

The Role of Psychological Factors in Travel Constraints Effect on Leisure Travel Participation of People with Disabilities

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Abstract

People with disabilities are an underrepresented group in the tourism sector. They face more complex challenges than able-bodied tourists due to various barriers that hinder their participation in tourism. This study aims to explore the impact of travel constraints on leisure travel participation among people with disabilities through the psychological approaches of learned helplessness and self-efficacy. The study's conceptual framework is derived from the theories of leisure constraints, learned helplessness, and social cognitive theory. The data collection procedure in this study was carried out in collaboration with private disability management organizations, disability education institutions, and government-affiliated institutions in Indonesia. The questionnaires were distributed from June 25, 2024, to August 8, 2024. From the 300 questionnaires distributed, 226 were returned, but only 221 met the research criteria. The respondents consisted of individuals with physical and sensory disabilities. Data analysis (CFA), Confirmatory Factor Analysis, was employed to validate the research model framework, and Structural Equation Modelling (SEM) was employed to test the seven proposed hypotheses. The study results indicate that travel constraints negatively affect leisure travel participation and positively affect learned helplessness and self-efficacy. Additionally, learned helplessness and self-efficacy positively influence leisure travel participation. This study contributes to developing a research framework on the travel behavior of individuals with disabilities by building on findings from previous studies. The results provide a deeper understanding of the specific characteristics of travel behavior among individuals with disabilities and explore the role of psychological factors in enhancing their tourism participation. Practically, this study supports formulating strategies and inclusive tourism policies to create satisfying and equitable travel experiences for all.

Key Words: Travel Constraints, Learned Helplessness, Self-Efficacy, Leisure Travel Participation, People with Disabilities

JEL Classification: K38, L83, Z33

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1. Introduction

Tourism needs to provide equal access for everyone to enjoy tourism products and services (Özcan et al., 2021), as tourism is a right for all people, including tourists with disabilities (Rubio-Escuderos et al., 2021). People with disabilities are an underrepresented group in society (Benjamin et al., 2021), and in the context of tourism, they are often overlooked and considered unimportant due to their smaller numbers and financial capacity (Stankova et al., 2021). Tourism must consider people with disabilities as an essential element in management and development (Bianchi et al., 2020), so that tourism operations fully respect and fulfill the rights of people with disabilities in their travel activities (Deville & Kastenholz, 2018). Studies have shown that tourism is still not disability-friendly (Labbé et al., 2019), as evidenced by the low participation of people with disabilities in tourism activities and travel (Cochran 2020; Gillovic et al. 2021; McIntosh 2020). Globally, tourists with disabilities account for only 7% to 8% of all travel in the tourism market.

The frequency of tourism travel among individuals with disabilities in Indonesia needs to be increased as part of fulfilling the right to equal tourism opportunities for all citizens. Individuals with disabilities in Indonesia represent one of the most vulnerable social groups, with most belonging to the working class and having lower levels of education and income than the general population rate (Ndaumanu, 2020). They consist of people with physical and sensory limitations to movement and older people in aged care facilities. Due to their small market segment, issues related to tourism and disability have yet to become a priority in the national tourism development policy framework. Consequently, individuals with disabilities in Indonesia continue to face significant challenges and barriers to participating in tourism travel (Perangin-Angin et al., 2023)

People with disabilities face different levels of challenges in traveling compared to able-bodied individuals (Deville & Kastenholz, 2018). These challenges include physical, social, interpersonal, and environmental barriers (Buscemi et al., 2023; Chan et al., 2022; Indrawati, 2021; Kalimuthu et al., 2023; Fuchs, 2024). In Indonesia, the travel constraints faced by people with disabilities are mainly due to the difficulty in accessing tourist facilities, inadequate accommodations, and insufficient transportation (Made et al., 2023; Muntaha et al., 2023; Reindrawati et al., 2022). Studies have shown that these travel constraints negatively impact the participation of people with disabilities in tourism (Burnett & Baker, 2001; Daniels et al., 2005; Darcy, 2003; Israeli, 2002; McKercher et al., 2003; Ray & Ryder, 2003). These constraints lead to a high desire but an inability to participate in new activities (Li & Stodolska, 2007; Xiong, 2006), causing them to stop participating in previous activities (Burns & Graefe, 2007) and limiting their ability to participate as frequently as they would like (Jun, 2004).

The decision-making process for people with disabilities to participate in tourism activities is more complex compared to able-bodied individuals, as every choice needs to be carefully evaluated to match their abilities and capacities (Tideman et al., 2023). Individual characteristics play a significant role in affecting decisions to participate in tourism. In some cases, the relationship between constraints and participation of individuals with disabilities tends to be indirect, with psychological aspects serving as crucial mediating factors in this relationship (Lee et al., 2012)

Psychology plays a key role in affecting decision-making processes (Ismail et al., 2024). Many tourism studies emphasize the importance of psychological factors in the interaction between travel constraints and the participation of individuals with disabilities. For example, Lee et al., (2012) and Sarmah et al., (2022) identified travel constraints and highlighted the significance of learned helplessness in shaping the travel behaviour of individuals with disabilities. In addition to learned helplessness, some studies have highlighted the role of psychological resilience in negotiating travel constraints. For instance, Loucks-Atkinson & Mannell (2007) and Lyu et al. (2013) explained the importance of self-efficacy as a constraints negotiation attribute and mechanism among individuals with disabilities. Building on the concepts of learned helplessness and self-efficacy, this study aims to

understand the role of psychological aspects in the travel behaviour of individuals with disabilities in Indonesia.

2. Literature review

2.1 Travel constraints people with disabilities

Leisure Constraints Theory provides a framework for understanding the barriers individuals face in engaging in leisure activities, including travel. Individual positioning is crucial as it highlights how psychological conditions, social support, and external constraints influence the ability to participate in leisure activities (Hartman et al., 2020; Wangzhou et al., 2023). Over time, this theory has evolved, incorporating the concept of a hierarchical order of constraining factors (Hinch et al., 2013) and the role of individuals in using various strategies to negotiate constraints, leading to enhanced leisure satisfaction (Elkins et al., 2007). Developed by Jackson et al., (1993), the theory categorizes constraints into three main dimensions: intrapersonal, interpersonal, and structural constraints. Intrapersonal constraints refer to individual psychological factors, such as attitudes, beliefs, and emotions that may hinder participation (Huber et al., 2018). Interpersonal constraints involve social influences, such as family and peer support, while structural constraints are external factors like time, money, and accessibility (Jenkin et al., 2021; Nyaupane & Andereck, 2008).

The hierarchical model posits that constraints must be navigated sequentially, with intrapersonal constraints being closest to the decision-making process (Karl et al., 2022). Various studies have offered new insights into leisure studies that were previously well-understood, particularly concerning leisure participation (Shinew et al., 2004). Recent research has developed the model by emphasizing the complexity and interconnectedness of constraints. For example, Mueller et al., (2023) highlighted well-being constraints among parents, aligning with the concept of the hierarchy of constraints. (Hung et al., 2016) emphasised the different levels of travel constraints faced based on the status of elderly people who come from private and public houses. On the other hand, Eusébio et al., (2023) extended this theory into the context of individuals with disabilities in tourism to better understand how they navigate participation barriers.

The tourism participation of individuals with disabilities often involves highly complex constraints (Smith, 1987; Sharma et al., 2018). These constraints vary depending on the type and severity of the disability (Kaganek et al., 2017). Identifying and understanding the travel constraints of individuals with disabilities provides a comprehensive perspective on factors affecting their participation in tourism (Lee et al., 2012). Burns & Graefe, (2007) demonstrated that high perceptions of constraints lead to decreased interest and lower levels of participation among individuals with disabilities. The types and levels of constraints faced vary significantly based on the conditions of the disability, particularly structural constraints that limit opportunities for participation (Darcy et al., 2017). Despite many efforts by tourism destinations to reduce or eliminate these constraints, many individuals with disabilities still give up on traveling (De Pascale et al., 2021).

Hypothesis 1: Travel Constraints Negatively Affect Leisure Travel Participation

2.2 Helplessness individuals with disabilities who negotiate travel constraints

Learned Helplessness Theory is a psychological framework introduced by Seligman, (1975) to describe the effects that arise when individuals perceive they have no control over the outcomes of a situation, leading to passivity and disengagement (Canino, 1981; Sarmah et al., 2022). Individuals experiencing learned helplessness conclude that their participation offers no desirable benefits (Lyn et al., 1978). This sense of helplessness stems from maladaptive attributions, where individuals attribute

their failures to internal, external, and global factors (Carol & Therese, 2018). These attributions lead to reduced self-confidence, self-esteem, and motivation, ultimately creating a cycle of helplessness (Ghasemi, 2021). The interaction of cognitive, emotional, and biological factors underpins the complexity of learned helplessness as a psychological phenomenon (Maier & Seligman, 1976).

Research has shown that helplessness affects individual performance and outcomes (Carlson & Kacmar, 1994). Learned helplessness significantly influences how individuals negotiate their choices and experiences, particularly when facing barriers to tourism participation. Its implications are particularly pronounced among individuals with disabilities, who face systemic barriers and stigmatization that reinforce feelings of helplessness and negatively impact their decision-making processes (Sarmah et al., 2022). While individuals with disabilities may have the desire to participate, they encounter more barriers due to their conditions (Specht et al., 2002), ultimately resulting in psychological effects (Aziz & Long, 2022).

The psychological framework of helplessness provides a valuable context for understanding the effect of travel constraints on the tourism participation of individuals with disabilities. For example, Koca-Atabey et al., (2011) demonstrated that the psychological stress of individuals with disabilities is significantly influenced by feelings of helplessness. When individuals face uncontrollable events, this can result in a sense of helplessness, leading to withdrawal and reduced motivation to participate (Zimmerman, 1990). This underscores the broader implications of learned helplessness, as barriers to tourism participation can amplify feelings of helplessness and further limit opportunities for engagement (Sarmah et al., 2022). Conversely, low levels of helplessness among individuals with disabilities provide opportunities for participation, even in the presence of travel constraints. Therefore, learned helplessness is a critical psychological construct in understanding the relationship between constraints and participation (Ying et al., 2021). Several studies have highlighted the interaction of learned helplessness with travel behaviour. For instance, Wen et al., (2020) emphasized that the inability of elderly behaviour to access adequate travel services contributes to learned helplessness, ultimately shaping their travel behaviour. Similarly, Lee et al., (2012) and Sarmah et al., (2022) identified travel constraints as mediating factors that exacerbate the negative effects of barriers on the travel intentions of individuals with disabilities.

Hypothesis 2: Travel Constraints Negatively Affect Learned Helplessness

Hypothesis 3: Learned Helplessness Negatively Affects Leisure Travel Participation

Hypothesis 4: Learned Helplessness Mediates the Effect of Travel Constraints on Leisure Travel Participation

2.3 Psychological Resilience In Addressing Travel Constraints

The Social Cognitive Theory framework is used to analyze human behaviour through reciprocal interactions between personal, behavioural, and environmental factors (Bandura, 2001; Phipps et al., 2013; Schunk & Dibenedetto, 2021). This theory posits that individuals learn not only through direct experiences but also by observing the behaviour of others and the social environment (Stajkovic & Luthans, 1998). It highlights the importance of representational, symbolic, and self-regulatory processes in developing a sense of agency (Schunk & Dibenedetto, 2021; Schunk & Usher, 2012). The environment serves as an external factor affecting behaviour, including social norms, cultural influences, and situational contexts (Steg et al., 2014). Behaviour refers to individual actions and responses based on experiences and interactions that affect cognitive and emotional characteristics (Hamann et al., 2024). External factors, such as family and social environments, also play a significant role (Otaye-Ebede et al., 2020; Saura et al., 2023).

Within the triadic reciprocal construct, personal factors are the primary domain in social cognitive theory. Individuals can regulate their behaviour to achieve desired outcomes. The role of individuals in responding to external conditions requires active self-management, highlighting the critical mechanism of self-efficacy within the structure of social cognitive theory. According to

Bandura, self-efficacy influences how individuals think, feel, self-motivate, and act (Luszczynska et al., 2005). Individuals with high levels of self-efficacy tend to embrace challenges, maintain strong commitment, and recover quickly from setbacks, while those with low self-efficacy often avoid difficult tasks and lose confidence in their abilities (Akhter et al., 2022).

For individuals with disabilities, self-efficacy plays a vital role in fostering psychological resilience in facing challenges, overcoming difficulties, and motivating participation in various activities (Mishra et al., 2016). Studies have shown a significant correlation between self-efficacy and psychological resilience among individuals with disabilities (Zhao, 2023). In the context of tourism participation, higher levels of self-efficacy are associated with greater participation and willingness to engage among individuals with disabilities (Kim, 2023). It is essential to consider how self-efficacy interacts with constraints. Self-efficacy is closely tied to psychological factors (Jin et al., 2016), meaning that individuals with disabilities who can address various constraints ultimately demonstrate a greater willingness to participate (Mwaka et al., 2024). Individuals with high self-efficacy are more likely to persist in the face of challenges (Tsai & Coleman, 2009).

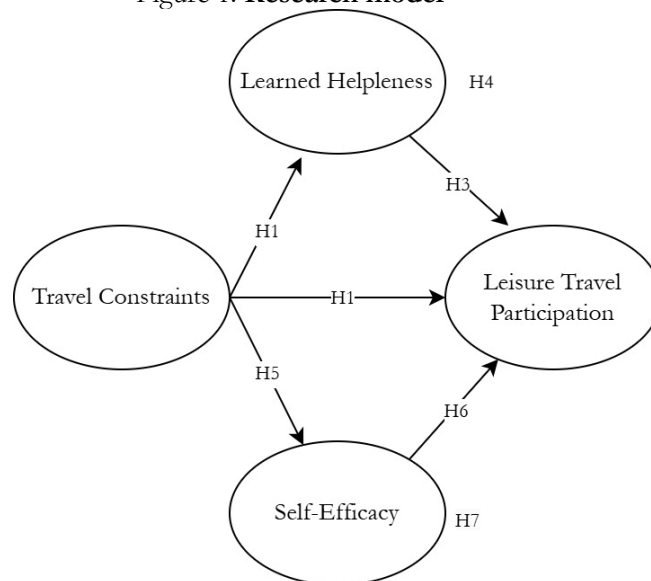
Research on self-efficacy as a mediator between constraints and participation underscores its importance in negotiating travel barriers. Self-efficacy involves individuals' assessment of their ability to overcome difficulties (Hung & Petrick, 2012; Zhu et al., 2023). Loucks-Atkinson & Mannell (2007) emphasized the importance of self-efficacy in enhancing motivation and participation in leisure activities among individuals facing constraints, particularly those with fibromyalgia. Similarly, Jones, (2007) showed that women with higher self-efficacy tended to perceive lower levels of constraints, resulting in higher participation rates in outdoor recreational activities. Cole et al. (2022) also highlighted the significant role of self-efficacy in mediating the effects of environmental constraints on the travel participation of individuals with spinal cord injuries (SCI). Ultimately, leisure participation does not depend on the absence of constraints but rather on negotiating through them to enable participation (Du et al., 2021; Humagain & Singleton, 2021).

Hypothesis 5: Travel Constraints Negatively Affect Self-Efficacy

Hypothesis 6: Self-Efficacy Positively Affects Leisure Travel Participation

Hypothesis 7: Self-Efficacy Mediates the Effect of Travel Constraints on Leisure Travel Participation

Figure 1. Research model



Source: Authors' elaboration

Based on the literature from previous studies hypothesized in this research, the proposed model examines the travel behaviour of individuals with disabilities through the psychological perspectives of learned helplessness and self-efficacy. The conceptual framework of the study is illustrated in Figure 1. The interaction of learned helplessness has been explored in several prior studies. For instance, research by Lee et al. (2012), Ying et al. (2021), and Sarmah et al. (2022) highlights the role of learned helplessness concerning travel constraints and participation. From the self-efficacy perspective, studies such as Loucks-Atkinson & Mannell (2007) and Hubbard & Mannell (2001) emphasize the role of self-efficacy in negotiating constraints and enabling participation. Therefore, this research model provides a more comprehensive framework for understanding the travel behaviour of individuals with disabilities.

3. Methods

This study aims to understand the psychological role in the effect of perceived travel constraints on the leisure travel participation of individuals with disabilities. To explain the interactions among the research variables, a quantitative approach was employed to measure the prevalence of the sample's responses to the established hypotheses. Given the fact that travel constraints are a primary domain faced by individuals with disabilities, identifying attitudes and perceptions toward these constraints, as well as the contribution of psychological factors, provides a framework for understanding the decision-making process of participation. A survey using structured questionnaires administered to the research sample can verify previous findings and generalize the results.

Data was collected in collaboration with private disability management organizations, educational institutions for disabilities, and government-affiliated disability institutions. The questionnaire data collection was carried out randomly by distributing the questionnaires with the assistance of trained personnel, especially for visually impaired respondents. The data collection took place from 25 June 2024 to 8 August 2024. Out of 300 distributed questionnaires, 226 were returned, with 221 meeting the research criteria.

3.1 Questionnaire structure

The research questionnaire designed to measure travel constraints for people with disabilities was developed based on previous studies (Chen et al., 2021; Devile & Kastenholz, 2018; Lee et al., 2012; Sarmah et al., 2022) and includes 12 items. The questionnaire for measuring learned helplessness consists of 5 items, derived from studies by Lee et al. (2012), Sarmah et al. (2022), and Ying et al. (2021). The self-efficacy questionnaire comprises 8 items, adapted from (Trisnawati et al., 2020). Additionally, 6 items were developed to measure leisure travel participation, based on research by (Hua & Cole (2022). To measure respondents' perceptions, feelings, and attitudes toward the research subject, a semantic differential scale ranging from 1 to 7 was utilized in this study. The semantic differential scale enables the measurement of evaluation (good-bad), potency (strong-weak), and activity (active-passive) to provide a more comprehensive overview (Nunes et al., 2015; Rosenbusch et al., 2020). The questionnaire also includes measures of respondent profiles and characteristics based on demographics such as age, gender, and income. Furthermore, it assesses respondent characteristics based on the type of disability, place of residence, travel experience, and whether they have had overnight travel or trips lasting more than one day. The questionnaire was pre-tested on 30 respondents with physical and sensory disabilities to assess the relevance of the items.

3.2 Data analyses

The reliability assessment of the research data was conducted using Cronbach's Alpha approach via SPSS 24 software to identify the consistency of the sub-dimensions of the research variables. The

research analysis followed a two-step testing approach based on the recommendations of Anderson and Gerbing (1988) to validate the overall research model and test the research hypotheses. To identify and ensure the goodness of fit indices for the research model employed Confirmatory Factor Analysis (CFA), adhering to standard ranges (Hair et al., 2014), and confirming the convergent validity and discriminant validity of the research data. Structural Equation Modeling (SEM) was then performed to test the proposed research hypotheses. Both CFA and SEM analyses were conducted using AMOS 23 software.

4. Results

The respondent criteria included 123 males and 98 females. Most respondents were aged 17-28 (98 respondents), followed by 28-38 (49 respondents), 39-49 (58 respondents), and over 50 years old (16 respondents). In terms of marital status, 92 respondents were married, and 129 were unmarried. The majority of respondents had incomes below the average for the general population, with 167 respondents earning 2.5 million rupiah (156.74 USD) per month and 54 respondents earning between 2.5 to 5 million rupiah (156.74 USD - 313.48 USD) per month.

Table 1. Respondent characteristic

Variable	Category	N	Variable	Category	
Gender	Male	123	Type of Disability	Physical Disability	37
	Female	98		Sensory Disability	4
	Total	221		Total	21
Age	17-27 Years	98	Living Arrangement	With Family	93
	28-38 Years	49		With Friends	7
	39-49 Years	58		Alone	
	.>50 Years	16		Total	21
	Total	221	Income	Under 2.5 million rupiahs	67
Overnight Stay Experience	Yes	158		2.5-5 million rupiahs	4
	No	63		Total	21
	Total	221	Status	Married	2
				Unmarried	29
				Total	21

Source: Authors Survey Conducted

Regarding living arrangements, 193 respondents lived with their families, 27 lived with friends, and 1 respondent lived alone. The types of disabilities among the respondents included 137 with

physical disabilities and 84 with sensory disabilities. All respondents had travel experience, with 158 having stayed overnight or traveled for more than one day, while 63 had not stayed overnight.

Table 2. **Measurement Item**

Construct	Measurement Item	Λ	α	CR	VE
Travel Constraints	TC.1	0.771	0.912	0.925	0.506
	TC.2	0.738			
	TC.3	0.696			
	TC.4	0.671			
	TC.5	0.709			
	TC.6	0.688			
	TC.7	0.713			
	TC.8	0.782			
	TC.9	0.667			
	TC.10	0.714			
	TC.11	0.726			
	TC.12	0.648			
Learned Helplessness	LH.1	0.79	0.834	0.859	0.550
	LH.2	0.691			
	LH.3	0.699			
	LH.4	0.824			
	LH.5	0.693			
Self-Efficacy	SE.1	0.781	0.908	0.915	0.576
	SE.2	0.68			
	SE.3	0.786			
	SE.4	0.739			
	SE.5	0.669			
	SE.6	0.75			
	SE.7	0.837			
	SE.8	0.813			
Leisure Travel Participation	LTP.1	0.82	0.851	0.894	0.588
	LTP.2	0.794			
	LTP.3	0.742			
	LTP.4	0.88			
	LTP.5	0.613			
	LTP.6	0.724			
Cmin/Df= 1.895, RMSEA=0.064, CFI=0.926, TLI=0.904					

Λ : Factor loading, α : Cronbach alpha, CR: Composite Reliability, AVE: Average Variance Extracted

Source: Author elaboration

The measurement of Cronbach's Alpha values to evaluate the reliability of the research was conducted using SPSS 23 software. The results, following the guidelines of (George & Mallery, 2019), indicate that the reliability for Travel Constraints, Learned Helplessness, and Self-Efficacy is excellent, while the reliability for Leisure Travel Participation is good. To further evaluate the reliability and validity of the research model, tests for convergent validity and discriminant validity were conducted to assess the consistency of the research model. According to the criteria set by Fornell and Larcker (1981) and Hair et al. (2014), the minimum value for Average Variance Extracted (AVE) must be 0.50 or higher, and the minimum value for Composite Reliability (CR) must be 0.70 or higher to indicate good construct reliability. The results of the Confirmatory Factor Analysis (CFA) show that the

Composite Reliability values for all research variables are above 0.70, and the AVE values for all research variables exceed the minimum threshold of 0.50. Therefore, the CFA results in this study demonstrate that all research items effectively reflect the research variables.

After conducting the convergent validity test, a discriminant validity test was performed to achieve a model free from redundant items (Ahmad et al., 2016). The guidelines provided by Fornell & Larcker (1981) were used to assess the uniqueness of the research constructs and to ensure that each variable is distinct from the others. To meet the criteria for discriminant validity, the following (Ahmad et al., 2016; Fornell & Larcker, 1981; Kline, 2023), the correlation between each exogenous construct must have a value below 0.85. Based on the discriminant validity test results shown in Table 3, all construct values have coefficient ranges below the maximum threshold of 0.85, indicating that the discriminant validity criteria for this study have been met.

Table 3. **Discriminant validity result**

	1	2	3	
Travel Constraints	0.690			
Learned Helplessness	0.659	0.742		
Leisure Travel Participation	0.612	0.735	0.767	
Self-Efficacy	0.653	0.804	0.775	0.761

Source: Author elaboration

After conducting the CFA, hypothesis testing was performed using AMOS SEM based on the relationships proposed in the conceptual research model. All hypotheses in the study were tested to determine whether they were accepted or rejected. According to Hair et al. (2014), in research hypotheses, a very high level of confidence is indicated by a significance level of $p < .001$. Similar to the CFA testing, the SEM testing evaluated the goodness-of-fit indices of the research model by examining the values of Cmin/Df, RMSEA, CFI, and TLI. The results of the hypothesis testing are presented in Table 4.

Table 4. **Hypothesis testing**

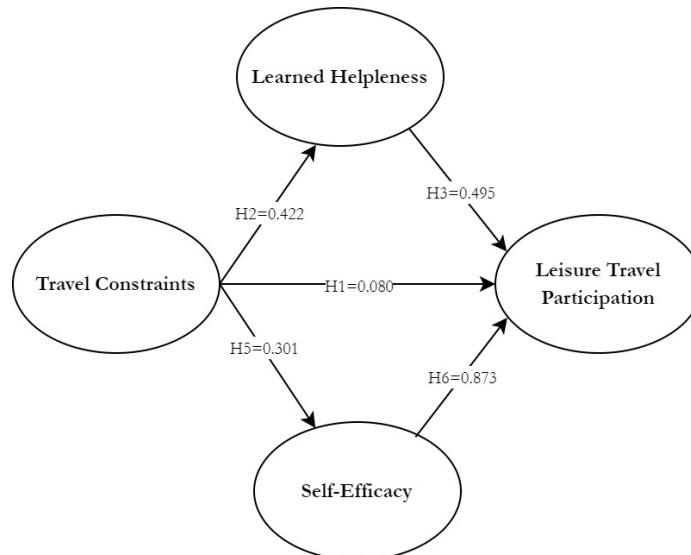
Hypothesis	Estimate	SE	C.R	P	Interpretation
Travel Constraints - Leisure Travel Participation	0.080	0.065	1.241	0.215	Negative
Travel Constraints - Learned Helplessness	0.422	0.048	8.746	***	Positive
Learned Helplessness - Leisure Travel Participation	0.495	0.095	5.214	***	Positive
Travel Constraint - Self Efficacy	0.301	0.039	7.684	***	Positive
Self-Efficacy - Leisure Travel Participation	0.873	0.171	5.113	***	Positive
Cmin/Df = 1.905, RMSEA = 0.064, CFI = 0.929, TLI = 0.903					

Source: Author elaboration

The hypothesis testing results indicate that travel constraints have a negative effect on leisure travel participation ($\beta = -0.080$, $p > 0.001$), supporting the acceptance of H1. Travel constraints have a positive effect on learned helplessness ($\beta = 0.422$, $p < 0.001$), supporting the acceptance of H2. Learned helplessness has a positive effect on leisure travel participation ($\beta = 0.495$, $p < 0.001$), supporting the acceptance of H3. Travel constraints have a positive effect on self-efficacy ($\beta = 0.301$, $p < 0.001$), supporting the acceptance of H5. Self-efficacy has a positive effect on leisure travel participation ($\beta = 0.873$, $p < 0.001$), supporting the acceptance of H6. Additionally, the proposed model in this study shows a good fit with the data, as evidenced by several goodness-of-fit indices, such

as a Cmin/Df value of 1.905, an RMSEA of 0.064, a CFI of 0.929, and a TLI of 0.903. These values fall within acceptable ranges, indicating that the research model is valid and provides a good representation of the relationships between the variables studied.

Figure 2. Hypothesis testing



Source: Authors' elaboration

The indirect effects were tested using the Sobel test, as recommended by Baron & Kenny (1986). Although bootstrapping is often considered more robust than the Sobel test, the difference in power is minimal in many contexts. Both methods can achieve adequate statistical power (i.e., 80%) under certain conditions, particularly when the sample size is sufficient (Koopman et al., 2014). The Sobel test results in Table 5 reveal that learned helplessness and self-efficacy significantly mediate the relationship between travel constraints and leisure travel participation. For the mediation analysis between travel constraints, learned helplessness, and leisure travel participation, the Sobel test value of 4.482426 exceeds the critical T-Table value of 1.970956, indicating significant mediation and supporting the acceptance of H4. A similar finding was observed in the pathway between travel constraints, self-efficacy, and leisure travel participation, with a Sobel test value of 4.258003 also exceeding the T-Table value of 1.970956, indicating significant mediation and supporting H7.

These findings demonstrate that the two mediator variables, learned helplessness and self-efficacy, play crucial roles in explaining how travel constraints affect leisure travel participation.

Table 5. Hypothesis testing

	Sobel Test	T-Table	Interpretation
Travel Constraints – Learned Helplessness – Leisure Travel Participation	4,482426	1,970956	Mediated
Travel Constraints – Self-Efficacy – Leisure Travel Participation	4,258003	1,970956	Mediated

Source: Author elaboration

5. Discussion

This study contributes to the understanding of travel decision-making among people with disabilities by integrating learned helplessness and self-efficacy as mediators of the effect of travel constraints on leisure travel participation. In many previous tourism studies concerning people with disabilities (Darcy et al., 2017; Freudenberg & Arlinghaus, 2009; Smith, 1987), the focus has been on identifying the direct impact of constraints on tourism participation. Further research has explored the psychological process of learned helplessness as a mediating variable between constraints and participation. Additionally, studies have examined self-efficacy as a psychological process in negotiating the effects of constraints on participation. This study advances the analysis of tourism decision-making by investigating how constraints affect the participation of people with disabilities through the psychological factors of learned helplessness and self-efficacy.

The first finding of the study shows that travel constraints negatively affect leisure travel participation for people with disabilities. This finding supports Lee et al. (2012), who identified travel constraints and highlighted their influence on the participation of people with disabilities in Korea. Similarly, Sarmah et al. (2022) highlighted the negative role of intrinsic and environmental constraints on intention to participate and expectations of people with disabilities in India. Burns & Graefe (2007) reported the impact of constraints on decreasing the desire and frequency of recreational participation of people with disabilities in America. According to McKercher & Darcy (2018), people with disabilities face more complex constraints, including intrapersonal, interpersonal, and structural challenges, particularly physical barriers encountered in transportation, accommodation, and destinations, which able-bodied individuals do not typically face. Many people with disabilities experience dissatisfaction with the performance of the tourism sector. Negative travel experiences lead to anxiety and reluctance to participate again (Small & Darcy, 2010). Furthermore, failure to address travel constraints reduces the ability of people with disabilities to engage in tourism activities fully. Crawford & Godbey (1987) suggested that travel constraints have different levels of hierarchy, which must be addressed gradually to improve participation. This study highlights the limitations faced by people with disabilities, leading to increased dependency on assistance from others. According to (Loi & Kong, 2017), special attention is needed for disabled tourists regarding the constraints they face, and the role of service providers in accommodating the different needs of people with disabilities based on their type of disability is crucial to increasing participation (Akıncı & Kasalak, 2016). This study also emphasizes the dependence on assistive devices as a perceived constraint, particularly for wheelchair users and the visually impaired. Attention to infrastructure constraints in tourism is essential because most tourist destinations in Indonesia do not yet provide adequate accessibility for people with disabilities, especially in nature-based destinations (Perangin-Angin et al., 2023).

The second finding shows that travel constraints have a positive effect on the psychological condition of learned helplessness among people with disabilities. This finding aligns with research by Lee et al. (2012) and Sarmah et al. (2022), which highlighted intrinsic constraints associated with personal beliefs and self-perception, and environmental constraints associated with a lack of accessible facilities, both of which contribute significantly to feelings of learned helplessness. A study by Wen et al. (2020) pointed out that perceived inability and lack of information increase learned helplessness among senior tourists (Wen et al., 2019). The aspect of learned helplessness in this study highlights the fatigue perception experienced due to travel. Santiago & Coyle (2004) emphasized that the type of disability and the physical condition of individuals with disabilities significantly influence the level of physical fatigue. Given the limitations in mobility, people with disabilities often exert more effort compared to able-bodied individuals, leading to greater travel constraints and, consequently, higher levels of helplessness (Gacek et al., 2017). This is consistent with the theory of learned helplessness, which suggests that when individuals perceive barriers as insurmountable, they lose control and confidence, leading to helplessness.

The third finding shows that learned helplessness positively affects leisure travel participation. This finding supports studies by Lee et al. (2012), Sarmah et al. (2022), and Ying et al. (2021), which

identified learned helplessness as a psychological factor playing a crucial role in the travel decision-making process of people with disabilities. While most research suggests a negative effect of learned helplessness on participation, this study offers a different perspective, indicating that learned helplessness can have a positive effect on participation. This condition may be influenced by environmental factors, social patterns, and a combination of psychological states (Petryaeva et al., 2019). The complexity of learned helplessness is closely related to an individual's cognitive processing abilities (Harris & Highlen, 2006), leading to variations in the level of learned helplessness across individuals.

The fourth finding indicates that learned helplessness, as a psychological process, can mediate the relationship between travel constraints and leisure travel participation for people with disabilities. Negotiating travel constraints can reduce learned helplessness and encourage participation. Experts have suggested that participation in travel results from a complex interaction between individuals, the tourism context, and the environment (Packer et al., 2007). Although learned helplessness is typically associated with negative outcomes (McKean, 1994), the psychological process of learned helplessness can also be influenced by optimistic attributions, potentially reducing its impact. This indicates that learned helplessness is not an irreversible state but can be influenced by cognitive processes and interventions. (2012) support this finding that learned helplessness, as a mediating variable in the psychological aspect, plays a crucial role in studies of travel constraints for people with disabilities in Korea. In addition, Huang et al. (2024) emphasized that the level of helplessness is influenced by external factors such as support and internal factors derived from psychological endurance to engage.

The fifth finding shows that travel constraints have a positive effect on self-efficacy. This study provides a different perspective compared to the majority of previous research, which has shown that constraints negatively affect self-efficacy. For example, studies by Loucks-Atkinson and Mannell (2007) and Mathieu et al. (1993) found that constraints have a significant negative impact on self-efficacy. This study highlights the positive outlook of people with disabilities toward travel as an aspect with a high level of appreciation. The formation of a positive outlook among people with disabilities can be influenced by personal development, a desire for well-being, and the desire to experience new things through travel, even though most people with disabilities face challenges in participating (Moura et al., 2023). Further, a study by Larson (2008) found that people with disabilities tend to actively reject negative events and embrace positive ones, which influences their overall level of self-efficacy.

The sixth finding shows that self-efficacy has a positive effect on leisure participation. This result supports studies by Bulger and Mellor (1997) and Kim (2023), which found that self-efficacy significantly influences participation. Specifically, Tsai & Coleman (2009) found that self-efficacy has a significant impact on participation in active recreation, affecting motivation, intention, and engagement in physical activities. Geyh et al. (2012) showed that 48% of participation is explained through self-efficacy, making it a significant psychological predictor of how actively individuals participate in various activities. This study highlights the role of the social environment of individuals with disabilities as a significant factor affecting their confidence and ability to participate in tourism travel. Group travel programs for individuals with disabilities, conducted regularly, can stimulate a strong belief in their capacity to engage in tourism activities. According to Suzuki et al. (2011), social support reinforces the correlation between self-efficacy and participation. Within the triadic SCT model, environmental and personal factors influence each other, with a positive social environment enhancing personal factors. Hua et al. (2023) emphasized that environmental conditions can indirectly affect motivation by affecting the self-efficacy and autonomy of individuals with disabilities. When individuals perceive their environment as supportive and accommodating, their motivation to travel increases, as they feel more capable of managing potential challenges.

The seventh finding shows that self-efficacy mediates the effect of travel constraints on leisure travel participation. Consistent with Loucks-Atkinson and Mannell (2007), self-efficacy is identified as a strong factor in successfully overcoming constraints and increasing leisure activity participation in

adults with Fibromyalgia Syndrome in Canada. (2018) highlighted the role of self-efficacy as a partial mediator between psychological disabilities and participation. Higher levels of self-efficacy can lead to a greater willingness to negotiate, thereby reducing the negative impact of barriers on participation (Lyu & Lee, 2016). Constraints and self-efficacy do not independently influence participation decisions; instead, these factors are interconnected in forming a complex decision-making process. As proposed by (Henderson et al., 1995; Jackson et al., 1993), participation in leisure activities does not solely depend on the absence of barriers, but rather on the ability to negotiate through them. Furthermore, (2012) provide valuable insights into how self-efficacy mediates the effects of travel constraints on participation. By fostering self-efficacy, individuals may be better equipped to overcome barriers to travel, ultimately leading to increased engagement in travel activities

The research findings also highlight the role of age profile characteristics in affecting the attitudes of individuals with disabilities toward travel constraints. Younger individuals with disabilities tend to have a stronger willingness to face constraints and take risks associated with travel. They are more inclined to seek alternative solutions and negotiate travel plans to accommodate their tourism needs. Roux (2022) emphasized that despite the various daily challenges faced by young individuals with disabilities, they possess a strong determination to achieve their goals. This age group is generally more open to new experiences and demonstrates a strong desire to navigate challenges more effectively (Li et al., 2020). Additionally, they are more willing to accept new travel norms and are less hindered by perceived risks, which can reduce feelings of helplessness (Karl et al., 2024). Conversely, older individuals with disabilities aged over 50 show a lower desire to engage in tourism. Tourism is not considered a priority, especially when faced with travel constraints. However, Szabó et al. (2020) noted that cultural background, social status, economic conditions, and living circumstances influence the psychological resilience of individuals with disabilities across both age groups. Furthermore, poor perceptions of health and low energy levels negatively impact resilience regardless of age (Gooding et al., 2012).

National statistical data indicate that most individuals with disabilities in Indonesia fall into the lower-middle-income category, which significantly affects their tourism travel patterns. Those with lower financial means predominantly engage in group travel with other individuals with disabilities as a strategy to negotiate financial limitations and travel constraints. The role of group travel is crucial in fostering shared experiences, reducing feelings of isolation (Lubin et al., 2017), facilitating access to information (Ali et al., 2022), improving accessibility to support and resources (Stojkow & Zuchowska, 2018), and enhancing the overall tourism experience for individuals with disabilities (Zaluska et al., 2022). On the other hand, individuals with higher financial capacity have the means to undertake more diverse travel models, whether with groups of other individuals with disabilities or with family, and have better access to a broader range of travel destinations. This relationship shows that individuals with greater financial resources are more willing to spend on higher-cost tourism experiences (Thapa et al., 2024).

Preferences and destination choices for tourism are influenced by the condition and type of disability. Visually impaired individuals tend to prefer visiting beaches, whereas wheelchair users tend to avoid nature-based destinations. The lack of infrastructure and facilities for individuals with disabilities at most natural tourism destinations in Indonesia leads to low tourism experiences and expectations. This perception is highly relevant in the context of accessible tourism, where the demand for inclusive travel experiences continues to grow, but many destinations still lack the necessary infrastructure to support tourists with disabilities (Ozdemir et al., 2012). Individuals with disabilities are more likely to evaluate potential destinations based on the overall experience rather than the costs incurred (Poria et al., 2011), prioritizing accessibility in accommodations, transportation, and the role of travel assistance (Lyu, 2017).

The role and support of the social environment for individuals with disabilities have significant implications in affecting their travel behaviour, particularly in minimizing the travel constraints they

face. The involvement of family, disability groups, and communities is crucial in encouraging participation, as individuals with disabilities from lower financial backgrounds often have higher opportunities for tourism participation through disability networks. Furthermore, social support mechanisms can act as buffers against psychological stress and enhance coping mechanisms for individuals with disabilities (Oymak & Arslan, 2020). Strong social networks bolster high self-efficacy resilience, enabling individuals to face challenges more effectively (Matos et al., 2017).

6. Conclusion

The participation of people with disabilities in tourism needs to be examined from various academic perspectives to assess the complexity of participation across different types of disabilities, given that they require different services and solutions to their challenges. Full participation can be achieved when the interaction between people with disabilities and their social environment is effective. The roles of family, friends, and the community are crucial in accommodating every detail of travel needs to create a satisfying experience. The study clearly shows that the interaction of people with disabilities with travel constraints remains a barrier to their participation in tourism. Referring to the untapped potential of the global market for individuals with disabilities, this study's implications contribute to understanding the interaction between travel constraints and the psychological role in the tourism participation of individuals with disabilities. This research also highlights the role of learned helplessness and self-efficacy in studying the travel behaviour of individuals with disabilities. Previous studies, such as those by (2012) and Sarmah et al., emphasize the role of learned helplessness as a psychological antecedent of travel interest. Similarly, the study by Loucks-Atkinson & Mannell, (2007) highlights the role of self-efficacy as a negotiator of travel constraints and participation. This research integrates learned helplessness and self-efficacy into a comprehensive research model.

The practical implications of this study stress the fulfilment of the right to tourism participation for individuals with disabilities in Indonesia through the implementation of inclusive tourism. While tourism and disability remain biased topics in execution, it is crucial to recognize the psychological role in encouraging the participation of individuals with disabilities. Efforts to develop psychological efficacy and mitigate feelings of helplessness serve as important models to increase participation amidst various travel constraints. Zhang et al., (2019) emphasize the importance of addressing psychological barriers to enhance tourism participation. Additionally, intrapersonal, interpersonal, and structural constraints as inhibiting factors need to be understood from the perspective of individuals with disabilities.

Ensuring that individuals with disabilities can fully participate and are involved in the formulation of tourism products and services is essential. The involvement of individuals with disabilities as both consumers and producers is a critical factor in creating valuable services and delivering satisfying service experiences. Furthermore, fostering a positive environment through the establishment of disability networks focused on tourism activities is necessary. These social networks help provide access to various tourism resources and build psychological resilience to effectively face travel constraints. The existence of these groups must be supported by financial resources, information, infrastructure, and policies that fulfill the rights of individuals with disabilities in tourism. Additionally, empowerment schemes are needed to provide diverse tourism opportunities. Encouraging the availability of accurate tourism information services specifically for individuals with disabilities, through technology that navigates travel constraints based on the type of disability, is vital. Integrated information services can also assist in precise travel planning to ensure a satisfying tourism experience.

Further studies are needed to address the limitations of this study, particularly the general sample of respondents with disabilities. There is a need for more specific studies on the participation of people with disabilities based on particular types of disabilities, as different disabilities have different

tourism preferences. More specific studies could provide a more ideal picture of tourism participation. While studies focusing on the constraints faced by people with disabilities in tourism participation are important, expanding the research perspective to include various other aspects is also crucial. Given the limited research on tourism participation among people with disabilities, exploring diverse research concepts from different academic fields could provide alternative avenues for future studies.

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