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Reviving from the Pandemic: Strategies for Travel and Tourism Industry

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This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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ABSTRACT

Introduction: Travel restrictions due to the COVID-19 outbreak in India, types of public transportation and tourist visas are being suspended and hence India will lose tourists from various states of India as well as from other countries. The research aim is to measure the change in travellers' preference and expectations due to COVID-19 pandemic in the state of Gujarat and to provide strategies for reviving the travel and tourism industry.

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Methods: A total of 1043 travellers from Gujarat state were selected by non-probability convenient sampling method. Data were collected by online survey through a structured questionnaire during the pandemic era. Inferential statistical tools were used to infer the data collected for its Significance.

Results: Data revealed the changes in travel plan, travelling duration, preferred mode of transportation and convoys' prefer during travelling. On the other hand significant impact has been found on travel plans due to the COVID-19 outbreak.

Discussion: This study will help to entire links of travels to make proper strategies to cope with the challenges that the tourism sector is facing due to the COVID-19 outbreak. Executing strategies recommended in this research will help to reduce the pandemic's troublesome effects on the travel industry and it will help in building an environment that will make it simpler for travellers coming from India and from other countries.

Keywords: Booking; corona virus; COVID-19; outbreak; public transportation; tourism; travel plan.

1. INTRODUCTION

It is evident that the city of Wuhan in Hubei Province, China, became the epicentre of an unidentified disease first detected on December 31, 2019. The World Health Organization (WHO) was initially informed about cases of pneumonia of unknown origin. Subsequently, on January 7, 2020, Chinese authorities identified the virus as a type of coronavirus, which was later named SARS-CoV-2 by WHO. The disease caused by this virus was officially termed COVID-19. On March 11, 2020, the WHO declared COVID-19 a global pandemic, as it had already spread to over 114 countries at that time. Highly contagious in nature, the virus spread rapidly, and by August 27, 2021, a total of 214,468,601 confirmed cases and 4,470,969 deaths had been reported globally (Yang et al., 2021).

Coronaviruses are commonly found in animals such as camels, cats, and bats and they rarely spread to humans. However, this time the world witnessed the emergence of a novel coronavirus from a large family of viruses known to cause severe illnesses. including Severe Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). The etiological agent responsible for the current outbreak. SARS-CoV-2, is closely related to the original SARS coronavirus (Kaushik et al., 2020). In humans, SARS-CoV-2 is transmitted primarily through respiratory droplets—directly sneezing or coughing, or indirectly through contaminated objects, surfaces, or close contact (Patel et al., 2020).

Nearly all sectors across the globe have been affected by the pandemic, but one of the most severely impacted industries is global tourism

(Patel et al., 2020). The extent of vulnerability caused by COVID-19 depends on four key factors: the rate and scale of virus transmission; the timeline and effectiveness of vaccine development; the efficiency of policy responses to mitigate the health, economic, and social impacts; and the level of public anxiety, which influences all these dimensions (World Health Organization, 2021). During the peak of the pandemic, international borders were closed across most countries. Although many have since reopened under restricted conditions, the travel and tourism industry continues to face an unprecedented level of disruption.

The pandemic caused a near-complete halt to international and domestic tourism. Travel restrictions, border closures, and public fear significantly reduced tourist mobility. The tourism disruptions industry suffered long-term revenue, employment, and service infrastructure. India imposed stringent lockdowns travel restrictions, affecting both inbound and domestic tourism. Gujarat, known for its cultural heritage, religious tourism, and vibrant festivals, witnessed a sharp decline in tourist arrivals.

As the pandemic moves into a recovery phase, timely research is crucial to inform strategic planning for tourism revival. Policymakers, tourism boards, and stakeholders need data-driven insights to restore tourist confidence and rebuild the sector sustainably (Jayawardena, 2022). Hence, this study seeks to address the critical gap in understanding changing traveller Behaviour and expectations post-pandemic, and to propose targeted revival strategies that align with both public health safety and economic rejuvenation.

2. LITERATURE REVIEW

2.1 Global and National Impact of COVID-19 on Tourism

The estimated global economic loss due to restricted international travel during pandemic is projected to be around \$10 trillion. This disruption has impacted nearly 70% of employment directly or indirectly within the tourism sector. According to the Federation of Associations in Indian Tourism & Hospitality the pandemic may result (FAITH), approximately 38 million job or business losses, leading to widespread bankruptcies, business closures, and unemployment across India (Dutta, 2020).

2.2 Disruption Across Tourism Segments and Value Chain

The tourism industry has experienced its most severe disruption to date, affecting all major segments-domestic, inbound, and outbound. Nearly every vertical within the travel sector, including leisure, adventure, heritage, MICE, cruise, corporate, and niche tourism, has been adversely impacted (Juarez-Rojas et al., 2023). chain—from The entire tourism value accommodations and travel agencies to tour destinations. operators. restaurants. entertainment venues, and transportation by air. land, and sea-has suffered considerable setbacks (PTI, 2020; Bhadeshiya et al., 2020).

2.3 Historical Crises and Their Impact on Travel Behaviour

Previous studies have documented how major disruptions such as epidemics (e.g., AIDS, SARS, Bird Flu), natural disasters (e.g., the Indian Ocean tsunami, Hurricane Katrina), and socio-political instabilities (e.g., terrorism, riots, and political unrest) can have a lasting impact on the perceived image of travel destinations (Beirman, 2003). These incidents influence both destination appeal and individual decisions. Travellers may cancel or postpone trips, change destinations, or proceed despite risks based on their personal risk perception (Dickman, 2003).

2.4 Role of Self-Confidence and Demographics in Travel Decisions

Researchers have explored the role of selfconfidence in travellers' responses to adverse events. A consumer self-confidence scale originally developed for product purchases was adapted for travel and revealed that self-confidence significantly influences travel-related decisions during disruptions (Valencia & Crouch, 2008). Demographic variations in travel Behaviour, with families with young children relying more on private vehicles, and gender disparities affecting travel patterns, with women being more cautious and restricted than men (Joh. 2019).

2.5 Memorable Travel Experience and Social Media Influence

Efforts to manage memorable travel experiences have led to the development of a reliable measurement encompassing seven scale dimensions: pleasure-seeking, nourishment, significance. knowledge. local culture, involvement, and novelty (Kim et al., 2010). A was developed theoretical framework understand travel Behaviour by analyzing individuals' activity patterns, emphasizing how daily routines and social roles influence travel 2007). The growing decisions (Axhausen, influence of social media in tourism is notable, as platforms help create value through features that are unique and non-substitutable (Skare et al., 2021) (Ly, B., & Ly, R., 2020).

2.6 Impact of COVID-19 on the Indian Tourism Sector

India experienced a dramatic decline in both inbound and outbound tourism due to COVID-19-related travel restrictions. The suspension of all modes of public transport and tourist visas led to a 67% drop in inbound and a 52% decline in outbound travel (Singh, 2020). The hospitality sector witnessed mass booking cancellations, especially for cruises and corporate events. The industry lost ₹8,500 crore in just the first quarter due to suspended international travel, affecting approximately 38 million workers (IATO, 2020).

2.7 Risk Perception and Changing Tourist Priorities

In the context of travel, perceived risk refers to the potential for physical or financial harm that a traveller associates with a destination (Chennattuserry et al., 2022). COVID-19 has elevated health concerns and forced a shift in travel priorities, placing a spotlight on safety, security, and hygiene standards. Clear communication and visible safety protocols are

essential to restore tourist confidence (Ramos, 2022).

2.8 Infrastructure, Service Quality and Competitiveness

System quality and infrastructure significantly influence a tourist's decision to visit or revisit a destination (Yuan et al., 2022; Davari et al., 2022). Delivering high-quality services and maintaining superior facilities are essential for reviving tourism. The post-pandemic landscape demands not only cleanliness and safety but also a reimagined service model focused on trust and assurance (Serra & Seabra, 2023).

The reviewed literature highlights how the pandemic has drastically affected tourism globally and in India. It also emphasizes the need to understand evolving traveller Behaviour, risk perceptions, and the role of infrastructure and digital tools in restoring tourism. The present study aims to fill this gap by examining changes in tourist Behaviour post-COVID and by developing actionable strategies to revitalize the tourism sector in Gujarat and beyond.

3. RESEARCH OBJECTIVES

1. To examine the impact of the COVID-19 outbreak on travellers' preferences

- regarding travel duration, transportation modes, and travel companions in Gujarat.
- 2. To assess changes in travellers' expectations related to hygiene, safety protocols, and flexibility in travel bookings during and after the pandemic.
- To propose strategic recommendations and policy interventions for sustainable and resilient revival of the travel and tourism sector in the post-pandemic context.

4. RESEARCH METHODOLOGY

The study was carried out with descriptive research design whereby primary data was collected through structured questionnaire with the help of online survey method, sent among travellers or vacationers residing in the state of Gujarat during pandemic era. Non probability convenience sampling technique was used to survey 1043 respondents from defined sampling frame. Chi-Square tests were chosen due to their suitability in identifying associations between categorical variables such as age, income, gender, and changes in travel Behaviour. The test is ideal for non-parametric data derived from large surveys (N=1043) and is commonly used in Behavioural and tourism studies.

5. RESULTS AND DISCUSSION

5.1 Descriptive of the Sample

Table 1. Descriptive of the sample

| A. Gender | N | P (%) | B. Age (Years) | N | P (%) |
|----------------------|------|--------|--------------------------|------|--------|
| Female | 416 | 60.10 | < 20 | 33 | 3.2 |
| Male | 627 | 39.90 | 21 to 30 | 893 | 85.6 |
| | | | 31 to 40 | 92 | 8.8 |
| | | | 41 to 50 | 17 | 1.6 |
| | | | > 50 | 8 | .8 |
| Grand Total | 1043 | 100.00 | Grand Total | 1043 | 100.00 |
| C. Highest Education | N | P (%) | D. Income (In INR lakhs) | N | P (%) |
| Below HSC | 8 | .8 | < 3 | 206 | 19.8 |
| Under Graduates | 97 | 9.3 | 3 to 6 | 450 | 43.1 |
| Graduate | 220 | 21.1 | 6 to 10 | 197 | 18.9 |
| Post Graduate | 616 | 59.1 | >10 | 190 | 18.2 |
| Doctorate | 26 | 2.5 | | | |
| Professional Degree | 41 | 3.9 | | | |
| Other | 35 | 3.4 | | | |
| Grand Total | 1043 | 100.0 | Grand Total | 1043 | 100.0 |
| E. Occupation | N | P (%) | F. Family Type | N | P (%) |
| Housewife | 16 | 1.5 | Joint | 401 | 38.4 |
| Students | 448 | 43.0 | Nuclear | 642 | 61.6 |

| A. Gender | N | P (%) | B. Age (Years) | N | P (%) |
|-------------------|------|-------|----------------|------|-------|
| Self-employed | 50 | 4.8 | | | |
| Professional | 102 | 9.8 | | | |
| Service | 290 | 27.8 | | | |
| Business | 129 | 12.4 | | | |
| Other | 8 | .8 | | | |
| Grand Total | 1043 | 100.0 | Grand Total | 1043 | 100.0 |
| G. Family Members | N | P (%) | | | |
| Less than 3 | 51 | 4.9 | | | |
| 4 to 5 | 740 | 70.9 | | | |
| 6 to 7 | 204 | 19.6 | | | |
| 8 to 9 | 8 | .8 | | | |
| More than 9 | 40 | 3.8 | | | |
| Grand Total | 1043 | 100.0 | | | |

Notes: Where N = frequency; P= percentage. This table shows the descriptive of the sample Sources: Author's own analysis based on SPSS output from primary data (2020)

5.2 Travel during Vacation Period and Plan to Change

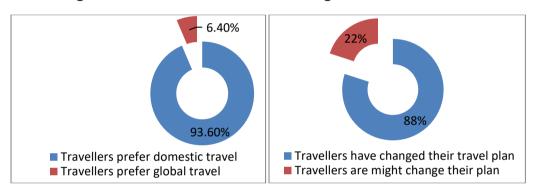


Fig. 1. Preference of travellers during vacation period and plan to change due to Covid-19 outbreak

Sources: Author's own compilation from primary survey data (2020)

Out of the total response received 93.6% travellers prefer domestic travel and 6.4% travellers prefer global travel during vacation. And out of these 88% travellers have changed their travel plan and 22% travellers are might change their plan due to COVID-19 outbreak. Travel plans of 15% travellers were not going to affect due to COVID-19 outbreak.

5.2.1 Chi-Square analysis performed to identify the association between change in the travel plan due to COVID-19 outbreak, annual family income and age of the travellers

 $\mathbf{H}_{0:}$ Change in the travel plan due to COVID-19 outbreak is independent to Annual Family Income groups across the different age groups.

 $\mathbf{H}_{1:}$ Change in the travel plan due to COVID-19 outbreak is not independent to Annual Family Income groups across the different age groups.

For the age group of 21 to 30 years which is 13.10% of the total travellers who belongs to less than Rs. 3,00,000 annual family income said that they might definitely change the plan, out of total 27.10% travellers who belongs to less than Rs. 3,00,001 to 6,00,000 annual family income said they also might definitely change the plan, out of total 15.90% travellers who belongs to less than Rs. 6.00.001 to 10.00.000 annual family income said they will definitely change the plan while out of total 15.00% travellers who belongs to more than Rs. 10,00,000 annual family income said they are also likely to change the plan and likewise as shown in table but the Pearson Chi-Square test yielded that with chi-square value of 86.046, df=6 the p value is greater than 0.05 so null hypothesis is not being rejected. Thus, it can be concluded that for the age group of 21 to 30 years of age the annual family groups and their planning to change travel plan are independent. And so on for the rest of the variables included in the above test.

Table 2. Chi-Square Test: Change in the travel plan due to COVID-19 outbreak -Annual Family Income - Age of the travellers

| Age | Pearson Chi- Square Value | df | Asymp. Sig. (2-sided) | Outcome |
|--------------------|------------------------------|----|--------------------------|-----------------------------------|
| Below 20 Years | 15.043 | 2 | .368 | No enough Evidence of association |
| 21 to 30 Years | 86.046 | 6 | .117 | No enough Evidence of association |
| 31 to 40 Years | 74.836 | 6 | .177 | No enough Evidence of association |
| 41 t0 50 Years | 11.057 | 2 | .143 | No enough Evidence of association |
| 51 Years and above | 14.540 | 2 | .167 | No enough Evidence of association |
| Total | 9.599 | 6 | .143 | No enough Evidence of association |

Sources: Author's own analysis based on SPSS output from primary data (2020)

5.3 Travelling Duration

Following chart shows the how long the travellers used to travel before COVID-19 outbreak in Gujarat state (Fig. 2).

41.6% vacationers used to have 5 to 7 days long trips, 28.8% vacationers used to have 3 to 4 days long trip, 11.2% vacationers used to have 8 to 14 days long trip, 10.4% vacationers used to have 1 to 2 days long trips and 8% vacationers used to

have more than 14 days long trips before COVID-19 outbreak for past 2 years.

Following figure shows the Change in travel duration due to COVID-19 outbreak in Gujarat State (Fig. 3).

44% travellers might change their travel duration and 34.4% travellers were going to change their travel duration. Travel duration of 21.6% travellers was not going to get affected by outbreak of COVID-19.

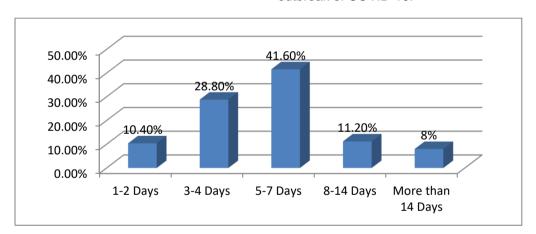


Fig. 2. How long travellers used to travel before COVID-19 outbreak Sources: Author's own compilation from primary survey data (2020)

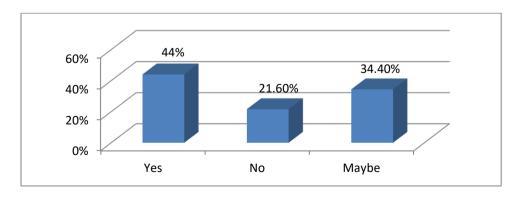


Fig. 3. Change in travel duration due to COVID-19 outbreak Sources: Author's own compilation from primary survey data (2020)

Among these responses, researchers concluded that there is enough evidence to suggest an association between the duration of travelling before COVID-19 and their plan to change the duration after COVID -19. (χ^2 = 150.886, p=0.000, p<0.05).

5.3.1 Chi-Square analysis performed to identify the association among changes in travel duration due to COVID-19 outbreak, Gender and Age of the travellers

H_{0:} Changes in travel duration due to COVID-19 outbreak is independent to Gender and Age of the travellers.

 $\mathbf{H}_{1:}$ Changes in travel duration due to COVID-19 outbreak is not independent to Gender and Age of the travellers.

For the age group below 20 years, 50% of total male travellers said that they will change their travel duration due to COVID-19 outbreak while in the same age group, 50% female travellers said that they may be changing their travel duration due to COVID-19 outbreak.

For the age group 21 to 30 years, 25.50% of total male and 16.80% female travellers said that they will change their travel duration due to COVID-19 outbreak while 15% male and 9.30% female travellers said that they will not change their travel duration due to COVID-19 outbreak and 16.90% male and 14% female travellers said that they might change their travel duration due to COVID-19 outbreak. For the age group 31 to 40 years, 45.50% of total male and 18.20% female travellers said that they will change their travel duration due to COVID-19 outbreak while 9.10% male and 27.30% female travellers said that they may be changing their travel duration due to COVID-19 outbreak. For the age group 41 to 50 years, 50% of the total male travellers said that

they will change their travel duration due to COVID-19 outbreak while in the same age group the 50% female travellers said that they will not be changing their travel duration due to COVID-19 outbreak.

The Pearson Chi-Square test yielded that with chi-square value of 4.00, df=1 the p value is less than 0.05 so null hypotheses gets rejected. Thus, it can be concluded that for the age below 20 years the change in travel duration due to COVID-19 outbreak is not independent to Gender and Age of the travellers. For other age groups, except the age group 21 to 30 years for which the p value is greater than 0.05 researchers fail to reject the null hypothesis and thus for only this age year it can be concluded that the change in travel duration due to COVID-19 outbreak is independent to Gender and Age of the travellers, while for the rest the change in travel duration due to COVID-19 outbreak is not independent to Gender and Age of the travellers.

5.4 Preferred Mode of Public Transportation by Travellers Domestically

Following figure shows the Preferred Mode of Public transportation by travellers while travelling domestically (Figs. 4 and 5).

While travelling in domestic places 47.6% travellers have preferred Train, 32.8% travellers have preferred Car, 13.6% travellers have preferred Flight and 7% have preferred Bus.

While travelling in domestic places, 30.4% travellers have already changed their preferred mode of transportation and 28% travellers might be changing their Preferred Mode of Public transportation. There is no change in Preferred Mode of Public transportation in case of 41.6% travellers.

Table 3. Chi-Square Test: Changes in travel duration due to COVID-19 outbreak-Gender - Age of the travellers

| Age | Pearson Chi- Square Value | df | Asymp. Sig. (2-sided) | Outcome |
|--------------------|------------------------------|----|-----------------------|-----------------------------------|
| Below 20 years | 33.000 | 1 | 0.000 | Evidence of association |
| 21 to 30 Years | 0.422 | 2 | 0.810 | No enough Evidence of association |
| 31 to 40 Years | 19.839 | 1 | 0.000 | Evidence of association |
| 41 to 50 Years | 17.000 | 1 | 0.000 | Evidence of association |
| 51 Years and above | 15.765 | 1 | 0.000 | Evidence of association |
| Total | 1.029 | 2 | 0.006 | Evidence of association |

Sources: Author's own analysis based on SPSS output from primary data (2020)

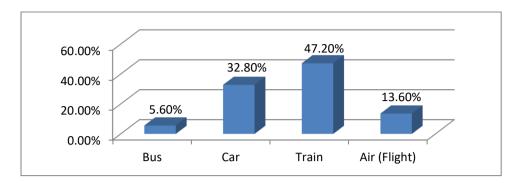


Fig. 4. Preferred Mode of Public transportation by travellers domestically Sources: Author's own compilation from primary survey data (2020)

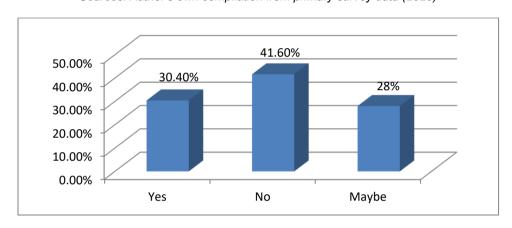


Fig. 5. Change in Preferred Mode of Public transportation Sources: Author's own compilation from primary survey data (2020)

Among these responses, researchers conclude that there is enough evidence to suggest an association between the mode of the transport of travelling before COVID-19 and their plan to change the mode of the transport of travelling after COVID-19. ($\chi^2 = 171.019$, p=0.000, p<0.05).

5.5 Preferred Convoy during Travelling

69.6% travellers preferred to travel with family members, 29.6% travellers preferred to travel with friends and 8% travellers preferred to travel with colleagues. Out of the total 14.4% travellers have changed their preference and 14.4% travellers might be changing their preference of accompanies during travelling due to outbreak of

COVID-19. 71.2% travellers have not changed their preference of accompanies during travelling.

Among these responses, researchers conclude that there is no enough evidence to suggest an association between the accompanying during travelling before COVID-19 and their plan to change the accompanying during travelling after COVID-19. (χ^2 = 5.816, p=0.213, p>0.05).

5.6 Impact of COVID-19 outbreak on travel plan

Following figure shows that how the travel plan has been affected due to COVID-19 outbreak in Gujarat State (Fig. 6).

Table 4. Chi-square test results

| Value | df | p-value | Outcome |
|---------|------------------------------|------------------------------------|---|
| 12.055 | 2 | .002 | Evidence of association |
| 150.886 | 8 | .000 | Evidence of association |
| 171.019 | 6 | .000 | Evidence of association |
| 5.816 | 4 | .213 | No enough Evidence of association |
| | 12.055 150.886 171.019 | 12.055 2 150.886 8 171.019 6 | 12.055 2 .002 150.886 8 .000 171.019 6 .000 |

Sources: Author's own analysis based on SPSS output from primary data (2020)

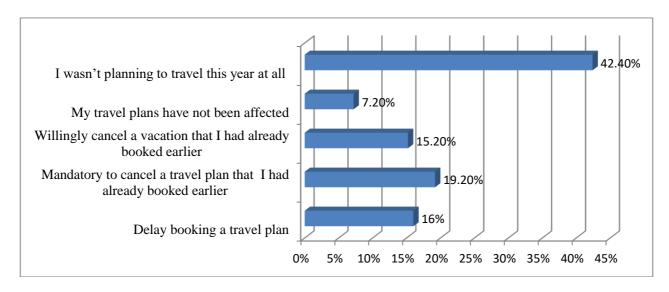


Fig. 6. Impact of COVID-19 outbreak on travel plan Sources: Author's own compilation from primary survey data (2020)

42.40% travellers were not planning to travel this year due to COVID-19 outbreak. 19.20% travellers had to cancel their travel plan mandatory for which they had booked earlier, 15.20% travellers willingly cancelled their travel plan that they had booked earlier, 16% traveller have delayed their booking and travel plan of 7.20% traveller have not been affected in case of COVID-19 outbreak.

5.7 Expectation of Future Booking

Following figure shows that after how much time traveller will plan their vacation again after a complete cure from COVID-19 if they have delayed or cancelled their travel booking (Fig. 7).

20% traveller will be planning their vacation again once restriction lifted by the state and Central Government after a complete cure from COVID-19, 20% traveller will be planning their vacation again a year after a complete cure from COVID-19, 17% traveller will be planning their vacation again in next 7 to 9 months after complete cure from COVID-19, 15% traveller will be planning their vacation again in next 4 to 6 months after a complete cure from COVID-19, 12% traveller were not sure about the planning of their vacation again, 11% traveller will be planning their vacation again in next 1 to 3 months after a complete cure from COVID-19, 3% traveller will be planning their vacation again in next 10 to 12 months after a complete cure from COVID-19 and 2% traveller will be planning their vacation again in next 7 to 9 months after a complete cure from COVID-19.

5.8 Reallocate of Fund that they were Planning to Invest on Vacation if they Get Cancelled Due to COVID-19

Following figure shows, from where travellers might reallocate their fund that they were planning to invest on vacation before cancellation of their travel booking (Fig. 8).

If travellers cancelled their vacation then 22% travellers might reallocate their funds to save it for future needs, 11% travellers might reallocate their fund to rebook their travel / vacation in future, 6% travellers might reallocate their fund to spend it on other purchase, 5% travellers might reallocate their fund to spent on wellness, 5% travellers might reallocate their fund to donate it, 29% travellers have not decided yet to reallocate their fund and 5% travellers might reallocate their fund to spend it on other purpose.

5.9 Persuade Travellers to Make Travel Booking after a Complete Cure from COVID-19 Outbreak

Following figure shows, what would persuade travellers to make travel booking again after a complete cure from COVID-19 outbreak? (Fig. 9).

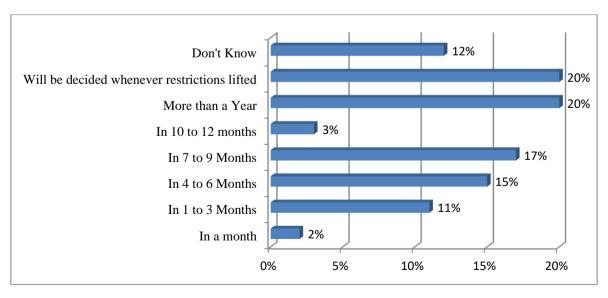


Fig. 7. Expectation of future booking Sources: Author's own compilation from primary survey data (2020)

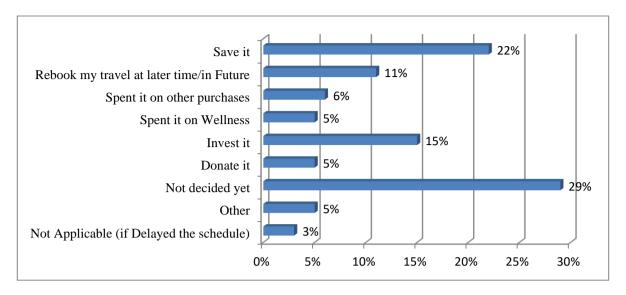


Fig. 8. Reallocate of fund that they were planning to invest on vacation if they cancelled Sources: Author's own compilation from primary survey data (2020)

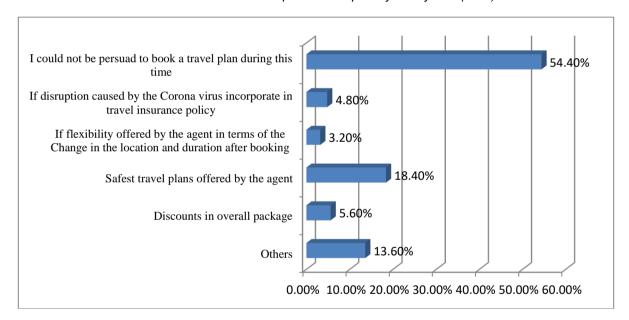


Fig. 9. Persuade travellers to make travel booking after a complete curd from COVID-19 outbreak

Sources: Author's own compilation from primary survey data (2020)

54.40% travellers could not persuade to book a travel plan during this time, 18.40% travellers might get persuaded by safest travel plans offered by the agent, 5.60% travellers may be persuaded by discount in overall package, 4.80% travellers might get persuaded if disruption caused by the Corona virus incorporate in travel insurance policy, 3.20% travellers might be persuaded if flexibility offered by the agent in terms of the change in the location and duration after booking and 13.60% travellers may get persuaded by other category offered by agent.

5.10 Proposed Strategic Recommendations and Policy Interventions

It is evident that travellers' confidence has been significantly affected due to the ongoing pandemic and the resulting uncertainty. Restoring trust in the tourism sector and public transportation is essential for the revival of the travel and tourism industry. The following strategies are recommended to help rebuild confidence in tourism:

5.10.1 Encouraging and promoting domestic tourism

The current study found that most travellers now prefer domestic over international travel. Encouraging domestic tourism could significantly boost the economy if individuals choose to explore destinations within their own country. India has a strong local tourism market. With appropriate strategies and incentives, domestic tourism can be effectively promoted and will likely be strongly favored by travellers.

5.10.2 Leveraging information and communication technology (Digitization of Travel Industry Services)

Evidence shows that travellers preferred online bookings and digital interactions during the COVID-19 period over in-person visits. Therefore, investing in innovative digital technologies will enable travel companies to enhance automation, offer virtual experiences, provide real-time information, and ensure the availability of contactless payments and other essential services.

5.10.3 Implementing Virtual Reality (VR) tourism

Since many travellers wish to avoid in-person visits to travel agencies, the adoption of augmented and virtual reality technologies can be a promising alternative. Several countries have already implemented VR-based tourism services. These technologies offer users immersive, lifelike experiences and can promote tourism in a more engaging way. Virtual tours of hotels, booking interfaces, and travel experiences can help travellers make informed decisions.

5.10.4 Reducing uncertainty by shortening travel duration

Providing travellers with clear, accurate, and real-time information can help reduce uncertainty and anxiety. The study revealed that changes in travel duration due to the COVID-19 outbreak are closely associated with the gender and age of travellers. Shortening the duration of travel packages could help align with evolvina preferences and build traveller confidence.

5.10.5 Ensuring health and hygiene standards for safe travel

The study also indicated a link between travel plans and the preferred mode of transportation. Travellers now tend to favor private or small vehicles over public or high-capacity transport. Safety and cleanliness have become fundamental factors in destination choice and are stronaly linked to travel preferences. Implementing strict safety protocols and offering contactless travel experiences will be crucial in reviving the tourism industry.

6. CONCLUSION

The study revealed that most travellers had changed their travel plans due to the COVID-19 outbreak. It also concluded that across different age groups and various annual family income groups, the decision to change travel plans to be independent. However. appeared found sufficient evidence researchers association between travel duration, mode of transport, and choice of travel companions before and after the pandemic.

Most travellers from Gujarat were not planning to travel during the year. A few had to cancel their previously booked travel plans, while many others expressed their intention to wait for a year or until government restrictions were lifted. The study further indicated that a majority of travellers had not yet decided how to reallocate the funds they had initially intended to spend on vacation. The fact that most travellers could not be persuaded to book a travel plan during this period highlights the need to understand and the barriers to changing travel address behaviour. Therefore, appropriate strategies should be carefully selected, designed, and implemented by tour planners.

The findings of this study support the Theory of Planned Behaviour (Ajzen, 1991), demonstrating that travellers are heavily influenced by perceived risk (attitude), demographic roles (subjective norms), and travel infrastructure (perceived behavioural control). In line with findings by Sujood et al. (2022) and Serra & Seabra (2023), this study confirms that health-related risk perceptions have become a key determinant in travel decision-making. Travellers now prioritize hygiene, safety, and certainty over price discounts or promotional offers.

Additionally, the study aligns with the work of Valencia & Crouch (2008), which found that low consumer self-confidence driven by fear and financial instability results in travel avoidance. The high percentage of travellers unwilling to book trips in the near future reflects this decline in confidence. The strong preference for domestic tourism observed in this study echoes global trends noted by UNWTO (2022), where 80% of post-pandemic tourism in Asia shifted to domestic travel. Gujarat's response aligns with this broader pattern and highlights new opportunities for regional tourism development and marketing.

Finally, consistent with insights from Davari et al. (2022) and (Ly, B., & Ly, R., 2020), the growing reliance on digital interactions and virtual experiences is more relevant than ever. This study confirms a similar trend among Indian travellers, thereby encouraging greater investment in virtual reality (VR)/augmented reality (AR) tourism and contactless technologies to support a safe and engaging travel experience.

7. IMPLICATION OF THE STUDY

The study revealed notable shifts in traveller Behaviour resulting from the COVID-19 outbreak. These changes include variations in travel duration, preferences for modes of public transportation, choices of travel companions, expectations regarding future bookings, reallocation of funds initially intended for vacations, and the key factors influencing travellers' willingness to resume bookings after the pandemic subsides. These findings provide critical insights for stakeholders across the ecosystem, enabling understanding of how travel Behaviours have evolved and offering a foundation for developing strategies to address the ongoing challenges within the industry.

By implementing the recommended strategies, tourism stakeholders can help minimize the pandemic's adverse effects and work toward restoring confidence among travellers. Proactive adoption of these measures will not only foster safer travel environments but also contribute to rebuilding trust and creating favourable conditions for tourism revival.

Governments and tourism boards are encouraged to focus more on promoting domestic tourism, which has shown growing popularity and potential for economic recovery.

Safety certifications, strict hygiene protocols, and consistent, transparent communication will be essential in reinstating public trust encouraging people to travel again. For tour operators and travel agencies, digitization of services such as booking systems and customer engagement platforms is vital. Flexible policies that include options for refunds or rescheduling will help accommodate traveller uncertainty and changing plans. Additionally, the integration of Virtual Reality (VR) and Augmented Reality (AR) technologies can serve as innovative tools to attract and engage travellers who may still be hesitant about physical travel experiences.

Transportation providers must take concrete steps to enhance safety, such as reducing vehicle occupancy, ensuring regular sanitization, and maintaining high cleanliness standards. Future tourism infrastructure should include risk mitigation features such as touch less payment systems, automated service interfaces, and crowd control technologies to meet the heightened expectations of safety-conscious travellers.

DISCLAIMER (ARTIFICIAL INTELLIGENCE)

Author(s) hereby declare that NO generative Al technologies such as Large Language Models (ChatGPT, COPILOT, etc) and text-to-image generators have been used during writing or editing of this manuscript.

COMPETING INTERESTS

Authors have declared that they have no known competing financial interests or non-financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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