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# Tourism Experiences of People with Disabilities: Voices from Indonesia

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**Abstract:** The implementation of inclusive sustainable development goals (SDGs) in the tourism sector must promote opportunities and experiences for people with disabilities. This study explored the tourism experiences of people with disabilities in Indonesia. This phenomenological study reported on data collected through in-depth interviews with participants whose disabilities impact their lived experiences in tourism. Several themes, grounded in lived experiences, emerged from systematic analysis of the data. These include desire for relaxation, unaccommodated needs, inability to travel alone, unheard voices, and lack of empathy and awareness. These findings strengthen theory by conceptualizing the original voices of the tourism experience through past experiences. The results contribute to growing tourism literature on accessible tourism and the sustainable development goals by presenting insights of the tourism experiences of people with disabilities in the Indonesian context and other developing countries. The voices of disability experience in tourism help to improve the understanding of inclusivity as it relates to tourism experiences, and the need to hear the voices of people with disabilities in tourism planning.



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**Keywords:** tourism experiences; disability; disabilities; accessible tourism; inclusive tourism; Indonesia

## 1. Introduction

Although tourism is reported a human right for everyone [1], the involvement and participation of people with disabilities remains comparatively low [2]. According to Devile and Kastenholz [3], people with disabilities are often neglected and excluded from tourism activities, and not at the forefront of tourism product and service planning.

Recently, the World Bank reported that 15% of the world's population (approximately one billion people) experience some form of disability, with a higher prevalence of persons with disability living in developing countries [4]. In such countries, this higher percentage of people with disabilities is coupled with a range of other barriers to travel, thus leading to lower participation in tourism. While tourism participation can provide positive intrapersonal and interpersonal outcomes, namely psychological and physical health benefits, personal development, and social inclusion [5], the industry has often been ignorant and uninformed of the various needs of tourists with disabilities [6]. There is a common misconception that people with disabilities do not have the willingness to travel [7]. The tourism sector can address these issues through increased attentiveness to accessible and inclusive tourism development that aims to reduce these inequalities faced by people with disabilities.

Disability is a broad and complex term. Persons with disabilities are defined as those people with intellectual, physical, sensory, and/or mental impairments that can hinder overall participation in society on an equal basis with other member of the population [8]. People with disabilities may be reluctant to travel due to various physical factors, such as the inability of wheelchair users to gain access to some places due to the width of doors or the

existence of stairs. Barriers faced by those suffering from intellectual and sensory disabilities include difficulty in reading signs and other interpretative information. Addressing these issues can have a lasting effect and reduce barriers for population groups [8].

Accessible tourism is a travel procedure that enables people with disabilities to have adequate access to tourism [9,10]. Accessible tourism also refers to the modes of transportation and types of services available to tourists at a destination [11]. According to Castro [12], accessible tourism refers to the capacity of people with disabilities to access all leisure activities by reducing or eliminating the various barriers encountered [13,14]. Consequently, accessibility to all tourism services and facilities should be a central part of any policy responsible for boosting destination sustainability. This process is not only about human rights, but also associated with the proper management of visitors irrespective of their disability by the industry and the government [10].

According to Qiao, Ding, Zhang, and Huili Yan [15] in their recent review of academic literature on accessible tourism, the topic is becoming increasingly important in research, particularly the growing focus on ‘experience’ and ‘participation’ of people with disabilities in tourism. Research by Gumelar [16] focused on cultural heritage tourist destinations in Surakarta, Indonesia using accessibility facilities and infrastructure parameters. Perdana [17] studied the accessibility of people with disabilities in Malioboro, Yogyakarta, identifying two indicators that measure accessibility, namely aspects of infrastructure and physical facilities, and social awareness [17]. These studies focus mainly on the capability of people with disabilities to access physical infrastructure, with limited exploration of their experiences as tourists. The travel experiences of people with disabilities have rarely been explored in depth [18]. This paper addressed this gap through a qualitative study of people with disabilities engaging in tourism experiences in Indonesia.

Data from the Indonesian Ministry of Social Affairs Management Information System for People with Disabilities [19] indicate that the number of people with a disability in Indonesia is around 22.5 million people, or about 5% of the total population. Various government documents argue for people with disabilities to have equal rights in the tourism sector, for example, Law Number 8 of 2016 concerning People with Disabilities. Specifically, Article 85 of Law Number 8 of 2016 states that the central and local governments must ensure that people with disabilities have access to cultural and tourism services.

The city of Surabaya, the capital of East Java, is a destination in Indonesia aiming to ensure that people with disabilities have access to tourism products and services. Since 2009, this metropolitan has identified itself as an inclusive city with every development directed to accommodating the activities and needs of disabled people in the community, specifically in relation to equity and inclusivity for the fulfillment of equal rights [20]. The outcomes of these city objectives are unexplored in the context of tourism and led to this study and its aim to examine the tourism experiences of people with disabilities at attractions in Surabaya.

This study aimed to capture and describe the experiences of people with disabilities while visiting tourist attractions in Surabaya from a practical and theoretical perspective. From a practical point of view, this study informs processes to improve accessibility and participation. From an academic point of view, this study contributes to an under explored topic in tourism studies relating to the lived experiences of tourists with disabilities [21]. Further, this study provides new knowledge on the needs of disabled people and their experience of tourism in developing countries [22], specifically in Indonesia.

This paper consists of four sections and is organized as follows. Section 2 is a literature review examining accessible tourism and the experiences of people with disabilities in tourism. Section 3 discusses the study methodology and Section 4 presents the empirical findings. Finally, Section 5 presents the conclusions and implication of the study.

## 2. Literature Review

Tourist motivations explain the various factors that influence a person to travel [23]. Dann [24] identified seven elements relating to the motivational approach to tourism,

consisting of (1) travel as a response to what is lacking yet desired, (2) destination pull in response to motivation push, (3) motivation as fantasy, (4) motivation as classified purpose, (5) motivational typologies, (6) motivation and tourist experience, and (7) motivation as auto-definition and meaning. People with disabilities could be influenced by one or more of these elements in their motivation for travel and related travel behavior.

Despite their motivation to travel, however, the needs of people with disabilities have traditionally gone unrecognized by the tourism industry. The unfriendliness of the tourism industry towards people with disabilities is evident in the unavailability and inaccessibility of information, transportation, accommodation, attractions, infrastructure, and services [25,26]. Some destinations do not provide necessary services and facilities that suit the needs of tourists with disabilities. For instance, there may not be appropriate pathways for wheelchair users, or the visually impaired may not have appropriate assistance to walk around. Transportation facilities are also an obstacle to mobility, in addition to inadequate accessible infrastructure, and poor inclusive service delivery systems [27]. Thus, people with disabilities are one of the groups in society experiencing marginalization from the tourism sector.

Several countries are now taking steps to enable people with disabilities to act independently with equality and dignity through the provision of products, services, and a universally designed tourism environment through collaboration with stakeholders [25,28]. Social tourism is the provision of tourism experiences to people 'excluded' from access, often hampered by various barriers affecting participation, such as economic and health factors [29] (p. 1518). Social tourism serves to combat inequality, unevenness, and exclusion of people in society with varying social, economic, and cultural backgrounds [30]. Accessible tourism for people with disabilities can be implemented in all components of the sector, such as travel agencies, accommodation, transportation, destinations, and information centers [31] (p. 16). The social tourism program targets groups with special accessibility requirements, such as people with disabilities [32].

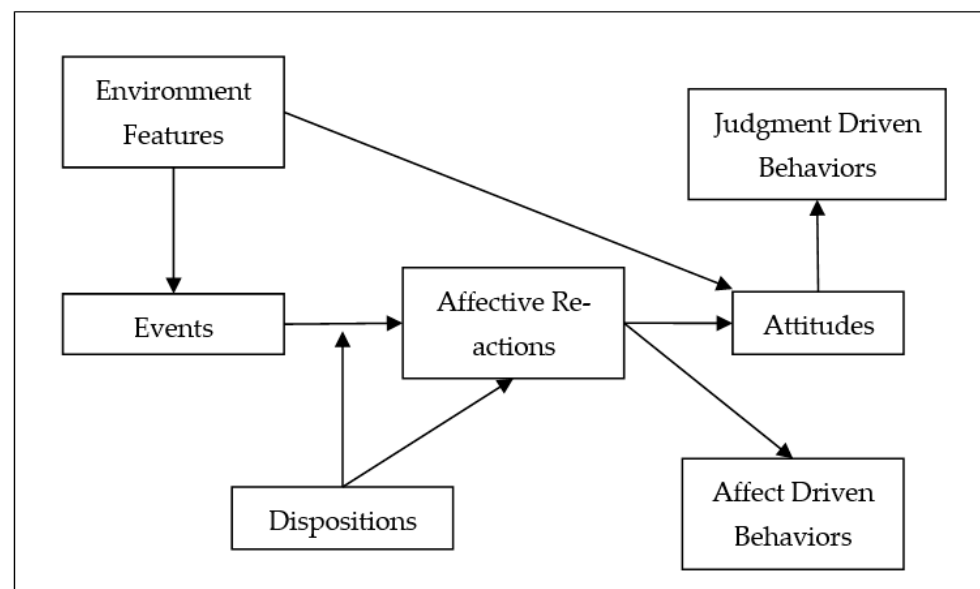
Within social tourism discourses, destinations need to be able to provide services ready to support tourists with disabilities [33]. Furthermore, staff should also be trained and readily available to handle various types of disabled tourists. Physical facilities accommodating the needs of people with disabilities, such as, a large parking area to facilitate movement, accessible toilets, and special paths that can be accessed by both wheelchair users and the visually impaired are needed. Managers do not need to increase rates for this category of people for certain services and facilities, even though the management has issued additional expenditures for the realization of accessible and social tourism. Pick-up and drop-off services to and from destinations through bus stops, train stations, and coach and air terminals should also be ready and accessible by passengers who have limited mobility, specifically wheelchair users. Other services that can be made more accessible include instructions and announcements, which are available in two forms, namely audio for visually impaired visitors and visual information for the deaf or those with low vision using a large electronic board with clear writing. Seeing and walking difficulties (visual and physical impairments) tend to be the most common functional difficulties in the world compared with hearing, cognition, self-care, or communication [34]. Visual and physical difficulties are reported as the most prevalent disabilities globally, and in Indonesia; the focus of our research was therefore on the touristic experiences of people with visual and physical difficulties.

Inaccessibility for people with these disabilities has been criticized as service failure [8] through the application of affective events theory [35]. Affective events theory posits that affect can influence the way in which employees interpret their work context and consequently shape attitudes [36]. This theory represents a departure from previous frameworks that focused only on disposition/personality [37], cognitive judgment [38], and social influences [39]. The cognitive approach posits that a person's attitude is determined by the suitability of the perception of events and their standards of behavior [38]. Meanwhile, the social approach views attitudes as determined by social information. This

social information also forms perceptions that are the basis of a person's ability to match with the standard [38]. As a result, social information becomes a joint foundation with cognitive standards to determine attitudes and behavior.

The affective events theory model was developed to examine the relationship between attitude—as determined by an individual's affective reaction to a situation—and behavior. This affective reaction is based on dispositions and events in the broader environment. Affective reactions can lead to pure affective behavior and cognitive behavior mediated by work attitudes and assessment of a broader environmental context [35]. Thus, affective events theory states that emotions become the basic scheme of human behavior, rather than cognition or social pressure. This theory thus builds upon disposition theory because it places disposition as a factor that determines a person's tendency to react emotionally, as well as a moderator between events and affective reactions [35].

To clarify the propositions of affective events theory, the theoretical framework in Figure 1 is reproduced. This framework highlights the cognitive and disposition approaches as facilitated in this framework, but there is no social approach. Assistance and explanation of the role of social influence is a weakness of affective events theory.



**Figure 1.** Affective events theory [35].

Despite the original focus of affective events theory being on employee behavior and satisfaction in the workplace, this theory has also been used to explain tourist behavior [40]. Hence, the contribution of the theory to understanding the role of affect in tourism experiences can be applied to tourists with disabilities [8]. In the context of tourists with disabilities, affective events theory implies that the services provided by the tourism industry will be evaluated by tourists with disabilities using emotional perspectives. Lee et al. [8] highlighted that emotional evaluation is essential in determining the cognitive and social evaluation of experience by tourists with disabilities.

This research sought to build the understanding of affect in tourism contexts through exploration of whether the attitudes of tourists with disabilities are formed by disposition, cognition, social influences, or affective judgment. This objective was achieved through qualitative examination of the narratives of tourists with disabilities. We now turn to an explanation of the methodology by which the voices of people with disabilities were gathered in this research.

### 3. Method

This study is concerned with the lived experience of people experiencing tourism and employed a phenomenological approach. Phenomenology is concerned with experiences

from the perspective of individuals to challenge taken-for-granted assumptions and traditional ways of observation [41]. Epistemologically, the phenomenological approach is based on a paradigm of personal knowledge and subjectivity: it emphasizes the importance of individual perspective and interpretation [42].

The nature of the phenomenological approach is inductive and exploratory. As a form of qualitative inquiry, phenomenology emphasizes the lived aspects of a particular construct [43], in this case tourism experiences. It is an appropriate study design when viewed from an interpretive perspective, because qualitative research seeks to ensure that lived experiences of people are properly understood in the settings in which these experiences take place [44].

According to Corby, Taggart, and Cousins [45], adopting a phenomenological approach to analyzing experience in disability studies is vital because phenomenology focuses on the rich and complex diversity of unique subjective human experiences [42]. As phenomenology is a form of qualitative research, its methods effectively bring the experiences and perceptions of individuals to the fore [46] and, thus, is fundamental to capturing lived experience and providing voice to tourists with disabilities [47,48].

#### *Selection of the Participants*

Based on Conventions on the Rights of People with Disabilities (2006, Article 1), persons with disabilities are defined as "...having long-term physical, mental, intellectual or sensory impairments which completely hindered their effective participation and interaction with other members of the society" [49]. This definition informed the identification of participants in this study.

A purposive sampling method was employed in this study, with a phenomenological approach to select those who had experienced the phenomenon of interest [50]. The purposive sampling criteria involved recruiting individuals who were currently engaged in tourism in the city of Surabaya, or who had travelled to visit tourist destinations within the 12 months before the interview. Participants were selected according to the following criteria: first, adults aged 18 years and over with any type of disability, and second, undergraduate or graduate students with any type of disability. These selection criteria were considered suitable for capturing recent tourism experiences and facilitated ease of reflection. These criteria were based on ethical concerns related to the individual's capacity to consent to the research [51]. Additionally, due to the qualitative nature of the study and its demands for a rich narrative [52], a certain level of expressive–receptive communication ability [53] from participants was required. Pseudonyms were assigned to each participant to ensure anonymity and confidentiality.

In total, 20 interview sessions were held. This aligned with Ellis's statement [54] suggesting that a sample of 6 to 20 individuals acquired with a phenomenological approach is sufficient. The profile of participants is shown in Table 1. This study does not claim to treat disability homogeneously or be representative of people with disability. Rather, as a phenomenological qualitative enquiry, we are concerned with the voices of the individuals we interviewed.

The sample consists only of somatosensory types of disability, comprising 75% (15 people) with a physical disability (nine people with cerebral palsy and six people with quadriplegia), and 25% (5 people) with a vision impairment (all 5 identifying as blind). People with intellectual or mental disabilities are not represented in this study most likely due to the purposive sampling criteria and recruitment through higher education. Although the Indonesian government welcomes people with intellectual and mental disabilities to attend higher education, they often cannot pass the selection test because of their limitations [55]. Historically, people with mental and intellectual disabilities have been excluded from attending higher education [56]. While developed countries have some programs for students with intellectual and developmental disabilities to access higher education [57], Indonesia still does not have a similar program.



**Table 1.** Participant profiles.

No	Pseudonym	Gender	Age	Type of Disability
1	Neli	Woman	24	Physical
2	Alfian	Man	27	Visual
3	Dani	Man	28	Visual
4	Cinta	Woman	25	Physical
5	Nina	Man	29	Physical
6	Andi	Man	26	Physical
7	Tony	Woman	24	Visual
8	Anto	Man	29	Visual
9	Dina	Man	28	Physical
10	Sinta	Woman	30	Physical
11	Lina	Man	27	Physical
12	Marhudi	Man	28	Physical
13	Mansyur	Woman	24	Physical
14	Budi	Man	27	Physical
15	Ana	Man	30	Physical
16	Sari	Woman	24	Physical
17	Didin	Man	27	Physical
18	Tina	Man	28	Visual
19	Syahputra	Man	30	Physical
20	Koko	Man	25	Physical

Of course, we could search for intellectually and mentally disabled persons beyond the college environment. However, interviewing subjects with these disabilities proves challenging [58], requiring an experienced interviewer for the subjects [59], which we currently do not have in our research team. Proxy interviews with the caregiver are possible but highly controversial since there is no guarantee that the caregiver is motivated to give the answer that fits with the subject's knowledge [60]. Despite the limitation, the research sample represents the two most prevalent forms of disabilities in Indonesia. As much as 30% of people with disabilities in Indonesia have visual impairments, and 26% have physical impairments, including cerebral palsy and quadriplegia. Other impairments are in lesser proportions, such as hearing (22%), mental (12%), and chronic (including intellectual) (10%) [61].

Regarding gender, with 30% identifying as women and 70% as men, the distribution of participants is different from the Indonesian population with disabilities, whereby the national survey reported 58% women and 42% men with disabilities [62]. The national prevalence figure fits with the global figure for people with disabilities. The study participants consist of more men than women, possibly because women with disabilities are more likely to live in conditions characterized by poverty and isolation, including educational isolation [63]. Despite this tendency, we still have voices from women in our study. Hence, the representative voices for women still exist. We do not need to gain more gender-balanced informants for this reason.

Insights into the experiences of these tourists were collected through person-centered and semi-structured interviews. Some questions were structured, such as those concerning demographics, and others were open-ended to allow participants to express their thoughts and views openly and freely. According to Creswell [64], 'the more open-ended the questioning, the better, as it aided in the careful listening to what people had to say or do in their life setting'. The key questions that guided the interviews are shown in Table 2. The personal demographics questions were structured and introduced the interviewer and interviewee into the conversation. Conversely, the suggestion/hope questions closed the interview process and sought to gain new insight not previously discussed in the conversation. Three core questions (experiences, access to facility, and access to information) were the source of themes that emerged in the data analysis. All of these core questions explore the lived experience of the individual with disabilities in tourism.

**Table 2.** The key questions for the interviews.

No	The Key Questions
1	The personal demographics
2	Tourism experiences
3	Access to Facility for People with Disabilities in Tourist Destination
4	Access to Tourist Information
5	Suggestions/Hope

All interviews were conducted in Indonesian and recorded with the permission of the participants. The data collection was carried out throughout May 2021. All interviews were held online at a time convenient to the participants, via Zoom and WhatsApp. The interviews were transcribed and translated into English by a native speaker of Bahasa Indonesia. The interviews were not tightly prefigured in terms of content, number, and length. Initially, it was anticipated that each interview would last for approximately 60 min, but several participants happily discussed the issue at length, and consequently, some took longer than expected. The duration ranged from 30 min to 2 h. The research was conducted under the lead author's university's ethical procedures, ensuring that participants' consents were also sought before being included in the study, and their confidentiality and anonymity assured.

The interview data were manually transcribed and analyzed. This was an inductive, data-driven, iterative and recursive process, with much of the data collection and analysis occurring concurrently [65]. The co-authors continuously engaged in conversations to verify the coding framework and structure. Moreover, this concurred with the interpretation and construction of the presented occurrence, consistent with the phenomenological approach [66]. The data obtained from this study were not generalized and specifically describe the nature of this particular human experience for these twenty individuals. Five key themes relating to travel experiences emerged and are explored in Section 4 below.

#### 4. Results

The themes that frequently appeared during the interviews were relaxation as a travel motivation, followed by the issues of unaccommodated needs, unable to travel alone, unheard voices, and lack of empathy and awareness. In this section, we examine each theme and present some exemplar quotations. This is followed by a summary table of the emergence and frequency of each theme in the interviews.

##### 4.1. Relaxation as a Travel Motivation

All participants reported travel and tourism as an opportunity to relax. They viewed tourism as vacation, as a refreshing and relaxing diversion from daily routine. Some see tourism as a place for healing and escape.

The informants with vision impairments emphasized that even though they have sensory deficiencies, they still seek tactile sensations from the destination. For example, they can enjoy the touch of water or sand on the beach, which can be very satisfying:

“Friends with disabilities want it. Can't see what Kenjeran Beach looks like, but the sand can determine the beach, you can touch the water, and you can enjoy the boat ride. Such is its importance. It is a means of recreation to come into contact with nature even if it is not with the sense of sight.” (Man with vision impairment)

The informants gave an idea of how much fun they have when visiting heritage destinations in Surabaya. For example, at the Hotel Majapahit, guides explain the history of architecture and tourists can touch wood dating from 1910 and originating from France. This experience was described as making one feel as if they are transported to the past, without having to see unattainable architectural details or portraits.



#### 4.2. Unaccommodated Needs

One of the themes emerging in the interviews with tourists with disabilities in Surabaya was unaccommodated needs. The study participants referred to the absence of disability-friendly language in terms of directions on wheelchair paths, tour guides for disability groups, and the suitability of roads for mobility. This information is expected to be on tourist destination and/or attraction websites. In addition, because most tourist destinations in Indonesia are nature tourism, some participants complained about the remoteness of tourist locations, such as being at the top of a hill while parking lots are at the foot of the hill. Even if they visit modern places like shopping malls, they are often hindered by the distant position of lifts. The only tourist destination discussed by participants that was considered disabled-friendly was a flower garden.

A participant with cerebral palsy, and using a wheelchair, emphasized the importance of online travel information regarding the availability of facilities for disabilities to prevent apprehension and disappointment:

“...it reduces my anxiety. I mean ... what will happen there later? Are there facilities for the disabled? Then, for example, is there no way to see this facility or this vehicle? Is it accessible for people with disabilities? So that doesn't raise the same questions, right, in the end it won't lead to disappointment... For example, you can't see the aquarium because the stairs to the building are too steep. So it can't be accessed by wheelchair users. So when you get there, people with disabilities are disappointed.” (Woman with cerebral palsy)

Another participant with vision impairment described existing facilities as not being fully maximized for people who are blind. One informant gave an example of how the park near City Hall is equipped with features for the blind, however, the audio information provided by the park only describes it globally, and not in a way that describes the atmosphere of a park expected by people with visual impairments. In addition, many guiding blocks change functions, such as a place to store flower pots. Some of the roadsides also do not have a barrier, so it makes them nervous (“gives me goosebumps”) because they feel their safety is threatened.

#### 4.3. Unable to Travel Alone

Another theme revealed during the interviews is the inability to travel alone. In other words, the issue of independence is a salient theme. However, the degree of independence differs based on the type of disability. People with vision impairments generally found it easier to become independent, so they can travel alone, using tourism buses. Meanwhile, participants with wheelchairs usually travel with their families and never use public transportation facilities.

The participants with cerebral palsy indicated that they feel more comfortable when traveling with many people. For example, one of the informants emphasized:

“I usually enjoyed traveling with many people; therefore, when I had the opportunity to travel with my parents, I became unhappy. I prefer the gathering of the extended family, I usually enjoyed it when the tour was crowded and we had to travel in two cars, and this made me more confident. Eventually, I get to travel with a lot of people.” (Woman with cerebral palsy)

The source of the inability of people with disabilities to travel alone is the fear of experiencing an accident without assistance. On the other hand, the participants with vision disabilities said they are increasingly confident in walking alone. Advances in information and communication technology have helped them to become more independent. For example, online ride-sharing makes it easier for direct transportation to tourist attractions. They no longer worry about getting lost because they travel from home to a waiting place for public transportation.

#### 4.4. Unheard Voices

One of the most frequently occurring themes in the interviews was the participants voicing that they are not consulted in policy-making, especially policies on tourism in Surabaya. Many emphasized that they had never been invited to discuss or convey their aspirations to the government and other tourism planning organizations. One of the informants even asked the researcher how people with disabilities can become involved because they felt that the city government neglected persons with disabilities in tourism planning.

In line with their exclusion from planning, an informant with cerebral palsy suggested that the government needs to consult with people with disabilities in formulating policies regarding tourist destinations in Surabaya:

“If the government intended to provide tourism facilities or public services that are friendly to disabled people or others, they need to be involved. Although not all of them, the chairperson had to be invited during the negotiation process. Therefore, the involvement of stakeholders was more effective, ma’am, because the government is in a better position to decipher the needs of disabled people. There was no need for personal decisions, which were not based on the facts on the ground”. (Woman with cerebral palsy)

Notably, this issue of unheard voices was not universal. Some informants stated that they felt their voices had been heard by the government and gave examples of urban planning meetings involving people with disabilities and related associations. The non-uniform opinion of the informants regarding their involvement in public policy decision-making indicates that information regarding such involvement is not evenly distributed among persons with disabilities. Another explanation is that the quantity and quality of the involvement of persons with disabilities remains insufficient in urban tourism planning in Surabaya.

#### 4.5. Lack of Empathy and Awareness

A concern with lack of empathy and awareness was detected from some of the comments made during the interviews. Informants with physical disabilities reported the indifference of tourism destination employees who did not want to know about the needs of people with disabilities. For example, an informant discussed their desire to enjoy various types of animals at the zoo, highlighting that the layout of the animal cages were too far apart, and the field of view to see the animals was too high. They stated that most people involved in tourism in Surabaya lacked awareness of disability needs, and only their family and friends with disabilities understood their needs.

Informants with visual disabilities even stated that insensitive people teach travel in words that they think are normal but are considered insolence for blind people. This disappointment was caused because the tourism aspects promoted to them were visual aspects they could not enjoy. However, they realized that not everyone was taught how to introduce tourism from a disability perspective.

“For example [I was told] “If you go to Surabaya to North Quay, you know, you can take Instagram photos.” This is rude because I cannot enjoy the view, but the atmosphere is still there. Actually, for friends who are blind, tourism may only be limited to the difficulty in the visualization. Because not everyone can describe it, the problem is that not all tourism people are taught what to do and recognize the perspective of disability. Yes, it is a hassle. So if you want to go on a trip like that, you have to find friends who really understand us. Tourism anywhere is safe because of friends who have access, friends who can describe” (Man with vision impairment)

Some informants emphasized that public awareness of people with disabilities is vital so that people do not think it strange for people with disabilities to be visiting tourist attractions in Surabaya. This lack of awareness makes some tourists with disabilities feel insecure; however, others feel they are used to this and consider it normal.

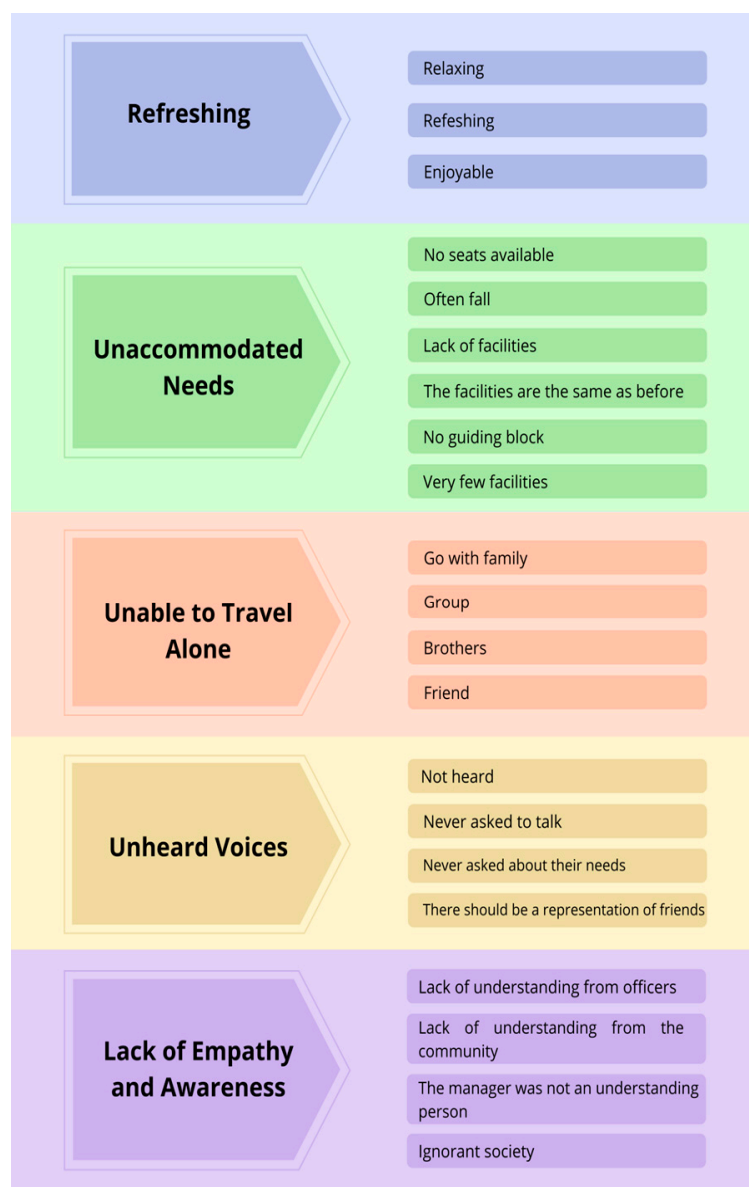
The thematic spread across each participant's narrative is shown in Table 3.

**Table 3.** Thematic spread across each interview participant.

No	Pseudonym	Relaxation as a Travel Motivation	Unaccommodated Needs	Unable to Travel Alone	Unheard Voices	Lack of Empathy and Awareness
1	Neli	relaxing, enjoying nature	No seat available	Go with family	Not heard	-
2	Alfian	refreshing	Often fall	Group	-	Lack of understanding from officers
3	Dani	relax	-	Group	Never asked to talk	Lack of understanding from the community
4	Cinta	Enjoy	No seat available	Go with family	Not heard	-
5	Nina	Vacation and enjoying life	Lack of facilities	Group	-	Lack of understanding from officers
6	Andi	Relax	-	Family	-	Lack of understanding from the community
7	Tony	Refreshing	the facilities are the same as before	Go with family	Not heard	-
8	Anto	Refreshing	Lack of facilities	Older brother	Never asked to talk	Lack of understanding of their needs
9	Dina	Relax	-	Mother and family	-	Lack of understanding from the community
10	Sinta	Refreshing	No seat available	Go with family	Not heard	-
11	Lina	Refreshing	Lack of facilities	Group	-	Lack of understanding from officers
12	Marhudi	Relax	-	Friend	Never asked about their needs.	Lack of understanding from the community
13	Mansyur	Refreshing relaxing Enjoy	-	Go with family	there should be a representation of friends	-
14	Budi	Refreshing	Lack of facilities	Group	-	Lack of understanding from officers
15	Ana	Relax	-	-	-	Lack of understanding from the community
16	Sari	Refreshing Relaxing Enjoy	Inadequate facilities	Go with family	Not heard	-
17	Didin	Refreshing	No wheelchair	Group	-	-
18	Tina	Relax	No guiding block	Family	-	Lack of understanding from the community
19	Syahputra	Enjoy	Very few facilities	Friend	-	The manager was not an understanding person
20	Koko	Enjoyable	-	Older brother	-	Ignorant society

## 5. Discussion

As discussed above, the tourism experiences of participants in this study were categorized into five key themes: (1) refreshing (relaxation as travel motivation); (2) unaccommodated needs (in relation to destination facilities and services); (3) unable to travel alone (and the need to travel with friends or family); (4) unheard voices (in relation to tourism policy and planning); and, (5) lack of empathy and awareness (by destination employees, and other tourists). These sub-themes informing these findings are illustrated, below, in Figure 2.



**Figure 2.** Themes of tourism experiences among people with disabilities.

An adequate understanding of motivation is an important key to tourist behavior because it helps explore their experiences. All participants considered tourism as a way of relaxation and vacation. Dann [24] also stated that their inspiration was included in the element of “motivation as classified purpose”. It referred to a broad category of major tourism destinations that involved pleasure and enjoyable recreational activities.

Enjoyment motivation indicates the needs for emotional release and is relevant to the affective events theory [35]. With an emotional motivation, tourists with disabilities have activated the beginning of an affective scheme that will be used to evaluate events that will occur in tourist destinations. Although their comments about the deficiencies faced in the destination have cognitive characteristics, which include logical reasons for expressing disappointment, these judgment-driven behaviors have their roots in the affective reactions of the tourists.

Further, the narration given by the informants fit with emotion-laden events. They are saddened by unaccommodated needs, they fear to travel alone, and they are angry with the lack of awareness and related empathy people gave to them. The theme of unaccommodated needs emerges as an emphasis on touristic environment features that were emotionally evaluated so that it raised a sense of sadness in tourists. Meanwhile, the

inability to travel alone can be seen as an individual effort by tourists with disabilities to strengthen the disposition collectively so that it can help when unpleasant events occur and cause intense affective reactions. That is, tourists with disabilities utilize their social resources to reduce the impact of events so as not to influence affective reactions. For example, if it turns out that there is no available wheelchair access, a companion can provide emotional relief by entertaining or inviting the disabled person on a trip to other places. The lack of empathy is also an emotional-based theme that shows how individuals judge environmental features that generally create events that give rise to adverse affective reactions. Unlike unaccommodated needs sourced from the physical environment, the lack of empathy is sourced from the social environment. Both are the source of affective reactions for tourists with disabilities.

The theme of unheard voices generally covers cognitive aspect of tourism, since individuals think about and provide reasons for the lack of unaccommodated needs in tourism locations. However, only 9 of 20 informants discussed this situation. Indeed, the theme of unheard voices, whilst important to some individuals we spoke to, was the least mentioned theme by other informants. According to affective events theory, this cognitive assessment has affective roots, meaning that only tourists with adverse affective reactions will question the lack of representation of their voices in the context of tourism. Others will judge this naturally because they are not too emotionally disturbed by the absence of their voice.

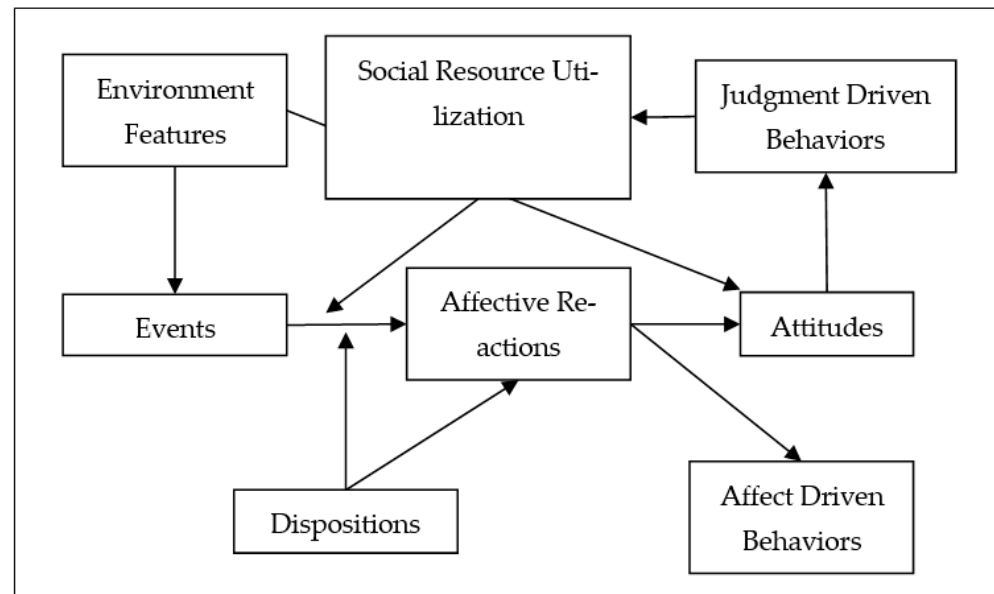
Social influences are apparently limited to in-group conversation. For example, one of the participants said that she left the social media group of the Indonesian Disabilities Organization because they provided unimportant and inconsistent information. However, social support is a useful resource for individuals facing events in the real world. If individuals judge social networks as not providing helpful social resources for them, individuals may not be encouraged to actively participate in social media. An informant said that they did not expect to get support from fellow people with disabilities because they also had limitations, and often the limitations were the same. For example, in the cerebral palsy group, all members cannot support each other because they all share a physical disability affecting their mobility. A good source of support is from families and/or friends who do not experience disabilities. This consideration indicates the involvement of cognitive elements in the form of judgment-driven behavior. In turn, the presence of judgment-driven behavior that determines social resource utilization complements the affective events theory model, which only accommodated the disposition and cognitive elements of previous theories. This modified affective events theory framework is shown in Figure 3.

In summation, theoretically, the emotionally dominant narratives we found gives more support to affective events theory. Hence, our research strengthens affective events theory as a behavioral explanation for accessible tourism, in line with previous research [8]. Overall, our research revealed that the participants had an enjoyable refreshing and relaxing tourism experience, as illustrated in Figure 2. These findings are in line with Dann [24] that the participants' inspiration was included in the element of "motivation as classified purpose". This referred to a broad category of major tourism destinations that involved pleasure and enjoyable recreational activities.

Several previous studies discussed this tourism perspective as a method of relaxation. Wang et al. [67] defined tourism enjoyment as a direct feeling from food, accommodation, natural scenery, culture, recreation, and entertainment, etc. This opinion is resonated by Huta and Waterman [68], who considered enjoyment as a feeling obtained from a trip. Mitas and Bastiaansen [69] defined enjoyment as a positive emotion mediated by novelty, and Lee and Jeong [70] stated that it is reflected by emotion, prudence, and hedonic enjoyment.

Tourist enjoyment is also related to the "Memorable Tourism Experience (MTE)", defined by Otto and Ritchie [71] as a subjective psychological state felt by tourists after receiving certain services. Kim and Ritchie [72] proposed seven dimensions of MTE, including hedonism, engagement, meaningfulness, refreshment, knowledge, novelty, and

social interaction, all of which tend to influence touristic desire to revisit a destination. According to Sie et al. [73], the memory of travel experiences is unforgettable and ultimately affected perceived benefits of travel and life satisfaction. The participants in our study stated they traveled because they wanted to enjoy tourist attractions even though they faced more barriers than people without disabilities.



**Figure 3.** Modified affective events theory with social element.

Indeed, based on the interviews, it was found that several tourist attractions in Surabaya failed to adequately provide for the needs of tourists with disabilities, including inadequate and minimal facilities at tourist attractions. As one of the informants, a visitor who had cerebral palsy, explained, “the seats were few”, “the entrance to Surabaya Zoo was difficult to access because the stairs were steep”, and “no wheelchairs were provided for disabled tourists”, and moreover “it was better to provide this facility, thereby granting them easy access to the entrance of tourist attractions”, “ramps were rarely utilized, and the majority used stairs”. Meanwhile, for visitors with vision impairments, it was stated that “in tourist attractions, their needs, specifically facilities, were lacking”, “guiding blocks existed in few of the buildings”, and “some parks already had these, while the majority had their functions changed”.

The conditions of facilities identified by these tourists with disabilities in Surabaya were also discovered in various other countries in the world. For instance, Kaganek [74] argued that such failures set up barriers to ensure the absolute participation of the disabled in society. Two forms or types of discrimination were identified. This included personal discrimination (experienced by individuals when using certain services), and structural or institutional discrimination (rooted in the way structures are designed). However, whether intended or not, similar results were obtained in limiting opportunities for those with disabilities.

Unaccommodated needs were also evident in the services rendered by these tourist attractions. As one participant reported, “some officers had offered me a wheelchair because they saw I was disabled, but after I later realized that there was none”. Another participant pointed out that for people with intellectual disabilities, “there needs to be tour guides or volunteers who understood the conditions of disabled people”; “To some extent, none of them had been able to communicate using sign language at tourist attractions”.

The unaccommodated needs of tourists with disabilities, specifically in terms of services rendered at tourist attractions, was also evident in the expressions and results of interviews held with two informants who are visually impaired. Their answers indicated



that certain services provided for tourists with disabilities at some sites were lacking: “If I had to travel, I needed to find friends who understood me to describe the destination . . . the majority of the tour guides at tourist spots were unable to explain these destinations to blind people appropriately”. Accordingly, the existence of unaccommodated needs caused a difficulty in travel for participants in this study when visiting tourist attractions. Similarly, in Cheshire’s (2004a, 2004b, 2005) studies in the UK of hotels [75], the travel industry [76] and holiday experiences [77] surveys illustrated that people with disabilities experience certain obstacles while traveling, ranging from physical and financial barriers to uninformed and untrained staff working with these groups.

Furthermore, people with disabilities also face environmental barriers (for example, architectural structures that are not equipped with necessary support services for various types of disabilities) and economic barriers [78]. According to Smith [79], tourists with disabilities may encounter barriers exclusively related to the type of disability, which are defined as intrinsic. However, extrinsic factors are one of the largest obstacles for people with disabilities to participate in tourism activities; for example, environmental barriers can cause a lack of engagement in travel because facilities are not meeting the basic need of physical accessibility [80].

People with disabilities may often feel disappointed when visiting a tourist destination because of a failure to implement an accessibility approach [81]. This was the opinion of some of the participants in this study who indicated “at least it reduced my anxiety . . . and in the end, I was not disappointed,” “Yes, at least it will not cause disappointment to tourist attractions . . .”; “Therefore, it was unable to be accessed by wheelchair users, and this caused them to be disappointed on arrival”.

Thus, accessibility is a basic need for tourists with disabilities [82]. In Indonesia, accessibility is also a basic right (as stated in Law No. 4 of 1997). Accessibility in tourism is divided into: physical accessibility, including services related to the planning and designation of urban area development and public facilities, and non-physical accessibility, where citizens are entitled to equal opportunities in education and employment. In assessing physical accessibility, several principles need to be considered, namely safety, convenience, usability, and independence:

1. Safety, every public building in a developed environment is mandated to pay attention to the safety of everyone.
2. Ease, everyone has access to all public places or buildings that are in an environment.
3. Usefulness, everyone is authorized to utilize all public places or buildings in an environment.
4. Independence, everyone is permitted to reach, enter, and use all public places or buildings in an environment without gaining for help from others

In the tourism industry, the quality of tourist experiences is often the focus, because experience is used to determine whether people will return or not to a location [83]. If the tourism sector is able to minimize or control accessibility aspects, then sustainable tourism can be realized because it prioritizes inclusivity and is beneficial to various parties involved [84]. Accessibility needs to be maximized for the sustainability of tourism businesses [85].

The topic of independence emerged as a prominent theme, with interviewees discussing the issue of not being unable to travel alone. While for some this felt like a lack of independence, others indicated they felt more confident when traveling with someone. For others, however, traveling with someone was necessary because some individuals were mostly dependent upon a carer or family member to accompany them. Analyzing the remarks related to being unable to travel alone above showed that some participants feared traveling alone because their needs had not been fulfilled. For example, Alfian admitted that they often fell into the holes on the sidewalk when they visited tourist destinations. Another participant also stated that they had difficulty finding a place to rest while visiting the zoo. Such experiences were one of the things that made them hesitate to go on a trip alone. On the other hand, Nelly, with cerebral palsy, stated that people with disabilities

could be independent if the facilities at tourist attractions adequately met their needs. She said that "... disabled people could be independent, [it] depends on the available facilities...", implying that there is an element of insecurity and worry that something might occur to her if she traveled alone.

Visiting destinations and engaging in tourism activities can help people with disabilities to develop self-confidence, with Luo [85] stating that "this experience facilitated personal development and empowerment, and these intrapersonal outcomes gave rise to a sense of confidence and achievement". Gillovic, McIntosh, Cockburn-Wooten, and Darcy [86] also reported that dependency is one of the main issues experienced by disabled people while traveling. It was further stated that partaking in tourism activities provided a sense of achievement and was one of how a certain degree of independence could be attained [86]. Gilovic et al. [86] stated that this dependency is centered on how travel experiences can promote the growth of self-efficacy for tourists with disabilities, whereby traveling is one way to learn to be more confident.

The development of self-confidence through travel activities was, however, lacking as a perspective by participants in the current study. None of the tourists we spoke to stated that travel made them confident. It was precisely the voice of distrust that appeared as a keyword and as part of the travel experience for the participants. This insecurity resulted in worry when someone had to travel alone. In this study, it was also discovered that traveling could foster a sense of lack of confidence. The study participants felt that they were not supported by adequate facilities in the experiences of tourism in Surabaya.

These individuals mainly traveled with their families and friends, with many indicating "travel with extended family, brothers, sisters, and friends". The family is viewed as a strong provider of protection in Indonesian society. It generally provided the basis for how families are expected to protect their children, so its members feel protected and safe. These feelings of safety greatly influenced the dependency of people with disabilities while traveling. This finding contrasts with the assumption that traveling is an independent process, and it also differs from research carried out in developed countries. For example, in Lock's [87] study of disabled travel in Indonesia, some participants engaged in independent travel with a paid carer (i.e., support worker). However, a strong family base in Indonesia means that most carers traveling with people with disabilities are informal. Thus, having a positive and strong relationship with family and friends added to the descriptions of their travel experiences, and made them more meaningful. Furthermore, in Indonesia, disabled people receive less assistance from the government, and most of them experience adverse conditions from birth [87]. It causes them to be unable to escape this situation and find it difficult to hire formal and paid carers, as is often done in developed countries.

Another theme that emerged from the informants was the feeling that their voices are unheard through lack of inclusions of people with disabilities in tourism planning policy-making by the local government. Many lamented that they had not been consulted or asked about their needs or desires when accessing tourist destinations.

Smith [79] suggested that tourism tends to pay more attention to those who participate than those who do not; therefore, the excluded ones were neglected. Several groups were also neglected, namely those of low socioeconomic status, ethnicity, indigenous people, age, gender, and sexuality. Disabled people constitute groups that are often marginalized in tourism [79]. Limitations to access tourism constitute one of the main factors that underlie the low participation of these marginalized individuals and groups. Tourism policy-making should involve all societal elements [88]. However, the issue was that the voices of the disabled were not heard. Roberts [89] argued that since no one can judge resident perceptions and preferences except themselves, their involvement in tourism planning is essential. Young, Reindrawati, Lyons, and Johnson [90] similarly argued that residents will attach different meanings to tourism based on their unique sociocultural contexts.

The interviews held with tourists with disabilities in this study indicated that they wanted their voices to be heard. According to them, the government and tourism service

providers should consult in order to understand their needs. As a result of their voices not being heard, it was only natural for respondents to feel apathetic about their needs not being accommodated by the tourism sector. This was evident in several comments such as "...I do not know how to follow up anymore", and "how else [will they understand] ...?". Alfian further added that people with disabilities want to be involved and heard during the policy-making process, "...yes, one had to keep involving their friends from the beginning to the end. The completion of the planning and its implementation continued until the evaluation included a representative from friends".

A study carried out in Australia reported that the local government should listen to the voices of people with disabilities and value their input as an important exploration related to how the social sustainability of cities is framed [91]. Additionally, it is believed that tourist participation in tourism planning results in better support and attitudes, thereby leading to a more successful industry [92,93]. The findings of this study indicated the exclusion of some stakeholders in tourism development. As a result, support and pessimism from these individuals were captured in this study.

The final theme that emerged in the interviews was the lack of empathy from the government, employees at destinations, as well as other visitors. This condition is similar to the circumstances reported in previous studies. For example, a study carried out by Agovino, Casaccia, Garofalo, and Marchesano [94] concerned with tourism and tourists with disabilities in Italy found that the industry has not been able to meet the expectations of these tourists. This was mainly caused by the low quality of services offered, coupled with poor accessibility and a lack of infrastructure, security, sectoral policies, and innovation in tourism offerings. They found that each of these aspects is vital to the development of accessible tourism.

The final obstacle encountered by the participants in this study was a lack of empathy and awareness. People with disabilities face many cultural barriers, for example, discrimination related to their disability by non-disabled persons [95]. Tohari [96] investigated accessible tourism in Malang, Indonesia and discovered that this society, in general, was less permissive and inclusive towards people with disabilities. The people of Malang were found to view these individuals from a medical perspective, namely as people who needed to be shown mercy [96].

In a study carried out by Elfrida and Noviyanti [97], from interviews held with destination communities around Malioboro, Indonesia, it was found that most participants were not conversant with the terms disability and accessibility. Some informants thought that disabilities were limited to beggars or buskers. This assumption was also seen in the type of assistance provided by the informants, usually in the form of money and allowing them to earn a living. Low awareness was evident and residents less were empathetic to the needs of people with disabilities engaging in tourism in this location.

Despite (or indeed because of) the challenges raised by participants in this study, this research concludes that everyone has the right to enjoy tourism as a form of relaxation; therefore, "tourism for all" is something that needs to be pursued. As Qiao, Ding, Zhang, and Yan [15] argued, everyone should have equal rights and enjoy the benefits brought about by tourism. The research reported in this paper contributes to helping the tourism industry, as well as the broader public, have a better understanding of the people with disabilities travelling in Surabaya, Indonesia so as to present opportunities to fulfill their desire for tourism.

## 6. Conclusions

This study offers three main takeaways on how to achieve more accessible or inclusive tourism in developing countries, such as Indonesia. First, tourism for people with disabilities is an emotionally laden event that needs to be considered by tourism managers. Tourism industry employees should be aware of, and understanding towards, the specific needs of people with disabilities. Destination communities need to provide better educa-

tion on how to communicate with tourists with disabilities and empathize through greater awareness of the difficulties they may face.

Second, people with disabilities should be consulted in tourism planning and decision-making processes at a destination level. When such consultation is performed, it should disseminate to members of disability groups to demonstrate the value of disability stakeholder involvement in destination planning in ways that prioritizes the voices of tourists with disabilities. Third, tourism destinations should offer more sensorial experiences, other than seeing and moving. For example, various touch-based and audio-based elements and innovations should be added to the destination experience. These multi-sensorial additions will benefit all tourists, not just those with disabilities. Of course, this also means that the accessibility of the facilities should be improved. Improvement could be in form of unobstructed lanes for wheelchair access, or additional seats for rest for people that only able to move short distances. Other improvements include providing wheelchairs, braille signs, audio signs, guiding blocks, and lower viewing spaces such that amenities can be enjoyed while in a sitting position.

As a theoretical implication, the study modified affective events theory in its application to understanding disability in tourism by adding a social element to the theory. We propose that social resource utilization is one buffer mechanism employed by tourists with disabilities to reduce affective reactions experienced by adverse tourism events. Previously, the framework of the affective events only facilitated cognitive and dispositional theories and left the social perspective unexplored. This addition contributes to the development of affective events theory, especially in a socially inclusive and accessible tourism context.

This study contributes to the growth of accessible and disability tourism research. First, this study focused on accessible tourism developing countries, specifically the Indonesian context. To date, most research has been carried out in a Western context, with Germany, Spain, Australia, and Great Britain being the locations of much of the research on disability and accessible tourism [2]). Indeed, existing studies on accessible tourism in developing nations is dominated by research concerned with physical infrastructure for people with disabilities [98]. Such studies rarely describe the lived experiences of tourists with disabilities. Therefore, this research advances tourism theory by contributing to understandings of the plurality of meanings that tourists with disabilities attribute to their experiences of travel in Surabaya. Therefore, this study contributes to academic knowledge on the tourism experiences of people with disabilities in developing countries.

The results of this investigation are limited by several constraining factors. First, this study did not consider some individual characteristics of people with disabilities that may have influenced the results. For example, this research did not include those who had not attended higher education and were less than 18 years old. The differences in their educational level and age could influence their tourism experiences. For example, disabled elderly persons may have a different tourism experience. Second, the conclusions drawn need to be considered in the context of the study on which they are based, that is, the lived touristic experiences of twenty people with disabilities visiting Surabaya as a destination. Third, as the conversations with participants were carried out in the Indonesian language, the 'story' that was reported in this study was translated into English and was therefore mediated by being interpreted, potentially allowing for bias.

Despite these limitations, this study contributes to understandings ways by which a city destination can work towards the achievement of the SDG by focusing on the travel experiences of people with disabilities. The originality of this research lies in its focus on the phenomenological experiences of tourists with disabilities in the context of developing countries. Indeed, there is an important need to further advance tourism theory through the inclusion of the voices of people with disabilities to move their lived experience from the margins to occupying a space in tourism research and tourism industry practice.

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