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A comparative analysis of tourism experiences between persons with autism and down syndrome

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ABSTRACT

This study compares the tourism experiences of adolescents and adults with severe autism and those with Down syndrome by comparing the tourism experiences of these two groups through two focus group interviews. Focus group interviews with parents of persons with autism and Down syndrome identified four themes: accommodation-based experiences, travel-based experiences, emotional experiences, and destination-based experiences, which were analyzed using QDA Miner software. The findings revealed both similarities and differences. Group 1 (with severe autism) faced more emotional challenges but found storytelling techniques effective in reducing anxiety. In tourism experiences, they displayed habitual buying patterns and adaptive decision-making behavior. Group 2 (with Down syndrome) encountered fewer difficulties and engaged more easily in tourism activities than Group 1. This study provides valuable insights for the tourism field and related disciplines, advancing the understanding of the unique needs of these groups.

1. Introduction

According to the World Health Organization (2023), approximately 1 in 100 children has autism worldwide, with the potential for a higher prevalence due to uncertainties in autism reporting in some countries. Persons with autism face a range of challenges (Dempsey et al., 2021; Neo & Flaherty, 2019) such as problems in social interaction, being unable to adapt to the changing environment, and inaccessibility in tourism activities (Hamed, 2013).

In recent years, inclusive tourism, which aims to make tourism accessible to everyone, including individuals with disabilities, has gained importance. The United Nations Sustainable Development Goals (SDGs) emphasize the principles of equality and non-discrimination in tourism development (UNWTO, 2020). The participation of individuals with autism spectrum disorder and Down syndrome in tourism activities is also considered within the scope of inclusive tourism (Conde et al., 2023). Promoting accessibility and inclusion in tourism ensures social integration and aligns with the global agenda for sustainable and responsible tourism practices.

There is limited research on adults with severe autism and their tourism experiences. Studies have focused on the difficulties and needs of persons with autism in tourism activities (Cena et al., 2020; Freund et al., 2019; Neo & Flaherty, 2019; Sedgley et al., 2017). Additionally, researchers (Sedgley et al., 2017; Chiscano, 2021, etc.) focus on children and adolescents with autism and tourism, while this study considered mostly adults with autism in the sample.

Down syndrome is not as common as autism in the community but is the most common chromosome-based disorder that seems more often due to delaying maternity in older age (Centers for Disease Control and Prevention, 2021). Research (Mactavish et al., 2007; Gillovic et al., 2021; Gillovic et al., 2024) generally focuses on types of intellectual disability, such as attention deficit hyperactivity disorder, brain injury, and cerebral palsy, rather than specifying only Down syndrome within a specific sample size. The needs of persons with diverse types of intellectual disabilities and disorders differ in tourism activities, as do those of other persons with disabilities (Baş, 2016).

Comparative analyses of Down syndrome and autism with specific samples reveal remarkable findings regarding their tourism experiences, highlighting both differences and similarities. In this context, one of the main aims of this study is to address the gap in the literature by comparatively determining the tourism experiences of persons with autism and Down syndrome. Second, a comparative analysis of the groups was conducted to understand their differences and similarities.

To this end, three main research questions were formulated.

Research Paper

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- *Research Question 1: How is the tourism experience of persons with autism?*
- *Research Question 2: How is the tourism experience of persons with Down syndrome?*
- *Research Question 3: What are the differences and similarities in the tourism experiences of persons with Down syndrome and those with autism spectrum disorder?*

2. Literature

Autism Spectrum Disorder

Kanner (1943) first defined autism as the inability to socialize, a lack of imagination, and an addiction to routines. In the following years, Hans Asperger (1944), Rutter (1978), and Wing (1981) determined distinctive characteristics related to autism (Nazeer & Ghaziuddin, 2012).

Over the years, the degrees of autism have been described as ranging from mild to severe. Today, the term "autism spectrum disorder" is defined as "a constellation of early-appearing social communication deficits and repetitive sensory-motor behaviours associated with a strong genetic component as well as other causes" (Lord et al., 2018). The characteristics of autism vary in severity. Autism Spectrum Disorder (ASD) is classified into ASD Level 1, which requires support; ASD Level 2, which requires substantial support; and ASD Level 3, which requires very substantial support. Persons with ASD level 3 often experience significant challenges in initiating social interactions, engage in minimal social interactions, and face notable difficulties managing changes in routine activities and behaviors (Rahman et al., 2020).

Despite uncertainty in the etiology of autism, a relationship has been found between genetic and environmental factors (such as pesticides and other pollutants) and the risk of autism (McKinney, 2018; Yosunkaya, 2013). Infections (such as influenza and rubella) and chronic inflammation (such as obesity and diabetes) in expectant mothers also increase the risk of autism (McKinney, 2018). Considering these reasons, the prevalence of autism has risen from 1 child in 150 children to 1 child in 36 children, as depicted in Figure 1. It is projected that one out of every two children will have autism by 2050 (McKinney, 2018).

There are comorbidities with autism, such as attention deficiency and hyperactivity disorder, obesity, anxiety, depression (Bennett, 2017), and intellectual disability (Ghaziuddin, 2000). Autism is not defined as a disability; it is defined as a neurodevelopmental disorder that results in difficulties in social interactions, limited interest, and repetitive behavior (Hodges et al., 2020). Although persons with autism can work and go to school, they have social disabilities that make it difficult for them to understand metaphorical and indirect expressions (Prizant, 2020). They may have psychiatric disorders, such as anxiety, obsessive-compulsive disorders, and depression (Helverschou et al., 2021).

Down Syndrome

Down syndrome is a developmental disability (Çayhan et al., 2023) that occurs due to the development of a partial or complete copy of chromosome 21. This situation causes 47 chromosomes instead of 46 chromosomes in each cell (National Down Syndrome Society, 2024)

John Langdon Down defined specific characteristics of Down syndrome in the late 19th century. In 1959, Jerome

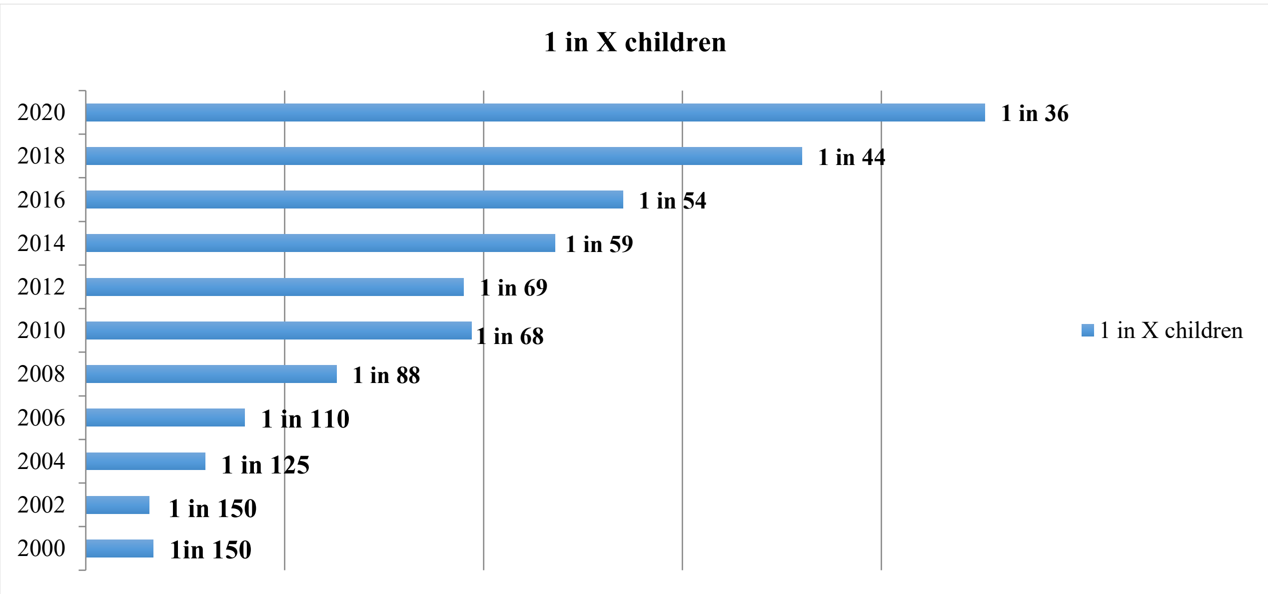

Figure 1: Prevalence of Autism Spectrum Disorder 2000-2020
Source: Centres for Disease Control and Prevention, 2023

Lejeune discovered that Down syndrome is a chromosomal condition (Wright, 2011). There are three types of Down syndrome (Chen et al., 2020): trisomy 21 (nondisjunction), Mosaicism and Translocation. Age is the only effective factor in Down syndrome with trisomy 21 and mosaicism. Postponing maternity to an older age is supposed to increase the incidence of Down syndrome in babies.

Table 1: Incidence of Down Syndrome in Babies by Maternal Age

Maternal Age	Incidence of Down syndrome (1 in X Children)
20	1 in 2000
25	1 in 1200
30	1 in 900
35	1 in 350
40	1 in 100
45	1 in 30
49	1 in 10

Source: National Down Syndrome Society, (2024): ndss.org

Nearly 50% of babies with Down syndrome have congenital heart disease (Delany et al., 2021). The lifespan of persons with Down syndrome was 9 years in 1949, but has increased to 55 years today (Connolly, 2024) due to access, acknowledgement of rights, and development in technology and medicine (Ijezie et al., 2023). Down syndrome occurs in nearly 1 in 1,000 and 1 in 1,100 live births globally (United Nations, 2024). It is the most common chromosomal disorder diagnosed in the United States. Every year, 5,700 babies are born in the US with Down syndrome (Centers for Disease Control and Prevention, 2021).

A person with Down syndrome can walk, work, attend school, and live a full or semi-independent life with the right support (Down Syndrome International, 2023). They can be prone to be cheerful and affectionate, but parents have reported that adolescents with Down syndrome aged between 15-20 years are less cheerful, affectionate, and outgoing than younger persons with Down syndrome. Children with Down syndrome have a higher risk of psychopathology (e.g., anxiety disorder) than children with intellectual disabilities (Dykens, 2007).

Autism & Down Syndrome in Tourism

Persons with autism may participate in tourism activities depending on the severity of their condition and the influence of various dynamics. They have sensitivity to visual and auditory stimuli (Russo et al., 2012), difficulty in adapting quickly to changes (Gomot et al., 2002), as well as difficulties in communication and restrictive and repetitive behavior (Kuzminskaite et al., 2020). These situations make it challenging to adapt to tourism activities (Zhao et al., 2023). When persons with autism receive adequate special education and behavioral intervention from an early age, they may improve their language skills, IQ, and adaptive behavior (Dawson et al., 2012). This support may enhance their ability to engage in tourism.

According to the literature (Hamed, 2013; Sedgley et al., 2017; Zhao et al., 2023), persons with autism are affected by noise and disruption of their routines, which significantly impairs their ability to travel (Dempsey et al., 2021; Zhao et al., 2023). Having sufficient information about a destination is a critical criterion for families (Perry & Kozub, 2011). Families tend to travel to familiar destinations for which they already possess adequate knowledge (Sedgley et al., 2017).

Autism has also been studied in the context of inclusive tourism. Conte et al. (2023) revealed that one of the main challenges for parents of children with autism is the lack of information to decide whether the conditions are suitable for children's needs and preferences. Understandable information is a part of universal design, which aims at equitable spaces, services, and goods (Rebelo et al., 2022), and may make tourism more manageable for parents and persons with disabilities. This increases tourism inclusiveness.

The literature (Kuzminskaite et al., 2020; Zhao et al., 2023) highlights significant emotional and behavioral challenges among persons with autism, such as repetitive and obsessive behaviors while travelling. Parents often choose safe destinations and accommodations that have minimal sensory disruptions (Cena et al., 2020) but tend to experience elevated stress levels (Schnabel et al., 2020), higher than those of parents of typically developing children (Saccà et al., 2019).

In contrast to autism, persons with Down syndrome are known to be social, outgoing, extroverted, and sociable (Hamner et al., 2020), which is supposed to facilitate their participation in tourism activities. In tourism, despite the fact that there is still a serious need for research on the tourism experiences of persons with Down syndrome in the literature, according to research by Perry and Kozub (2011), parents of persons with Down syndrome need to have sufficient information on the website of the tourism business.

On the other hand, persons with Down syndrome may have hobbies such as drawing, singing, dancing, and music (Oates et al., 2011). Tourism and leisure activities are closely interconnected with certain types of leisure activities, such as bicycling, camping, and paddling (Chang & Gibson, 2011). However, lack of knowledge, financial power, specialized programmes, and professionals pose challenges to their participation in leisure and recreational activities (Souto et al., 2024).

3. Methodology

In this study, qualitative content analysis was conducted based on two focus group interviews to enable a deeper understanding of the problem statement. Qualitative content analysis involves the subjective interpretation of data within the systematic classification of themes (Hsieh & Shannon 2005).

Sampling and Data Gathering

Owing to speech impairments and difficulties in reciprocal communication, interviews were conducted with the parents of persons with autism and Down syndrome. Only parents with sufficient experience in tourism activities with their children were included in the sample. The researcher conducted the interviews. In total, two focus group interviews were conducted (n=14), with each group consisting of seven participants. The optimal sample size is suggested to be four to six persons for a focus group interview (Morgan, 1996). The sample size of this study was satisfactory. Participants were reached through the snowball sampling method, through schools and non-governmental organizations.

They reside in the tourist city of Muğla, situated in the Aegean region of Turkey. The interviews were conducted in an office environment. The duration of each focus group interview was 75 minutes, and the interviews were conducted between February and April 2024. Fifteen open-ended and semi-structured questions were asked of the participants (the questions are included in the Appendix 1). Focus group interviews were preferred because the participants, a pre-existing group who already knew each other and shared common experiences, felt more comfortable expressing themselves and were encouraged by one another when discussing sensitive topics (Kitzinger, 1994; Rabiee, 2004). Therefore, they discussed the topics efficiently.

Reliability and Validity of Focus Group Interviews

To ensure the validity and reliability of the research, several key criteria were considered (Chioncel et al., 2003). The research questions were developed based on the researcher's experiences, preliminary interviews with participants, and the relevant literature on disability, autism, and Down syndrome (Baş, 2016; Darcy et al., 2020; Gillovic et al., 2021; Hamner et al., 2020; Oates et al., 2011; Prizant, 2020; Russo et al., 2012; Souto et al., 2024; Zhao et al., 2023). Participants were allowed to express their views freely without time constraints, while the researcher maintained objectivity and facilitated rather than dominated discussions. Nonverbal communication (interpretive validity) was considered alongside verbal communication (descriptive validity) to fully capture the participants' intended messages. Clarification was sought to ensure a mutual understanding. After data analysis, the 'member-checking' technique (McKim, 2023) was employed, allowing the participants to verify the accuracy of the analyzed data.

Data Analyses

Benefitting from the research (Gürbüz and Şahin, 2018; Krueger, 1994, retrieved from Rabiee, 2004; Miles and Huberman, 1994), content analysis was conducted. First, data were collected and recorded. The recorded data were carefully read by the researcher. Themes were created. The data were explained and interpreted under themes and final reporting was made. The researcher directly translated all findings into English. The entire text was thoroughly examined by the authors. themes (components), along with variables, coding co-occurrence based on Sorensen's Coefficient, and case similarity analysis within thematic mapping were generated using QDA Miner Qualitative Data Analysis Software. The findings related to the themes are explained and interpreted in detail.

Ethics

This research was conducted in accordance with the Declaration of Helsinki, and ethics committee approval for the study was obtained from Muğla Sıtkı Koçman University in 2024. Participants were informed that the anonymized findings would be used only for scientific purposes and that participation was voluntary.

1. Findings

Descriptive Statistics

The socio-demographic characteristics of the participants and their children with severe autism and Down syndrome are presented in Table 2.

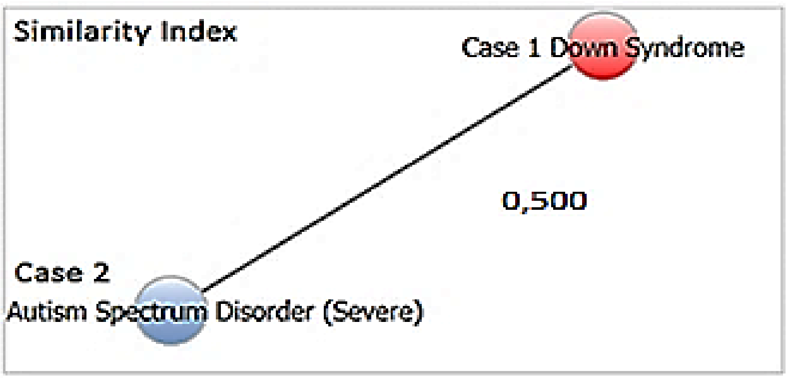

Figure 1: Similarity Index: Cosine between Case 1 (focus group interview: Down syndrome and Case 2 (focus group

Table 2: Socio-demographic Characteristics of Participants and Their children with severe autism (Group 1) and Down syndrome (Group 2)

Number of Participants	Degree	Age of the Parent	Disorders & Disabilities	Age	Gender	Education Level	Living Arrangements
First	Mother	49	Severe Autism Spectrum Disorder & Hyperactivity & Mental Retardation	25	Male	Special Education Practice Graduate, Student in Rehabilitation Centre, and Public Education	Living with Parents
Second	Mother	58	Severe Autism Spectrum Disorder & Hyperactivity	23	Male	Special Education Practice Graduate, Student in Rehabilitation Centre, and Public Education	Living with Parents and two siblings
Third	Mother	55	Severe Autism Spectrum Disorder & Hearing Disability	28	Male	Special Education Practice Graduate, Student in Rehabilitation Centre, and Public Education	Living with Parents and two siblings
Fourth	Mother	46	Severe Autism Spectrum Disorder & Epilepsy	16	Female	Student in Special Education Practice	Living with Parents and two siblings
Fifth	Mother	40	Severe Autism Spectrum Disorder & Hyperactivity & Cerebral Palsy	18	Male	Student in Special Education Practice	Living with Parents and a sibling
Sixth	Mother	44	Severe Autism Spectrum Disorder & Hearing Disability	15	Male	Student in Special Education Practice	Living with Parents
Seventh	Mother	53	Severe Autism Spectrum Disorder	28	Male	Special Education Practice Graduate, Student in Rehabilitation Centre, and Public Education	Living with mother
Eighth	Mother	45	Down Syndrome & Hyperactivity	5	Female	Student in Special Education Practice	Living with parents and two siblings
Ninth	Mother	50	Down Syndrome	8	Male	Student in Special Education Practice	Living with parents and two siblings
Tenth	Mother	55	Down Syndrome	16	Male	Student in Special Education Practice	Living with parents and two siblings
Eleventh	Mother	44	Down Syndrome	11	Male	Student in Special Education Practice	Living with parents and a sibling
Twelfth	Mother	58	Down Syndrome	23	Male	Student in Special Education Practice	Living with mother
Thirteenth	Father	44	Down Syndrome & hypothyroidism & Congenital Heart Defect	10	Male	Student in Special Education Practice	Living with parents and a sibling
Fourteenth	Mother	52	Down Syndrome & Hypothyroidism & Congenital Heart Defect	19	Female	Student in Special Education Practice	Living with parents and two siblings

Source: Author's own elaboration

Identification of Themes

Four main themes were identified for both groups, coded by QDA Miner: (1) travel-based experiences, (2) accommodation-based experiences, (3) destination-based experiences, and (4) emotional experiences. Case similarity analysis (Figure 1) revealed both similarities and differences in the tourism experiences of each group. The cosine-based case similarity index of 0,500 similarity (0 = no similarity, 1 = most similar, Doğan et al., 2021) suggests notable overlaps as well as distinctions between the tourism experiences of persons with autism and Down syndrome.

Explanation and Interpretation of the Themes in Comparison of the Groups with (Severe) Autism and Down Syndrome

- *Travel-based Experiences*

Participants in *Group 1 (with autism)* generally preferred the roadway. In tourist destinations, they generally stay in close areas to their aparthotel, on the coastline, and cannot dare to go far away and tour the city with their children due to their behavioral challenges (issues in adaptation to changing environment, obsessive behaviors, screaming, etc.) and local people's reaction to their children.

They travel for tourism purposes once or twice a year by car and visit family members. Their children may become bored, disruptive, or aggressive during travel. Parents face additional stress from their children's agitation, which is triggered by crying or disliked music. To manage this, parents work to soothe their children and guide them back onto the bus. Long-distance bus journeys are particularly difficult because city lights disturb their children.

> *After stopping the bus six times, I had to request an ambulance to calm him down. At that point, I even considered giving up the trip and returning home, sharing my thoughts. My friends did not allow me to go back… (The seventh participant)*

Air travel makes journeys shorter, although the noise of plane engines and limited space in the plane were initial concerns. Using a metaphor, such as likening an airplane to a washing machine, through "the storytelling technique with metaphor," has been shown to effectively reduce travel anxiety in persons with severe autism. The study also noted that parents of persons with autism often adopt an "adaptive decision-making model," swiftly addressing unexpected travel or accommodation issues.

> *…. I told him, ' We are handing over our clothes, and there is a huge washing machine that will clean them. Later we will take our clothes in our luggage.' Therefore, he was not afraid of the noise of the plane engine because he thought it was a washing machine [she looks happy]. (The seventh participant)*

Unlike Group 1 (with autism), parents from *Group 2 (with Down syndrome)* preferred diverse types of transportation. They can travel to different destinations once or twice a year and tour the city comfortably, as their children can adapt to the changing environment.

Generally, they travel by car and plane for tourism, health, and visiting family members. They do not disturb others and are highly adaptive during flights. They enjoy listening to music while travelling and are good travel companions.

> *We once travelled by bus, but I will never consider doing it again. She shouts, sings, and does not remain quiet on the bus. She wants to talk to people and does not stop talking. She has hyperactivity. (The eighth participant)*

Unlike Group 1, parents cannot feel completely comfortable because their children kiss everyone and leave without notice. If a child with Down syndrome also shows hyperactivity, the child can be so active that travelling becomes difficult. Group 2 (with Down syndrome) generally reported positive travel experiences despite challenges such as their children's hugging or trusting unfamiliar people.

- *Accommodation-based Experiences*

The accommodation frequency of *Group 1 (with autism)* ranged from once to twice a year for a week. One participant rented a timeshare. They could not stay in tents because of the narrow space. Parents prefer to stay in aparthotels. Changes in children's routines often lead to aggression.

Persons with sufficient financial resources opt for all-inclusive hotels because of the convenience of accessing a variety of services in one location. Parents often accommodate rooms on the ground or first floors that are close to the swimming pool area and ensure a wide area for their children. Over time, children with severe autism may become accustomed to using elevators. Due to their children's sensitivity to stimuli, they need "autism-friendly hotel rooms."

> *My child wakes up at the slightest sound… An autism-friendly accessible room should be located on the ground floor. Designing an autism-friendly elevator may be considered as well… (The fourth participant)*

General areas, particularly restrooms, can be challenging. For instance, waiting for their turn, the need to use the same stall consistently, and the confined space within the stall can create difficulties.

Unlike Group 1 (with autism), Group 2 (with Down syndrome) can accommodate their children in a tent, hotel, aparthotel, and caravan, without challenges, as well as in family members' homes. The duration of accommodation ranged from 3 days to a week. They are compatible with other people. Therefore, the participants were not as meticulous and anxious as those in Group 1.

> *We have also stayed in tents, hotels, or caravans without any issues. My son is generally adaptable. Persons with Down syndrome, when in a supportive family environment, usually face no difficulties and are incredibly happy when travelling (The thirteenth participant).*

Comfortable places, delicious meals, and activities for children are sufficient for children with Down syndrome. They have a loving personality and are not demanding of their owners. Since they leave without notice, parents are extremely careful. However, one participant reported that her daughter with Down syndrome was hyperactive. She is highly active, and they take serious precautions to prevent her from going out at night for a tour.

We also stayed in a hotel, always keeping a close watch on her. We moved the refrigerator behind the door to prevent him from leaving at night and considered getting a child lock (The eighth participant).

- *Destination-based Experiences*

Participants from Group 1 (with autism) emphasized that "psychological factors" were fundamentally effective in their destination selection and decision-making process. They visit calm and safe natural locations, such as nature parks and forests, because there is no judgmental reaction to their children. Natural areas have no traffic. Their children are free to explore and enjoy themselves.

Because their children enjoy swimming, they usually prefer to visit destinations closer to their homes that are located along the coastline. They prefer to go on holiday during the off-season. According to them, swimming and the seaside have a calming effect on their children. Negative attitudes and reactions towards their children discourage them from revisiting certain destinations in the following years.

> *My daughter has a habit of opening the windows. If someone directly tells her not to do so, she becomes aggressive. In the tourism context, such behavior could pose a problem during the peak season when there are crowds. (The fourth participant)*

Parents revisit the destination and hotel because the hotel employees have experience welcoming people with autism and have positive attitudes towards them. Despite initially harboring negative attitudes and behaviors towards persons with autism, other hotel visitors tend to adjust after spending time with them.

Recommendations and support from other parents of children with autism encourage participation in tourism activities. In this context, participants' purchasing decisions reflect "habitual buying behaviour," as they repeatedly visit the same aparthotel and destination because of familiarity and the welcoming behavior of employees and regular visitors.

For Group 2 (with Down syndrome), external factors (e.g., Internet connection and destination-based characteristics) were effective in the decision-making process. Children with Down syndrome can hug people or go with people they do not know. Similar to Group 1 (with autism), they visit calm and uncrowded seaside places. However, their children do not have difficulties adapting to touristic sites and activities in the peak season.

> *My son enjoys playing with sand on the coastline and swimming. We do not have difficulties among the people. We are comfortable anywhere that has an internet connection… I can take him to the cafes…but I can feel people's eyes on us… (The ninth participant)*

They enjoy music and entertainment. Only one participant reported that her child did not like crowded areas and loud music. Unlike Group 1 (with autism), "habitual buying behaviour" was not observed in this group because they experienced fewer emotional and behavioral challenges than Group 1. Participants did not emphasize emotional challenges to be effective in the decision-making process as densely as Group 1.

- *Emotional Experiences*

According to Group 1 (with autism), travelling with other parents is extremely comfortable and safe for the parents because all the parents have experience living with a person with autism. They willingly support each other and raise awareness about autism while travelling. Local people understand that people with autism can socialize and have fun.

> *There is a connection between us and other people (e.g., local people, tourists, and staff). We are a joyful group. We end the belief that persons with mental disorders cannot have fun or do anything. We may not have fun like everyone else, but we have fun and support each other (Third participant).*

Behavioral (e.g., aggressive behaviors, persistent attitudes) and emotional challenges (e.g., difficulties in socialization and understanding others' feelings) of their children are challenges in tourism activities. This situation can push them towards quieter, less crowded, structured, and familiar environments, leading to social isolation. Parents and their children with autism do not feel entirely comfortable or happy. Parents feel worried during their holidays because their children cannot focus on an activity.

> *I feel nervous, extremely nervous…. We should keep our children occupied, even when we are on vacation. He (her child) swims, but he wants to do different things. We have not been to the seaside for a year, so he wants to buy whatever he sees (melon, watermelon, ice cream, etc.) I get nervous if someone criticizes or disturbs us. We go into the sea and have fun just like other people…This holiday is beneficial for us and our children. (The seventh participant)*

Parents from Group 2 (with *Down syndrome)* feel comfortable during their travels and holidays because their children can adapt to social life. However, they were concerned about their children because they left their side, trusted strangers easily, and quickly became close to or hugged unknown people.

> *My daughter is 19 years old, and she might easily trust and follow someone. This situation makes me anxious, but we have no problems with social adaptation, said the mother. (The fourteenth participant was a woman).*
>
> *I can travel and go on holiday with my son comfortably… He knows what he enjoys, is cheerful throughout the journey, and listens to music, which I also enjoy. We can travel*

comfortably and pleasantly in this manner. (Thirteenth participant).

If they have hyperactivity, children with Down syndrome may exhibit elevated levels of activity and face challenges in adapting to their environments. Significant language problems can lead to emotional challenges if they do not receive adequate speech therapy is not provided. They struggle to express themselves due to their condition. They may become easily irritated during adolescence, which can result in the need for family support during activities.

4. Discussion

This study revealed that air travel offers advantages for persons with autism by shortening travel times compared with road travel. Additionally, the use of storytelling techniques with metaphors is effective in alleviating anxiety during flights. However, Dempsey et al. (2021) highlighted several challenges faced by passengers with autism during flights, including confined seating, wearing seatbelts, and exposure to aircraft noise. This study also notes that parents of persons with autism frequently adopt an "adaptive decision-making model," allowing them to swiftly address unexpected travel or accommodation issues. Similarly, Sedgley et al. (2017) observed that parents often alter their travel preferences in response to their children's reactions.

Regarding persons with Down syndrome, the existing literature primarily focuses on psychological and medical aspects rather than on tourism. Parents of persons with Down syndrome report higher well-being than parents of persons with autism, but little attention has been paid to their tourism experiences in the literature, especially among those exhibiting hyperactivity. Attwood et al. (1988) noted that persons with Down syndrome exhibit more expressive gestures, such as kissing and acts of friendship, than those with autism.

Restrooms pose significant challenges for people with autism in terms of accommodation experiences. For instance, difficulties arise when waiting for their turn or coping with confined spaces inside the stall. Moreover, many accessible hotel rooms fail to genuinely meet accessibility needs (Pehlivanoğlu, 2012; Wazzan, 2015), and general hotel areas lack sufficient accessibility (Adam, 2019). While limited studies address the tourism experiences of persons with Down syndrome, Perry and Kozub (2011) identified inadequate restroom spaces as a recurring issue for their parents. These challenges prevent hotels from achieving inclusive tourism. Physical accessibility is an essential element of accessible tourism (Baş, 2016) and plays a crucial role in inclusive tourism. This study revealed that it is necessary not only for individuals with physical disabilities but also for those with autism and Down syndrome. Spacious environments are particularly important for individuals with Down syndrome and autism.

Participants' purchasing decisions in Group 1 (with autism) reflected a "habitual buying behavior," as they tended to revisit the same aparthotels and destinations due to familiarity and the welcoming attitudes of employees and regular visitors. Hamed (2013), Sedgley et al. (2017), and Zhao et al. (2023) found that persons with autism are extremely sensitive to noise and are reliant on routines, with disruptions significantly impairing their ability to travel (Dempsey et al., 2021; Zhao et al., 2023). Familiarity with a destination is therefore critical, leading parents to prefer destinations with detailed knowledge (Sedgley et al., 2017).

Research on destination selection and tourism behavior of persons with Down syndrome remains sparse. Perry and Kozub (2011) emphasized the importance of providing information about services and accommodations on websites. This study reveals that persons with Down syndrome can adapt to various destinations, although their parents often prefer calm and uncrowded locations for safety. According to the Web Content Accessibility Guidelines (WCAG, 2018), web page design elements such as color and font size are important for making websites accessible and providing understandable information. Clear and sufficient information can make tourism activities more predictable for parents to plan. Website accessibility supports decision-making (Dattolo et al., 2016). Accurate information on websites, along with accessible facilities, promotes inclusiveness in tourism.

The literature (Kuzminskaite et al., 2020; Zhao et al., 2023) highlights significant emotional and behavioral challenges among persons with autism, such as repetitive and obsessive behaviors while travelling. Parents often choose safe destinations and accommodations that have minimal sensory disruptions (Cena et al., 2020) but tend to experience elevated stress levels (Schnabel et al., 2020), higher than those of parents of typically developing children (Saccà et al., 2019). Similar to parents of persons with autism, parents of persons with Down syndrome experience social, emotional, and academic burdens (Karakul et al., 2022), although they report lower levels of anxiety and emotional discomfort (Antonopoulou et al., 2020).

5. Conclusion & Implications

This study provides a comparative analysis of the tourism experiences of persons with Down syndrome and those with severe autism spectrum disorder. The group (with autism) needs more structured and predictable tourism planning than persons with Down syndrome. In contrast, persons with Down syndrome demonstrate a higher consistency in participating in tourism activities than those with ASD. They tend to prefer calm, nearby locations for outdoor activities, such as swimming. These findings underscore the need for tailored approaches to tourism planning and policymaking to address the distinct needs of each group and promote inclusivity and accessibility in tourism experiences. The theoretical and practical contributions are detailed in the respective sections.

Theoretical Implications

This study makes a significant contribution to the literature by examining the tourism experiences of adolescents and adults with severe autism and persons with Down syndrome. A detailed analysis was conducted covering the entire process from decision-making and travel planning to destination choice. This allowed for a multifaceted evaluation of inclusive tourism for diverse forms of disabilities and developmental disorders. By conducting a comparative analysis, this study highlights the differences and similarities in tourism experiences between persons with autism and those with Down syndrome.

This study also provides significant insights into the purchasing behaviors of both groups. For Group 1 (with autism), habitual buying behavior and an adaptive decision-making model were influential in the purchasing process. Additionally, storytelling metaphors during travel were identified as potential solutions for reducing anxiety. These behaviors enrich existing theories and models in the literature, such as Engel et al. ’s (1995) consumer behavior model and push-and-pull theory (Lee, 1966; Li, 2023), specifically in the context of consumers with severe autism and Down syndrome. The identified behavioral themes and patterns offer insights into the factors influencing purchase and repurchase intentions. Key pull factors include recommendations from other families, positive interactions with staff and other guests, and the availability of a calm environment during the off-season. Moreover, habitual buying behavior demonstrates that the evaluation of alternatives is often limited among parents of adolescents and adults with severe autism, who did not receive adequate special education during childhood due to adaptation problems.

Similarity analysis revealed both commonalities and differences between the two groups. A cosine-based case similarity index of 0.500 indicates moderate similarity. Notably, during the interviews, parents of persons with Down syndrome (Group 2) were observed to be less anxious and more cheerful than parents of persons with autism (Group 1).

Practical Implications

Authorities should enhance special education opportunities and financial support for families to foster their development and encourage participation in life, including tourism activities. Qualified professionals are essential in recreational settings. Individualized programs are necessary for persons with severe autism, considering their unique needs. In the tourism sector, it would be beneficial for resort hotels in hill stations and seaside locations to offer affordable accommodation to guests with Down syndrome and severe autism and their families. According to the results of this study, people with autism and Down syndrome prefer calm, natural environments for tourism activities.

Hotel staff should be trained to understand the characteristics and behavioral traits of persons with autism and Down syndrome. The design of autism-friendly hotel rooms should prioritize the needs of these individuals and their families. An optional information form should be provided for guests to be completed by people with autism or Down syndrome or their parents to inform the hotel of their specific needs during their stay. Hotel employees should promptly communicate whether they can accommodate such needs. Mini club activities in hotels should be inclusive, catering to the needs of children with autism and Down syndrome, to provide equal comfort for all parents.

In the airline industry, employees should receive training on how to interact with persons with autism and Down syndrome, including managing situations such as aggressive or unexpected reactions with politeness and understanding. Employing onboard psychologists could help maintain passenger calmness using techniques such as storytelling with metaphors. In destination management, authorities should prioritize safety in natural areas by addressing the needs of persons with autism and Down syndrome. Additionally, tourism businesses should be encouraged to dedicate special times of the year to train their staff to serve them effectively. Effective governance involving relevant NGOs, families, individuals with disabilities, and private sector stakeholders plays a critical role in identifying the needs of persons with autism and Down syndrome and in enhancing the inclusiveness and suitability of products and services tailored to their requirements.

Limitations & Future Research

This research is based on two focus group interviews, including children with Down syndrome and adolescents and adults with autism. Future studies could explore the tourism experiences of persons with autism and Down syndrome through quantitative research, expanding the sample size and benefiting from the themes and patterns identified in this study.

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2. Appendies

Appendix 1 Research Questions

As part of the research questions, parents were informed that they should respond based on their tourism experiences with their children who have autism or Down syndrome. They were also asked to evaluate the questions from both their own and their children's perspectives.

1	How often do you participate in tourism activities?
2	What is the meaning of tourism for you?
3	Which criteria influence your decision when participating in a tourism activity?
4	How is your general experience during your travels and accommodations?
5	Which criteria do you consider when choosing a mode of transportation for your travels?
6	Which criteria are important to you when selecting an accommodation facility?
7	During tourism activities, how do you interact with other individuals, and how do local people behave toward you?
8	Which criteria do you consider when selecting a destination?
9	In which seasons or periods of the year do you usually participate in tourism activities?
10	Which types of activities help relax or comfort your child during tourism experiences? Could you please share a specific memory, if possible?
11	What are the factors that disturb or make you happy during the tourism process?
12	Would you consider traveling alone with your child? Why or why not?
13	How do you feel emotionally during the tourism process? How does participating in tourism affect you and your child psychologically?
14	How do you deal with expected and unexpected problems during your travels and accommodation?
15	Is there anything else you would like to add?

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INFO PAGE

A comparative analysis of tourism experiences between persons with autism and down syndrome

Abstract

This study compares the tourism experiences of adolescents and adults with severe autism and those with Down syndrome by comparing the tourism experiences of these two groups through two focus group interviews. Focus group interviews with parents of persons with autism and Down syndrome identified four themes: accommodation-based experiences, travel-based experiences, emotional experiences, and destination-based experiences, which were analyzed using QDA Miner software. The findings revealed both similarities and differences. Group 1 (with severe autism) faced more emotional challenges but found storytelling techniques effective in reducing anxiety. In tourism experiences, they displayed habitual buying patterns and adaptive decision-making behavior. Group 2 (with Down syndrome) encountered fewer difficulties and engaged more easily in tourism activities than Group 1. This study provides valuable insights for the tourism field and related disciplines, advancing the understanding of the unique needs of these groups.

Keywords: *Severe autism spectrum disorder, Down syndrome, Tourism experiences, Inclusive tourism, Focus group interview.*

Authors

Full Name	Author contribution roles	Contribution rate
Merve Bulut:	*Conceptualism, Methodology, Software, Validation, Formal Analysis, Investigation, Resources, Data Curation, Writing - Original Draft, Writing - Review & Editing, Visualization, Supervision, Project administration, Funding acquisition*	*100%*

Author statement: *Author(s) declare(s) that All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.* ***Declaration of Conflicting Interests:*** *The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article*

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