

PANDEMIC'S (COVID-19) IMPACT ON THE TOURISM SECTOR

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Abstract

This paper examines the impact of pandemic on domestic tourism sector in India through finding out the changes in preferences of domestic tourists due to the pandemic (COVID-19). For this purpose, primary data is collected from 364 Indian nationals to gain insights and secondary data is collected from various online sources such as reports, research articles, websites, books, etc. A structured questionnaire is developed for collecting primary data. The result of data analysis revealed that there is not much difference between numbers of people who used to travel before the pandemic and who want to travel after relaxations or vaccination according to their criteria as well as 76.2% respondents have intentions to travel for tourism activities within one year after relaxations (some or complete) or vaccination. The other findings disclosed that the history of Coronavirus cases of a state matter while choosing a destination and pandemic has influenced the preferences of the people for tourism components. These findings may help tourism as well as hospitality market players to develop new tourism products which also cover these changed preferences and help in reviving their business as well as the industry as early as possible by satisfying the tourists.

Key words: Pandemic (COVID-19). Globalisation. Tourism. Health Tourism. Relaxations. Vaccination.

IMPACTO DA PANDEMIA (COVID-19) NO SETOR TURÍSTICO

Resumo

Este documento examina o impacto da pandemia no setor de turismo doméstico na Índia, descobrindo as mudanças nas preferências dos turistas domésticos devido à pandemia (COVID-19). Para este fim, são coletados dados primários de 364 indianos para obter insights e dados secundários são coletados de várias fontes on-line, tais como relatórios, artigos de pesquisa, websites, livros, etc. Um questionário estruturado é desenvolvido para a coleta de dados primários. O resultado da análise dos dados revelou que não há muita diferença entre o número de pessoas que costumavam viajar antes da pandemia e que querem viajar após as relaxações ou vacinação de acordo com seus critérios, assim como 76,2% dos entrevistados têm intenção de viajar para atividades turísticas dentro de um ano após as relaxações (algumas ou completas) ou vacinação. As outras descobertas revelaram que a história dos casos de Coronavírus de uma questão estadual durante a escolha de um destino e pandemia influenciou as preferências das pessoas pelos componentes turísticos. Essas descobertas podem ajudar o turismo, bem como os agentes do mercado de hospitalidade, a desenvolver novos produtos turísticos que também cobrem essas preferências alteradas e ajudam a revitalizar seus negócios, bem como a indústria, o mais cedo possível, satisfazendo os turistas.

Palavras-chave: Pandemia (COVID-19). Globalização. Turismo. Turismo de Saúde. Relaxamento. Vacinação.

IMPACTO DE LA PANDEMIA (COVID-19) EN EL SECTOR TURÍSTICO

Resumen

Este trabajo examina el impacto de la pandemia en el sector del turismo nacional en la India mediante el descubrimiento de los cambios en las preferencias de los turistas nacionales debido a la pandemia (COVID-19). Para ello, se recogen datos primarios de 364 ciudadanos indios para obtener información y datos secundarios de diversas fuentes en línea, como informes, artículos de investigación, sitios web, libros, etc. Se elaboró un cuestionario estructurado para recoger los datos primarios. El resultado del análisis de los datos reveló que no hay mucha diferencia entre el número de personas que solían viajar antes de la pandemia y las que quieren viajar después de la relajación o la vacunación según su criterio, así como que el 76,2% de los encuestados tienen intención de viajar para realizar actividades turísticas en el plazo de un año después de la relajación (parcial o completa) o la vacunación. Los otros resultados revelaron que la historia de los casos de Coronavirus de un estado importa a la hora de elegir un destino y la pandemia ha influido en las preferencias de la gente para los componentes del turismo. Estos resultados pueden ayudar a los agentes del mercado turístico y de la hostelería a desarrollar nuevos productos turísticos que también cubran estos cambios de preferencias y ayuden a reactivar su negocio y la industria lo antes posible, satisfaciendo a los turistas.

Palabras clave: Pandemia (COVID-19). Globalización. Turismo. Turismo de salud. Relajación. Vacunación.



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1 INTRODUCTION

Travel and Tourism is one of the largest economic sectors as well as one of the fastest growing sectors in the world and in India (Strategic Government Advisory (SGA), 2019 & Federation of Indian Chambers of Commerce & Industry, n.d).

Travel and Tourism sector generates millions of jobs directly and indirectly in accommodation, food and beverages, aviation and in many other sectors, which makes it one of the largest employment providers. *United Nation World Tourism Organization* defines Tourism as comprising “the activities of persons travelling to and staying in places outside their usual environment for not more than one consecutive year for leisure, business and other purposes”.

Modern state of Tourism provides employment on a vast scale and contributes towards development of an economy. The current state is known as Mass Tourism which is related with the emergence of “The Grand Tour” and more precisely associated with the Industrial Revolution (Zuelow, 2016). People had Paid Holidays and fixed salary which caused the increase in disposable income due to industrial revolution.

On the other hand, Industrial revolution had negative impacts on people's life due to overpopulated cities, work stress, professional personal life imbalance etc. These negative and positive effects induced people to search for new ways of relaxing, spending time with family and escaping from work stress and having more disposable income in hand with development in transportation in the early 19th century provided the means to people.

Although the credit of mass increase in the trend of travelling to other countries goes to the invention of low cost and high-speed jet which reduced the time taken for travelling from one corner of the world to other and after 2nd world war, commercial passenger service of jets started throughout the world as cross border integration had started around the same time (Bhatia, 1978).

This new trend of travelling was the result of cross border integration of countries due to globalization. Globalisation is as defined “as an intensification of cross-national cultural, economic, political, social and technological interactions that lead to the establishment of transnational structures and the global integration of cultural, economic, environmental, political and social processes on global supranational, national, regional and local levels” (Rennen & Martens, 2015).

As the definition suggested, globalisation made countries to come closer in every aspect of human life. Countries have come closer and started affecting each other in every area including Tourism. Nowadays, people frequently travel to other countries for

relaxation, fun, escape from workload, stress, rejuvenation and many other purposes, this phenomenon is known as Tourism. The world has been changed dramatically in terms of people movement from one country to other country from 18th to 20th century because of changes in peoples' lifestyles. This lifestyle change had brought by innovation in technology in many areas of life such as work, entertainment, health, transportation, information and communication, rejuvenation and pleasure activities, etc.

This has opened a door for many countries to attract people in their home country and bring important foreign currency. These earnings from tourism started to contribute in countries' gross domestic product (GDP), generated millions of jobs directly and indirectly and became a key sector in many countries' economy such as United States of America, China, Japan, etc. as well as many countries such Maldives, British Virgin Islands, Macao, etc. are mostly reliant on tourism. The number of tourists has been increasing at a very good pace since 1950. In 1950, only 25 million tourist arrivals were there internationally, but in 68 years (by 2016), the number of international tourist arrivals have reached 1.4 billion per year which is 56 times of earlier numbers (United Nations World Tourism Organisation, 2019).

The 1991 economic reforms in India have paved the way for the integration of Indian economy with rest of the world and this has brought many benefits as well as negative impacts. Many events had happened before 1991 in the world which has changed the world scenario although it had no severe impact on India as the country was not intensely connected with the rest of the world but the world is more connected now and any disruption like current pandemic, anywhere in the world has contagious impact. Every country has to face the consequences of it and India also cannot avoid it.

The current pandemic named Coronavirus (Covid-19) has affected every industry including Travel and Tourism and its niche markets such as health (medical) tourism, culture tourism, pilgrimage tourism, etc. Amit Sharma (Founder and CEO of eExpeditise Health care) said “The fiscal damage to the MVT (Medical Value Travel) industry due to the novel corona is estimated at almost 2.5 billion dollars if the corona conditions persist across the world for 6 months”.

Pandemic refers to a situation in which a disease occurs very fast from human to human or from a material or an animal to human and it has no geographical boundaries. The impact of current pandemic (COVID-19) is 5 times of 2008 recession (World Travel and Tourism Council, 2020) and the spending at restaurants and duration of stay had decreased due to recession (Furr, 2014).

According to World Health Organization, “a pandemic is the worldwide spread of a new diseases”. In 2020, after World Health Organisation (WHO) declaration of coronavirus as a pandemic, countries throughout the world started to impose different kinds of restrictions including ban on international travel as well as on domestic travel to contain the spread of the virus.

The restrictions which are necessary to fight against the pandemic halted the global tourism market as well as Indian tourism sector and this has caused many jobs losses and foreign earnings reduction. The gig economy and sharing economy have already caused uncertainty in tourism’s labour market (Cardoso & Oliveira, 2020). In first quarter of 2020 only, international tourism is down by 22% and 60-80% in whole year which means loss of 80 billion USD and 67 million international tourists (United Nations World Tourism Organisation, 2020).

It is estimated that 100.8 million people worldwide which is 31% of tourism employment have lost their jobs and decrease of 2.7 trillion USD of Travel and Tourism Gross Domestic Product which is equal to 30% of travel and tourism gross domestic product in 2019 (8.9 trillion USD) (World Travel and Tourism Council, 2020). Federation of Association in Indian Tourism and Hospitality organization said that “the overall value of losses could be in the range at 10 lakh crore INR, covering all aspects of the business”.

A study by Confederation of Indian Industry (2020), it is estimated that more than 2 crores jobs are at risk as well as accommodation sector alone probably lose 6.2 billion USD to 14.7 billion USD. Only three segments of tourism namely adventure tour operators, cruise tourism and eco-tourism are projected to see drop in their earnings from 3804 crores INR to 10781 crores INR. The disaster whether natural or man-made reduce the number of tourists and negatively impact the tourist experience (Ma, Chiu, Tian, Zhang, & Guo, 2020).

This paper investigates the current situation of Indian tourism industry and tries to provide useful information to industry players to deal with changed preferences of tourists in new normal by finding out change in behaviour for tourism components. Thus, the objectives of the study are:

a) To investigate the change in purpose of domestic people for travel and tourism activities due to the pandemic.

b) To examine the change in preference of domestic people for duration of stay due to the pandemic.

c) To examine the change in preference of domestic people for mode of transport due to the pandemic.

d) To examine the change in preference of domestic people for accommodation due to the pandemic.

e) To understand the impact of pandemic on Indian tourism sector.

2 LITERATURE REVIEW

Genc, R. (2018) in his research paper titled “Catastrophe of Environment: The Impact of Natural Disasters on Tourism Industry” explored the negative outcomes as well as possible positive outcome of a natural disasters on tourism. This study considers three sources of impact of natural disasters i.e. economic side, destination image side and the level community activity and proposed a model to quantify the natural disaster impact on tourism.

They concluded that decrease in labour power, destruction in tourism facilities at destination or degradation in destination image could be associated with negative consequences of natural disasters which affect tourism through decrease in revenue. Although communities may have a chance to attract new investment for future tourism activities by managing a crisis in an organized way through community support which can be said as a positive outcome of natural disaster on tourism.

Beatie, M. A. (1992) in their work titled “The effect of natural disasters on tourism a study of Mount Saint Helens and Yellowstone National Park” investigated the association between natural disasters and tourism based on natural resources and specifically the impact of natural disasters of Mount Saint Helens and Yellowstone National Park on decision of travellers. The study disclosed that natural disasters cause immediate short term negative consequences on visitation and travellers experience. The one interesting finding of the study stated that Mount Saint Helens and Yellowstone National Park’s natural disasters are positively correlated with tourism in long run.

Gossling, S., Scott, D., and Hall, C. H. (2020) in their research paper titled “Pandemics, tourism and global changes: a rapid assessment of COVID-19” explored how pandemic affect society, economy, and tourism and compared the impact of COVID-19 and various previous pandemics/epidemics or global crises. They concluded that any global crisis especially, a pandemic, reveals the weaknesses of a global economy particularly greater in developing or low income countries where disproportionate impacts emerge on the tourism industry especially on low

salaried jobs. They stated that reviving tourism sector in a developing economy is necessary for low skilled and low salaried employees for their survival as soon as crisis end and it would be more beneficial to align business activities to sustainable development goals rather than return to as-usual business.

Kuo, H-I., Chen, C-C., Tseng, W-C., Ju, L-F, and Huang, B-W. (2008) in their paper titled "Assessing impacts of SARS and Avian flu on international tourism demand to Asia" tried to examine the influence of Severe acute respiratory syndrome, Avian flu and other infectious diseases on international tourists arrivals in Asian countries. They concluded that SARS resulted in significant reduction of tourism demand from Asian countries by on an average 403 tourists for one extra infection but not by Avian flu which can be due to its early days and relatively moderate degree. They stated that countries must pay attention for developing a contingency plan to manage an outbreak in case it happens, to control the damage to industries including tourism.

Ma, H., Chiu, Y-H., Tian, X., Zhang, J., and Guo, Q. (2020) in their titled "Safety or Travel: Which Is More Important? The Impact of Disaster Events on Tourism" investigated the changes in tourists' travel decision because of disaster events i.e. natural disasters and man-made disasters. They found out that disasters whichever kind it is either natural or man-made reduce the number of tourists and negatively impact the tourist experience. Between earthquakes and terrorist attacks, terrorist attacks have a lower effect on number of tourists than earthquakes. Scale and intensity of earthquakes have greater impact on tourism than frequency and intensity of terrorist attack, but terrorist attacks more influence safety image of tourist destination.

Lehto, X., Douglas, A.C., and Park, J. (2008) in their paper titled "Mediating the effects of Natural Disasters on Travel Intention" examined the impact of natural disasters on people emotional state of pleasure, arousal and dominance and the impact of these emotional reaction on future travel intention for visiting seaside destination. The study revealed that natural disasters has notable effect on all these emotional states i.e. pleasure, arousal and dominance and the change in these emotional states of travellers ultimately influence travellers future intention to visit a seaside destination.

3 RESEARCH METHODOLOGY

For assessing the pandemic impact on Indian tourism sector, primary data and secondary data are used. Secondary data is collected from various online sources such as reports, research articles, websites,

etc. Primary data is used for assessing the change in domestic (Indian) tourists' preferences for tourism components such as duration, accommodation, mode of transport and other. For this purpose, their preferences before the pandemic (COVID-19) as well as after the pandemic (COVID-19) has been gathered from respondents. Indian nationals who are 18 years of age or above were selected as sampling unit.

For gathering the data, convenience sampling and snowball sampling techniques were used. A structured questionnaire have been developed for the collection of primary data. Responses from 364 people were collected through mix of structured questionnaire as well as self-administered structured questionnaire.

A structured questionnaire through google form link was shared as well as a short field survey was also conducted and respondents were administered. Out of 364 received questionnaires, 38 are either not properly filled or incomplete and they were excluded from further analysis. So, only 328 properly filled and complete questionnaires were considered for final data analysis.

For data analysis purpose, SPSS (Statistical Package for the Social Sciences) was used and descriptive statistics that are frequency distribution, percentage and cumulative percentage were calculated and results were presented in tabulated form. Mendeley software is used for writing references.

4 RESULTS AND DISCUSSION

4.1 Results and Discussion

The majority of the respondents in this study fall in two age categories which are 18-25 years (49.1%) and 26-34 years (39%) and together they have 88.1% respondents. Out of the 328 respondents, 191 (58.2%) are male and in regard to marital status, 241 out of 328 respondents are unmarried in this study. 159 respondents have a Post-Graduation degree, 95 a Graduation, 41 a Higher Secondary, 20 a Ph.D, 10 other and 3 a High School.

The respondent's individual monthly incomes (INR) as well as their occupation are also ascertained in the study for better insights. 143 respondents have less than 20,000 monthly income, followed by 85 respondents (20,001-40,000 INR), 39 respondents (40,001-60,000 INR), 21 respondents in each category of 60,001-80,000 INR and in more than 1,00,000 INR and at last 19 respondents (80,000-1,00,000 INR). 92 respondents are private employees closely followed by 84 students, (57) businessman/self-employed, (55) Government Employees/Public Sector Employee, (23) research scholar and (17) other. (Table 1 – see appendix¹)

¹ All tables are in the apêndix of the text.

It is clear that 89.9% people (295 out of 328) used to travel for tourism purposes before the pandemic. Only 33 people (10.1%) mentioned that they were never travelled for tourism purposes before the pandemic. (Table 2).

It is evident that overall 90.5% people (297 out of 328) still have intention to travel for tourism purposes but their intention vary according to relaxations or vaccination (Table 3).

The largest proportion which comprises 121 people (36.9%) showed their intention to travel after taking vaccination or other protection from the virus. 107 people (32.6%) mentioned that they will travel but only after complete relaxations in restrictions on travel and tourism activities and 69 people (21%) expressed their intention to travel after some relaxations in restrictions on travel and tourism activities.

Only 31 people which is 9.5% of total respondents expressed their interest against travelling for tourism purpose at all (Table 3) and there is not much difference between numbers of people who used to travel before the pandemic and who want to travel after relaxations or vaccination according to their criteria (Table 2 and 3).

It is clear that 32% people (105 out of 328) used to take a trip every year which is the largest proportion followed by (22.6%) 74 people used to have a trip every six months, (19.8%) 65 people used to have a trip in more than 12 months, and (15.5%) 51 people used to have a trip every three months. (Table 4).

It becomes evident that 34.5% people (113 out of 328) want to take a trip every year which constitute the largest proportion followed by (26.5%) 87 people want to have a trip every six months, (16.5%) 54 people want to have a trip in more than 12 months and 13.1%) 43 people want to have a trip every three months (Table 5).

From table 4 and table 5, it is quite clear that there is increase in number of people who want to have a trip every year and every six months. These numbers in category "a trip every year" increased from 105 to 113 and in category "a trip every six months" increased from 74 to 87.

Number of people in category "a trip in every three months" came down from 51 to 43 and in category "a trip in more than 12 months" came down from 65 to 54. This shows that more people want to have a trip either at every six months or in a year after relaxations or vaccination instead of a trip at every three months or a trip in more than 12 months which can be due to pandemic or increase/decrease in personal disposable income.

Table 6 shows further division of choice of the respondents regarding frequency of travelling according to relaxations or vaccination. 113 out of 328 respondents mentioned a trip every year and 58 out of these 113 said that they will engage in tourism activities once in a year but after taking vaccination or other protection from the virus followed by 35 (after complete relaxations) and 20 (after some relaxations).

87 out of 328 respondents mentioned a trip in every six months and 40 out of these 87 said that they will engage in tourism activities once in a six months but after complete relaxations followed by 28 (after taking vaccination or other protection from the virus) and 19 (after some relaxations). 54 out of 328 respondents mentioned a trip in more than 12 months and 25 out of these 54 said that they will engage in tourism activities once in more than a year but after taking vaccination or other protection from the virus followed by 20 (after complete relaxations) and 09 (after some relaxations). 43 out of 328 respondents mentioned a trip in every three months and 21 out of these 43 said that they will engage in tourism activities once in every three months but after some relaxations followed by 12 (after complete relaxations) and 10 (taking vaccination or other protection from the virus).

It seems that majority of the respondents (66.5%) mentioned that they will consider the history of a state related to coronavirus cases while choosing a tourism destination. 80 respondents (24.4%) said that the history of coronavirus cases of a state will not matter while choosing a tourism destination (Table 7). This shows that people want to travel for tourism purpose but they also do not want to have any risk related to health and perceive that it would be better if they avoid to visiting tourism destinations which have history of coronavirus cases.

It is apparent that 204 people out of 328 (62.2%) stated that compulsion of having COVID-19 certificate will affect their decision to travel for tourism purpose. 94 respondents (28.7%) mentioned that the compulsion of having a COVID-19 certificate will not hold importance while deciding for travelling for tourism purposes (Table 8).

This shows that government along with industry players should think about the alternative of compulsion of having COVID-19 certificate because majority of the people are not in favour of having it and this can be due to increase in expenses and decrease in income for other tourism activities or they think it is not necessary as they want to enjoy and do not want to think about this extra burden on pocket.

The results in table 9 makes clear that 76.2% respondents have intentions to travel for tourism activities within one year after relaxations (some or

complete) or vaccination. Out of this 76.2%, 27.4% respondents (90 out of 328) in "3-6 months" and same number of respondents in category "6-12 months" have intentions to take their first trip. 70 respondents out of 328 respondents (21.3%) expressed their intention to take their first trip in within 3 months and 47 respondents out of 328 respondents (14.3%) have intention to take their first trip in more than 12 months. 54.9% combined respondents which is more than half of overall respondents want to have their first trip between 3-12 months (Table 9). This shows that people want to have tourism activities as soon as possible but without taking any risk and it may be a reason for majority of people not travelling in first three months.

Table 10 shows further classification of waiting period before first trip according to relaxations or vaccination. 70 respondents out of 328 respondents mentioned that they will travel within 3 months but out these 32 respondents said after some relaxations followed by 26 (complete relaxations) and 12 (after vaccination or other protection from the virus). 90 respondents out of 328 respondents mentioned that they will take first trip in 3-6 months but out these 90 respondents, 43 respondents said after complete relaxations followed by 28 (after vaccination or other protection from the virus) and 19 (after some relaxations). 90 respondents out of 328 respondents mentioned that they will take first trip in 6-12 months but out these 90 respondents, 53 respondents said after vaccination or other protection from the virus relaxations followed by 26 (after complete relaxations) and 11 (after some relaxations). 47 respondents out of 328 respondents mentioned that they will take first trip in more than 12 months but out these 47 respondents, 28 respondents said after vaccination or other protection from the virus followed by 12 (after complete relaxations) and 07 (after some relaxations).

It is manifested that 202 respondents out of 328 respondents mentioned pandemic impact on their budget. 125 respondents out of these 202 respondents (38.1%) of total respondents said that their budget for tourism purposes is decreased due to pandemic and 77 respondents of remaining these 202 respondents (23.5%) of total respondents mentioned increase in their budget. 79 respondents out of 328 (24.1%) of total respondents said that there is "No Change" in their budget due to the pandemic (Table 11).

From the table 12, it is clear that enjoyment (77 respondents), exploring new places and cultures (70 respondents) and getting a break from routine (71 respondents) are top three choices for the tourism purpose before the pandemic followed by spending time with family (51 respondents).

It is clear that reducing the stress of coronavirus and lockdown (105 respondents), enjoyment (84

respondents) and exploring new places and cultures (49 respondents) are top three choices for the tourism purpose after relaxations or vaccination followed by spending time with family (40 respondents) and improving and maintaining health (15 respondents) (Table 13).

For market players, it may help them to bundle tourism product with various value proposition or specify a particular value proposition from a tourism product. Reducing the stress of coronavirus and lockdown and improving and maintaining health together forms 36.6% of total share which is a niche market of tourism known as Health Tourism. This shows that industry players should focus on offering this tourism product with some additional value proposition such as enjoyment, to allure tourists.

The figures in the table 14 makes clear that 89 respondents (27.1%) of total respondents said that there will be change in their duration of stay due to the pandemic and 201 respondents (61.3%) said that "No" which means pandemic has no effect on their choice of duration. This means that pandemic has no effect on choice of duration of stay for majority of the people.

From the table 15, it is clear that approximately half of the respondents (162 or 49.4%) used to prefer to stay at the destination for less than 5 days followed by 105 (32%) respondents (6-14 days) and together they have 81.4% share of the total. The other two categories (15-30 days and more than 30 days) does not hold large part in overall share and they together just share only 8.5% share.

It is evident that more than half of the respondents (199 or 60.7%) mentioned that they will prefer to stay at the destination for less than 5 days followed by (23.2%) 76 respondents (6-14 days) and together they have 83.9% share of the total. The other two categories i.e. 15-30 days and more than 30 days, are mentioned by just 15 respondents (4.5%) and 7 (2.1%) respondents and does not represent large part in overall share which is shown by the figure that they together just share only 7.6% share (Table 16).

It becomes clear that more people want to stay at the destination for less than 5 days and it is the only category which registered more preference (from 162 to 199) than before. The categories 6-14 days, 15-30 days and more than 30 days registered the decrease in preference from 105 to 76, from 19 to 15 and from 9 to 7 respectively (Table 15 and 16). This means that respondents still may have safety concerns for longer period of time or may have constraint of disposable income. Market players should raise their safety standards as well as offer coupons, discounts, combo offers etc. to eliminate the safety concerns and disposable income constraint respectively so people

can have a budgeted trip for longer period of time which ultimately benefit the industry and economy.

It is apparent that 123 respondents (37.5%) said that there will be change in their preference for mode of transport due to the pandemic and 167 respondents (50.9%) mentioned that "No" which means pandemic has no effect on their choice of transport type (Table 17).

From the table 18, it is quite clear that Railway train and own vehicle without having big difference used to be one of the more preferred mode of transport among all the available options. 43% (141) respondents and 42.4% (139) respondents mentioned railway train and own vehicle as one of the mode which they preferred before the pandemic for travelling. Flight as a transport mode comes third in the list as 96 (29.3%) respondents mentioned it followed by Private operator bus (70 or 21.3% respondents) and State run/operated bus (51 or 15.5% respondents).

It can be seen that 189 (57.6%) respondents which is more than half of the respondents mentioned Own vehicle as one of the more preferred mode of transport among all the available options after relaxations or vaccination. (29.9%) 98 respondents and (22.6%) 74 respondents mentioned Flight and railway train as one of the mode for travelling. Private operator bus as a mode comes fourth in the list as 49 (14.9%) respondents mentioned it followed by State run/operated bus with 25 (7.6%) respondents (Table 19).

It becomes apparent that only own vehicle as a mode of transport registered increase in numbers as a preference from 139 to 189 after relaxations or vaccination and got first position in the list by outweighing railway train from the top position. Flight as a mode get approximately same numbers of response (96 and 98) and emerge as second best choice by pushing railway train a further down to third place.

Railway train saw decrease in numbers from 141 to 74 as a preferred mode of transport which is highest among all the options followed by Private operator bus from 70 to 49 and state run/operated bus from 51 to 25 (Table 18 and 19).

It is evident that people have intentions to use own vehicle or flight for a trip instead of using public transport such as railway train or state run bus or even a private operator bus and it can be due to concerns with safety measures i.e. hygiene and proper social distancing as well as adherence to other norms for a safe trip. Market players should formulate and implement new policies as well as adhere to the norms of government in its full coverage to gain the trust of people regarding mode of transport provided to them.

Although for getting them first time, allow to choose from options provided by market players, allow them to check safety measures through video conferencing and in case of mode which is not directly in their control provide the best possible option within their budget with assurance of adherence of safety protocols.

The figures in the table 20 clearly shows that 94 respondents (28.7%) of total respondents said that there will be change in their preference for accommodation type due to the pandemic and 196 respondents (59.8%) mentioned that "No" which means pandemic has no effect on their choice of accommodation type. This means that pandemic has no effect on choice of accommodation for majority of the people.

From the table 21, it is evident that 2-3 star hotel was top preference with highest number of response (105 out of 328 or 32%) before the pandemic for staying at the destination. Friend's or relative's place is the second best option for stay purpose before the pandemic with the number of 61 out of 328 closely followed by 4-5 star hotel (60 out of 328), local guests house (51 out of 328). Government tourists' rest house (12 out of 328) and other (3 out of 328) occupied last two positions as an option for staying.

It is manifested that Friend's or relative's place is got top preference with highest number of response (86 out of 328 or 26.2%) for staying at the destination after relaxations or vaccination and closely followed by 4-5 star hotel (80 out of 328 or 24.4%) along with 2-3 star hotel (78 out of 328 or 23.8%) in the study. Local guests house is on the fourth position in the list with only 11% respondents chosen it followed by government tourists' rest house (15 out of 328) and other (2 out of 328) for stay purpose (Table 22).

From the table 21 and 22, it is evident that 4-5 star hotel, friend's or relative's place and government tourists' rest house are three options which registered increase in numbers as more people want to opt them as an stay option at tourism destination after relaxations or vaccination. Friend's or relative's place numbers increased from 61 to 86 followed by 4-5 star hotel from 60 to 80 and government tourists' rest house from 12 to 15 respectively.

This increase in 4-5 star hotel numbers may be related to the trust which people might have on hotels ability to keep up with the safety norms. Friend's or relative's place might be considered as a safest choice as people can stay there according to their will without having extra burden of following the norms as well as reducing the contact with other people which they cannot do with other options.

Ultimately it will lead to reduction in fear of getting virus and will increase their satisfaction. 2-3 star hotel, local guests and other registered decrease in their numbers but 2-3 star hotel is the registered highest decline in their numbers from 105 to 78 followed by local guests from 54 to 36 and other from 3 to 2.

This decrease can be due to safety measures such as hygiene related in 2-3 star hotel and local guests house as both these options do not have good image of being hygienic as well as related to trust of people that they have about their ability to adhere to standard safety norms.

Market players need to come up with innovative policies such as minimal contact, self-service of picking mattresses and changing them on its own, encouraging digital payment, doing necessary cleaning or other work in the absence of people in the room to avoid contact by receiving permission in advance so they can assure the safety of their important belongings, etc. to attract people. Employers should also encourage their employees to come up with innovative ideas to deal with consumers. Qualified staff provide the competitive advantage (as employees skills are difficult to imitate) by creating a positive image (Dedeoğlu, Aydın, & Boğan, 2018).

5 CONCLUSION

This study explored the pandemic impact on domestic tourism sector and revealed that the pandemic do not reduce the numbers of people who want to travel for tourism activities. However, approximately same number of people want to take tourism activities after relaxations or vaccination, but they want to be remain careful at the same time.

So more than half of the people want to wait for some months after relaxations or vaccination or longer than that but not more than a year which shows that tourism sector will start recovering with domestic demand as soon as government start granting relaxations but full recovery might take 2-3 years as people also chose to wait till vaccination to travel for tourism purposes.

On the other hand, pandemic has influence on the sector by altering preferences of people regarding the various components of tourism industry i.e. accommodation, mode of transport, duration of stay as well as influencing their budget. In addition of it, they also want to have short stays with safe and reliable options of 4-5 star hotel and friend's or relative's place for stay instead of 2-3 star hotel and local guests house and own vehicle and flight for transport instead of railway train, private bus and state bus

The one interesting finding of the study discloses that many people expressed health improvement

including stress reduction as a purpose for engaging into tourism activities which could be seen as a first step in emergence of domestic health tourism market as people are becoming more aware about their physical and mental health. This domestic niche health tourism market along with international health tourism market could be a key for starting Indian tourism sector as this sector does not require mass gathering of people at a place at the same time and already pay attention to the cleanliness and hygiene conditions.

The results of this study may help tourism market players including government to modify or develop tourism products which cover changed preferences and serve a more enriching experience. For attracting people for the first time, they should offer coupons, discounts, give them full and accurate information about destination rules, organize a virtual tour for people to become sure about standards and protocols as well as hygiene at destination, minimize contact, to gain trust.

The present study is not without limitations. First, the field survey is done only in some parts of Delhi due to pandemic restrictions and cost consideration. Second, the study only covers domestic tourism market which does not show the complete impact of pandemic on Indian tourism sector. Therefore, future studies should include international tourists as well or a separate study for international tourists could be conducted to understand the impact of pandemic on tourism sector as well as to provide them better tourism experience with safety.

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Appendix.

Table 1: Demographics of the Respondents.

| Particulars | Frequency | Percent |
|---------------------------|-----------|---------|
| I. Gender | | |
| Female | 137 | 41.8 |
| Male | 191 | 58.2 |
| II. Age (in years) | | |
| 18-25 | 161 | 49.1 |
| 26-34 | 128 | 39.0 |

| | | |
|---|-----|------|
| 35-44 | 26 | 7.9 |
| 45-54 | 11 | 3.4 |
| More than 54 | 2 | .6 |
| III. Educational Qualification | | |
| High School (10th) | 3 | .9 |
| Higher Secondary/ Intermediate (12th) | 41 | 12.5 |
| Graduation | 95 | 29.0 |
| Post-Graduation | 159 | 48.5 |
| Ph.D | 20 | 6.1 |
| Other | 10 | 3.0 |
| IV. Occupation | | |
| Businessman/ Self Employed | 57 | 17.4 |
| Private Employee | 92 | 28.0 |
| Government Employees/Public Sector Employee | 55 | 16.8 |
| Research Scholar | 23 | 7.0 |
| Student | 84 | 25.6 |
| Other | 17 | 5.2 |
| V. Individual Monthly Income (INR) | | |
| Less than 20,000 | 143 | 43.6 |
| 20,001-40,000 | 85 | 25.9 |
| 40,001-60,000 | 39 | 11.9 |
| 60,001-80,000 | 21 | 6.4 |
| 80,001-1,00,000 | 19 | 5.8 |
| More than 1,00,000 | 21 | 6.4 |
| VI. Marital Status | | |
| Married | 87 | 26.5 |
| Unmarried | 241 | 73.5 |

Source: Prepared by the Author himself from the data collected for his own research.

Table 2: Number of people used to travel before the Pandemic.

| Response | Frequency | Percent | Cumulative Percent |
|----------|-----------|---------|--------------------|
| No | 33 | 10.1 | 10.1 |
| Yes | 295 | 89.9 | 100.0 |
| Total | 328 | 100.0 | |

Source: Prepared by the Author himself from the data collected for his own research.

Table 3: Classification of intention to travel according to relaxations or vaccination.

| Response | Frequency | Percent | Cumulative Percent |
|--|-----------|---------|--------------------|
| No | 31 | 9.5 | 9.5 |
| Yes, after complete relaxations in restrictions on travel and tourism activities | 107 | 32.6 | 42.1 |
| Yes, after some relaxations in restrictions on travel and tourism activities | 69 | 21.0 | 63.1 |
| Yes, after taking vaccination or other protection from the virus | 121 | 36.9 | 100.0 |
| Total | 328 | 100.0 | |

Source: Prepared by the Author himself from the data collected for his own research.

Table 4: Frequency of Travelling before the Pandemic.

| Category | Frequency | Percent | Cumulative Percent |
|-------------------------|-----------|---------|--------------------|
| In three months (Once) | 51 | 15.5 | 15.5 |
| In six months (Once) | 74 | 22.6 | 38.1 |
| In a year (Once) | 105 | 32.0 | 70.1 |
| More than a year (Once) | 65 | 19.8 | 89.9 |
| Not Applicable | 33 | 10.1 | 100.0 |
| Total | 328 | 100 | |

Source: Prepared by the Author himself from the data collected for his own research.

Table 5: Frequency of Travelling after the relaxations or vaccination.

| Category | Frequency | Percent | Cumulative Percent |
|-------------------------|-----------|---------|--------------------|
| In three months (Once) | 43 | 13.1 | 13.1 |
| In six months (Once) | 87 | 26.5 | 39.6 |
| In a year (Once) | 113 | 34.5 | 74.1 |
| More than a year (Once) | 54 | 16.5 | 90.5 |
| Not Applicable | 31 | 9.5 | 100.0 |
| Total | 328 | 100.0 | |

Source: Prepared by the Author himself from the data collected for his own research.

Table 6: Frequency of Travelling according to relaxations or vaccination.

| Relaxations or vaccination | Frequency of Travelling after relaxations or vaccination | | | | | | |
|--|--|------------------------|----------------------|------------------|-------------------------|----------------|-------|
| | Category | In three months (Once) | In six months (Once) | In a year (Once) | More than a year (Once) | Not Applicable | Total |
| No | | 0 | 0 | 0 | 0 | 31 | 31 |
| Yes, after complete relaxations in restrictions on travel and tourism activities | | 12 | 40 | 35 | 20 | 0 | 107 |
| Yes, after some relaxations in restrictions on travel and tourism activities | | 21 | 19 | 20 | 9 | 0 | 69 |
| Yes, after taking vaccination or other protection from the virus | | 10 | 28 | 58 | 25 | 0 | 121 |
| Total | | 43 | 87 | 113 | 54 | 31 | 328 |

Source: Prepared by the Author himself from the data collected for his own research.

Table 7: History of Coronavirus Cases and Choice of a Tourism Destination.

| Response | Frequency | Percent | Cumulative Percent |
|----------------|-----------|---------|--------------------|
| Yes | 218 | 66.5 | 66.5 |
| No | 80 | 24.4 | 90.9 |
| Not Applicable | 30 | 9.1 | 100.0 |
| Total | 328 | 100.0 | |

Source: Prepared by the Author himself from the data collected for his own research.

Table 8: Compulsion of COVID-19 Certificate and its impact on Travel intention of People.

| Response | Frequency | Percent | Cumulative Percent |
|----------------|-----------|---------|--------------------|
| Yes | 204 | 62.2 | 62.2 |
| No | 94 | 28.7 | 90.9 |
| Not Applicable | 30 | 9.1 | 100.0 |
| Total | 328 | 100.0 | |

Source: Prepared by the Author himself from the data collected for his own research.

Table 9: Waiting Period before Taking First Trip.

| Category | Frequency | Percent | Cumulative Percent |
|---------------------|-----------|---------|--------------------|
| Within 3 months | 70 | 21.3 | 21.3 |
| 3-6 months | 90 | 27.4 | 48.7 |
| 6-12 months | 90 | 27.4 | 76.2 |
| More than 12 months | 47 | 14.3 | 90.5 |
| Not Applicable | 31 | 9.5 | 100.0 |
| Total | 328 | 100.0 | |

Source: Prepared by the Author himself from the data collected for his own research.

Table 10: Classification of First Trip according to relaxations or vaccination.

| Relaxations or vaccination | Waiting Period before Taking First Trip | | | | | | Total | |
|--|--|-----------------|------------|-------------|---------------------|----------------|-------|-----|
| | Category | Within 3 months | 3-6 months | 6-12 months | More than 12 months | Not Applicable | | |
| | No | 0 | 0 | 0 | 0 | 31 | | 31 |
| | Yes, after complete relaxations in restrictions on travel and tourism activities | 26 | 43 | 26 | 12 | 0 | | 107 |
| | Yes, after some relaxations in restrictions on travel and tourism activities | 32 | 19 | 11 | 7 | 0 | | 69 |
| Yes, after taking vaccination or other protection from the virus | 12 | 28 | 53 | 28 | 0 | 121 | | |
| Total | | 70 | 90 | 90 | 47 | 31 | 328 | |

Source: Prepared by the Author himself from the data collected for his own research.

Table 11: Pandemic Impact on Budget.

| Response | Frequency | Percent | Cumulative Percent |
|--------------------|-----------|---------|--------------------|
| Decrease in Budget | 125 | 38.1 | 38.1 |
| Increase in Budget | 77 | 23.5 | 61.6 |
| No Change | 79 | 24.1 | 85.7 |
| Not Applicable | 47 | 14.3 | 100.0 |
| Total | 328 | 100.0 | |

Source: Prepared by the Author himself from the data collected for his own research.

Table 12: Purposes before Pandemic for Tourism Activities.

| Purposes | Frequency | Percent | Cumulative Percent |
|---------------------------------------|-----------|---------|--------------------|
| For enjoyment | 77 | 23.5 | 23.5 |
| For exploring new places and cultures | 70 | 21.3 | 44.8 |
| For getting a break from routine | 71 | 21.6 | 66.5 |
| For improving and maintaining health | 7 | 2.1 | 68.6 |
| For spending time with family | 51 | 15.5 | 84.1 |
| Other | 19 | 5.8 | 89.9 |
| Not Applicable | 33 | 10.1 | 100.0 |
| Total | 328 | 100.0 | |

Source: Prepared by the Author himself from the data collected for his own research.

Table 13: Purposes after relaxation or vaccination for Tourism Activities.

| Purposes | Frequency | Percent | Cumulative Percent |
|---|-----------|---------|--------------------|
| For enjoyment | 84 | 25.6 | 25.6 |
| For exploring new places and cultures | 49 | 14.9 | 40.5 |
| For improving and maintaining health | 15 | 4.6 | 45.1 |
| For reducing the stress of coronavirus and lockdown | 105 | 32.0 | 77.1 |
| For spending time with family | 40 | 12.2 | 89.3 |
| Other | 04 | 1.2 | 90.5 |
| Not Applicable | 31 | 9.5 | 100.0 |
| Total | 328 | 100.0 | |

Source: Prepared by the Author himself from the data collected for his own research.

Table 14: Pandemic Impact on Choice of Duration of Stay.

| Response | Frequency | Percent | Cumulative Percent |
|----------------|-----------|---------|--------------------|
| Yes | 89 | 27.1 | 27.1 |
| No | 201 | 61.3 | 88.4 |
| Not Applicable | 38 | 11.6 | 100.0 |
| Total | 328 | 100.0 | |

Source: Prepared by the Author himself from the data collected for his own research.

Table 15: Preference for Duration of Stay before the pandemic.

| Duration | Frequency | Percent | Cumulative Percent |
|-------------------|-----------|---------|--------------------|
| Less than 5 days | 162 | 49.4 | 49.4 |
| 6-14 days | 105 | 32.0 | 81.4 |
| 15-30 days | 19 | 5.8 | 87.2 |
| More than 30 days | 9 | 2.7 | 89.9 |
| Not applicable | 33 | 10.1 | 100.0 |
| Total | 328 | 100.0 | |

Source: Prepared by the Author himself from the data collected for his own research.

Table 16: Preference for Duration of Stay after relaxations or vaccination,

| Duration | Frequency | Percent | Cumulative Percent |
|-------------------|-----------|---------|--------------------|
| Less than 5 days | 199 | 60.7 | 60.7 |
| 6-14 days | 76 | 23.2 | 83.9 |
| 15-30 days | 15 | 4.5 | 88.4 |
| More than 30 days | 7 | 2.1 | 90.5 |
| Not applicable | 31 | 9.5 | 100.0 |
| Total | 328 | 100.0 | |

Source: Prepared by the Author himself from the data collected for his own research.

Table 17: Pandemic Impact on Choice of Mode of Transport.

| Response | Frequency | Percent | Cumulative Percent |
|----------------|-----------|---------|--------------------|
| Yes | 123 | 37.5 | 37.5 |
| No | 167 | 50.9 | 88.4 |
| Not Applicable | 38 | 11.6 | 100.0 |
| Total | 328 | 100.0 | |

Source: Prepared by the Author himself from the data collected for his own research.

Table 18: Preference for Type of Mode of Transport before the Pandemic.

| Mode of Transport | Frequency | Percent | Percent of Cases |
|------------------------|-----------|---------|------------------|
| Own vehicle | 139 | 26.2 | 42.4 |
| Railway train | 141 | 26.6 | 43.0 |
| Private operator bus | 70 | 13.2 | 21.3 |
| State run/operated bus | 51 | 9.6 | 15.5 |
| Flight | 96 | 18.1 | 29.3 |
| Not Applicable | 33 | 6.2 | 10.1 |
| Total | 530 | 100.0 | 161.6 |

a. Dichotomy group tabulated at value 1.

b. Total numbers are more than total respondents because multiple responses are allowed in this question.

Source: Prepared by the Author himself from the data collected for his own research.

Table 19: Preference for Type of Mode of Transport after relaxations or vaccination.

| Mode of Transport | Frequency | Percent | Percent of Cases |
|------------------------|-----------|---------|------------------|
| Own vehicle | 189 | 40.6% | 57.6% |
| Railway train | 74 | 15.9% | 22.6% |
| Private operator bus | 49 | 10.5% | 14.9% |
| State run/operated bus | 25 | 5.4% | 7.6% |
| Flight | 98 | 21.0% | 29.9% |
| Not Applicable | 31 | 6.7% | 9.5% |
| Total | 466 | 100.0% | 142.1% |

a. Dichotomy group tabulated at value 1.

b. Total numbers are more than total respondents because multiple responses are allowed in this question.

Source: Prepared by the Author himself from the data collected for his own research.

Table 20: Pandemic Impact on Choice of Accommodation.

| Response | Frequency | Percent | Cumulative Percent |
|----------------|-----------|---------|--------------------|
| Yes | 94 | 28.7 | 28.7 |
| No | 196 | 59.8 | 88.5 |
| Not Applicable | 38 | 11.6 | 100.0 |
| Total | 328 | 100.0 | 100.0 |

Source: Prepared by the Author himself from the data collected for his own research.

Table 21: Preference for Accommodation Type before the Pandemic.

| Accommodation Type | Frequency | Percent | Cumulative Percent |
|---------------------------------|-----------|---------|--------------------|
| 2-3 Star hotel | 105 | 32.0 | 32.0 |
| 4-5 Star hotel | 60 | 18.3 | 49.7 |
| At friend's or relative's place | 61 | 18.6 | 68.3 |
| Government tourists' rest house | 12 | 3.7 | 72.0 |
| Local guests house | 54 | 16.5 | 88.4 |
| Other | 3 | .9 | 89.3 |
| Not Applicable | 33 | 10.7 | 100.0 |
| Total | 328 | 100.0 | |

Source: Prepared by the Author himself from the data collected for his own research.

Table 22: Preference for Accommodation Type after relaxations or vaccination.

| Accommodation Type | Frequency | Percent | Cumulative Percent |
|---------------------------------|-----------|---------|--------------------|
| 2-3 Star hotel | 78 | 23.8 | 23.8 |
| 4-5 Star hotel | 80 | 24.4 | 48.2 |
| At friend's or relative's place | 86 | 26.2 | 74.4 |
| Government tourists' rest house | 15 | 4.6 | 79.0 |
| Local guests house | 36 | 11.0 | 90.0 |
| Other | 2 | .6 | 90.6 |
| Not Applicable | 31 | 9.5 | 100.0 |
| Total | 328 | 100.0 | |

Source: Prepared by the Author himself from the data collected for his own research.

Processo Editorial / Editorial Process / Proceso Editorial
 Editor Chefe / Editor-in-chief / Editor Jefe: PhD Thiago D. Pimentel (UFJF).
 Editores Convidados / Guest Editors / Editores Invitados: PhD Subhash K. B. Pillai (Goa University), PhD Sharad K. Kulshreshtha
 (North-Eastern Hill University, India) & PhD Maximiliano Korstanje (Palermo University, Argentina).
 Recebido/Received: 26.08.2020; Revisado/Revised: 10.10.2020 – 16.12.2020; Aprovado/Approved: 16.01. 2021;
 Publicado/Published: 3.01.2021.
 Seção revisada às cegas por pares / Double-blind peer review section / Sesión revisada por pares ciegos.