

INCLUSIVE TOURISM: A QUALITATIVE ANALYSIS OF OBESE PEOPLE'S TRAVEL EXPERIENCES

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ABSTRACT

Tourism development is expected to be inclusive. Besides being a massive economic driver, tourism is also a significant social and economic integration vehicle. But how inclusive is tourism? A review of inclusive tourism literature reveals that even within this tourism niche, there is an imbalance of representation where differently-abled people, local communities, and poor people are emphasized more than obese individuals. Based on this background, this study examines one of the less-represented marginalized travel groups, namely obese travellers, focusing on the issues encountered by this underserved travel market. A case study design is used because there is scant information on obese travel, particularly within the Malaysian context. Data are collected from secondary records and personal interviews. Purposive sampling is used to select the study's initial subjects, and snowball sampling is used to recruit subsequent subjects. A step-by-step directed approach to content analysis is employed to analyze the interview transcripts. The key findings reveal that while flying is the most formidable obstacle in the physical process of travelling, emotional issues are the most challenging for obese travellers. The emotional difficulties make it difficult for obese travellers to fulfil their needs for love and belonging, esteem, and self-actualization while travelling. Thus, while physical support is crucial to creating a safe and comfortable travel experience for obese travellers,



emotional support is the most significant support they need.

Keywords: *Inclusive Tourism, Accessible Tourism, Obesity, Challenges, Qualitative Analysis*

INTRODUCTION

The expectation that tourism development should be inclusive has brought forth the concept of inclusive tourism, defined as “Transformative tourism in which marginalized groups are engaged in ethical production or consumption of tourism and the sharing of its benefits.” (Scheyvens & Biddulph, 2018, page??). In addition to being lauded as a massive economic driver, tourism has also been considered a powerful solution to bridge the ever-widening economic and social divides worldwide. However, from a broader perspective, questions remain about how inclusive tourism is and what we can do to make it more inclusive.

In the discourse of inclusive tourism, three pivotal questions are often raised: 1) who is included/excluded? 2) on what terms are they included/excluded? and 3) with what significance are they included? (Scheyvens & Biddulph, 2018). An attempt to answer these questions must be made by keeping three things in mind: 1) the production of tourism, 2) the consumption of tourism, and 3) the sharing of tourism’s benefits (Scheyvens & Biddulph, 2018).

Unfortunately, several marginalized groups are still less included or involved in tourism production, consumption, and benefits-sharing because of their gender, ethnicity, age, sexual orientation, ability level, or income level. They can be women and girls, people with disabilities, poor people, ethnic minorities, coloured individuals, obese persons, or anyone who is considered “less powerful” or whose voice is ignored or unheard of (Scheyvens & Biddulph, 2018; Biddulph & Scheyvens, 2018; Richmond, 2022). Regarding body size, for instance, tourists that are of slim build valorize tourism promotional materials, despite an increasing number of people worldwide being overweight or obese (Small & Harris, 2012).

Everyone must be able to produce, consume and/or benefit from

responsible, sustainable and quality tourism (Poria, Beal & Shani, 2021; Biddulph & Scheyvens, 2018; UNWTO, 2021b). It leaves no one behind for any reason or circumstance (UNWTO, 2021b). Nonetheless, a review of inclusive tourism literature reveals that even within this tourism niche, there is an imbalance of representation where people with disabilities and poor people receive much greater attention than obese and coloured travellers, for example. This raises the question of how inclusive tourism really is, despite the industry making a loud claim for its inclusive quality regardless of gender, ethnicity, religion, sexual orientation, age, financial status, body size, and so forth.

Based on this background, this study examines one of the less-represented marginalized travel groups, namely obese travellers. Unfortunately, the researchers could not find official statistics on obese travellers; nonetheless, obese people certainly travel, and their number is increasing worldwide (WHO, 2021; Leanne, 2020; Mozo, Finucane & Flaherty, 2017). What is more, despite the growing number of overweight and obese travellers, it is surprising that researchers have paid little attention to this ever-increasing segment (Poria et al., 2021; Flaherty et al., 2019; Bauer, 2018). Specifically, this study's primary objective is to examine the issues encountered by obese individuals while travelling.

LITERATURE REVIEW

Understanding Inclusive Tourism

While there are various ideas and expressions relating to inclusive tourism, there is only one official definition of the term established by Scheyvens and Biddulph (2018), who defined inclusive tourism as transformative tourism in which underrepresented groups benefit from its ethical production and services. .” The word “transformative” is a keyword in the definition because it embraces the quintessence of inclusive tourism; that is, the development of inclusive tourism must be able to bring forth a marked, positive change in three areas, namely a) marginalized groups are involved in the ethical production of tourism, b) marginalized groups are included in the ethical consumption of tourism, and c) marginalized

groups equally share the benefits of tourism (Scheyvens & Biddulph, 2018; Biddulph & Scheyvens, 2018).

The United Nations World Tourism Organization (UNWTO, 2021a) and Global Sustainable Tourism Council (GSTC, 2019) labelled inclusive tourism as “Tourism for All” that is focused on responding and accommodating to an ever-growing segment of travellers with different needs and requirements.

According to Scheyvens and Biddulph (2018), the range of marginalized travellers varies across places. Nonetheless, marginalized travellers are usually referred to the poor people, particularly in terms of using tourism as a vehicle to reduce poverty (UNWTO, 2002; Scheyvens & Biddulph, 2018; Bakker & Messerli, 2017; GSTC, 2019; Wen, Cai & Li, 2021), and to people with disabilities, especially the physically impaired, cognitively challenged and ageing (UNWTO, 2021b; Benjamin, Bottone & Lee, 2020; Chung & Lee, 2019; Kastenholz, Eusebio & Figueiredo, 2015; Darcy & Dickson, 2009).

In the report published by UNWTO (2021b), the first line of the article’s introduction is, “When we speak of accessible or inclusive tourism, it is essential to refer to its potential beneficiaries.” However, it seems that the terms accessible and inclusive are projected as having the same meaning. Scheyvens and Biddulph (2018) challenged this notion of sameness by arguing that accessible tourism is just one facet of inclusive tourism. They further explained that the focus of accessible tourism is on tourism consumption by differently-abled individuals, while inclusive tourism is on both tourism production and consumption by all marginalized people.

Thus, apart from poor and differently-abled individuals, the term marginalized also encompasses ethnic minorities (Scheyvens and Biddulph, 2018), women and girls (Scheyvens and Biddulph, 2018; Richmond, 2022), people of colour (Richmond, 2022), Muslims (Richmond, 2022), obese individuals (Richmond, 2022), or other individuals or groups who are deemed “less powerful” or whose voice is ignored or unheard of (Scheyvens and Biddulph, 2018).

Scheyvens and Biddulph (2018) also emphasized the importance of not

equating inclusive tourism with all-inclusive tourism (the latter is argued to be the exact opposite of inclusive tourism because it creates “enclaves” that are out of reach for the locals, limits the opportunities for local entrepreneurs, and cause a lot of economic leakages because the benefit of all-inclusive tourism goes mostly to foreign hotel chains and travel agents; see articles by Wielenga & Postma, 2015; Erul & Woosnam, 2016). They also highlighted that inclusive tourism should not be misunderstood as an inclusive business idea or endeavour where profit-oriented businesses seek to alleviate poverty by employing low-income people in their business value chain.

Significance of Inclusive Tourism

Since tourism is one of the largest industries in the world and one of the most dependent-upon drives to bring together people from all backgrounds, it is increasingly used as a tool for social and economic integration (Scheyvens & Biddulph, 2018). Given today’s social and economic circumstances, the concern of inclusive tourism revolves around the question, “How to make tourism more inclusive?” Therefore, inclusive tourism may be used as one criterion to evaluate the current tourism practices so that tourism practitioners can discover areas that need changes and as guidance to plan and develop future tourism initiatives (Biddulph & Scheyvens, 2018).

Moreover, in line with the 17 Sustainable Development Goals (SDGs) established by the United Nations in 2016 (UNDP, 2022; Nazry, 2021), there is an expectation that the development of tourism should be inclusive. Inclusive tourism should be geared toward achieving Goal 10 of the SDGs, which is to reduce inequalities by involving everyone, regardless of gender, ethnicity, age, sexual orientation, ability level, and income level (UNDP, 2022), in the production, consumption, and benefits-sharing of tourism. As Diego J. Gonzalez, the president of the Spanish Network for Accessible Tourism, stated in the foreword of the article published by UNWTO (2021b), it is impossible to have responsible, sustainable, and quality tourism if it is not within the capacity of everyone to produce, consume or benefit from it, or if it leaves anyone behind for any reasons or circumstances.

Obese Travelers

According to the World Health Organization (WHO, 2021), Body

Mass Index (BMI) is the indicator used to measure and interpret weight status. Obesity is having a BMI of 30 or above (Poria, Beal & Shani, 2019). Globally, in 2016, the percentages of the world's adult population that were overweight and obese were 39% and 13%, respectively (WHO, 2021), and worldwide obesity has nearly tripled since 1975 (WHO, 2021; Talmizi, Ali & Teriman, 2021). For example, in Malaysia, the National Health and Morbidity Survey conducted in 2019 revealed that half of the Malaysian adult population was either overweight (30.4%) or obese (19.7%) and that the Ministry of Health has issued a warning about the country's obesity level reaching an alarming level (The Star, 2022).

While there is an absence of official statistics on obese travellers, obese people certainly do travel, and their number is increasing worldwide (WHO, 2021; Leanne, 2020; Mozo, Finucane & Flaherty, 2017). For example, in the U.S., it was presumed that one-third of all hotel visitors are obese (Poria et al., 2021). Given the fact that obesity has become a major health problem, there are certainly travel implications for obese people. On the one hand, there are pre-existing medical conditions to consider throughout the pre-, during, and post-travel stages for obese people, such as significant arterial oxygen desaturation at air travel pressure altitudes and intensified exposure to medical co-morbidities (Mozo et al., 2017). On the other hand, there are non-medical challenges, including the largely hostile physical environment of travel imposed on obese travellers and the emotional and financial burdens facing obese travellers just because of their body size and weight (Pektas, 2023; Poria et al., 2023; Mozo et al., 2017).

For example, within the context of restaurant and dining experience, Poria et al. (2017) reported that their interview respondents expressed extreme discomfort with chairs with small seats and bar stools and the narrow space between the table and the chair, in addition to the feelings of shame and humiliation of being constantly stared at by other diners throughout the dining experience – when they entered, while ordering food, eating, going to the restroom, and when leaving the restaurant.

In another study, Pektas (2023) discovered that travel destinations that host obese individuals with more weight have seen increasing dissatisfaction and hostility of local people and other tourists toward the obese individuals, expressed in the form of graffiti asking obese visitors to 'return home or die.'

In yet another study conducted by Poria et al. (2021), who examined obese guests' hotel experiences, they reported obese hotel guests complaining about 'bathroom is designed by a thin man for thin people' (pp. 4) and the physical contact with surfaces (such as shower door or curtain) that other guests touched with their naked bodies evoked a sense of disgust among the obese guests that the researchers interviewed. Within the context of commercial air travel, Flaherty et al. (2019) revealed that their study participants recounted distressing experiences aboard commercial flights attributable to the narrow dimensions of aircraft aisles, the limited width and leg room of airplane seats in the economy class cabin, embarrassment around the use of seatbelt extenders, and the practical difficulty of entering and leaving cramped airplane toilets or of distributing passengers seated outside them.

Research Gap

Although inclusive tourism is gaining attention from increasing scholars within the tourism discipline, it is interesting to discover that equal attention has not been given to all marginalized groups. As mentioned, most inclusive tourism literature focuses on local communities, poverty alleviation, and people with disabilities. Therefore, specific terms are given to these marginalized groups: community-based tourism for local communities, pro-poor tourism for poverty alleviation, and accessible tourism for people with disabilities.

When it comes to obese or fat individuals and travel, there is only a dearth of literature written about the issue. When the researchers ran a search in Google Scholar for relevant journal articles using search words such as 'obesity and travel,' 'obesity and tourism,' 'fat tourists,' and 'obese travellers,' the researchers discovered only a handful of journal articles and book chapters (see Pektas, 2023; Poria et al., 2023; Poria et al., 2021; Poria et al., 2019; Flaherty et al., 2019; Mozo et al., 2017; Small & Harris, 2012; Small & Darcy, 2011; Harris & Small, 2009). According to Mozo et al. (2017), one plausible explanation for the lack (or rather reluctance) of formal dialogue and research in obese travel is that the topic itself is a form of embarrassment.

Given the increasing cases of obesity around the world (WHO,

2021) and the growing emergence of news articles and personal travel blogs on obese travellers (evidence of obese individuals do travel and that their number is high enough to have garnered enough attention from non-academic writers), it is somewhat surprising that academic discourse on obesity and tourism is still lacking. This startling discovery of the research gap is also echoed by Poria et al. (2021). Thus, it is the researcher's curiosity and interest in exploring the issue within an Asian context (since all the previous studies were conducted in geographic locations beyond the Asia Pacific) and the researcher's hope to contribute to understanding obesity within the context of inclusive tourism.

MATERIALS AND METHODS

Research Design

Given the exploratory nature of the research and the preference to allow participants to openly contemplate their travel experiences, a qualitative study design was employed. This approach is beneficial and recommended when the research questions revolve around personal and sensitive issues (Poria et al., 2021; Small & Darcy, 2011). Moreover, the study adopted a case study design where the "cases" were obese travellers (a subgroup of the marginalized travel population). According to Kumar (2011), a case study design is appropriate for research on an area of investigation that is little known. This is the case for an investigation related to obesity and tourism. Additionally, the study was a cross-sectional study aimed at obtaining an overall picture of obese individuals' travel issues/challenges as it stood at the time of the study.

Sampling

The study sample consisted of 2 male and 9 female (N = 11) obese travellers aged 23 – 42 years old. All of them self-reported a BMI of 30 and above. 4 of the participants had travelled domestically and internationally, while the remaining had thus far only travelled within the country. The purposive sampling method was used initially to select the study's first participants. Purposive sampling was used because it is a commonly used sampling method in qualitative studies (Kumar, 2011). Plus, it is typically

used when little is known about the problem at hand, and the researcher only went to those who were likely to have the required information and be willing to share it with her (Kumar, 2011). To expand the number of subjects, the author then used snowball sampling, where she asked for the assistance of her initial subjects to recruit additional subjects from their acquaintances.

Instrument

The study used two methods to collect data: obtaining information from secondary records and personal interviewing. The secondary records constituted online news articles (Mordowanec, 2022; Dodd & Karruli, 2022; Bradley, 2022; Godfrey, 2022; Grace, 2021; Chen, 2021; Travel Weekly, 2021), relevant journal articles (Poria et al., 2021; Poria et al., 2019; Mozo et al., 2017; Small & Harris, 2012), websites dedicated to obese travel (for example, the website of Plus Size Travel Too), and personal blog posts created by obese travellers such as Jeff Jenkins' ChubbyDiaries, Veera Bianca's plus-size travel blog, and Annette Richmond's Fat Girls Traveling (believed to be the first plus-size travel community). In addition, the information from these secondary records was used to guide the interview questioning and establish initial codes for issues/challenges encountered by obese travellers.

Data Collection

Following the research tool adopted by Poria et al. (2021), the author used semi-structured interviews to collect data. All 11 interviews occurred in Kota Kinabalu, Sabah, Malaysia, where this study was conducted. Participants were allowed to choose an interview location where they would feel comfortable. As a result, four interviews took place in restaurants, while the rest happened in coffee shops. Since the interview touched on a sensitive topic, the author was careful in framing her questions and ensuring the interviewees were not made to feel rushed or judged in answering the questions by listening attentively, not interrupting, showing a neutral facial expression, avoiding making any remarks or gestures that might suggest agreement or disagreement.

Data Analysis

A directed approach to content analysis was used to analyze the

interview transcripts. The author performed the following steps in her content analysis:

Step 1: Identified initial codes based on the information from the secondary records. Three initial codes were determined, namely physical, financial, and emotional.

Step 2: Created a codebook for each code.

- a) Physical (P) – issues that challenged the physical accessibility and comfort of obese travellers: travel amenities and services (P1) and activities (P2).
- b) Financial (F) issues that challenged the financial capability of obese travellers to pursue travel: additional payment (F1).
- c) Emotional (E) – issues that challenged the emotional well-being of obese travellers: verbal remarks (E1), non-verbal gestures (E2), and feelings (E3).

Step 3: Transcribed recorded responses from the face-to-face interviews (transcription was not needed for email interview responses). The transcripts were then read through line by line. Any text that fitted the initial codes was highlighted and coded accordingly. A new code was created for merchandise (P3) under physical issues.

Step 4: Evaluated data by grouping excerpts according to their respective codes.

Step 5: Collected a frequency count of how many incidents occurred for each code.

RESULTS

An Overview of Respondents' Issues While Traveling

Table 1 presents the issues encountered by respondents while travelling. Because the respondents could offer multiple answers to one question, the number of responses could be greater than the number of respondents. Looking at the combined percentages of responses, emotional

issues presented the greatest challenge to the respondents (52.69%), followed by physical issues (45.38%) and financial issues (1.92%).

Table 1. Respondents' Issues while Travelling

Issue	No. of responses	Percentage of responses
Emotional	137	52.69%
Physical	118	45.38%
Financial	5	1.92%

Source: Author

Respondents' Emotional Issues While Traveling

As shown in Table 2, the primary cause of emotional distress experienced by the respondents was the unwanted feelings resulting from the sum of all the negative travel experiences plaguing obese travellers (19.62%), followed by invasive and humiliating non-verbal gestures or behaviours such as stares, giggles, laughter, being pointed at, being photographed at, and so on (17.69%), and nasty, insensitive comments that caused deep emotional wounds (15.38%).

Below are some interview excerpts to demonstrate the emotional challenges facing the respondents while travelling:

To me, the emotional difficulty of travelling as a fat person is the greatest. Once, I was sitting waiting for a friend outside of a restaurant. Out of nowhere, a lady came over and just took a photo of me with her smartphone. I was very shocked. In the end, I realized my massive body was an amusement to her. [Participant 5]

Walking down the airplane aisle is like walking down a lane of humiliation for me. People look at me like I'm a giant stomping her feet. It has happened a few times when I stopped at my seat, the person on the next seat basically showed a face of disappointment. [Participant 11]

Someone in my tour group asked me directly 'Why are you so fat? You crippled?' For the rest of the tour, that's all I thought about. I am crippled. [Participant 7]

You may think only strangers can cause emotional wounds to obese people when traveling. Friends can, too. It happened to me at the Genting Highland Theme Park when my friend left me behind on my own because she said I walked too slow and that I could not ride the roller coaster anyway. She made me feel so worthless. [Participant 10].

Table 2. Respondents’ Emotional Issues while Traveling

Issue	Sub-issues	Examples	No. of responses	Percentage of responses
Emotional	Unwanted feelings	Anxiety, shame, penalized, unworthy, low-confident, etc.	51	19.62%
	Non-verbal gestures	Stares, glares, giggles, laughter, being pointed at, being photographed at, etc.	46	17.69%
	Verbal remarks	Nasty, insensitive comments – “pregnant”, “too fat”, “slow”, “cause plane crash”, “destroy asset”, “just stay home”, etc.	40	15.38%
Total			137	52.69%

Source: Author

Respondents’ Physical Issues While Traveling

Table 3 illustrates that the respondents' principal cause of physical distress was related to travel amenities and services. Transportation, especially flying, was the most formidable travel obstacle or the most stressful part of travelling (21.54%). The typical flying predicaments included ever-shrinking airplane seats, ill-fitting seat belts, seat belt extenders that came in a different colour (thus, attracting unwanted attention from some fellow passengers), little legroom, side-jabbing armrests, tray tables that did not fully go down, tiny airplane washrooms, and the nightmare of having to be squeezed in a middle seat.

Accommodations were the second cause of physical distress for the respondents (12.69%) where most hotels and resorts offered queen-sized beds (a potential problem for a plus-size couple), beds that felt they were going to break/collapse under the heavy weight, plastic or flimsy beach/pool/lounge chairs, tiny elevators, bathrobes and slippers that did not fit, small bathrooms (toilet seats wedged into tight areas and little shower stalls).

Restaurants/bars also physically challenged the respondents with their

tiny spaces, which could especially be problematic in crowded restaurants/bars and restaurant seat/bar stool hazards (5.38%).

Travel activities presented another physical challenge to the respondents when they were prevented from engaging in certain activities due to the weight restrictions imposed on those activities or when they were “forced” to discontinue/give up on certain activities because they were “too slow” or “too unfit” (4.23%).

Some of the respondents also cited merchandise, especially clothing worn for certain types of travel activities (such as wet suits for diving, swimming suits for swimming, thermal wear for high-altitude trekking, period costumes at historical attractions, one-size-fits-all spa robes) or as souvenirs (such as destination t-shirts), as a source of physical struggles for the respondents while travelling (1.54%).

Below are some interview excerpts to demonstrate the physical challenges facing the respondents while travelling:

You know the elevators in Europe can be really small. There was one time I was in Paris when the elevator made a beeping sound of overcapacity. Almost by default everybody looked at me, like I should get out because I am the cause of the overcapacity. So, I got out, pretending that I was ok. But this incident hurt me for a long time. [Participant 3]

We were hiking to this waterfall. All of my friends had gone ahead of me. So it was just me and the second guide. After a while, the guide told me we should head back because I'd never finish it. [Participant 8]

I don't drink any water 3 hours before flight until I land. I hate going to the toilet because it's so small I'll bang into the wall or door. [Participant 4]

Once the plastic chair I was sitting on broke suddenly under my weight. It wasn't painful, but what made it so painful was the fingers pointing at me and the laughter from some of the people nearby. [Participant 1].

Table 3. Respondents’ Physical Issues while Traveling

Issue	Sub-issues	Examples	No. of responses	Percentage of responses
Physical	Travel amenities & services -airplanes/other transports	Tiny seat, ill-fitting seat belt, seat belt extender, little legroom, side-jabbing armrests, middle-seat nightmare, tray table didn't fully go down, no-go restroom	56	21.54%
	Travel amenities & services - accommodations	Hotel bathrobe didn't fit, queen-sized and "breakable" bed, plastic/flimsy chair lounge chair, tiny elevator	33	12.69%
	Travel amenities & services -restaurants/bars	Tight space, chair hazard (too small, breakable)	14	5.38%
	Travel activities	rejected/couldn't take part/didn't finish due to weight – zipline, ATV riding, skydiving, rafting, trekking, etc.	11	4.23%
	Merchandise	Clothing that didn't fit – wet suit, thermal wear, period costume, hotel/ spa robe, t-shirt for souvenir	4	1.54%
Total			118	45.38%

Source: Author

Respondents’ Financial Issues While Traveling

Table 4 demonstrates the financial issues experienced by the respondents (1.92%). Two respondents stated that they were made to buy an extra seat by two different international airlines. Three respondents shared a similar experience: they were made to pay a certain amount because they “destroyed” an asset (the plastic lounge chair broke while sitting on it).

Below are some interview excerpts to demonstrate the financial challenges facing the respondents while travelling:

I always pay for two seats when flying to prevent the spillover of my arms onto the next seat. It costs me so much more but do I have any other option? [Participant 5]

The management of the cultural center wanted me to pay for the broken chair. I did. I wish I could tell them that they should have more sturdy chairs for fat people like me. But I suppose fat people don't have a say in many things. They'd probably just say 'well, lose weight or stay home.' [Participant 1].

Table 4. Respondents' Financial Issues while Traveling

Issue	Sub-issues	Examples	No. of responses	Percentage of responses
Financial	Additional costs	Made to pay to buy an extra seat, charged for "destroying" hotel property.	5	1.92%
Total			5	1.92%

Source: Author

DISCUSSION

The study findings can be discussed in different ways. First and foremost, the results undoubtedly validate the prevalence of stigmas toward obese people (Poria et al., 2021; Puhl & Heuer, 2009). In line with previous findings, such as Poria et al. (2021), this study also discovered that obese travellers are challenged mainly by emotional issues while travelling. Thus, based on this finding, it may be fair to say that while physical accessibility and support are crucial to creating a safe and comfortable travel experience for obese travelers, emotional support is the most significant help they require from the tourism industry, fellow travelers, and locals. Perhaps this should not surprise us because, compared to physical pain and discomfort, emotional pain and discomfort scar a person's inner being much more profound and longer. By common sense, extending emotional support to obese travellers should be easier because it does not cost time and money. All it takes is for everyone to be more respectful, compassionate, and less judgmental toward individuals we consider "different" from us or the standard norm of beauty/weight.

Secondly, within the context of inclusive tourism, it would be interesting to discuss the issues/challenges facing obese travellers within the critical ideas associated with inclusive tourism. For example, when it comes to ethical tourism production, from the author's viewpoint, while tourism producers or suppliers strive to deliver the best products or services to all their customers, many tourism products and services are not built with obese individuals in mind. Of course, it does not imply that the production of tourism products and services should always consider the issues or challenges of obese individuals or any other marginalized persons because doing so would practically be impossible. Nonetheless, when it comes to customer service, perhaps ethics should be an essential aspect of customer

service delivery. In other words, the ethical production of products and services for obese individuals should eliminate any forms of physical, emotional, and verbal biases and prejudices directed at obese travellers in line with UNWTO's statement that tourism is a fundamental social right for all. Moreover, bringing forth a marked, positive change for marginalized groups is the quintessence of inclusive tourism. Thus, for tourism to be more inclusive for obese travellers, a positive transformation will be part of the inclusive tourism agenda where these travellers are engaged in the ethical production or consumption of tourism and the sharing of the industry's benefits.

Thirdly, this research findings can also be discussed concerning the theory of Maslow's Hierarchy of Needs (Šimková, 2014). Perhaps it is reasonable to suggest that the top four needs of safety, belongingness, esteem, and self-actualization may be hard to come by for obese individuals while travelling. For instance, obese travellers may not feel safe while travelling because many travel amenities and services are not built or offered with fat travelers in mind (e.g., chair breaks while sitting on it, lack of rest stops/benches in a walking tour, knocking into hard surfaces when in tight/small spaces). Furthermore, the nasty, insensitive verbal remarks and non-verbal gestures directed at obese travellers may make them feel emotionally unsafe (e.g., being glared at may feel intimidating for plus-size travellers). The third need for love and belonging and the fourth need for esteem may present the widest gap for obese travellers. The findings have shown that obese travellers have felt neither accepted nor respected. The highest need for self-actualization may even be more challenging to fulfil when obese travelers constantly face unfair and embarrassing biases and prejudices when specific travel destinations and activities become off-limits to them because of their weight, when travel becomes financially more costly because they have to pay additional costs, and when travel gives them more unhappiness than happiness. The struggle is one constant word that obese travellers have used in describing their travel experiences.

Fourthly, the authors would argue that the lack of research on obese travellers when the number of overweight and obese people is rising may be attributed to the question, 'where does the blame fall?' Perhaps there is less motivation to support obese travellers because obese individuals are seen as the "creators" of their travel predicaments. Thus, they should take

full responsibility without troubling anyone else. In other words, the tourism industry, fellow travellers, and locals are not obligated to attend to the special needs of obese travellers. Some obese travel bloggers have reported being condemned when they voiced their concerns. However, Poria et al. (2021) cautioned that accommodating the needs of obese travellers could further encourage obesity because obese people may become less motivated to lose weight and adopt a healthier lifestyle.

Additionally, the tourism industry is perhaps one industry that is laden with questions of blame or privilege. As evidenced by a large proportion of the tourism promotional literature, tourism players and actors are often portrayed as perfect individuals with great health, excellent fitness, and slim or muscular build who can enjoy the ultimate joy and happiness that travel and tourism afford them. When these images are switched to incorporate the opposite such as obese travellers, the reaction is almost instantly characterized by rejection and disgust. Eventually, blame or privilege determines what and whose rights and responsibilities. In other words, because obesity is regarded as a matter of choice in most cases (hence the responsibility falls upon the bearer), it may be argued that the rights of obese individuals while travelling are naturally compromised. According to some researchers, recognizing the rights of obese individuals is only legally possible if and when obesity is considered a form of disability (Mozo et al., 2017; Small & Harris, 2012).

In addition, the collective voice of obese travellers is getting louder, especially in the Western world. This positive observation may be attributable to the growing emergence of obese social media influencers and travel bloggers who offer tips/suggestions so that travel is less physically and emotionally distressful for obese people. Moreover, these influencers and bloggers also provide much-needed emotional support to obese travellers (especially in making them feel part of a robust travel community).

Obese travellers' collective voice may have become loud enough to spark concrete, positive changes in the tourism industry. For example, Southwest Airlines in the U.S. has become more inclusive toward obese travellers by inviting them to purchase an extra seat for their comfort proactively and refunding the cost of the additional seat to the customer after their trip. Plus, the carrier allows larger passengers to request an

extra seat at the airport at no additional cost (Grace, 2021). This bold move by Southwest Airlines deviates from the “passenger of size” policy of major US airlines that subjects obese passengers to either being moved to another seat or asked to disembark if they cannot remain seated within the boundary of their armrest (Travel Weekly, 2021). Southwest Airlines may motivate other airlines to follow suit, particularly when air travel has been discovered to be the most stressful aspect for obese travellers (Small & Harris, 2012). In another example, The Resort located on the island of Eleuthera in the Bahamas has been billed as “The World’s Only Plus-size Friendly Resort” because the founder has specially designed the resort to accommodate obese guests, such as widened doorways, steel-reinforced and king beds, and sturdy lounge chairs that can hold up to 250kg (CNN, 2017; Travel Weekly, 2021). Several tour operators are also seeing the business potential of the obese market. To illustrate, the owner of Abundant Travel established the agency based on the opportunity to cater to the underserved market of obese travellers. The tour operator carefully crafts tours to ensure obese-travelers-friendly arrangements (Travel Weekly, 2021).

These examples of obesity-friendly tourism businesses are only a fragment of the entire industry, but it is a positive start. In Asia, however, the voice of obese travellers is still largely unheard of. The absence of formal or informal articles about obese Asian travellers evidences this. Perhaps the stigma of being an obese person is much greater in Asia, where the people have generally been smaller-framed than Americans or Europeans. As Leanne (2020) discovered, Asia has been labelled as the least obesity-friendly travel destination. For instance, Japan is one nation mainly oriented toward small spaces with its capsule hotels, tiny stools/chairs at so-called Japanese soul-food restaurants, small seats on public transportation, internet cafes with small personal cubicles.

Lastly, while tourism is becoming more inclusive in line with the U.N.’s inclusive development agenda, there are still marginalized segments of society. Therefore, alongside the previous studies on obese travellers and other marginalized travel communities, this study serves as another call for all tourism stakeholders to be ever-more inclusive toward obese travellers. Industry-wide changes may be financially costly and time-consuming to implement. Still, significant changes can start with small steps, such as providing seat belt extenders with the same colour as the seat

belts, providing bigger hotel bathrobes, investing in sturdier furniture, etc. Additionally, tourism employees, especially those on the front stage, can be trained and retrained to be more sensitive and professional in their attitude and behaviours toward obese travellers. Also, perhaps it is high time that changes are made to most tourism promotional materials to incorporate marginalized travel communities such as obese travellers. This may help rid the notion that tourism is an industry enjoyed by the select privileged few and emphasize the inclusiveness of the sector.

Educational institutions offering tourism- and hospitality-related programs can also take positive action by providing a course on inclusive tourism focusing on all types of marginalized travellers so that the industry's future workforce will be better equipped to embrace diversity. If the tourism industry ever hopes to become responsible, sustainable, and accessible for absolutely everyone, then it cannot pay no heed to anyone, and that includes obese individuals.

Individuals can also become more inclusive toward obese travellers or any marginalized travellers, for that matter. In many circumstances, showing a little bit of compassion and respect toward one another and being less judgmental of people who are different from us can go a long way.

CONCLUSIONS

The study examined the issues facing obese travellers while travelling. It was discovered that while flying is the most formidable obstacle in the physical process of travelling, emotional issues present the most significant challenge. Due mainly to the emotional difficulties that obese travellers encounter, fulfilling the needs for love and belonging, esteem, and self-actualization may be hard to materialize. In light of these findings, the emphasis is that while physical accessibility and support are crucial to creating a safe and comfortable travel experience for obese travellers, emotional support is the most significant help they may require from the tourism industry, fellow travellers, and locals. Moreover, this study has contributed to the general literature on embodiment, body image, and obesity.

This study is not without limitations. While a case study provides an

overview and in-depth understanding of a case, it lacks scientific rigour and provides little basis to generalize to a broader population beyond the case studied. Therefore, while the findings of this study represent obese travellers, they cannot be generalized to other marginalized travel groups. Moreover, data collection in qualitative studies should continue until a data saturation point has been reached. However, data collection for this study ceased after the 11th interview participant because the author could not get another obese traveller for an interview within the data collection period. Furthermore, the content analysis used to analyze the interview transcripts was susceptible to more chances of error, such as overlooking some information while reading through the transcripts or making mistakes during the coding process.

Using a quantitative research design may overcome these limitations because a survey can reach a larger sample, making the research results more generalizable to the studied sample. In addition, if information sensitivity is the main obstacle in getting feedback from obese travellers, perhaps a survey can ensure a higher level of anonymity and, thus, encourage more obese individuals to share their travel experiences. What's more, data analysis of quantitative data is performed using powerful statistical software such as SPSS. Therefore, the chances of making human errors are less. A similar study conducted quantitatively is one possible study that can be undertaken in the future.

Also, for a future study, it may be interesting to examine the issues facing other marginalized groups and compare the problems facing different marginalized groups to identify similarities and differences. Doing so may allow us to gauge better how much tourism is inclusive for all marginalized groups.

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CONFLICT OF INTEREST

The authors declare that they have no conflict of interest with any individuals or organizations.

AUTHORS' CONTRIBUTION

All three authors were involved in the administration of interview questions, data coding and analysis, and the write-up of all the sections that constitute the entire paper. The first author conducted all the interviews.

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Sekian, terima kasih.

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