	5	0.976

Reliability analysis was conducted in this analysis to assign Cronbach's Alpha values for all variables. The values were as follows: Perceived Tendency (0.916), Perceived Severity (0.919), Perceived uncertainty (0.946), Perceived psychological risk (0.919), and Behavioral Intent (0.976). All reliability is above the average of 0.9, usually considered excellent.

#### **DEMOGRAPHIC PROFILE**

The findings of a summary of the demographics of the respondents' profiles are shown in Table 2. Male and female respondents made up half of the total. According to the table, the majority of respondents (89) are Chinese (35.6 %). Malays were followed by 73 responses (29.2%), 44 respondents (17.6%) from Indians/Indians, 15 respondents (6.0%) from Arabs, eight respondents (3.2%) from Rohingya, four Japanese respondents, and three Thai respondents. Bangladesh, the Betawi, and the Khmers each had two respondents (0.8%). The last respondents were Australians, Canadians, and Russians (0.4%).

The results show that respondents are specifically aged between 21 and 30 years old, with a frequency of 120 respondents (48.0%). Following that, 31-40 years old had 107 respondents (42.0%), and 41-50 years old had 23 respondents (9.2%). The findings also revealed that the majority of respondents (65.6%, n = 164) were single, while 34.4% (n = 86) were married.

Table 2: Respondent Demographic profile

Respondent profile	Classification	Frequency N=250	Percentage (%)
Gender	Male	125	50%
	Female	125	50%
Age	21-30 years old	120	48.0%
	31-40 years old	107	42.8%

Marital Status         Married Single         86         34.4% 65.6%           Race         Arab Australia 1 0.4% Bangladesh 2 0.8% Betawis 2 0.8% Canadian 1 0.4% Chinese 89 35.6% India/Indian 44 17.6% Japanese 4 1.6% Khmers 2 0.8% Korean 15 6.0% Malay 73 29.2% Rohingya 5 2.0% Rohingya 5 2.0% Rohingya 5 2.0% Rusia 1 0.4% Thai 3 1.2%           Religion         Budha Catholicism 6 2.4% Hindu 18 7.2% Islam 101 40.2% Kristian 73 29.2% Non-religion 1 0.4%           Education         Degree 93 37.2% Diploma 50 20.0% Master 33 13.2% Not School 8 3.2% PhD Postsecondary Postgraduate 46 18.4% Primers School           PhD Postsecondary Postgraduate Primers School         4 1.6% Primers School           Primers School         4 1.6%           Primers School         4 1.6%           Primers School         4 1.6%           Primers School         4 1.6%		41-50 years old	23	9.2%
Status       Single       164       65.6%         Race       Arab       8       3.2%         Australia       1       0.4%         Bangladesh       2       0.8%         Betawis       2       0.8%         Canadian       1       0.4%         Chinese       89       35.6%         India/Indian       44       17.6%         Japanese       4       1.6%         Khmers       2       0.8%         Korean       15       6.0%         Malay       73       29.2%         Rohingya       5       2.0%         Rusia       1       0.4%         Thai       3       1.2%         Religion       Budha       51       20.4%         Catholicism       6       2.4%         Hindu       18       7.2%         Kristian       73       29.2%         Non-religion       1       0.4%         Education       Degree       93       37.2%         Diploma       50       20.0%         Master       33       13.2%         Not School       8       3.2%	Marital	Married	86	34.4%
Australia	Status	Single	164	
Australia	_			2.20/
Bangladesh   2   0.8%     Betawis   2   0.8%     Canadian   1   0.4%     Chinese   89   35.6%     India/Indian   44   17.6%     Japanese   4   1.6%     Khmers   2   0.8%     Korean   15   6.0%     Malay   73   29.2%     Rohingya   5   2.0%     Rusia   1   0.4%     Thai   3   1.2%     Religion   Budha   51   20.4%     Catholicism   6   2.4%     Hindu   18   7.2%     Islam   101   40.2%     Kristian   73   29.2%     Non-religion   1   0.4%     Education   Degree   93   37.2%     Diploma   50   20.0%     Master   33   13.2%     Not School   8   3.2%     PhD   10   4.0%     Postsecondary   5   2.0%     Postgraduate   46   18.4%	Race			
Betawis   2   0.8%   Canadian   1   0.4%   Chinese   89   35.6%   India/Indian   44   17.6%   Japanese   4   1.6%   Khmers   2   0.8%   Korean   15   6.0%   Malay   73   29.2%   Rohingya   5   2.0%   Rusia   1   0.4%   Thai   3   1.2%      Religion   Budha   51   20.4%   Catholicism   6   2.4%   Hindu   18   7.2%   Islam   101   40.2%   Kristian   73   29.2%   Non-religion   1   0.4%   Catholicism   6   2.4%   Kristian   73   29.2%   Non-religion   1   0.4%   Catholicism   6   2.4%   Catholicism   6   2.4%   Catholicism   6   2.4%   Catholicism   6   2.4%   Catholicism   101   40.2%   Catholicism   101   40.2				
Canadian				
Chinese				
India/Indian				
Japanese				
Khmers				
Korean       15       6.0%         Malay       73       29.2%         Rohingya       5       2.0%         Rusia       1       0.4%         Thai       3       1.2%         Religion       Budha       51       20.4%         Catholicism       6       2.4%         Hindu       18       7.2%         Islam       101       40.2%         Kristian       73       29.2%         Non-religion       1       0.4%         Education       Degree       93       37.2%         Diploma       50       20.0%         Master       33       13.2%         Not School       8       3.2%         PhD       10       4.0%         Postsecondary       5       2.0%         Postgraduate       46       18.4%		•		
Rohingya       5       2.0%         Rusia       1       0.4%         Thai       3       1.2%         Religion       Budha       51       20.4%         Catholicism       6       2.4%         Hindu       18       7.2%         Islam       101       40.2%         Kristian       73       29.2%         Non-religion       1       0.4%         Education       Degree       93       37.2%         Diploma       50       20.0%         Master       33       13.2%         Not School       8       3.2%         PhD       10       4.0%         Postsecondary       5       2.0%         Postgraduate       46       18.4%				
Rohingya       5       2.0%         Rusia       1       0.4%         Thai       3       1.2%         Religion       Budha       51       20.4%         Catholicism       6       2.4%         Hindu       18       7.2%         Islam       101       40.2%         Kristian       73       29.2%         Non-religion       1       0.4%         Education       Degree       93       37.2%         Diploma       50       20.0%         Master       33       13.2%         Not School       8       3.2%         PhD       10       4.0%         Postsecondary       5       2.0%         Postgraduate       46       18.4%		Malay	73	29.2%
Religion       Budha Catholicism 6 2.4% Hindu 18 7.2% Islam 101 40.2% Kristian 73 29.2% Non-religion 1 0.4%         Education       Degree Diploma 50 20.0% Master 33 13.2% Not School 8 Not School PhD Postsecondary Postgraduate       93 37.2% 20.0% 13.2% 20.0% 13.2% 20.0% 14.0% 20.0		•	5	2.0%
Religion       Budha Catholicism       51 20.4% Catholicism         Hindu Hindu Islam       18 7.2% Islam         Islam Kristian       73 29.2% Non-religion         Non-religion       1 0.4%         Education       Degree Piploma S0 20.0% Master School Religion         Not School Religion       8 3.2% PhD 10 4.0% Postsecondary Postgraduate         Postgraduate       46 18.4%		Rusia	1	0.4%
Catholicism       6       2.4%         Hindu       18       7.2%         Islam       101       40.2%         Kristian       73       29.2%         Non-religion       1       0.4%         Education       Degree       93       37.2%         Diploma       50       20.0%         Master       33       13.2%         Not School       8       3.2%         PhD       10       4.0%         Postsecondary       5       2.0%         Postgraduate       46       18.4%		Thai	3	1.2%
Hindu 18 7.2% Islam 101 40.2% Kristian 73 29.2% Non-religion 1 0.4%  Education Degree 93 37.2% Diploma 50 20.0% Master 33 13.2% Not School 8 3.2% PhD 10 4.0% Postsecondary 5 2.0% Postgraduate 46 18.4%	Religion	Budha	51	20.4%
Islam       101       40.2%         Kristian       73       29.2%         Non-religion       1       0.4%         Education       Degree       93       37.2%         Diploma       50       20.0%         Master       33       13.2%         Not School       8       3.2%         PhD       10       4.0%         Postsecondary       5       2.0%         Postgraduate       46       18.4%				
Kristian       73       29.2%         Non-religion       1       0.4%         Education       Degree       93       37.2%         Diploma       50       20.0%         Master       33       13.2%         Not School       8       3.2%         PhD       10       4.0%         Postsecondary       5       2.0%         Postgraduate       46       18.4%				
Education       Degree       93       37.2%         Diploma       50       20.0%         Master       33       13.2%         Not School       8       3.2%         PhD       10       4.0%         Postsecondary       5       2.0%         Postgraduate       46       18.4%				
Education       Degree       93       37.2%         Diploma       50       20.0%         Master       33       13.2%         Not School       8       3.2%         PhD       10       4.0%         Postsecondary       5       2.0%         Postgraduate       46       18.4%				
Diploma       50       20.0%         Master       33       13.2%         Not School       8       3.2%         PhD       10       4.0%         Postsecondary       5       2.0%         Postgraduate       46       18.4%		Non-religion	1	0.4%
Master       33       13.2%         Not School       8       3.2%         PhD       10       4.0%         Postsecondary       5       2.0%         Postgraduate       46       18.4%	Education			
Not School       8       3.2%         PhD       10       4.0%         Postsecondary       5       2.0%         Postgraduate       46       18.4%				
PhD       10       4.0%         Postsecondary       5       2.0%         Postgraduate       46       18.4%				
Postsecondary 5 2.0% Postgraduate 46 18.4%				
Postgraduate 46 18.4%				
8		•		
Drimary School A 1 40/		_	-	-
· · · · · · · · · · · · · · · · · · ·		Primary School	4	1.6%
SSC 1 0.4%		SSC	1	0.4%

Table 2 illustrates the results of the demographic profile of respondents by religion. The majority of respondents are Muslims which is 101 respondents (40.4%), followed by Christians with 73 respondents (29.2%). Next followed Buddhism, which is 51 respondents (20.4%), Hindu, 18 respondents (7.2%) and followed by six respondents (2.4%), which is Catholic and the last non-religious with one respondent (0.4%).

The table shows that most respondents have a degree (37.2%, n = 93), followed by 50 of the respondents (20%) having a diploma, and 46 of the respondents (18.4%) having a postgraduate degree. 33 of the respondents (13.2%) having a master's degree, ten of the respondents (4.0%) have a PHD, eight of the respondents (3.2%) not in school and recorded a total of five respondents (2.0%) were secondary school graduates. Next stated primary school as many as four respondents (1.6%), and the last is SSC stated one respondent (0.4%).

#### HYPOTHESIS TESTING

Four (4) hypotheses were presented in this section. The first hypothesis determines the positive relationship between perceived susceptibility and behavioural intention towards international travel to visit Malaysia. The second hypothesis determines the positive relationship between perceived severity and behavioural intention towards international travel to visit Malaysia. The third hypothesis determines the positive relationship between perceived uncertainty and behaviour intention. Lastly, the fourth hypothesis determines the positive relationship between perceived psychological risk and behaviour intention towards international travel to visit Malaysia.

Table 3: Hypothesis Testing

Hypothesis	Result	Findings of Data Analysis
<b>H1:</b> There is a positive	r = 0.916, p = 1.000	H1: Accepted
relationship between perceived	Very high positive	
susceptibility and behaviour		
intention.		
<b>H2:</b> There is a positive	r = 0.919, p = 1.000	H2: Accepted
relationship between perceived	Very high positive	
severity and behaviour intention		
<b>H3:</b> There is a positive	r = 0.946, p = 1.000	H3: Accepted
relationship between perceived	Very high positive	_
uncertainty and behaviour intention.		
<b>H4:</b> There is a positive	r = 0.018 $p = 1.000$	H4: Accepted
_		114. Accepted
relationship between perceived	• • 1	
psychological risk and behaviour		
intention		

The above table serves to summarise the findings of this study. Hypotheses that have been tested for this study will be further elaborated as follow:

Hypothesis one (H1) proposed that perceived susceptibility has a very high positive relationship with behavioural intention. The finding reported in this study revealed that the perceived susceptibility recorded value of convenience, which is r = 0.808, p = 0.000. Thus, the result accepts hypothesis 1 (H1), whereby perceived susceptibility is significant with behavioural intention.

Hypothesis two (H2) proposed that perceived severity has a very high positive relationship with behavioural intention. The finding reported in this study revealed that the perceived severity recorded value of convenience, which is  $r=0.745,\ p=0.000$ . Thus, the result accepts hypothesis 2 (H2), whereby perceived severity positively correlates with behaviour intention. Hypothesis three (H3) anticipated that perceived uncertainty has very high positive relationship with behavioural intention. The findings show that perceived uncertainty recorded value of convenience, which is  $r=0.911,\ p=0.000$ . Thus, the result accepts hypothesis 3 (H3), whereby perceived uncertainty is positively significant with behavioural intention.

Hypothesis four (H4) anticipated that perceived psychological risk has very high positive relationship with behavioural intention. Based on the findings, perceived psychological recorded value of convenience, which is r = 0. 768, p = 0.000. Thus, the result accepts hypothesis 4 (H4), whereby perceived psychological risk is positively significant with behavioural intention.

#### **DISCUSSION & RECOMMENDATION**

Based on the results above, some empirical factors that impact perceived health risk on behavioural intention to visit Malaysia have been determined. According to the findings, perceived susceptibility, perceived severity, perceived uncertainty, and perceived psychological risk all had a positive effect on behavioural intention to visit Malaysia. Regarding perceived susceptibility, tourism activities are affected while COVID-19 is present around the world, particularly in Malaysia, because tourists lack confidence and are worried about participating in tourism activities. So, it influences the behavioural intention of tourists, especially international tourists, to travel to Malaysia. Other than that, the chances that a person will change their health behaviour to prevent a coronavirus epidemic is dependent on the degree of the person's severity and thinking about the consequences. Next, in terms of perceived uncertainty in this research, it influences behavioural intention to visit Malaysia because perceived uncertainty makes tourists feel uncertain or hesitant to make decisions, especially when worrying about and involving matters of health and life. In addition, in terms of perceived psychological risk, people feel uncomfortable and nervous when travelling anywhere during the COVID-19 pandemic. So, these four independent variables influence behavioural intention toward international travel to Malaysia.

Numerous recommendations were made to improve future research. Firstly, future researchers can expand the study area from one country to another with a large population capacity to obtain more significant number of respondents. Results from a larger number of respondents will help to improve the results. The number of questions in each section can be increased by comparing countries with high demographic travel intentions.

Secondly, more methodological work is required. It is possible to use qualitative methods to assess the impact of perceived health risks on international tourists' intentions to visit Malaysia. In-depth research in this area may yield unexpected results that may help to improve present studies and provide great insight.

Finally, researchers can devise strategies and conduct comprehensive cost-benefit evaluations for international visitors participating in tourism activities during COVID-19 pandemics, which will benefit them indirectly in their decision to visit Malaysia. Although methodologically difficult, conducting multiple long-term studies to measure the impact of perceived health concerns on international tourists' desire to visit Malaysia is beneficial. By understanding in this field will assist tourism players in developing low-risk travel experience promotions to entice international travellers to visit Malaysia, as well as in developing additional activities and packages perfect for the post-covid trip.

#### **CONCLUSION**

This study has used a framework from Surianti (2020) to examine the relationship between the four independent variables: perceived susceptibility, perceived severity, perceived uncertainty, and perceived psychological risk, with the dependent variable, which is the behavioural intention of international tourists to visit Malaysia. Data was gathered by distributing 250 questionnaires to tourists who have travelled worldwide. Later, the acquired data were analysed using the Statistical Package for Social Science (SPSS). The outcome showed that these four independent variables influenced the behavioural intention of international travellers to visit Malaysia. The findings of this study contribute to tourism crises in the travel and tourism sector, as well as responses to modify tourists' travel risk toward perceived health during the COVID-19 pandemic era in future research.

#### REFERENCES

- Ayniariqa. (2014). Retrieved from <a href="http://ariqa-ayni-fpsi13.web.unair.ac.id/artikel\_detail-112374Perilaku%20SehatHealth%20Belief%20Model%20Sebagai%20Dasar%20Berperilaku%20Sehat.html">http://ariqa-ayni-fpsi13.web.unair.ac.id/artikel\_detail-112374Perilaku%20SehatHealth%20Belief%20Model%20Sebagai%20Dasar%20Berperilaku%20Sehat.html</a>
- Farias, J. (2020). COVID-19 pandemic and tourism: The impact of health risk perception and intolerance of uncertainty on travel intentions. *Cognitive Psychology*, 31.
- Han, H., Yu, J., & Hyun, S. S. (2020). Nature based solutions and customer retention strategy: Eliciting customer well-being experiences and self-rated mental health. International Journal of Hospitality Management, 86, 102-446. https://doi.org/10.1016/j.ijhm.2019.102446
- KementerianKesihatanMalaysia. (2020). *Kementerian Kesihatan Malaysia*. Didapatkan dari myhealthkkm: <a href="https://covid-19.moh.gov.my/faqsop/faq-covid-19-kkm">https://covid-19.moh.gov.my/faqsop/faq-covid-19-kkm</a>
- Parvin, G. A. (2020). Pandemic of Novel Coronavirus Disease (COVID-19): Role of the Print Media in Asian Countries. *Frotiers in Communication*, 38.
- Pizam, A., & Fleischer, A. (2002). Severity versus frequency of acts of terrorism: Which has alarger impact on tourism demand? Journal of Travel Research, 40(3), 337–339.https://doi.org/10.1177/0047287502040003011
- psychological risk in the health and safety. (2019, March 13). Retrieved from Croner-i: <a href="https://app.croneri.co.uk/feature-articles/psychological-risks-health-and-safety">https://app.croneri.co.uk/feature-articles/psychological-risks-health-and-safety</a>
- Sekaran, U., & Bougie, R. (2003). *Research Methods for Business, A Skill Building Approach*, John Willey & Sons. Inc. New York.
- Sönmez, S. F., & Graefe, A. R. (1998). Influence of terrorism risk on foreign tourism decisions. Annals of Tourism Research, 25(1), 112–144. https://doi.org/10.1016/S01607383(97)00072-8
- Valeria Saladino, D. A. (2020, October 2). The Psychological and Social Impact of Covid-19: New Perspectives of Well-Being. *Health Psychology*, p. 6.
- Vanessa Ann Quintal, J. A. (2009). Risk, uncertainty and the theory of planned behavior: A tourism example. *Tourism Management*, 9.
- Wayne W. LaMorte, M. P. (2019, september 9). *The Health Belief Model*. Retrieved from Behavioral Change Models: <a href="https://sphweb.bumc.bu.edu/otlt/mphmodules/sb/behavioralchangetheories/behavioralchangetheories2.html">https://sphweb.bumc.bu.edu/otlt/mphmodules/sb/behavioralchangetheories2.html</a>
- WHO, W. H. (2020, April 17). Retrieved from Q&A on coronaviruses (covid19): <a href="https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-andanswers-hub/q-a-detail/coronavirus-disease-covid-19">https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-andanswers-hub/q-a-detail/coronavirus-disease-covid-19</a>