Feasibility of Obtaining Sufficient Numbers of Responses to Questions About Travel Intentions, Thereby Facilitating Effective Health Messaging

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Abstract

Introduction: The medical literature has identified a variety of health risks associated with travel. Risks depend on the susceptibility of the traveler, the specifics of the destination, the mode of transport, and on chance events. Ill-prepared travelers who underestimate travel risks may encounter a variety of health problems. In order to eventually increase the capability of travel risk prediction, the current study aimed to ascertain travel intent in China, a country traditionally difficult to penetrate through online survey.

Methods: This pilot survey study used a reliable, anonymous, online survey method to determine the feasibility of obtaining a sufficient response in China to enable travel risk prediction.

Results: The results are encouraging in that seven and a half thousand individuals in China responded over the course of one month. Most responders were from urban centers. Three to eleven percent of the respondents were over age 55 and planning to travel to potentially hazardous destinations.

Conclusion: The combination of older age and geographic risk increases the chance of ill health during travel. Knowing who is planning to travel, where they are from, and where, when, and how they are planning to arrive at their destination opens a corridor to effective preventive public health programming and educational initiatives.

Keywords: China, Preventive Medicine, Surveys and Questionnaires, Travel Medicine

Introduction

Because individuals who are in good health are rarely concerned about the health risks of travel, they tend not to take safety precautions, non-obligatory immunization for instance. They tend not to pack essential medications such as analgesics, antibiotics, anti-diarrheals, and insect repellent in their luggage. They neglect to take important documents on their travels, such as vaccination cards, or first aid equipment. They do not anticipate severe weather conditions and rarely seek out pre-travel advice. In a study from Brazil, 1 74% of surveyed travelers perceived their travel risk to be trivial, a belief strongly associated with undue risk taking. This association is exemplified by stories of immigrants to western countries, originally from the developing world, who periodically return to their homeland to visit friends and relatives.² Because of childhood exposure, these travelers believe they are immune to common sources of infection in their home countries. In fact, they are, paradoxically, more vulnerable than other travelers, because they interact closely with the local population at the destination site, much more so than business travelers or tourists, and frequently attend celebratory gatherings during which infectious agents are readily spread. In addition, by virtue of intimate links with local residents, they are more susceptible than other travelers to the possibility of sexually transmitted disease.³

The literature suggests that relatively few travelers are sufficiently informed or prepared for the health hazards of travel. According to an Australian survey of 1334 passengers at Perth International Airport, only 32% had sought destination-specific health travel advice prior to embarkation.

1 http://ijtmgh.com

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China is an interesting traveler destination for both business and pleasure. With over 50,000 (50%) travelers planning to visit high-risk locations, the need for informational resources and preventive efforts is critical. The study reported herein is a pilot feasibility study to determine whether a new method of online survey technology can successfully gather travel information from would-be travelers living in China, a country that has been traditionally difficult to penetrate by Western survey instruments. RIWI is a global survey technology, messaging, and predictive analytics firm. It uses a patented algorithm whereby whenever Web users make an inadvertent data input error inside the URL bar, instead of receiving an error message, they run the chance of being exposed to an opt-in survey that targets their specific geographic region. Since everyone makes occasional input errors, the Web users reached in this way constitute a completely random sample. The algorithms used ensure that the population of respondents is representative of Web usage in the geographic area of interest. The survey is offered without incentives and the voluntary participants remain completely anonymous, because no personal data is collected. This research technique is a well-established, big data approach that has been applied in a variety of different contexts, mainly in the domain of health, but also in business. It assures the rapid capture of large samples of broad, truly randomized opinion data. Questions can be asked in the language of the region. The method is also capable of exposing regional populations across the globe to targeted communications. With respect to travel, questions can be asked not only about timing of an intended trip destination, but also about the purpose of travel and individual risks, e.g., age, immunizations, allergies, travel methods, health conditions, and potential pregnancy. Once the information is gathered, health and risk information can be directed to the appropriate geographic region. In 2015, the value of the technique was featured in the pre-eminent science journal, Nature.

Respondents to RIWI surveys inevitably reflect the Web-using population and tend, therefore, to be relatively well-educated and younger rather than older. RIWI respondents differ in several ways from individuals who participate in door-to-door polling or paid panels. The large majority are not habitual survey takers and, because the survey is anonymous, responses are open and truthful. One advantage of RIWI is that, unlike social media analytics, RIWI surveys cannot be blocked out by governments unless the Internet is completely shut down in the country being analyzed. This is an important issue when attempting surveys in China. For this pilot project, intended to ascertain the number of responses from China in a given time period, no specific sample size was projected. The survey, conducted for one month (May/June, 2019), asked about demographics and consisted of only one travel question: “Where do you plan to travel next for vacation?”

**Results**

The results presented are not weighted to the general population of China, because the data is representative of the online population in China, the population most likely to travel outside of China. Over one month, 7,483 persons from China responded to the survey. Twenty-seven percent of respondents had no travel plans. Thirty-two percent intended to travel within China. Another 8% were planning to travel to another Asian country. Eleven percent were planning a trip to Europe and 18% to North America (Canada and the United States). Four percent named a country destination outside of Asia, North America, or Europe (Table 1). The +/- signs in Tables 1 and 2 refer to the percent margin of error.

With respect to potential health adversities, vulnerable travelers are those over age 55 who are planning to visit either Asian countries other than China or “other” countries,
the two categories that include developing countries where health risks are known to be high. Three to eleven percent of Chinese travelers over the age of 55 are, thus, according to this preliminary study, planning to visit potentially high-risk destinations (Table 2). According to the current results, younger travelers, perhaps for economic reasons, are more likely to restrict their travel plans to China.

Discussion
The large number of responses obtained in one month suggests that the method we used can garner useful information about travel and travel health risks not only for China, but, by extension, for any other geographic region. Such results allow the regionally-targeted dissemination of warnings about weather conditions, natural disasters (cyclones, earthquakes, tsunamis, typhoons, hurricanes, avalanches), epidemics,30-35 civil unrest,24 water safety,25 altitude,26 air quality,28 local drug use laws,30 mass gatherings such as large-scale religious events,31-33 sports events,34 and open air music festivals that breed outbreaks of communicable disease, accidents, violent assaults, and infrastructure breakdowns,35 and inform travelers about geographic pockets of inadequate or unsafe health service availability. Time-targeted messaging can be applied to different world regions as mass travel occurs at different times in different countries. The Chinese tend to travel in late December and early January; the Japanese travel during Golden Week (April 29-early May); the French travel during August. Regionally-aimed Internet messaging can precede a trip to an idealized destination and its less-than-magnificence of Renaissance art. The symptoms of this syndrome are temporary dissociation and disorientation.37 The Paris syndrome affects mood. It is best characterized when visiting Florence for the first time, was overcome with awe that he found unsettling, a reaction to the perceived magnificence of Renaissance art. The symptoms of this syndrome are temporary dissociation and disorientation.37 The Paris syndrome affects mood. It is best characterized as a serious disenchantment that springs from the contrast between the unrealistic expectations and anticipations that precede a trip to an idealized destination and its less-than-

<table>
<thead>
<tr>
<th>Travel Destination</th>
<th>No. of Respondents</th>
<th>Total %</th>
<th>+/- %</th>
</tr>
</thead>
<tbody>
<tr>
<td>China</td>
<td>2416</td>
<td>12</td>
<td>1.1</td>
</tr>
<tr>
<td>USA</td>
<td>892</td>
<td>12</td>
<td>0.7</td>
</tr>
<tr>
<td>Canada</td>
<td>450</td>
<td>6</td>
<td>0.5</td>
</tr>
<tr>
<td>Europe</td>
<td>760</td>
<td>11</td>
<td>0.7</td>
</tr>
<tr>
<td>Asia (except China)</td>
<td>598</td>
<td>8</td>
<td>0.6</td>
</tr>
<tr>
<td>Other country</td>
<td>318</td>
<td>4</td>
<td>0.5</td>
</tr>
<tr>
<td>Don’t plan on traveling</td>
<td>2049</td>
<td>27</td>
<td>1.0</td>
</tr>
<tr>
<td>Total</td>
<td>7483</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 2. Travel Plans by Age Group

<table>
<thead>
<tr>
<th>Travel Destination</th>
<th>16-24</th>
<th>+/-</th>
<th>25-34</th>
<th>+/-</th>
<th>35-44</th>
<th>+/-</th>
<th>45-54</th>
<th>+/-</th>
<th>55-64</th>
<th>+/-</th>
<th>65+</th>
<th>+/-</th>
</tr>
</thead>
<tbody>
<tr>
<td>China</td>
<td>34</td>
<td>1.7</td>
<td>32</td>
<td>1.8</td>
<td>32</td>
<td>1.8</td>
<td>32</td>
<td>2.8</td>
<td>32</td>
<td>4.7</td>
<td>25</td>
<td>6.0</td>
</tr>
<tr>
<td>USA</td>
<td>11</td>
<td>1.1</td>
<td>13</td>
<td>1.1</td>
<td>12</td>
<td>2.0</td>
<td>10</td>
<td>3.0</td>
<td>15</td>
<td>4.9</td>
<td>14</td>
<td>4.1</td>
</tr>
<tr>
<td>Canada</td>
<td>5</td>
<td>0.8</td>
<td>6</td>
<td>0.8</td>
<td>6</td>
<td>1.5</td>
<td>8</td>
<td>2.6</td>
<td>6</td>
<td>3.4</td>
<td>9</td>
<td>3.3</td>
</tr>
<tr>
<td>Europe</td>
<td>9</td>
<td>1.0</td>
<td>10</td>
<td>1.0</td>
<td>12</td>
<td>1.9</td>
<td>11</td>
<td>3.1</td>
<td>11</td>
<td>4.3</td>
<td>9</td>
<td>3.4</td>
</tr>
<tr>
<td>Asia (except China)</td>
<td>7</td>
<td>0.9</td>
<td>9</td>
<td>0.9</td>
<td>9</td>
<td>1.7</td>
<td>7</td>
<td>2.6</td>
<td>8</td>
<td>3.7</td>
<td>8</td>
<td>3.1</td>
</tr>
<tr>
<td>Other country</td>
<td>4</td>
<td>0.7</td>
<td>4</td>
<td>0.7</td>
<td>4</td>
<td>1.2</td>
<td>4</td>
<td>1.9</td>
<td>7</td>
<td>3.6</td>
<td>7</td>
<td>3.0</td>
</tr>
<tr>
<td>No travel plan</td>
<td>30</td>
<td>1.6</td>
<td>26</td>
<td>1.6</td>
<td>25</td>
<td>2.6</td>
<td>28</td>
<td>4.5</td>
<td>28</td>
<td>6.1</td>
<td>35</td>
<td>5.6</td>
</tr>
<tr>
<td>Total</td>
<td>2982</td>
<td>2563</td>
<td>1074</td>
<td>385</td>
<td>202</td>
<td>277</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
perfect reality. The Tahiti syndrome is another form of disillusionment, a reaction to over-tourism. It takes the form of irritation, sometimes rage, when individuals who have traveled to what they thought were “hidden gems,” seeking solitude and a communion with nature, find themselves on crowded beaches among noisy crowds of fellow tourists. The Jerusalem syndrome is a psychotic reaction during travel. It manifests in hallucinations and delusions experienced at sacred sites that have special religious significance for the traveler. Whatever the destination, travel away from home can induce an oppressive longing for familiar surroundings and a yearning for important persons left behind.

Conclusion
The rate of international travel is growing rapidly, especially visits to countries with emerging economies. Persons with a variety of pre-existing illnesses are now traveling throughout the world. This increases both physical and mental travel health hazards, many of which can be anticipated and prepared for if effective advice is received and proper precautions are taken. This study shows that it is feasible to engage respondents, even in difficult-to-access countries such as China, in responding to inquiries about travel plans, giving health promotion an inroad into regions that require targeting, and elucidating when the messaging should ideally take place. Threat warnings and protective information can then be channeled to appropriate targets, such as those catering to large contingents of travelers, e.g., airlines, cruise ships, tourist boards, and group travel facilities. Frail and vulnerable residents at sites where mass visits are expected can also be warned in advance of potential incoming infection threats. The more thorough the prior knowledge about travel plans and intentions, the more effective specific health promotion campaigns can become.

Authors’ Contributions
NS, DG, and EK took part in the RIWI survey and the analysis of results. All authors collaborated in writing and editing the manuscript.

Conflict of Interest Disclosures
NS, DG, and EK are employees of RIWI Corporation, a global trend-tracking firm that owns the technology used to collect the data in this study. They have not received and will not receive any remuneration from the firm for the publication of this manuscript.

Ethical Approval
The RIWI survey method adheres to the code of ethics and practices established by the American Association of Public Opinion Research (AAPOR).

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