



SPECIAL NEEDS TRAVEL: INDONESIAN AUTISM STUDY

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Abstract

This study examines the experiences of thirty Chinese-Indonesian families with autistic members during overseas package tours, focusing on both satisfaction and dissatisfaction factors. The research reveals that while families faced significant challenges related to airplane travel, including sensory sensitivities and difficulties navigating crowded environments, they expressed satisfaction with the pre-tour briefings and the performance of tour leaders. Notable areas of dissatisfaction included inadequate autism-friendly accommodations and services, as well as issues with travel logistics such as food and shopping. The study underscores the importance of accessible accommodations and highlights the need for the tourism industry to enhance its inclusivity practices, aligning with global trends towards accessible tourism. By doing so, it contributes to a deeper understanding of the unique needs of families with autistic members, offering insights into improving their overall travel experiences and paralleling systemic improvements suggested for autism diagnosis and support.

Keywords: package tour; travel barriers; families with autism; satisfaction factors; Indonesia

Introduction

Tourism is a major contributor to

global economies, but it frequently overlooks the specific needs of travelers with disabilities, particularly those with Autism Spectrum Disorder (ASD).

Despite its economic significance, with predictions to create one out of every eleven new jobs (Sugiyarto, Blakes, & Sinclair, 2003; Turner, 2014), the industry often fails to accommodate the nuanced needs of these travelers. This oversight is evident despite increasing advocacy for more inclusive practices and parallels discussions in healthcare about early ASD diagnosis and intervention, which emphasize the systemic barriers affecting service delivery (Martinez et al., 2018).

Recent studies have highlighted that families with autistic members face unique challenges, especially during air travel, where sensory sensitivities and a need for routine can greatly affect their travel experiences (Dempsey et al., 2021).

Accommodations also pose significant challenges, impacting travel intentions and overall experiences for these families (Freund et al., 2019). Research in this area has predominantly focused on physical disabilities, with less attention given to the specific travel preferences of people with autism, underscoring a significant gap in ensuring inclusive tourism services (Kim & Lehto, 2013; Zhao et al., 2023).

The Social Model of Disability (SMD) provides a valuable framework for understanding these challenges, suggesting that disabilities result not from individual medical issues but from societal barriers that restrict full participation (Oliver, 1996). These barriers, arising from societal attitudes and practices rather than the impairments themselves, necessitate a shift towards dismantling these obstacles to promote inclusive tourism. The tourism

industry must address these societal barriers comprehensively to truly cater to this demographic.

In Indonesia, where tourism is a key economic driver, the rise in the number of people with autism presents both a challenge and an opportunity. The prevalence of autism has significantly increased, from one in 5,000 children to one in 500 since 2000, primarily among upper-middle-class citizens who have better access to information and healthcare (Elyda, 2013; Tucker, 2013). This increase underscores the need for specialized tourism services that cater to this growing demographic.

This study seeks to bridge the research gap by exploring the satisfaction and dissatisfaction factors of thirty Chinese-Indonesian families with autistic members participating in package tours. By focusing on this specific, understudied demographic, the research contributes to the broader discourse on inclusive tourism. It aligns with global trends advocating for more accessible tourism practices as per the United Nations Convention on the Rights of Persons with Disabilities (Pagan, 2012). Additionally, this study emphasizes the psychological complexities involved in traveling with ASD, highlighting both the barriers and unexpected benefits that these experiences can entail (Sedgley et al., 2017).

Overall, addressing the unique challenges faced by travelers with autism not only ensures compliance with global inclusivity standards but also enhances the travel experience for all families. By integrating insights from both healthcare and tourism, this research offers practical strategies for

improving service delivery and making tourism more inclusive for individuals with disabilities.

Literature review

The Theory Of Social Model Of Disability

The Social Model of Disability (SMD) offers a progressive perspective that diverges from the traditional medical model of disability, which perceives disability as an individual medical issue needing correction. Instead, SMD views disability as a social construct, highlighting that the challenges faced by individuals with impairments often stem from societal and environmental barriers (Oliver, 1983). This approach has profoundly influenced global disability rights and policies, advocating for the elimination of barriers and the promotion of social inclusion to enable full participation in society by people with disabilities. The UK's Disability Discrimination Act of 1995 exemplifies this model, requiring reasonable adjustments in workplaces and public services to support people with disabilities (Shakespeare, 2006). This model is particularly crucial for addressing the unique challenges of autistic travelers, such as sensory overload and disruptions to routine, which can significantly impact their travel experiences (Hamed, 2013). Empirical research, including studies by Dempsey et al. (2021), plays a foundational role in developing interventions that cater specifically to the needs of autistic individuals and their families, aiming to enhance their experiences during air travel. Additionally, as the tourism industry begins to acknowledge the growing demographic of tourists with disabilities, it is vital to rec-

ognize that different disabilities present diverse needs. The travel preferences and requirements of individuals with autism, for instance, significantly differ from those with physical disabilities, underscoring the necessity for more targeted research to ensure genuinely inclusive tourism services (Yau et al., 2004).

Autism Spectrum Disorder (ASD) is a developmental disability affecting communication, social interaction, and certain behaviors across all population groups (Tsai, 2014). The term "autism" was first introduced by Eugen Bleuler in 1911 to describe a subset of schizophrenia symptoms, but it was distinctly defined in the 1940s by Hans Asperger and Leo Kanner to describe the unique manifestations now associated with ASD (Verhoeff, 2013). Typically emerging before 30 months of age and more prevalent among boys, ASD is characterized by challenges in social and emotional communication and repetitive behaviors. These are due to neurological differences that affect brain function, although the precise origins of ASD remain unclear. Brain imaging has revealed structural differences in the brains of affected individuals (Isaksen et al., 2013), and potential causes may involve genetic factors, including interactions and disruptions in the EN2 gene (Horner et al., 2005; Benayed et al., 2009). The severity of ASD symptoms varies widely, with some individuals displaying a strong preference for objects over people, delayed speech, or severe tantrums (Autism Science Foundation, 2012).

Overall, the Social Model of Disability serves as a crucial theoretical framework supporting the ongoing

efforts to dismantle societal barriers and improve the inclusivity of environments, including travel and tourism, in alignment with international standards and the support from global organizations such as the UNCRPD and the WHO (Pagan, 2012).

Importance Of Leisure And Travel For Families With Autistic Members

Autism not only affects children but also imposes significant stress on their families, particularly on the parents due to the neurodevelopmental challenges associated with the condition (Davis & Carter, 2008). Research indicates that mothers of autistic children experience more stress than mothers of children with other developmental disorders (Estes et al., 2009). Both parents, including fathers, often face elevated stress levels, particularly exacerbated by communication difficulties with their autistic children (Oztruk et al., 2014). These challenges contribute to broader socio-economic issues within such families, including unemployment, financial hardships, and a reduced quality of life, which may further precipitate parental mental health issues and higher rates of divorce (Kuhlthau et al., 2010; Oztruk et al., 2014).

In addressing these stresses, maintaining a balance between work and leisure is crucial for sustaining a harmonious family dynamic (Greenhaus et al., 2003). Leisure activities have been shown to be therapeutic, not only reducing stress and enhancing autonomy but also improving social skills in autistic children (Kim & Letho, 2013). They also foster positive emotional experiences that are critical for the well-being of autistic individuals and

their families (Garcia-Villamizar & Dattilo, 2011). However, accessing these leisure activities often poses significant challenges due to societal and environmental barriers, underscoring the need for caregivers and educators to advocate for more inclusive leisure opportunities (Stebbins, 2000).

In the broader context of accessibility, both the healthcare and tourism sectors face systemic barriers that impede services for autistic individuals. In healthcare, early diagnosis of ASD is often hindered by geographic and socio-economic disparities, despite the presence of facilitators such as effective screening and knowledgeable providers (Martinez et al., 2018). Similarly, in tourism, obstacles like insufficiently trained staff and inadequate facilities limit accessibility, although this is increasingly addressed through tailored services and awareness programs aimed at enhancing travel experiences for individuals with ASD (Freund et al., 2019).

Recent studies in accessible tourism have broadened the scope to include not only the physical but also the psychological and emotional impacts of travel on individuals with disabilities and their families. The literature suggests that while tourism can introduce significant stress, it also offers immense pleasure, influencing family dynamics and individual well-being significantly (Sedgley et al., 2017). These insights are crucial for developing strategies in accessible tourism that cater not only to the physical accessibility needs but also to the cognitive and sensory requirements of autistic travelers, thus enhancing the overall customer experience and facilitating meaningful and balanced leisure

engagements for these individuals and their families.

Travel Barriers For Families With Autism

Medical barriers.

The primary focus on understanding and treating autism has overshadowed its associated comorbidities (Bauman, 2010). Many autistic children have concurrent issues, complicating accurate assessment. They face a higher risk of medical conditions than the general populace (Schieve et al., 2012). One prevalent medical issue is gastrointestinal (GI) disorders, found in 91.4% of individuals with autism (Autism Society of America, 2010). Such disorders, affecting the colon and rectum, can manifest as constipation, IBS, and symptoms like diarrhea, abdominal pain, and nausea (Cleveland Clinic, 2014). Communication challenges in autistic children can lead to misinterpretations of these symptoms as mere autistic behaviors, potentially neglecting underlying health problems (Verhoeff, 2013).

Allergies barrier.

Autistic children might have allergic reactions to certain foods, potentially linked to autism-related immune system responses (Mostafa et al., 2008). Gluten and casein are often implicated, leading to gastrointestinal issues. As a result, many are recommended gluten-free and casein-free diets (Buie, 2013). However, there's no conclusive evidence that these allergies intensify autism symptoms (Jyonouchi, 2010). Other allergies in autistic children include asthma, allergic rhinitis, and skin allergies (Chen et al., 2013), manifesting as rashes or sneezing, but these

aren't proven to exacerbate autism.

Trouble sleeping barrier.

Sleep disturbances are prevalent among those with autism, impacting their travel capacity. Around 80% of autistic children face sleep issues, marking it as a significant concern related to autism (Johnson et al., 2009). These issues range from trouble falling asleep to nightmares and waking up early. Factors like autism-related behaviors, communication challenges, and family environment contribute to these sleep disorders (Mayes & Calhoun, 2009; Richdale & Scherck, 2009). While many children outgrow sleep issues, autistic individuals often experience them persistently throughout their lives (Hodge et al., 2014).

Behavioral travel barriers.

Children with autism frequently exhibit stereotypical behaviors, which can act as their communication mode. These behaviors, rooted in sensory preferences, can range from simple fascinations to self-harming or aggressive actions (Keen, 2003). Such behaviors can hinder daily tasks and social growth (Chawarska et al., 2009). Some, like self-stimulation, may communicate needs or desires (Keen, 2003). Recognizing these behaviors is vital for devising effective interventions and enhancing outcomes for autistic children.

Interactional barriers with other people .

Historically, individuals with disabilities have faced negative stereotypes due to their deviations from societal norms. From a young age, children differentiate between disabled and non-disabled peers, typically favoring the latter (Krahé & Altwasser, 2006).

Cultural norms emphasizing beauty and perfection further stigmatize the disabled, often portraying them as weak or isolated (Solomon, 2010). This results in feelings of loneliness and exclusion among those with autism. While awareness campaigns can shift perceptions momentarily, lasting societal change demands more profound interventions than just disseminating information (Ajzen & Cote, 2008; Rivers & Stoneman, 2003).

Sensory functions barrier .

Sensory processing (SP) involves receiving and organizing sensory stimuli and regulating behavioral responses. SP dysfunction signifies challenges in matching behavioral responses to sensory inputs and environmental demands (Miller et al., 2007). People with autism often face sensory dysfunctions, including oversensitivity or undersensitivity (Hamed, 2013). Oversensitivity can cause discomfort from regular sounds or tastes, while undersensitivity may mean not feeling pain or recognizing common tastes and scents (Tseng et al., 2011). Such sensory challenges become pronounced when children with autism travel, potentially leading to emotional and behavioral issues in unfamiliar environments (Hamed, 2013).

Package tours.

Package tours have profoundly influenced global tourism. Their roots lie in the leisure travels of 18th-century Greek and Roman elites (Towner, 1995). In the 19th century, Thomas Cook launched the initial organized tour, later venturing into global travel (Walton, 2010). By 1949, Horizon Holidays initiated the first tour including flights (Baxter & Jack, 2008;

Walton, 2011). Their surge in the 1960s resulted from legislative shifts enabling easier international financial transactions (Walton, 2010). Currently, package tours are notably popular in Asia (Wang, Hsieh, & Huan, 2000), with Chinese culture's emphasis on family and group dynamics enhancing this preference. Leisure activities often involve large group gatherings (Yau et al., 2004), making package tours culturally aligned with their travel choices (Wang et al., 2000; Wong & Lau, 2001). These tours typically fall into two categories: basic ones providing transport and lodging, and comprehensive ones encompassing everything from flights to guided tours (Wong & Lau, 2001; Wang et al., 2000).

Package tour satisfaction factors.

Extensive research has been undertaken to assess the quality of package tour services. Le Blanc (1992) identified six key dimensions—corporate image, competitiveness, courtesy, responsiveness, accessibility, and competence—to evaluate the quality of travel services, although his research primarily focused on general tour services rather than specifically on package tours (Wang et al., 2000). Wang et al. (2000) further identified nine crucial service features that significantly influence customer satisfaction in package tours, including pre-tour briefing, airport/airplane, hotel, restaurant, coach/tour leader, shopping, scenic spots, optional tours, and other services.

Transitioning the focus in travel for individuals with disabilities from mere physical accessibility to creating fully accessible tourism experiences is essential. This shift entails designing experiences that cater to the diverse needs of all tourists, including those with disabilities, enabling their full and

dignified participation (Darcy, McKercher, & Schweinsberg, 2020). Adopting inclusive tourism, which integrates the needs of people with disabilities into the broader tourism and hospitality sectors, not only enhances the quality and accessibility of travel experiences but also fosters a more inclusive society (Darcy et al., 2020).

In conclusion, addressing these barriers effectively necessitates a profound understanding of both medical and behavioral needs, alongside societal and industry-wide advancements toward more accessible and inclusive tourism practices. Such changes are crucial for improving the quality of travel experiences for everyone, especially families with autistic members.

The shift from a narrow focus on disability in tourism to a broader perspective of accessible tourism expands the scope to include both physical access and the overall quality of experiences for disabled tourists. This evolution is crucial for ensuring that tourism is inclusive and accessible to all, promoting equality in travel experiences across different demographic groups. By addressing these barriers and enhancing the features of package tours, the travel industry can substantially improve the inclusiveness and quality of tourism experiences for autistic individuals and their families, fostering a more welcoming and accommodating tourism environment.

Methodology

Using qualitative methods, this study gathered data from interviews and questionnaires with families. This approach allowed for an in-depth exploration of the emotional landscapes that families navigate when traveling,

reflecting the phenomenological methods recommended by Sedgley et al. (2017) for capturing the lived experiences of individuals with ASD.

In a move to champion inclusivity in the tourism sector, we embarked on a qualitative investigation of the travel experiences of families with autistic children engaging with package tours. Utilizing questionnaires and comprehensive interviews, we gave these families a voice, enabling them to narrate their experiences and pressing concerns, which are vital for shaping the future of the industry. In the face of certain challenges, including the delicate nature of our subject, our persistent efforts, coupled with the help of a local educator, allowed us to connect with participating families. Throughout our study, we remained steadfast in ensuring the privacy, respect, and understanding of all participants.

The preliminary outcomes of our study emphasize the varied experiences of these families and emphasize the urgency of developing a more inclusive tourism sector. We express our profound gratitude to the Surabaya community for their faith and active participation. As we delve deeper into our data, we are unwavering in our commitment to harnessing these insights to better cater to families with autistic children, showcasing the transformative potential of community-led collaboration in enhancing inclusivity.

Reflecting on methodologies from healthcare studies, this research utilized a qualitative approach, gathering data through interviews and surveys with families, paralleling the family experience surveys used in healthcare to identify barriers and facilitators in

ASD diagnosis (Martinez et al., 2018). This approach informed the understanding of the tourism experience from the perspective of families with autistic members.

The heart of our research is rooted in a qualitative method, chosen for its ability to probe into personal experiences, uncovering intricate details (Dicicco-Bloom & Crabtree, 2006; Zhao et al., 2023). Our chief data collection tools were detailed interviews, esteemed for their capacity to capture personal stories (Sofaer, 2002). Complementing these were questionnaires, which shed light on the participants' backgrounds. We utilized the Critical Incident Technique (CIT) for a thorough analysis, a revered methodology for examining elements tied to satisfaction (Gremler, 2014). The design of our questionnaire was methodical. Following suggestions by Keaveney (1995), the questionnaire was organized into three distinct sections. The first aimed at understanding demographics and specific autism-related details. The subsequent part was designed to collect information about their travel histories and experiences. The concluding section had intensive interview questions crafted around the fundamental service features of package tours. Employing the CIT enabled us to effectively draw detailed perspectives from participants about events previously less explored in research (Wong et al., 2014).

This study synthesizes qualitative insights from interviews and questionnaires among thirty families, focusing on their experiences with package tours that included air travel. The methodological approach was informed by recent findings that empha-

size the importance of considering the specific air travel stressors that affect autistic individuals, such as waiting times, crowd navigation, and sensory stimuli (Dempsey et al., 2021). Following the structured survey approach used in Freund et al. (2019), this study engaged thirty families through questionnaires focused on their accommodation experiences. This method was chosen to identify specific barriers these families face and the strategies they employ to manage these challenges during their travels.

Community Involvement

Drawing inspiration from the theory of the 9 essential service features in package tours, our questions sought to resonate with personal experiences. This design ensured respondents recollected their encounters in a detailed manner. For instance, queries about the aviation sector gauged contentment levels with airport services based on past excursions (Wang et al., 2000). Mindful of privacy, especially given the topic's sensitive nature, we incorporated just a few autism-specific inquiries (Hamed, 2013). To secure a representative sample, we initially reached out to renowned autism therapy centers, Bluebridge Center, in Surabaya. Privacy concerns hindered direct access, but with the help of a local teacher familiar with some families, we managed to connect with 65 willing participants. A majority of them, 30 families, were eligible for our study criteria. These interactions took place in varied environments, including offices and cafes, spread across Surabaya.

Questions were meticulously crafted, inspired by nine essential ser-

vice features in package tours (Wang et al., 2000). Further, following Morse and Field (1995), we integrated a range of tourism-centric questions. To cater to our audience, questionnaires were made available in Indonesian. Each interaction, which lasted around 45 minutes, was meticulously documented and later translated to English. Our research process was ethical, backed by an approval from a Taiwanese ethical review board. This was to ensure the integrity and confidentiality of the study and the participants' well-being. Before the interviews, all participants were presented with an informed consent form, underscoring the study's purpose and their rights. This proactive approach ensured that participants were fully aware and comfortable with their involvement.

Results

Descriptive Analysis

Of the study's 30 participants, 63.3% were mothers and 36.7% fathers of autistic children. All were Indonesian Chinese, averaging 36-40 years in age. Education was high among respondents: 86% held a university degree, and 10% had master's degrees. Most were business owners (43%) or self-employed (30%). Over 43% had a monthly income ranging from \$5,001-\$10,000. Travel was common, with 90% traveling yearly, and 73% opting for package tours. Examining the autistic children's demographics, 63% were aged 2-5, and 33% between 6-10. Males comprised 70%, consistent with the idea that boys are more frequently diagnosed with autism (Autism Society of America, 2010).

Category Development

Two master's graduates conducted a content analysis on transcripts to identify key terms associated with satisfaction, subsequently categorizing them. After thorough discussions, they settled on 31 categories, cross-checking for uniformity, resulting in perfect intra-judge reliability. An expert assistant professor specializing in tourism management reviewed the 189 units, suggesting minor name modifications to some categories. Only two units changed categories, and no new categories emerged. The inter-judge reliability with this expert was an impressive 0.98. The judges unanimously embraced the professor's feedback. Upon regrouping, they validated the categories, achieving a 98% credibility rate. This score meets the standards set by Keaveney (1995) and Ronan and Latham (1974), which consider an 80% or above agreement in reliability between inter-judge and intra-judge as acceptable.

Results From The Category Development

Following a thorough classification process, 32 categories were formulated based on the responses obtained from parents of children with autism who had travelled abroad using package tour. A total of 194 units were analyzed, but only 185 were retained due to their relevance and significance. Tables 2 and 3 provide inclusive and detailed unit analyses of the content, respectively. During the classification process, the three experts who served as judges divided each category extracted from the interviews into different subcategories. Each category con-

sists of at least three subsectors and a maximum of five subsectors.

*Results From The Hierarchical
Structure Pre-Tour Briefing
(18/185, 9.7%)*

Upon finalizing the sub-sectors, several responses stood out for detailed examination. This section explores key insights from categories rooted in feedback from parents with autistic children, covering (1) information adequacy, (2) priority, (3) satisfaction, and (4) preparation lists. Within the pre-tour briefing, 73.3% of parents felt the tour information was comprehensive. Under "information adequacy" (33.3%), some praised the safety warnings about pickpockets, while others appreciated detailed destination descriptions. Nonetheless, a few voiced concerns about not being informed about optional tour prices. In "priority" (22.2%), one parent wished for more emphasis on emergency preparations, with two mothers desiring autism-specific guidance. Despite these concerns, the "satisfaction" sub-sector (22.2%) revealed a majority found the information clear and succinct. In "preparation lists" (22.2%), many parents lauded the detailed itineraries and recommended essentials, though one suggested offering a physical list to avoid attending briefings.

Airport/Airplane (24/185, 12.97%)

In the airport/airplane sector, 76% of customers were displeased with services, encompassing flight experience, airline policies, cleanliness, and seating. Within "flight experience" (33.3%), primary grievances were challenging boarding processes and unsatisfactory meals. Some advocated

for priority boarding for families with autistic children, while others commented on unsuitable food options for children's dietary needs, although a few acknowledged their children slept comfortably during extended flights. For "airline rules" (20.8%), customers recommended earlier check-ins for these families and autism-friendly on-board games. In the "environment" sub-sector (20.8%), concerns about airport hygiene arose, with some mentioning excessive use of wet wipes for seat cleaning. Lastly, in "seating arrangements" (25%), the inability to sit as a family was a major complaint, especially for larger families. Despite this, some praised the chair comfort and in-flight entertainment options.

Hotel (19/185, 10.3%)

In the hotel sector, 66.7% of parents with autistic children reported satisfaction with their lodgings, which spanned: (1) hotel location, (2) stay experience, (3) guest services, and (4) quality standards. Under "hotel location" (21.1%), some raised concerns about distance to attractions, causing long bus journeys distressing their kids. They suggested better planning. Regarding the "stay experience" (47.4%), feedback was mixed. Some found value, but others mentioned prolonged check-in waits. A parent highlighted the importance of priority room assignments for exhausted families. For "quality standards" (31.5%), reactions were largely positive. Parents valued cleanliness and comfortable rooms that ensured good rest for their children. Praises also included warm showers, cozy pillows, and an impressive breakfast variety.

Restaurant (29/185, 15.7%)

In the dining sector, five themes were identified: (1) food assortment, (2) dietary awareness, (3) taste caliber, (4) service attentiveness, and (5) hygiene. A notable 86.7% weren't pleased. Within "food assortment" (44.8%), many lamented repetitive menus, with a parent expecting European meals but often getting Chinese options. Diverse menus were desired. In "dietary awareness" (13.8%), complaints arose about insufficient understanding of diets like gluten-free. "Taste caliber" (17.2%) saw mixed reviews, with some preferring Indonesian flavors. "Service attentiveness" (10.3%) feedback revolved around lengthy service, with suggestions for prioritizing children. Better coordination between tours and eateries was recommended for swifter service. "Hygiene" (13.8%) brought calls for tidier restrooms, elevating the dining experience.

Tour Leader (36/185, 19.5%)

The tour leader's role is pivotal for a fulfilling package tour, with three primary dimensions: (1) touring experience, (2) service attitude, and (3) professionalism. Under "touring experience" (19.4%), there was emphasis on the leader's grasp of autism and the ability to navigate various situations. Some highlighted the necessity of tour leaders knowing hospital locations. For "service attitude" (52.8%), 83.3% were content, highlighting leaders' congeniality and dedication. Yet, minor grievances arose about forgetfulness of names or over-strictness. Within "professionalism" (27.8%), praise centered on leaders prioritizing families with autistic children, such as early bus boarding and luggage assistance. Sug-

gestions include leaders reviewing family profiles in advance and considering professional or therapist inclusion on tours. Evidently, the tour leader's impact on the package tour experience is profound.

Shopping (15/185, 8.2%)

The shopping component is pivotal, divided into three sub-categories: (1) shopping duration, (2) shopping venue, and (3) brand image. About 57% were discontented with the shopping experience. Under "shopping duration" (26.7%), the primary grievance was insufficient time. One mother stressed the challenge of managing her child while shopping. The "shopping venue" sub-sector (46.6%) drew the most feedback. Shopping in groups was often unfavorable, with concerns about being overcharged by local sellers due to language barriers. Some desired venues offering quality products at fair prices, with added emphasis on proximity to clean restrooms for their autistic children. In the "brand image" category (26.7%), concerns revolved around product quality. Tour-goers expected high-quality purchases overseas. One participant's bracelet, bought in China, broke before the trip ended. Another suggested more time to shop for renowned brands, especially outside Indonesia.

Scenic Spot (28/185, 15.1%)

In the scenic areas segment, five themes were discerned: (1) location layout, (2) site quality, (3) climate concerns, (4) site alterations, and (5) scheduling flexibility. Regrettably, 60% found the scenic arrangements lacking. "Location layout" (35.7%) elicited worries about accessibility for

autistic children, prompting suggestions for less crowded routes. For "site quality" (17.9%), enhancements in safety, cleanliness, and accessibility were advised. "Climate concerns" (3.6%) saw feedback about excessive summer heat. In "site alterations" (10.7%), parents expressed discontent over modified itineraries, desiring suitable replacements. The "scheduling flexibility" theme (32.1%) generated the most feedback, with families wanting more relaxed exploration instead of tight timetables.

Optional Tours (12/185, 6.5%)

The optional tours, accounting for 6.5% of all sectors, boasts a 53.3% satisfaction rate. It's divided into three areas: (1) cost, (2) innovation, and (3) language challenges. Within "cost" (41.7%), participants wished for upfront pricing to avoid unexpected credit card charges or unsatisfying experiences. The majority praised the tour's show and activity quality. In "innovation" (33.3%), suggestions ranged from Broadway experiences to unique cafe visits, with some opting for free city exploration. The "language challenges" area (25%) highlighted difficulties in communication without the guide, mainly due to limited English skills. A recommendation included brief language lessons on the bus to facilitate city exploration.

Others (4/185, 2.2%)

While not explicitly mentioned, some notable points from the interview were that Indonesians appreciate the convenience of joining package tour and that package tour participants should be ready both physically and mentally for a trip with autistic chil-

dren. Many parents reported feeling tired but still enjoyed the experience. Some suggested that package tour should offer therapy services to keep the children entertained while parents go shopping.

Discussions and Conclusions

The study illuminates substantial stressors faced by autistic travelers during air travel, particularly in sensory-sensitive environments and crowded spaces, aligning with existing literature that highlights similar challenges (Dempsey et al., 2021). These stressors, however, were somewhat alleviated by effective tour leadership and comprehensive pre-tour briefings, which equipped families with a sense of preparedness and support. Significant gaps persist in the provision of services tailored for tourists with autism, reflecting a global movement towards enhancing accessibility and inclusivity within the tourism sector (Pagan, 2012; Zhao et al., 2023). The industry is urged not only to acknowledge the needs of autistic individuals but to actively foster environments conducive to their full participation and enjoyment, thereby elevating the overall standard of tourism services.

Similarly, the inconsistencies in service quality and the scarcity of accommodations suitable for autistic travelers reflect the delays and miscommunications that are often encountered in the healthcare diagnosis of ASD (Martinez et al., 2018). The positive impacts of thorough pre-tour briefings suggest that heightened training and awareness among tour operators could address many of these challenges. Moreover, intrinsic factors such as the severity of autism substantially impact

travel decisions. Families frequently seek accommodations that specifically cater to sensory sensitivities and provide a structured environment, reducing travel-related stress (Freund et al., 2019). The presence of well-trained staff and appropriate facilities is also crucial in determining the choice of accommodation.

This research underscores the need for a deeper comprehension of the unique challenges that families traveling with autistic members face. It advocates for the tourism industry to adopt more inclusive practices, ensuring that accommodations are equipped to meet the diverse needs of these travelers. These enhancements not only improve the travel experience for families with autistic members but also extend the market reach of the tourism and hospitality sectors. Integrating insights from both the healthcare and tourism sectors, the study highlights the critical need for tourism practices that address the sensory and emotional needs of travelers with ASD. By incorporating specific accommodations like priority boarding, sensory-sensitive adjustments, and comprehensive pre-travel briefings, tourism operators can significantly enhance accessibility and enjoyment for all travelers, aligning with international inclusivity trends (McCabe & Diekmann, 2015).

Furthermore, this study establishes a pioneering analysis of the relationship between package tours and autism, distilling the experiences of 30 families into key propositions that reveal significant insights about the drivers of satisfaction and dissatisfaction. These findings include the essential role of tour leaders in addressing the unique needs of these families and the

importance of comfort during travel, which involves specific dietary accommodations and preferences for shorter flights to destinations like Singapore and Malaysia (Moes & Frea, 2002; Tsai, 2014; Skillicorn, 2013). The research's focus on Surabaya, Indonesia, primarily targeting an upper-class demographic, highlights the necessity for expanded research across diverse geographic and socio-economic contexts (Nugroho et al., 2020). Additionally, while the study provides profound insights, it suggests the need for further exploration into the roles of other travel industry stakeholders, such as airlines and food services, which significantly influence these families' experiences.

Educationally, the study emphasizes the need for specialized training for tourism professionals, the incorporation of autism-friendly practices in tourism education, and collaboration with autism experts. It also calls for ongoing research and curriculum development to refine educational programs and integrate case studies of successful autism-friendly travel experiences, fostering a culture of inclusivity and sensitivity within the tourism industry.

Research Limitations and Future Research

This study, while providing valuable insights into the travel experiences of Chinese-Indonesian families with autistic members, encounters several limitations that suggest directions for future research. First, the sample size of thirty families, while adequate for qualitative depth, limits the generalizability of the findings. Future studies could expand the sample size to

include a broader demographic spectrum, encompassing various socioeconomic statuses and geographic locations beyond Surabaya, Indonesia. Secondly, the study's focus on upper-middle-class families may not fully represent the travel experiences of lower-income families or those from different cultural backgrounds. The unique challenges faced by these groups could provide further insights into the inclusivity of tourism practices. Research extending to these demographics could uncover additional barriers and facilitators impacting travel with autistic family members.

Additionally, the study primarily examines the perspectives of parents, without directly including the views of autistic individuals themselves. Future research could adopt a more inclusive approach by integrating the firsthand experiences of autistic travelers, thus enriching the understanding of their specific needs and preferences. The current research predominantly addresses air travel and accommodations, highlighting significant areas of stress such as sensory sensitivities and the need for structured environments. However, other aspects of travel, such as leisure activities, dining experiences, and interactions with tourism personnel, warrant deeper exploration. Further studies could investigate these components to offer a more comprehensive overview of the tourism experience for families with autistic members.

Moreover, the research points to the necessity for improved training and awareness among tourism operators and staff. Future studies could evaluate the effectiveness of specific training programs designed to enhance the

competence of tourism professionals in catering to travelers with autism. This research could also explore the development of partnerships between tourism companies and autism experts to facilitate the design and implementation of autism-friendly travel services. Lastly, given the dynamic nature of tourism and disability research, there is a need for continuous updating of strategies and practices to reflect new understandings and technological advancements. Future research could focus on the integration of technology in improving travel experiences for autistic individuals, such as virtual reality pre-tour simulations or mobile applications that provide sensory-friendly recommendations and navigation aids.

In conclusion, while this study makes significant contributions to the field of accessible tourism, the outlined limitations and areas for future research highlight the ongoing need to develop more inclusive, responsive, and comprehensive travel solutions for families with autistic members. These efforts will not only enhance the travel experience for these families but also contribute to the broader goals of inclusivity and accessibility in the global tourism industry.

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