

**CHOICE OF HOTEL FACILITIES BY GUESTS WITH PHYSICAL
DISABILITIES IN NAIROBI, KENYA**

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DECLARATION

This thesis is my original work and has not been presented for a Degree in any other university.

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DEDICATION

To my beloved wife Edith Karanja, my lovely daughters Tunu and Nia Muthamia, my parents Lucas and Miriam Murungi and my brothers and sister who offered me unconditional love and support throughout the course of my research which led to the compilation of this thesis.

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TABLE OF CONTENTS

DECLARATION	i
DEDICATION	ii
ACKNOWLEDGEMENT	iii
LIST OF TABLES	viii
LIST OF FIGURES	x
ABBREVIATIONS AND ACRONYMS	xii
OPERATIONAL DEFINITION OF TERMS	xiv
ABSTRACT	xv
CHAPTER 1	1
INTRODUCTION	1
1.0 Background to the Study	1
1.1 Problem Statement and Justification	3
1.2 Purpose of the Study.....	4
1.3 General Objective of the Study	4
1.4 Specific Objectives of the Study	5
1.5 Research Hypothesis	5
1.6 Research Questions	6
1.7 Significance and Anticipated Output	7
1.8 Scope of the Study.....	7
1.9 Limitations.....	8
1.10 Assumptions of the Study.....	9
CHAPTER 2	10
LITERATURE REVIEW	10
2.0 Introduction	10
2.1 Disability and Accessibility.....	10
2.2 Focus on the Disability and Special Needs Market.....	11
2.3 Experiences Encountered by Persons with Disabilities	15
2.4 Attitudes and Perceptions of PWDs towards Hospitality and Tourism Products and Services	21
2.5 Potential Discrimination in Hotels	24

2.6	Sources of Information used by Persons with Physical Disabilities	25
2.7	Categorization of Challenges	28
2.8	Social Motivations of Persons with Disabilities.....	28
2.9	Other Factors with Significance on Hotel or Destination Choice	29
2.10	Recommendations on the Role Hotels can play to improve the Lives of PWPDs. 32	
2.11	Government Interventions through Accessibility Legislation.....	35
2.12	Main Pillars of Accessible Holidays for All (Theoretical Framework)	37
2.13	Gaps Arising from the Literature Review	40
	CHAPTER 3:	41
	RESEARCH METHODOLOGY	41
3.0	Introduction	41
3.1	Research Design	41
3.2	The Study Area.....	42
3.3	Target Population	42
3.4	Sample Size	43
3.5	Research Instruments	44
3.6	Instrument Validity and Reliability	45
3.7	Ethical Considerations.....	45
3.8	Data Collection Techniques	45
3.9	Data Analysis	46
3.10	Conceptual Framework	47
	CHAPTER 4	54
	FINDINGS AND DISCUSSION.....	54
4.0	Introduction	54
4.1	Response Rate	54
4.2	Socio-Demographic Variables	55
4.3	Experiences Encountered by Persons with Disabilities	60
4.4	Attitudes and Perceptions.....	73
4.5	Potential Discrimination in Hotels	80
4.5.1	Response to Discrimination.....	81
4.6	Sources of Information used by Persons with Physical Disabilities	88

4.7	Categorization of Challenges faced by PWPDs	96
4.8	Social Motivations of PWPDs.....	99
4.9	Survey Respondents Recommendations on the Role Hotels could play to improve the Lives of PWPDs	105
4.10	Priority Items for the Kenyan Government and Hoteliers	110
4.11	Priority Considerations influencing Choice or Preference of Hotel Facilities by Persons with Physical Disabilities.....	114
4.12	Overall Satisfaction of Kenyan Hotel Products and Services by PWPDs	123
4.13	Correlation between Choice or Preference of Hotel facilities by PWPDs and Study Predictor Variables	124
4.14	Multiple Regression	128
4.14.1	Attitudes and Perceptions of PWPDs towards Hotel Products and Services	129
4.14.2	Information Sources used by PWPDs	132
4.14.3	Categorization of Challenges faced by PWPDs	134
4.14.4	Social Motivations of PWPDs.....	134
4.14.5	Recommendations for Government and Hotels by PWPDs.....	136
4.14.6	Priority items for the Government and Hoteliers	136
4.14.7	Priority considerations in Choice or Preference of Hotels by PWPDs (Dependent Variable).....	138
CHAPTER 5		147
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS.....		147
5.1	Introduction	147
5.2	Summary of Findings	147
5.2.1	Experiences Encountered by Persons with Disabilities	148
5.2.2	Attitudes and Perceptions	148
5.2.3	Potential Discrimination in Hotels.....	149
5.2.4	Sources of Information used by Persons with Physical Disabilities.	150
5.2.5	Categorization of Challenges	150
5.2.6	Social Motivations	150
5.2.7	Choice or Preference of Hotel Facilities by PWPDs in Nairobi.....	151
5.3	Conclusions	152
5.4	Recommendations	154

5.4.1	Recommendations for Hoteliers and Tourism Service Providers.....	154
5.4.2	Recommendations for Hotels in Collaboration with Disability Organizations	158
5.4.3	Recommendations for Government and Related Agencies	158
5.4.4	Recommendations for Hospitality and Tourism Training Institutions	160
5.4.5	Recommendations for Further Research.....	160
BIBLIOGRAPHY		162
APPENDICES		173
Appendix 6.1:	Essential Items for Classification -Schedule II of The East African Community (2007) Criteria For Classification	174
Appendix 6.2:	Letter of Consent.....	175
Appendix 6.3:	Structured Questionnaire (Administered to Persons with Physical Disabilities in Nairobi).....	- 176 -
Appendix 6.4:	Cronbach Alpha Reliability and Validity Tests	- 183 -
Appendix 6.5:	Multiple Regression Output.....	- 191 -
Appendix 6.6:	Step Fit for Parsimonious Model	- 192 -
Appendix 6.7:	Model's Diagnostic Plot	- 193 -
Appendix 6.8:	Original Final Model Priority Considerations of PWPDs in Selecting Hotels	- 194 -
Appendix 6.9:	Model Fit Summary	- 195 -

LIST OF TABLES

Table 4.3:1:	Survey Respondents' Experiences while using Hotel Facilities in Kenya (n-356).....	61
Table 4.3:2:	Association between Experience Scores and Socio-Demographic Factors (n-356).....	72
Table 4.4:1:	Survey Respondents' Attitudes and Perceptions towards Hotel Products and Services (n 356).....	74
Table 4.5.1:1:	Survey Respondents Reaction to Discrimination by Age Bracket	86
Table 4.6:1:	Sources of Information Considered Credible by Survey Respondents (n-356)	89
Table 4.6:2:	Cronbach Alpha Reliability and Validity Test on Information Sources (n-356).....	95
Table 4.7:1:	Factors considered most challenging for a Person with a Physical Disability while on Holiday (n- 356).	96
Table 4.7:2:	Cronbach Alpha Reliability and Validity Test on Categorization of Challenges (n-356).....	99
Table 4.8:1:	Social Motivations while on Holiday for Persons with Physical Disabilities in Nairobi	100
Table 4.8:2:	Cronbach Alpha Reliability and Validity Test on Social Motivations (n-356)	105
Table 4.9:1:	Survey Respondents Recommendations on the Role Hotels can play to improve the Lives of PWDs	106
Table 4.13:1:	Correlation between Choice or Preference of a Hotel Facility (Dependent) and the Predictor (Independent) Variables	126
Table 4.14.1:1:	Principal Component Analysis for Attitudes and Perceptions of PWDs	129
Table 4.14.1:2:	Structured Equation Model (SEM) for Attitudes and Perceptions of PWDs towards Hotel Products and Services	130
Table 4.14.1:3:	RMR, GFI Model of Attitudes and Perceptions:	131

Table 4.14.2:1: Principal Component Analysis for Information Sources	133
Table 4.14.2:2: Structural Equation Model (SEM) for Information Sources used by PWPDS.....	133
Table 4.14.3:1: Principal Component Analysis for Categorization of Challenges faced by PWPDS.....	134
Table 4.14.4:1: Principal Component Analysis for Social Motivations of PWPDS	135
Table 4.14.4:2: Structural Equation Model (SEM) for Social Motivations of PWPDS	135
Table 4.14.6:1: Principal Component Analysis for Priority Items for the Government	137
Table 4.14.6:2: Structural Equation Model (SEM) for Priority Items for the Government as ranked by PWPDS.....	137
Table 4.14.7:1: Principal Component Analysis for Preference or Choice of Hotel Facilities for PWPDS.....	138
Table 4.14.7:2: Structural Equation Model (SEM) for Choice or Preference of Hotel Facilities by PWPDS	139
Table 4.14.7:3: Multiple Regression for Choice or Preference of Hotel Facilities by PWPDS in Nairobi.....	140
Table 4.14.7:4: Correlation between the Independent Variables to the Predictor Variable	143

LIST OF FIGURES

Figure 2.12-1:	Main Pillars of Accessible Holidays for All	38
Figure 3.10-1:	A Working Model of Priority Considerations influencing the Choice of Hotel Facilities by Persons with Physical Disabilities.....	48
Figure 4.1-1:	Study Flow chart	55
Figure 4.2-1:	Survey Respondents Distribution by Gender (n-356).....	57
Figure 4.2-2:	Survey Respondents Categorized by Age Bracket (n-356)	58
Figure 4.2-3:	Survey Respondents Categorized by Marital Status (n-356).....	59
Figure 4.2-4:	Survey Respondents Registered with NCPWDs Cross Tabulated by Gender (n-356).....	60
Figure 4.5-1:	Survey Respondents Opinions on whether Hotels are Discriminative towards Persons with Physical Disabilities (n-356)	80
Figure 4.5.1-1:	Survey Respondents' Reaction to Discrimination by Hotels (n 356)	82
Figure 4.5.1-2:	Survey Respondents' Reaction to Discrimination by Gender	85
Figure 4.5.1-3:	Survey Respondents' Reasons for not Reporting or taking Legal Action against Perceived Discrimination (n-228)	87
Figure 4.7-1:	Survey Respondents Categorization of Challenges while booking a Holiday.....	97
Figure 4.10-1:	Priority items for the Government and Hoteliers in regard to Improving Hotel Services and Products	110
Figure 4.11-1:	Priority Considerations by Persons with Physical Disabilities when Making a Hotel Booking.....	115
Figure 4.12-1:	Overall Perception of PWPDs towards Hotel Products and Services in Kenya.....	123
Figure 4.14.1-1:	Path Analysis for Attitudes and Perceptions of PWPDs towards Hotel Products and Services	132
Figure 4.14.4-1:	Path Model of Social Motivations for PWPDs	136

Figure 4.14.7-1: Path Analysis for Choice or Preference of Hotel Facilities by PWPDs 139

Figure 4.14.7-2: Model showing Considerations of Persons with Physical Disabilities in Nairobi in Choice or Preference of Hotel Facilities 146

ABBREVIATIONS AND ACRONYMS

Abbreviation	Full Form
A.F.U.B	African Union of the Blind
ADA	Americans with Disabilities Act
ADAC	Accessibility and Disability Advisory Council
AIC	Alkaike Information Criterion
BMWA	<i>Bundesministerium für Wirtschaft und Arbeit</i>
CETA	Competitiveness for European Tourism for All
DEO	Department of Education, Massachusetts
EAC	East African Community
EC	European Commission
EDF	European Disability Forum
ENAT	European Network for Accessible Tourism
ESCAP	Economic and Social Commission for Asia Pacific.
GFI	Goodness of Fit Index
GoI	Government of India
GoK	Government of Kenya
GVA	Gross Value Added
KNBS	Kenya National Bureau of Statistics
KNSPWD	Kenya National Survey for Persons with Disabilities
KTB	Kenya Tourist Board
MDRC	Michigan Disability Rights Coalition
NAD	National Association of the Deaf Law and Advocacy Center

NCAPD	National Coordinating Agency for Population and Development
NCPWD	National Council of Persons with Disabilities
ODO	Open Doors Organization
OECD	Organisation for Economic Cooperation and Development
OSSATE	One-Stop-Shop for Accessible Tourism
PCA	Principal Component Analysis
PWDs	Persons with Disabilities
PWPDs	Persons with Physical Disabilities
RMR	Root Mean Square
SEM	Structured Equation Model
SMC	Standard Mean Score
STRC	Sustainable Tourism Cooperative Research Centre
UK	United Kingdom
US	United States
USA	United States of America
VFR	Visiting Friends and Relatives
WTB	Wales Tourism Board
WTO	World Tourism Organization

OPERATIONAL DEFINITION OF TERMS

PWDs (Persons with Disabilities)	Guests with varying degrees and types of disabilities - cognitive, developmental, sensory, physical among other types of disabilities.
PWPDs (Persons with Physical Disabilities)	Guests with any impairment which limits the physical function of one or more limbs which affects their general motor ability.
Choice or Preference of Hotel Facilities	Priority factors which would influence a person with a disability (specifically, a physical disability) in choosing one hotel property over another.

ABSTRACT

As effort is made to boost tourism in the country, hotels and tourism planners must identify areas with growth potential or identify niche markets as a potential new source of tourists both locally and internationally. Persons with disabilities comprise one such market. This study sought to find out priority considerations in the choice or preference of hotel facilities by PWPDs in Nairobi and in the process identify the unfulfilled gaps in product and service delivery so as to make hotels friendlier and more sensitive to guests with disabilities. The study had seven objectives namely; to determine experiences of guests with physical disabilities when using hotel products and services; to establish attitudes and perceptions held by guests with physical disabilities towards hotels, their products and services; to find out whether persons with physical disabilities experience any discrimination in Kenyan hotels and responses to discrimination by persons with physical disabilities; to determine credibility of sources of information as perceived by persons with physical disabilities while sourcing for hotel products and services; to categorize challenges faced by persons with physical disabilities while using hotel products and services; to find out social motivations of persons with physical disabilities while using hotel products and services and lastly to determine best predictor variables for choice or preference of hotel facilities by PWPDs. A cross sectional survey design was adopted for this survey which was conducted in the County of Nairobi; Kenya. The population under study covered persons with physical disabilities. A total of 356 usable participant surveys out of the targeted 361 were analyzed yielding a response rate of 98.6%. The study utilized semi-structured questionnaires and personal interviews to obtain data. Data analysis involved quantitative techniques for data analysis which was a combination of various descriptive and inferential statistical techniques. Pearson Product-Moment Correlation Coefficient was used to measure the strength of linear dependence between each variable used in the study and the choice or preference of hotel. Multiple Regression was used to determine predictor variables influencing choice or preference of hotel facilities by persons with physical disabilities in Nairobi. It was found that majority of the survey respondents had positive experiences while visiting hotels in the country and that many of them did not feel discriminated against by hotels (p-value <0.001); it was also found that persons with physical disabilities in Kenyan hotels were still not in a position to fully participate in leisure activities when visiting hotels due to lack of upgraded sports equipment (p-value <0.001). Findings also revealed that persons with physical disabilities found Kenyan hotels to be ignorant in terms of arrangements needed for and knowledge of persons with disabilities (p-value <0.001). Findings also indicated that previous experience was the most credible source of information closely followed by recommendations from friends with similar disabilities. Findings also revealed attitudes of managers and staff to be the most difficult challenge for persons with physical disabilities while using hotel products and services and that visiting family and friends were the most important social motivator. Three (3) factors namely information sources, challenges faced by persons with disabilities and interventions by the Government and hoteliers pertaining matters with a bearing on PWDs (all at a p-value <0.001) were the best predictor variables that influenced the choice or preference of hotel facilities by persons with physical disabilities.

CHAPTER 1

INTRODUCTION

1.0 Background to the Study

Guests with disabilities represent a large and growing market for the hospitality and tourism industry (Shakiry, 2008; Hoon, 2009). Due to the close relationship between ageing and disability, this number is expected to rise in the future as the average age of the population increases (Bloch, 2000; OECD, 2005; Gerlin, 2005). According to the Kenya National Survey for Persons with Disabilities (KNSPWD) Preliminary Report (2008), 4.6 % of Kenyans (approximately 1.6 million people) have some form of disability.

Guests with disabilities encompass a diversity of individuals with different levels of ability and different requirements both for travelling and accommodation. Many persons with disabilities are keen to travel and use hotel facilities, but wide variations in the level of access within destinations, combined with poor information and negative experiences, discourages potential customers (Wescot, 2004; Shaw, Veitch, & Coles, 2005; Stumbo & Pegg, 2005). According to Horner and Swarbrook; (2004), there are millions of people with disabilities around the world who take vacations in spite of all the challenges placed in their way.

According to ESCAP, (2003), strategies to attract more tourists from the main tourist generating and spending countries, areas and regions are being continuously planned or implemented by many tourism destinations. This has made planners to identify areas with growth potential or identify niche markets as a potential new source of tourist

arrivals. People who seek barrier-free tourism comprise one such market and one related issue that must also be considered is the extent to which domestic tourism is barrier-free for people with disabilities in their home country.

Kenya's Vision 2030 is the country's development blueprint covering the period 2008 to 2030. Vision 2030, targets six (6) priority sectors which have been identified to have the greatest potential to raise the national GDP growth rate to 10% by 2012, and the hospitality and tourism industry has been listed as the leading player of the six (6) sectors. The Ministry of Tourism's Strategic Plan for fiscal years 2008/9– 2012/13 takes into account the Ministry's commitment to achieve the tourism sector goals as spelt out in Vision 2030 and the Medium Term Plan (2008-2012). These goals are to: increase international visitors from 1.8 million in 2007 to 3 million in 2012; increase average spending per visitor from Kshs 40,000 in 2006 to Kshs 70,000 by 2012 and treble annual national earnings from Kshs 65.4 billion in 2007 to Kshs 200 billion by 2012. The Ministry of Tourism acknowledges that in order to achieve these goals, they have to develop new products and diversify source markets and strategies identified to achieve these objectives include developing and diversifying tourism products and; secondly broadening source markets (Republic of Kenya, 2009). One way to achieve this is undoubtedly focusing on accessible tourism as research shows that travellers with accessibility needs make up one of the fastest growing tourism markets (Ipsos, 2010).

Improving accessibility for persons with disabilities (PWDs) will not only result in economic benefits for the hospitality and tourism industry, but will also assist in socially integrating PWDs in the hospitality and tourism industry (Nina & Ryder, 2003; ESCAP, 2003; Shaw, Veitch & Coles, 2005; Shakiry, 2008). It has been noted that, awareness of,

and concern for, the needs of travellers with disabilities varies dramatically between countries. It is very high in the USA, reasonably high in Northern Europe, Canada, Japan and Australasia, but very low in developing countries. (Horner & Swarbrook, 2004). An effort therefore needs to be made to determine the factors that influence the choice of hotels by PWDs with the view of determining their needs so as to make the hotel product friendlier and more sensitive to PWDs (ESCAP, 2003).

1.1 Problem Statement and Justification

Persons with disabilities represent a large and growing market for the hospitality and tourism industry. It has also been noted that, access to hotel and tourism facilities by PWDs has been hampered by unnecessary barriers. Studies have indicated that, tourists with disabilities spend 30 to 200% more than ordinary tourists (Horgan & Ringaert, 2004; Van Horn, 2007); in addition, they are often accompanied by another person; and they also prefer to travel outside the peak season which provides hotels with clients throughout the year and contributes to economic development (BMWA, 2004; Shaw & Coles, 2004; OSSATE, 2005; Van Horn, 2007; Shakiry, 2008). Providing accessible facilities and information offers an additional attraction for customers and gives a competitive advantage to a country or destination in addition to making good business sense (ESCAP, 2003; Wescott, 2004; OSSATE, 2005).

Persons with disabilities have the right, like all others, to enjoy hospitality, travel and tourism. It is the mandate of hospitality and tourism officials to take the required steps to change policies and practices so that various services and facilities are accessible to all (Devine & Lashua, 2002; Devine, 2004; Yeung, Li, & Yeung, 2004; OSSATE, 2005; Shakiry, 2008). Research has shown that when it comes to issues of disability in the

hospitality and tourism industry, there is a lack of corresponding research into demand, supply and coordination issues (Darcy, 2000; Darcy & Daruwalla, 2000; O'Neill & Knight, 2000).

In addition, calls for empirical research have been made for a comprehensive needs assessment focusing on the disabled market (Grady & Ohlin, 2009) and this suggestion supports earlier conclusions by Burnett and Baker (2001, p. 4), who noted that “research actions are needed that address the special problems, feelings, perceptions, and actual choice models used by consumers who are physically or emotionally challenged”. Stonesifer III and Kim, (2010) have also reiterated the need for research into the overall hospitality experience of guests with disabilities. Based on these apparent gaps, an investigation therefore needed to be carried out to establish challenges, barriers, attitudes, perceptions among other demand side factors that influence the choice or preference of hotels and hotel products by PWPDs in Kenya.

1.2 Purpose of the Study

This study sought to find out priority considerations in choice or preference of hotel facilities by persons with physical disabilities in Nairobi.

1.3 General Objective of the Study

The general objective of this research was to investigate priority considerations of persons with physical disabilities in Nairobi that influence their choice or preference of hotel facilities and in the process find out unfulfilled gaps in product and service delivery so as to make hotels friendlier and more sensitive to guests with disabilities.

1.4 Specific Objectives of the Study

The following specific objectives guided the study:

1. To determine experiences of guests with physical disabilities in Nairobi when using hotel products and services.
2. To establish attitudes and perceptions held by guests with physical disabilities in Nairobi towards hotels, their products and services.
3. To find out whether persons with physical disabilities experience any discrimination in Kenyan hotels and responses to discrimination by persons with physical disabilities.
4. To determine credibility of sources of information as perceived by persons with physical disabilities in Nairobi while sourcing for hotel products and services
5. To categorize challenges faced by persons with physical disabilities while using hotel products and services.
6. To find out social motivations of persons with physical disabilities while using hotel products and services
7. To determine best predictor variables for choice or preference of hotel facilities by persons with physical disabilities in Nairobi.

1.5 Research Hypothesis

HO₁ There was no significant relationship between experiences of persons with physical disabilities while using hotel products and services and their choice or preference of a hotel facility.

HO₂ There was no significant relationship between access to travel and hotel information prior to departure and choice or preference of hotels by persons with physical disabilities.

1.6 Research Questions

The study was guided by the following research questions:

1. What experiences did guests with physical disabilities in Nairobi have when using hotel products and services?
2. What attitudes and perceptions did persons with physical disabilities in Nairobi have towards hotel products and services?
3. Did persons with physical disabilities in Nairobi feel discriminated against when using hotel products and services and how did they respond to perceived discrimination?
4. What were the most credible sources of information used by persons with physical disabilities in Nairobi while sourcing for hotel products and services?
5. What were the most significant challenges faced by persons with physical disabilities in Nairobi while using hotel products and services?
6. What were the social motivations of persons with physical disabilities in Nairobi that encouraged them to use hotel products and services?
7. What were the best predictor variables that determined the choice or preference of hotel facilities by persons with physical disabilities in Nairobi?

1.7 Significance and Anticipated Output

This study evoked meaningful responses from guests with disabilities, and the knowledge gained from this study has practical implications on hotel managers, guests with physical disabilities and stakeholders alike. This research is expected to be beneficial to the following in the ways outlined: - The study provides documented information on special needs of guests with physical disabilities and contributes to knowledge particularly in the field of hospitality in Kenya where there is little or no documented evidence on persons with disabilities where hotel products and services are concerned. Recommendations from this study should prompt the Government through the Ministry of Tourism and other relevant bodies to make and enforce legislation pertaining accessibility of hospitality facilities to guests with physical disabilities and; findings from this study should encourage researchers and scholars to continue to focus on ways to improve access and equity to the overall tourist experience, with the aim of identifying, articulating and promoting best practice internationally.

1.8 Scope of the Study

This study covered persons with physical disabilities in Nairobi County in Kenya. Nairobi was selected for several reasons, key being, it has a large population of persons with disabilities who are ethnically and socially diverse. The city of Nairobi is also the political and administrative centre of the country and the business capital of East and Central Africa in addition to being East Africa's industrial capital thus blending a cosmopolitan culture for this research (A.F.U.B, 2007).

Persons with physical disabilities were selected for four key reasons. First and most important for this research and with great implication for the hospitality and tourism

industry in the country, is that previous research indicates that persons with physical disabilities have the greatest need for special accommodation (Stonesifer III & Kim, 2010). Secondly, research also alludes to the fact that they offer the greatest insight into issues of disabilities (Stonesifer III & Kim, 2010). Thirdly, persons with physical disabilities represent the highest prevalence of persons with disabilities in the country (NCAPD, 2008) and thus would form the bulk of the market consisting persons with disabilities for Kenyan hotels thus the need to focus on them and lastly, persons with physical disabilities have been mentioned to be more responsive to these types of surveys (Buj, 2010). To qualify for the study, participants had to be 18 years of age or older; had to have travelled within Kenya and had at least one (1) overnight stay away from home in a hotel. There was no restriction placed on the class of hotel that the respondents stayed in.

1.9 Limitations

During the course of the study, the researcher encountered problems/limitations which might have an impact on the subsequent findings: As a practical limitation, the researcher concentrated on persons with physical impairments and not persons with visual, hearing, learning disabilities. Secondly, the study only focussed on demand related factors and not supply related issues on accessibility which have had some considerable research done by other authors (Shaw, 1994; Rosen 1999; Burnett & Baker, 2001, McKercher, Packer, Yau, & Lam, 2003; Wescot, 2004; Shaw, Veitch, & Coles, 2005; Stumbo & Pegg, 2005; OSSATE, 2005). Thirdly, the researcher only concentrated on hotel choice or preference aspects with significance to persons with disabilities ignoring other factors that might have a bearing on preference or choice of hotel facilities

such as pricing, location, attractions among other factors. This was largely due to the fact that this area already has considerable research done by Jones (2002).

1.10 Assumptions of the Study

This study assumed that the views attitudes, perceptions and challenges faced by persons with physical disabilities will be fairly representative of views, attitudes, perceptions and challenges faced by persons with other forms of disabilities while accessing hotel facilities in the country though generalizations should be carried out with caution as the survey only covered persons with physical disabilities in Nairobi County, Kenya.

CHAPTER 2

LITERATURE REVIEW

2.0 Introduction

This chapter reviewed literature hinging on themes of accessibility of hotel facilities by persons with disabilities. This study was guided by the principles of the social model of disability that views disability as a product of hostile social attitudes of the disabling social environment (Darcy, 2002; ESCAP 2003; OSSATE, 2005). This social experience was taken largely in the context of the market of hospitality and tourism.

2.1 Disability and Accessibility

There are many definitions behind disability and several models explaining the same. For the purposes of this study, the term ‘persons with disabilities’ will encompass a diversity of individuals with different levels of ability and different requirements for travelling and hotel accommodation. There is also a wide range of impairments, including those to do with mobility, vision, or hearing, as well as learning difficulties and allergies or the elderly, people who need a specific diet, or people who need extra sensitive facilities and a certain level of comfort during their travel or residence that are covered in this definition of disability and special needs (Householder, 2006; Wales Tourism Board (WTB), 2003; Westcott, 2004; Department of Education, Massachusetts (DEO), 2005; Shakiry, 2008).

Many PWDs are keen to travel, but wide variations in the level of access within destinations and hotels the World generally combined with poor information and negative experiences, discourages potential customers from travelling and enjoying hotel facilities

(Westcott, 2004; European Disability Forum (EDF), 2002). According to ESCAP, (2003), most hotels, transportation facilities and tourist sites are not physically accessible for many people with disabilities and older persons. Their staff members have also not been trained to provide disabled person-friendly services. ESCAP associates this with an absence of explicit government policies and strategies for promotion of accessible tourism, lack of training for tourism service personnel on means of meeting the accessibility needs of tourists with disabilities, and a shortage of tourism programmes that address such needs.

Improved accessibility will not only result in economic benefits to the hospitality and tourism industry but will also assist the move towards full social integration of those with disabilities and those with special needs like the elderly, children and the infirm (EDF, 2002; Miller & Kirk, 2002; WTB, 2003; Shaw & Coles, 2004; Westcott, 2004; OSSATE, 2005; Stumbo & Pegg, 2005). The need for hospitality and tourism services for persons with disabilities and special needs guests is considered an urgent requirement of the 21st century, as indicated by the resolutions of the World Tourism Organization (WTO) adopted during its 56th session, which called on officials to be alert to all matters related to people with special needs, and provide the technical support to promote the concept of accessible/humanitarian tourism internationally (Eurobarometer, 2001; EDF, 2002).

2.2 Focus on the Disability and Special Needs Market

In countries where accurate records have been kept, an attempt to quantify business derived from the disabled and special needs guest has been carried out. In Australia for example, in 2003–04, it was estimated that tourists with disabilities spent between A\$ 8,034.68 million and A\$ 11,980.272 million and contributed between A\$ 3,075.5243

million and A\$ 4,580.219 million to tourism Gross Value Added (GVA) representing 12.27% – 15.60 % of total tourism GVA (Hoon, 2009).

Studies indicate that special needs tourists spend 30 to 200% more than ordinary tourists- a view also supported by Van Horn (2002) and Horgan and Ringaert, (2004), and they are often accompanied by another person. Similarly, knowing that most people with special needs prefer to travel outside the peak season provides hotels with clients throughout the year and contributes to economic development (Van Horn, 2002; BMWA, 2004; Shaw & Coles, 2004; OSSATE, 2005; Shakiry, 2008). Providing accessible facilities and information provides an additional attraction for customers and gives a competitive advantage to a country or destination in addition to making good business sense (Wescott, 2004, OSSATE, 2005). Research additionally proves that persons with disabilities are loyal customers, often returning to places that provide good accessibility (Burnett & Baker, 2001; Wescott, 2004; Open Doors Organisation-(ODO), 2005; Koepell, 2009). An expected multiplier effect of 2 is estimated given travel companions and frequency of travel. Consequently, organisations and destinations that cannot accommodate the needs of persons with disabilities will also lose the business of PWDs and their family members (OSSATE, 2005).

It is also a fundamental truth that persons with disabilities have the right, like all others, to enjoy hospitality, travel and tourism. It is up to hospitality and tourism officials to take the required steps to change policies and practices so that various services and facilities are accessible to all (Devine & Lashua, 2002; Devine, 2004; Yeung, Li, & Yeung, 2004; OSSATE, 2005; Shakiry, 2008). Reaching out to persons with disabilities and special needs guests shows concern for diversity and sensitivity. People these days are becoming

more sensitive to the plight of others and have become more accommodating. The society has started caring more for others in the society (Williams 1999, Ray & Ryder, 2003).

Not everyone however believes that the disabled and special needs market is feasible to pursue for business. Questions have been raised as to whether hospitality and tourism operators would be as concerned if there was no fear of litigation from legislation making it mandatory for them to adapt their facilities (Murrmann, 1992; Upchurch & Seo 1996). Others have urged caution when dealing with this market. In an article in the New York Times, Koepfel, (2009) claims that not every hotel chain believes that marketing to travellers with disabilities will prove profitable. He quotes Tom Riegelman, vice president of the Hyatt Hotel Corporation who said there was “low demand” for the hotel’s accessible rooms and estimated that, “only about one guest in a thousand requests for them”. As mentioned by Guzman (1999), extra time is often needed for each customer, and additional specialised equipment may have to be stocked. With the hearing impaired community, interpreters would have to be hired, with maybe more than one sign language (in the case of multiple nationalities) needing interpretation (Ray & Ryder, 2003), a view also supported by OSSATE (2005).

Numerous studies have been conducted on accessibility of clients with disabilities to tourism destinations and several studies focussing on the same in hotels particularly in the developed countries. In a landmark research by Upchurch and Seo (1996), several issues hinging on disability and hotel accessibility were addressed and the following outcomes were realised:- Hoteliers’ general perception to the Americans with Disabilities Act (ADA) was negative largely due to the financial burden that was being levied on the

lodging operators, which resulted in operational hardship. Financial hardship occurs when lodging operators alter existing properties to become “equally” or fully accessible for all guests. The cost of providing access in public areas and in accommodations is a major barrier in complying with the law, a finding also supported by Shaw (1994) and also supported by Shelton and Tucker, (2005). However Shaw (1994) refutes this as a valid reason saying that the belief that costs are too high is often unfounded.

Lodging operators evaluate target markets by their ability to contribute to the sales of their operation. If a target market exerts a significant impact on the sales of an operation, then the “percentage of effort” assigned to the marketing of products and services should agree with the proportion of sales contribution. Assuming this statement is true, then, there is a positive correlation between an organization’s philosophy towards compliance and overt actions. Apparently, the perception that the disabled consumer market was a significant contributor to the financial profile of an operation served as a strong indicator of compliance. However, having only fifty per cent of the total sample supporting this statement provided evidence that the perceived lack of sales volume was serving as a barrier to compliance. Asked whether they viewed the disabled travelling consumer as a target market they would dedicate future efforts to improving on existing products or services, sixty seven per cent of the respondents indicated they had strategic plans for additional products or services to meet the wants and expectations of the persons with disabilities market. This was taken as a very positive sign that operators realized that they were not in total compliance in meeting the disabled travellers’ needs.

2.3 Experiences Encountered by Persons with Disabilities

Experience is a major internal influence on consumer behaviour particularly in marketing theory. As individuals encounter new situations, they integrate their perceptions into an experience framework that influences future decisions. If consumers dislike their experiences, they are unlikely to return to that hotel or restaurant. Hospitality managers must remember that people (consumers) are products of their environments. Each new experience is integrated into a frame of reference against which new situations are evaluated. This frame of reference includes each individual's beliefs, values, norms, and assumptions (Reid & Bojanic, 2006).

Research on experiences faced by persons with disabilities suggests that organizations dealing with persons with disabilities and individuals with disabilities can cite a multitude of examples of discrimination against tourists with disabilities, including unavailability or refusal of service, poor levels of service and difficulties of obtaining redress when a service is denied or inadequate (ENAT, 2008). Research into issues of disability seems to point towards some form of discrimination against persons with disabilities by service providers (McKercher, Packer, Yau, & Lam, 2003; A.F.U.B., 2007; ENAT, 2008; Greenbaum, 2008; De Lollis, 2010) and hardly any information exists to suggest lack of discrimination against persons with disabilities in the hospitality and tourism industry.

Research evidence also adduces that finding suitable accommodation is the most difficult part in planning international travel for persons with disabilities. Undeniably, even countries that have enacted rules and regulations or codes of practice have difficulty meeting the needs of persons with disabilities (Rosen, 1999). Further research by Darcy, (2008) indicated that 93% of persons with disabilities preferred to use an accessible room

when using hotels while 63% cited the lack of suitable accommodation as a significant constraint to their travel patterns. Fifty two percent (52%) of respondents in Darcy's research cited the lack of suitable accommodation as the reason for not travelling as frequently as they would like. Supplementary research on the same indicates that guests with disabilities ranked the aspect of accessible facilities in rooms (at 23%) second in importance with location of the hotel ranking first (at 37%) (Guerra, 2003).

Another element associated with experiences encountered by persons with disabilities during leisure travel is that of increased costs as compared to those without disabilities. Research has established that holidays for people with disabilities can cost between 30 and 200 per cent more than for the able-bodied tourists. This is occasioned by the fact that some travellers with physical disabilities may require additional equipment such as shower seats, a commode and hoists. However, few accommodations provide this equipment, so people have to either take their own or hire equipment at their destination. This complicates the tourism experience in terms of additional costs and/or travel planning (ESCAP, 2003).

In order to attract this market segment, it is imperative that hotels put more effort to facilitate the provision of assistive devices to persons with physical disabilities particularly by offering motorised vans so as to make their holiday experiences more enjoyable. Though there was no conclusive evidence of international best practices concerning the provision of assistive devices to persons with disabilities, this issue elicited considerable discussion among survey respondents with many respondents saying that hotels should provide assistive devices to them at no charge.

Previous research by the National Association of the Deaf Law and Advocacy Center Literature (NAD, 2007), suggested that places of public accommodation have an obligation to provide assistive devices without charge where possible. If a surcharge has to be levied for loaned equipment, NAD quotes the Americans with Disabilities Act which specifies that it would be improper for a hotel to require a deposit on assistive equipment unless it requires a deposit from any patrons who need loaned equipment (e.g., video cassettes or videocassette players, irons or hairdryers).

The Government of India, is however more forthright with this issue. India's Civil Aviation Requirements Section 3 – Air Transport Series 'M' part I issue 2, establishes regulations for the protection of and provision of assistance to disabled persons and persons with reduced mobility travelling by air in order to protect them against any form of discrimination and to ensure that they receive all possible assistance with due respect and dignity. In these requirements, Indian Airlines must provide wheelchairs and other assistive devices to persons with disabilities at no extra cost (GoI, 2010).

The importance of individual briefing of persons with disabilities in emergency procedures is a fundamental component of ensuring safety and enhancing the experience of guests with disabilities (GoI, 2010; Stonesifer III & Kim, 2010). The East African Classification requirements makes it mandatory for all classified hotels to provide emergency and fire exit procedures to patrons under the information service section (GoK, 2003). Though there was no apparent research evidence on the compliance to emergency briefing to persons with disabilities, it would be interesting to find out whether Kenyan hotels comply with the requirements of briefing guests, more so those with physical disabilities on emergency procedures during check in.

Participation in leisure, recreation and sporting activities is undoubtedly a critical component of a balanced and healthy lifestyle (Ministry of Social Development , 2010) which will in turn lead to a satisfactory holiday experience. It is evident that persons with disabilities are desirous of participating in a wide range of activities and are not content with just being confined to a hotel. In addition, research has established that many physically and mentally disabled people do indeed possess a positive leisure attitude (Tsai, 2010; Chen, 2005).

Persons with disabilities have also cited bad experiences with access to accurate and truthful travel information. Several researchers have actually cited this as the greatest barrier faced by persons with disabilities (OSSATE, 2005; E.C, 2006; GoI, 2010; Buj, 2010). Follow-up research by (ESCAP, 2003) also concurs with this finding and tries to offer a possible reason for this phenomenon in the hospitality industry. Their research found out that many accommodation operators do not really understand what accessible or barrier-free accommodation entails. In many instances, accommodation operators are often unable to provide accurate or detailed information about the features of their rooms. As a result, many of them claim their rooms as accessible or barrier-free, but people with disabilities find that the rooms are not suitable. According to OSSATE, (2005), travel planning of people with disabilities is normally characterised by a more detailed information enquiry than by people without disabilities. Persons with disabilities search for information with respect to their individual special requirements. The higher their accessibility requirements are, the more detailed information these customers need. This finding is also consistent with earlier research by McKercher, Packer, Yau, and Lam, (2003) which revealed that the ability of travel agents to serve markets of PWDs was

often compromised by inaccurate and incomplete information and they indicated that virtually all participants in their study had to undertake substantial independent research to verify information about destinations, attractions and hotels they intended to visit, or activities they intended to participate in, were accessible for their particular type of disability.

Research by NOP Consumer, London (2003) proposed that for persons with disabilities to feel that information is credible, a three (3) pronged approach needs to be followed so as to fulfil their travel needs. First, standards have to be set by respected disability organizations. Second, the assessment of facilities against these criteria ought to be conducted by an independent authoritative body and third, the subsequent information dissemination has to include clear descriptions on the criteria that lead to accreditation.

Persons with disabilities who use hotel services have often decried the lack of disability awareness training in the hospitality and tourism industry. This issue and resultant recommendations to have this type of training to make the hospitality and tourism industry more accessible towards persons with disabilities has been echoed by many researchers (Federal Ministry of Economics and Technology, March 2004; London Development Agency, 2004; GoI, 2010; Stonesifer III & Kim, 2010). Research by Stonesifer III and Kim (2010) among persons with mobility impairments in the USA showed that responses regarding hotel staff in the mobility disability segment echo those made by participants with hearing and visual impairments; all respondents point toward a need for better staff sensitivity training. The findings identified the need for on-going disability training programs for hoteliers and tourism service providers and maintenance of common disabled courtesy standards (Stonesifer III & Kim, 2010). The study further

noted that, even for hotels that do conduct disability awareness training, the training was not producing the outcome of ensuring positive guest experiences. The authors thus recommended that hotels should re-evaluate and possibly expand their sensitivity training programs. A major complaint by hotel managers' interviewed in their survey was that they often felt uninformed by the guests about their disabilities, and as such, were unaware of the need to provide additional services. It was recommended that in order to provide the best service possible for guests with disabilities, warm lines of communication between the guests and hotel property must exist. In the pre-arrival phase of a hotel stay, the burden then falls mostly upon the guest to make the hotel aware of his or her special needs.

Efforts to make hotels more accessible for persons with disabilities have been the central focus for a number of disability researchers and subsequent recommendations by the researchers that accessibility across the whole would have profound benefits in enhancing the experiences of persons with disabilities (Bloch, 2000; Callan & Bowman, 2000; Burnett & Baker, 2001; Darcy, 2003; BMWA, 2004; Stumbo & Pegg, 2005; Buj, 2010; Chang, Wang & Shen, 2012). However, a survey by the Federal Ministry of Economics and Technology (2004) to study economic impulses of accessible tourism for all in Germany found that there were hardly any fully accessible dining establishments in German destinations. They noted that despite the presence of many barriers with regard to catering, only 24% of travellers with disabilities acknowledged to encountering difficulties while accessing them. The researcher asserts this might suggest that despite the existence of accessibility barriers in catering establishments, persons with disabilities might not view them as such a constraining factor.

Though unrealistic to assume that the situation of negative experiences facing persons with disabilities while accessing hotel properties will change overnight because of cost and time limitations, research by London Consulting Agency on improving accessibility for London's visitors economy recommends that, what is required in the short term is a commitment from the hospitality and tourism sector to strive to achieve a reasonable level of accessibility that balances disabled users' needs (London Development Agency, 2004). Hoteliers, on the other hand however, are a bit sceptical about constructing more disabled access rooms as they cite low occupancy rates and non-utilization by PWDs. This claim has been substantiated by Darcy (2008) who asserts that hotel managers usually report low occupancy of accessible rooms and that non-disabled customers do not like using accessible accommodation.

2.4 Attitudes and Perceptions of PWDs towards Hospitality and Tourism Products and Services

Simply put, an attitude is a mind-set or a tendency to act in a particular way due to both an individual's experience and temperament. Typically, when we refer to a person's attitude, we are trying to explain his or her behaviour. Attitudes are a complex combination of things we tend to call personality, beliefs, values, behaviours, and motivations. Attitudes help us define how we see situations, as well as define how we behave towards the situation or object (Pickens, 2005).

Perception is closely related to attitudes. Perception is the process by which people interpret and organize sensations in order to produce a meaningful experience of the world. In other words, when a person is confronted with a situation or stimuli, the person

interprets the stimuli into something meaningful to him or her based on prior experiences. However, what an individual interprets or perceives may be substantially different from reality (Pickens, 2005).

A review of literature relating to attitudes and perceptions of persons with disabilities towards hotel products and services indicates majority of persons with disabilities are of the opinion that hotel employees are not versed with sufficient experience, nor requisite skills and knowledge of how to handle guests with disabilities. Indeed, they do not only complain about lack of hotel operatives/staff technical knowledge but also about their unhelpful attitude (Guerra, 2003; Buj, 2010). Other researchers have shown that many service providers have little experience of disabled people's needs (ESCAP, 2003; Wescot, 2004).

Guests' perception of the hospitality and tourism product quality is ultimately hinged on the interaction they have with employees in the industry and hospitality and tourism service providers must therefore ensure that every service encounter will positively influence the customers' evaluation of the hospitality experience (Schitko, 2009). This has significant economic benefits for the hospitality and tourism industry when one considers it has been verified through research, that persons with disabilities are more loyal to establishments which meet their needs than persons without disabilities (Burnett & Baker, 2001; Wescot, 2004; ODO, 2005; Koeppele, 2004; Stonesifer III & Kim, 2010).

Research has affirmed that training is a key avenue through which a change in the attitudes of persons without disabilities towards those with disabilities can be effected (Daruwalla & Darcy, 2005.). In response to this key fact, many hotels and tourism

service providers have instituted hotel disability training for their employees to mitigate this apparent weakness (Koeppel, 2004; Australian Hotels Association, 2007). The effectiveness of these training programs has however been questioned. It has been claimed that even for hotels that conduct disability awareness training; the training is not producing the desired outcome of ensuring positive guest experiences. The authors thus suggest that hotels should re-evaluate and possibly expand their sensitivity training programs (Stonesifer III & Kim, 2010). Research has also established that educational institutions in the field of hospitality and tourism have also contributed to the situation of not preparing students adequately to handle persons with disabilities at the place of work. It has indeed been noted that, even as hospitality and tourism course content develops, there appears to be very little consideration of the accommodation of the needs of guests with disabilities in course training curriculum for students pertaining disability awareness (Schitko, 2009).

The role of involvement of guests with disabilities and disability organizations in looking out for the need of persons with disabilities and rating of facilities for hotels has started generating some considerable attention from disability researchers (Stonesifer III & Kim, 2010; Eichhorn, Miller, Michopoulou, & Buhalis, 2007). Collaboration of disability organisations and the hospitality and tourism industry in championing for improved products and services for persons with disabilities cannot be under emphasised (London Development Agency, 2004; Van Horn & Isola, 2006). Stonesifer and Kim (2010) suggest that by consulting guests with disabilities, hoteliers can go “above and beyond” the requirements of the standards for accessible design. Research by Eichhorn, Miller, Michopoulou and Buhalis (2007) revealed that persons with disabilities trust these

organisations (have a positive attitude towards them) and are concerned with who collected the information. At the moment we don't have such kind of organizations liaising with the hotel industry in Kenya to improve the situation of persons with disabilities.

Empirical research has also indicated that persons with disabilities exhibit positive attitudes towards hotels that portray them positively in their promotional material. Research by Nina and Ryder (2003), suggested that marketers can easily reach out to persons with disabilities by simply including a person in a wheel-chair or a deaf person signing (as well as those with other disabilities) in their mainstream advertising. They further noted that persons with disabilities often remember when they have been portrayed in advertisements and they have a more positive attitude toward those organizations that practice inclusion (Nina & Ryder, 2003)

Disability research also suggests that persons with disabilities may not trust travel agents who claim to organize travel for PWD's. In a survey by Callan and Bowman, (2000), it was found that mature British travellers, (also aggregated as part of the special needs market) considered travel agents as the least important source of information whenever they considered making travel arrangements.

2.5 Potential Discrimination in Hotels

Although not much is known about the prevalence of discrimination against persons with disabilities (Turner, Herbig, Kaye, Fenderson, & Levy, 2005), it is agreed upon by disability researchers that persons with disabilities have been subjected to discrimination in many fronts including access to public service of which the hospitality and tourism

industry falls under (McKercher, Packer, Yau, & Lam, 2003; Turner, Herbig, Kaye, Fenderson, & Levy, 2005; A.F.U.B., 2007).

In a survey documented in the State of Disabled Peoples' Rights in Kenya, persons with disabilities had different responses to perceived discrimination (A.F.U.B., 2007). Results indicated that majority of the interviewees chose to avoid or distance themselves from situations and contexts in which they experienced abuse and discrimination. More than 47% of those interviewed disclosed that they decided to distance themselves from those contexts and situations that had caused them pain and suffering in the past. A substantial number of interviewees in their survey (32%) chose to resist. They kept returning to and tried to change situations and contexts in which they had experienced abuse and discrimination thereby showing remarkable resilience and strength, resisting oppression and struggling for their rights in spite of adversity and hostility. A significant percentage of their respondents however (45%), chose to report or complain about situations or contexts in which they experienced discrimination.

Those who did not report or take legal action were prompted to give reasons behind their choice and it was apparent that lack of access as a reason for not reporting ranked first at 34.7%, followed by nothing would be done at second place (26.3%), then fear came third at 14.7% followed by self-blame at 13.7%, then corruption and lack of financial means tied at 5th place at 6.3% (A.F.U.B., 2007).

2.6 Sources of Information used by Persons with Physical Disabilities

A review of information sources used by persons with disabilities when sourcing for hotel and travel information indicates that travellers with disabilities rely heavily on the

past experience of themselves and others (Nina & Ryder, 2003), a finding corroborated by (Burnett & Baker, 2001 & OSSATE, 2005). In Nina and Ryder's research, the internet came in as the second most important information source followed by travel books and guides at third position. It would be interesting to see how persons with disabilities in Kenya rate the internet as a source of information when sourcing for travel related information. A recent survey by the Kenya ICT Board however reveals that there are low levels of Internet usage in the country and they have blamed it on the high cost of computers and the cost of Internet subscriptions (Kenya ICT Board, 2011).

Research also indicates that there exists a low level of reliance on mass media usage amongst persons with disabilities. Burnett (1996), found that persons with disabilities place significantly lower levels of reliance on mass media usage. Burnett's findings on the low level of reliance on mass media are also consistent with Nina and Ryder's research in which television was ranked 7th with respondents in their survey placing travel guides and magazines above television as a source of information for persons with disabilities. In Nina and Ryder's research; radio was the least credible source of information. However, indications are that radio could be a very important information source for persons with disabilities in Kenya. In the following excerpt about media and disability in Kenya, Njogu (2009) aptly summarises this situation and advocates that radio is a very efficient means of communication dissemination particularly for persons with disabilities.

“In a country of approximately 40 million people, about 3.2 million homes have TV sets (1.4 million in urban and 1.8 in rural areas). TV reaches about 39% of the population (Steadman Group Report, 2008; Quoted in

Mbeke 2008: 5). In contrast, about 7.5 million homes have radio sets (1.9 million in urban and 5.6 million in rural areas) with 63 radio stations (Mbeke 2008: 6). 16.7 million Kenyans listen to radio, and this suggests that disability interventions must pay particular attention to this media outlet, especially when one considers that newspaper readership is only at 23 percent (Steadman Group, 2008; Quoted in Mbeke 2008: 8)” (Njogu, 2009 pp.1-2)

In Nina and Ryder (2003) research, tourism bureaus were ranked the fifth most important information source amongst persons with disabilities while travel agents were ranked sixth. The vital role played by travel agents in the tourism distribution process is unquestionable (Vignuda, 2001; ESCAP, 2003). Travel agents have been described as the most important information gatekeepers in the travel decision making process (McKercher, Packer, Yau, & Lam, 2003). A clear understanding of their client needs and wants is undoubtedly central to their success (McKercher *et al*, 2003,). The ability of travel agents to provide reliable information for mainstream tourists is not in contention (McKercher *et al*, 2003). However, questions abound about the quality and accuracy of the advice they provide for needs of special populations such as persons with disabilities (McKercher *et al*, 2003, Darcy, 2006). Actually, it has been cited that travel agents may create an additional barrier to travel for these populations (McKercher *et al*, 2003). In a research of mature British travellers, travel agents were listed as the least important source of information (Callan & Bowman, 2000).

2.7 Categorization of Challenges

Though there is no consistency amongst disability researchers about what might constitute the greatest challenge facing persons with disabilities. Some researchers postulate that negative staff attitudes are the greatest limiting barrier (Turco, Stumbo & Garncarz, 1998; Burnett & Baker, 2001; Schleien *et al*, 1997; Smith *et al*, 2001; in Bi, Card, & Cole, 2007). Other researchers advance the proposition that societal attitudes towards persons with disabilities are the most potent and negative stressor in their lives (Voh, 1993; Hannon, 2007; Bi *et al*, 2007; NDA 2007; A.F.U.B., 2007), while others identify the aspect of navigating the physical environment as a major constraint to leisure travel (Turco *et al*, 1998; Vignuda, 2001; CETA, 2010).

What however seems to have the largest number of proponents is the issue of accessing information prior to departure (Ringaert & Horgan, 2001; Burnett & Baker, 2001; McKercher *et al*, 2003; NOP Consumer, 2003; Nina & Ryder, 2003; Daruwalla & Darcy, 2005; Eichhorn *et. al*, 2007) with some disability researchers noting that lack of accessing trustworthy and quality information to be perhaps the greatest challenge facing tourists with disabilities (Darcy 2003; Packer & Carter, 2005; OSSATE, 2005; Packer, Small, & Darcy, (2008) in Darcy; 2002).

2.8 Social Motivations of Persons with Disabilities

Research on social motivations of persons with disabilities by Nina & Ryder (2003) in the US ranked nature, landscape/wildlife photography, being together as a family, learning about new foods and beaches first as the most important social motivators among mobility challenged eco-tourists. Mountains were ranked second, lakes and streams third, wilderness/undisturbed nature and visiting friends and relatives were

ranked fourth, museums, galleries and other cultures fifth, while being physically active, historic sites and meeting people of similar interests were ranked sixth.

The least important social motivators for mobility challenged eco-tourists in Nina and Ryder's research were birds, mammals, learning new outdoor skills, interacting with native people, budget accommodations and predictable weather which all tied at 9th place and least important at 10th place were small towns and villages, creating friendships and relationships, having fun/being entertained, and local crafts. Interestingly, Nina and Ryder used two groups for their survey and findings of the non-focus group respondents revealed that they were not interested in watching or participating in sporting activities. The same respondents were also not interested in gambling (ranked the lowest), hunting or visiting amusement parks.

2.9 Other Factors with Significance on Hotel or Destination Choice

Disability research also cites transportation as main component of a disabled tourist experience. Transport has actually considered a major facilitator of social participation and leisure experience. Within an individual's community, day-to-day transport relies largely on pedestrian access, bus, train, light rail, ferry and Para-transit taxi options. In many instances, these public transport options are not available for easy use by persons with disabilities (ESCAP, 2003). The lack of accessible public transport has been identified as an inherent weakness of tourism for people with disabilities in Australia (Downie, 1994; Australian Tourist Commission, 1995; ESCAP, 2003). It is hypothesised in ESCAP (2003), that once a person with a disability has reached the destination, day-to-day transport options must then be established for their ease of movement. In many instances, if these linkages are unavailable, then the individual's tourism experience will

be restricted. Even when these Para transit systems are present, they are generally at a higher cost and provide a further barrier to travelling. A person with a disability must decide whether to attempt going to such a destination and work around these problems. In most cases, they will avoid these destinations if they believe the transport problems are insurmountable. As a result, this excludes persons with disabilities from the social experience of tourism that is a major incentive in the first place. The tourism experience becomes devoid of social interaction with the local tour operators, other tourists and local people (ESCAP, 2003).

Another factor that might have a bearing on choice of hotels or travel destinations amongst persons with disabilities is the issue of choice and variety of disabled access or special guest rooms (Darcy, 2008). The UN identifies this item as one of the main items where equality of service provision is needed (ESCAP, 2003). Research shows that in many instances, PWDs often have to make do with the same type of accommodation as persons without disabilities, essentially denying them a choice (Buj, 2010). Previous research by Darcy suggested that people with disabilities vary from the general population in that they are far more instrumental about having an accessible room to stay in and this prioritised over the other features the hotel (Darcy, 2008). Darcy reports that study participants were willing to stay at an accommodation if the room was functional for their needs, even if they could not use all the other facilities. Specifically, it was the access-way to the accommodation room itself, the bed and the bathroom in particular, which were crucial to making an informed decision about whether the hotel met their access needs or not. Darcy however notes that in areas where two good quality accessible rooms are available then the participants would make a quality choice based

on the competitive advantage of having a fully accessible property over one where only the accommodation room was accessible.

Another aspect that might influence the choice of one hotel facility over another is the ease and accessibility of parking facilities. In a Study commissioned by German's Federal Ministry of Economics and Technology (Federal Ministry of Economics and Technology, March 2004) to conduct a study on the economic impulses of accessible tourism in Germany' for all, provision of sufficient bus and car parking spaces for older and disabled guests was listed as a priority item in its minimum criteria of accessible holidays for all. Though ranked last at number 14 by both domestic and foreign tourists, a similar survey by the Government of India identified the issue of parking as one of the major bottlenecks of tourists with reduced mobility (GoI, 2010). Though a problem affecting many countries, it was a pleasant surprise to note that in Taiwan for example, many businesses meet their statutory requirements towards persons with limited mobility by providing accessible parking (Chang, Wang, & Shen, 2012). Interestingly, disregard of the plight of persons with disabilities amongst persons without disabilities significantly contributes to the problem. Schitko (2009) quotes a research undertaken by CCS Disability Action who found that 50% of vehicles using a public mobility parking space in New Zealand were doing so illegally'. Disregard for the rights of disabled drivers by ignoring the specially designated parking spaces highlights the general attitude of many in the community.

The expectation that a certain class of hotel would have requisite facilities for persons with disabilities is another factor thought to have an influence on the preference of one hotel facility over another. Some disability researchers have decried the growing levels

of dissatisfaction with accommodation standards by persons with disabilities particularly for hotels that were built in the early 70's and 80's before the enactment of disability legislation whose refurbishment efforts to comply with the legislation have still fallen short of PWDs expectations (Beall, Roberts, & Jago, 2005; Van Horn & Isola, 2006). The East African Community Gazette, Standards Criteria for Classification of Hotels, Restaurants and other tourist accommodation facilities in East Africa. (2010), lists facilities for the disabled as a criterion for classification. Sadly enough, facilities for persons with disabilities doesn't appear as an essential item but an added advantage for a hotel to qualify for a higher star rating. Minimum standards would go a long way in alleviation the problem of disparity in standards across hotels as is the case today.

2.10 Recommendations on the Role Hotels can play to improve the Lives of PWDs

Research indicates that majority of persons with disabilities feel that they would have better travel experiences if the industry raised its level of awareness towards persons with disabilities (Shakiry, 2008). According to Shakiry (2008), the issue of raising awareness of the plight of persons with disabilities is arguably the main reason behind accessible tourism and has led to many hospitality and tourism industry practitioners to start making their products and services more accessible for persons with disabilities. Disability awareness training in hotels to make staff more sensitive to the needs and wants of persons with disabilities has undeniably been reiterated by many disability researchers to be a key factor in making hospitality and tourism service providers more sensitive to the needs of persons with disabilities (Federal Ministry of Economics and Technology,

March 2004; London Development Agency, 2004; GoI, 2010; Stonesifer III & Kim, 2010).

Even though being inclusive seems to be the right thing to do, hospitality and tourism service providers have been accused for putting their profit needs first at the expense of taking care of persons with disabilities (Federal Ministry of Economics and Technology, 2004). Indeed some operators have even anecdotally stated that configuring rooms for persons with disabilities is a liability to their overall business. Research has revealed that many operators perceive the accessible tourism market as a low yield market, with the often misconceived stereotypical belief that persons with disabilities and the ageing market have significantly less disposable income (Darcy, 2008; Darcy & Cameron, 2008; Darcy, Cameron, & Pegg, 2010).

Another issue proposed by persons with disabilities is that of employment of persons with disabilities in the hospitality and tourism industry (Schitko, 2009; Vernon, 2011). Indeed, several countries have instituted a number of initiatives designed to facilitate and encourage the employment of people with disabilities. It is encouraging to note that in countries such as Japan and China, governments have set quotas for the recruitment of people with disabilities (Vernon, 2011). Corporate organizations, including hotels, have a key role to play to overcome the social exclusion of the most disadvantaged in our society. The current Kenyan constitution (2010) also accords equal opportunities for persons with disabilities in all sectors of the society including employment of persons with disabilities (GoK, 2010). There is significant research evidence that the potential of a disabled workforce is being under-utilised in the hospitality and tourism industry (Groschl, 2006; Schitko, 2009). Traditionally, the hospitality and tourism industry has

employed staff that fit the image of the industry: employees who are young, energetic and visually attractive (Whiteford & Nolan, 2007). However, as a result, these attributes end up being seen as more important than the actual ability of a staff member to perform required duties. For this reason, older applicants, those that are overweight and persons with disabilities are seldom considered to be suitable employees (Ross, 2004). Prior research on this aspect suggests that aesthetic skills are considered more desirable for hospitality works than technical skills (Nickson, Warhurst, Cullen & Watt 2003).

It is also apparent that having staff with disabilities in the hospitality and tourism industry could go a long way in providing role models for guests with disabilities as these employees would be more understanding of the plight of guests with disabilities in addition to fully integrating persons with disabilities in the society. American Express clearly notes that to fully service and satisfy their customers with disabilities, they must develop relevant and accessible products and services, driving loyalty and therefore, business results. In order to achieve this aim American Express notes that they need an enlightened and diverse organisational culture which can be achieved by engaging and including employees with disabilities, to contribute to the design and development of their products and services (Vernon, 2011). Other than this, research has established that having persons with disabilities in the recruitment pool makes it more likely to get the right person for a job (London Development Agency, 2004).

Persons with disabilities have also recommended that hotels should institute policies that specifically cover guests with disabilities. Policies pertaining to guests with disabilities are important in their own right for two main reasons. First, policies strengthen the rights of disabled citizens to travel and enjoy tourism on an equal basis and, on the other hand,

it guarantees the ability of hospitality and tourism service providers to deliver accessible services and facilities in an effective and sustainable way (ENAT, 2008). Indeed, it is through such policies that service providers will be able to improve the service experience of persons with disabilities as well as enabling the providers further explore this market (GoI, 2010; Shakiry, 2008). However, policies targeting persons with disabilities no matter how well intentioned are usually found inadequate by persons with disabilities due to lack of consultation by hospitality and tourism service providers (ENAT, 2008)

2.11 Government Interventions through Accessibility Legislation

Some countries have introduced legislation designed to make it compulsory for hospitality and tourism suppliers to create an environment that is accessible to persons with disabilities. Three examples of national legislation are the UK (British Disability Discrimination Act), America (American Disability Act) and Australia (Commonwealth Disability Discrimination Act). According to OSSATE, (2005), these countries represent the strongest attempts in creating legal accessibility standards. It is a legal requirement most of these countries that new rooms must be built with a portion of their rooms compliant to cater for the needs of those with disabilities (Ismail, 2002). While several other countries have national regulations addressing access for disabled people to public buildings and transport, accessibility is not consistently defined across all sectors; there is a lack of authoritative access standards and legislation is often not enforced. Therefore majority of hotels, apartments, restaurants, bars, visitor's attractions and modes of transport are inaccessible for persons with disabilities and special needs persons (Devine & Lashua, 2002; Devine, 2004; Yeung, Li, & Yeung, 2004).

The Act of parliament that deals with disability in Kenya is the Persons with Disabilities Act (2003). The National Council of Persons with Disabilities is represented by 8 ministries namely: Culture and Social Services; Local Government; Health; Education; Economic Planning; Housing; Transport; and Labour; Although a step in the right direction, this Act is very scanty particularly where issues of access of persons with disabilities to hotel and tourism products and services. The functions of the Council which are closely related to hospitality and tourism are: that persons with disabilities should be accorded equal opportunities by ensuring to the maximum extent possible that they obtain education and employment, and participate fully in sporting, recreational and cultural activities and are accorded full access to community and social services; Secondly, persons with disabilities are entitled to a barrier-free and disability-friendly environment to enable them to have access to buildings, roads and other social amenities, and assistive devices and other equipment to promote their mobility and thirdly, the Act also requires proprietors of public buildings to adapt their buildings to suit persons with disabilities in such manner as may be specified by the Council and they are required to comply with this requirement within five years after this section of the Act comes into operation.

The East African Community Gazette, Standards Criteria for Classification of Hotels, Restaurants and other Tourist Accommodation Facilities in East Africa (2010), on the other hand lists facilities for the disabled as a criterion for classification. To qualify for a higher star rating, it would be advantageous to have facilities for persons with disabilities. However, according to schedule 2 of the classification criteria, having these facilities is not considered as an essential item and 4 and 5 star hotels are only required to score 40

and 80% respectfully for this category. The Planning and Building Regulations (2009) by the National Planning and Building Authority however has tried to address issues of disability in a little more detail and this type of effort needs to be encouraged. However, the guide given is not adequate as compared to other countries that have specific standards for the disabled particularly in the hotel sector. The guide requires that a hotel with 100 guest rooms or more shall provide not less than 2 guest rooms with full facilities for the persons with disabilities and a further room for every complete 100 guest rooms in excess of 200. An effort has however been made by the National Planning and Building Authority to address issue of accessibility to public facilities by persons with disabilities.

2.12 Main Pillars of Accessible Holidays for All (Theoretical Framework)

The theoretical framework for this study is based on the main pillars of accessibility for all as prepositioned by the Federal Ministry of Economics and Technology, (2004) (Figure 2.12-1). The main pillars of accessibility are based on the basic premise that the wishes, expectations and travel behaviour of persons with disabilities do not differ materially from those of able-bodied persons.

The main difference proposed by the main pillars of accessible holidays for all, is that guests with disabilities place different demands on a holiday as a result of their disability. It is proposed that the presence of certain quality criteria, which are 'merely' a comfort factor for able-bodied guests, are crucial for guests with disabilities who wish to experience their holiday independently.

These four pillars represent the basis for an accessible holiday for everyone and encompass the entire hospitality or tourism service chain. For instance, the 'Information'

pillar is a requirement and a quality characteristic of the ‘Arrival’, ‘Accommodation’ and ‘Cultural activities’ elements in the service chain. The basic requirements placed on an accessible holiday correspond to the following main pillars

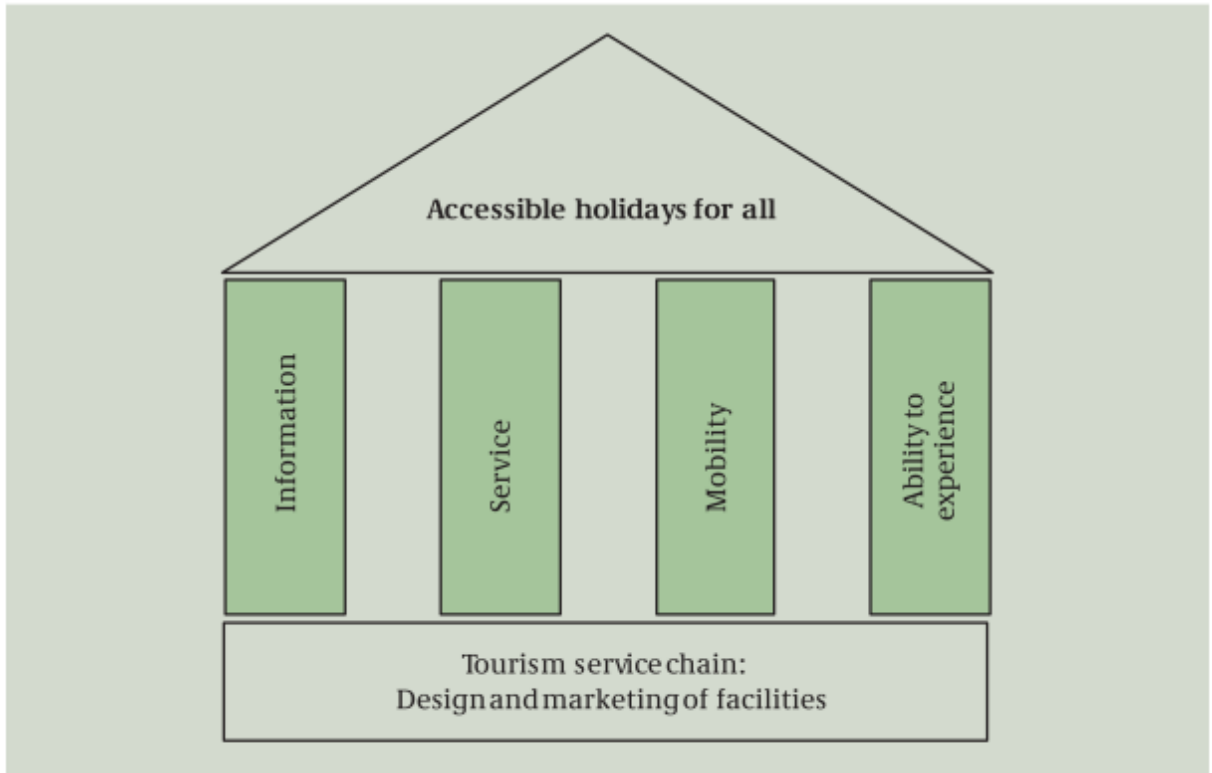


Figure 2.12-1: Main Pillars of Accessible Holidays for All

Source: (Federal Ministry of Economics and Technology, March 2004)

- i). **Information-** Access to all important information when planning and taking the holiday should include:-*Simplicity*: Information should be easily found; *Broad information*: Information should be available on the entire service chain; *Clarity*: The design and terminology used should be familiar and easily comprehensible; *Reliability*: The information should be verified and reliable and; finally,

Accessibility: The information as well as the information offices on the location/destination should be accessible to persons with disabilities.

- ii). **Service-** Recognition of persons with disabilities as a target group in their own right. Interactions with PWDs should be relaxed and friendly; they should be attended to by competent and qualified contact persons and lastly, they should be offered customised solutions and assistance.
- iii). **Mobility-** Issues covered here revolve around the ability to move around the destination independently; accessibility in the public domain; accessible transport infrastructure and local public transport and; accessibility of hospitality and tourism facilities and attractions, including ability to move around at these facilities and attractions.
- iv). **Ability to experience** –this pillar covers issues such as ability to experience the range of hospitality and tourism services at the holiday destination; accessible accommodation and dining establishments; access to characteristic regional and local sites (e.g. in a seaside resort, an accessible beach) and lastly; Access to cultural and leisure facilities and services

All must be taken into consideration along the entire service chain and implemented by means of relevant measures. Only then will it be possible for all persons to enjoy a largely independent holiday.

2.13 Gaps Arising from the Literature Review

When it comes to disability there has not been a corresponding degree of research into demand, supply and coordination issues (Darcy 2000; Darcy & Daruwalla, 2000; O'Neill & Knight, 2000). In addition, calls for empirical research have been made for a comprehensive needs assessment focusing on the disabled market (Grady & Ohlin, 2009) and this suggestion supports earlier conclusions by Burnett and Baker (2001, p. 4), who noted “research actions are needed that address the special problems, feelings, perceptions, and actual choice models used by consumers who are physically or emotionally challenged”. Stonesifer III and Kim, (2010) have also reiterated the need for future research into the overall hospitality experience of guests with disabilities.

This study therefore focused on demand factors by studying factors that affect the choice or preference of hotel facilities by persons with physical disabilities in Nairobi. Although extensive research was carried out in other countries concerning accessibility preceding and following the enactment of disability legislation, preliminary investigation, indicated that such research had not been conducted in Kenya.

CHAPTER 3:

RESEARCH METHODOLOGY

3.0 Introduction

This chapter provides the scientific methodologies that were adopted in the implementation phase of the study. The chapter presents the research design, the study area, target population and sampling techniques, data collection and data analysis procedures that were adopted in the study.

3.1 Research Design

The study utilized a cross sectional survey design carried out over a period of one (1) year to collect data on a sample of persons with physical disabilities so as to make general inferences about their priority considerations in the choice or preference of hotel facilities in Nairobi. This research design was considered adequate as it provided a reasonable assessment of the respondents' attitudes and behaviour at a particular period of time (Fink, 2003).

The cross sectional survey design also facilitated the exploration of relationships between the independent and dependent variables that had been identified for the study. The independent variables were experiences of PWPDS; attitudes and perceptions of PWPDS; information sources utilised by PWPDS; challenges faced by PWPDS; Recommendations to hotels by PWPDS; and priority items for the Government (recommendations) by PWPDS; while the dependent variable was choice or preference of hotel facilities by persons with physical disabilities. The direction of causal relationships, items on

retrospective (past behaviour) and prospective propensities (future behaviour) were included in the research instruments.

3.2 The Study Area

The study was conducted in the County of Nairobi. Nairobi was selected for several reasons, key, being it has a large population of persons with disabilities who are ethnically and socially diverse. The County of Nairobi is also the political and administrative centre of the country and the business capital of East and Central Africa in addition to being East Africa's industrial capital thus blending a cosmopolitan culture for this research (A.F.U.B., 2007). Due to its economic status, the likelihood of getting persons with physical disabilities in formal employment who had experiences with hotels products and services was high and therefore, this region was considered sufficiently representative of the wider disability sector.

3.3 Target Population

The population under study covered persons with physical disabilities in Nairobi Kenya. As a practical limitation, the researcher only concentrated on persons with physical impairments and not persons with visual, hearing and learning disabilities. According to the Kenya National Survey for Persons with Disabilities (KNSPWD) Preliminary report (2008), 4.6 % of Kenyans (approximately 1.6 million people) have some form of disability. The report puts the number of those with physical impairments at 1.6% (554,440 persons) compared to other forms of disabilities. Of these 554,440 persons with physical disabilities, the report approximates about 1.1 percent to reside in the city of Nairobi giving a target population of 6,099 persons with physical disabilities.

Persons with physical disabilities were selected for four key reasons. First and most important for this research and with great implication for the hospitality and tourism industry in the country, is that previous research indicates that persons with physical disabilities have the greatest need for special accommodation (Stonesifer III & Kim, 2010). Secondly, research also alludes to the fact that they offer the greatest insight into issues of disabilities (Stonesifer III & Kim, 2010). Thirdly, persons with physical disabilities represent the highest prevalence of persons with disabilities in the country (NCAPD, 2008) and thus would form the bulk of the market consisting persons with disabilities for Kenyan hotels thus the need to focus on them and lastly they have been mentioned to be more responsive to these types of surveys (Buj, 2010). To qualify for the study, participants had to be 18 years of age or older; and had to have travelled within Kenya and had at least one (1) overnight stay away from home in a hotel. There was no restriction placed on the class of hotel that the respondents stayed in.

3.4 Sample Size

Due to low response rates associated with disability studies a combination of sampling methods were employed for this study so as to increase the questionnaire response rate. Low response rates mainly attributed to tourism's industry disinterest or lack of understanding of disability tourism, are however not uncommon in quantitative disability studies with other researchers noting the same experiences (Darcy, 2006; A.F.U.B., 2007; STRC, 2008) with one author claiming an almost zero response rate for his web based questionnaire targeting disability organizations (Buj, 2010).

The following non probability sampling techniques were used for the study; convenience sampling was employed because no record of individuals with physical disabilities was

available. Purposeful sampling was also utilized as only persons with noticeable physical disabilities were targeted for the study. Snowball sampling method was also used where either individuals or organizations who agreed to participate in the study gave the researcher leads as to where other willing participants who qualified for the study could be found.

Using a sample size calculator (Maccor Inc., 2010) with a confidence level of 95% and a confidence interval of 5%, from a target population of 6,099 persons with physical disabilities, the sample size of disabled clients who were to be targeted for the study came to 361 persons. This figure excluded four (4) persons who were used for the pre-test.

3.5 Research Instruments

The study utilized researcher administered semi-structured questionnaires and personal interviews to obtain data. A combination of the two instruments was considered useful in helping overcome shortcomings of each instrument used in isolation.

Persons with physical disabilities were asked various questions relating to their experiences, attitudes and perceptions, challenges faced while using hotel products and services, their social motivations while using hotel products and services, sources of information, their recommendations to both the government and hoteliers and their priority considerations in choice or preference of hotel facilities. The resulting responses to these questions provided information on the current state, challenges and future prospects regarding priority considerations influencing the choice or preference of hotel facilities by persons with physical disabilities in Nairobi. In addition to knowledge gained from the responses, these questions provided an assessment of whether there was

a gap between services and facilities offered by hotels in Kenya and what persons with physical disabilities expected.

3.6 Instrument Validity and Reliability

In order to ensure that the questionnaire yielded consistent and reliable results, main factors were subjected to a Cronbach Alpha Test Statistic to assess their suitability in addressing the questions during the pre-test phase and also during the data analysis phase of the survey. Sub factors that scored a Square Mean Correlation (SMC) of less than 0.5 were dropped.

Cognitive interview pre-tests had been administered to four (4) persons with physical disabilities with 3-12 respondents being considered sufficient for this type of pre-test (Johnson, 2007). Further, valuable contributions from persons with physical disabilities were indicative of the validity of the measurement instruments adopted for the study.

3.7 Ethical Considerations

The researcher strived to ensure that the research was conducted within the principles of anonymity, confidentiality and informed consent in the execution of the research.

3.8 Data Collection Techniques

Data was collected in Nairobi County with the help of two (2) research assistants. The sample for persons with physical disabilities was to be drawn from registered associations of persons with disabilities in Kenya particularly the umbrella of National Council of Persons with Disabilities (NCPWD) which was set up by Act of parliament in 2004 to promote the rights of persons with disabilities in Kenya and mainstream disability issues into all aspects of national development. However, this approach was counterproductive

and yielded no results. This was however not unusual for disability based quantitative surveys (Darcy, 2006; A.F.U.B., 2007; STRC, 2008).

In response to this outcome, and to ensure higher response rates, two (2) methods were employed for data collection which included using researcher administered semi-structured questionnaires (296 respondents with a resultant 272 usable surveys) and personal interviews (84 respondents). The researcher administered instruments were deemed most feasible so as to provide for a higher response rate and also provide an opportunity to further probe the respondents on any issues that may not be clear.

3.9 Data Analysis

After data collection, questionnaires were coded, summarised and checked for possible errors. A spread sheet was created using Microsoft Excel, where completed questionnaires were keyed in. Bounds and controls on variables were then set and the spread sheet was exported to a statistical package. Data analysis involved quantitative techniques for data analysis which was a combination of various descriptive and inferential statistical techniques. Descriptive statistics were analysed using calculations based on means, frequencies and percentages of the responses given from each item.

Correlation between choice or preference of a hotel facility by persons with physical disabilities in Nairobi (dependent variable) and the predictor variables was undertaken using Pearson Product-Moment Correlation Coefficient to measure the strength of linear dependence between each variable used in the study and the choice or preference of hotel facilities. This correlation was used to either prove or disapprove the research

hypothesis. Multiple Regression was used to determine predictor variables influencing choice or preference of hotel facilities by persons with physical disabilities in Nairobi.

3.10 Conceptual Framework

The conceptual framework adopted for this study was an adaptation of the main pillars of accessibility for all as prepositioned by the Federal Ministry of Economics (2004). Figure 3.10-1 was the working model of factors that the researcher thought would determine the rate of adaptation of hotel facilities to cater for persons with physical disabilities.

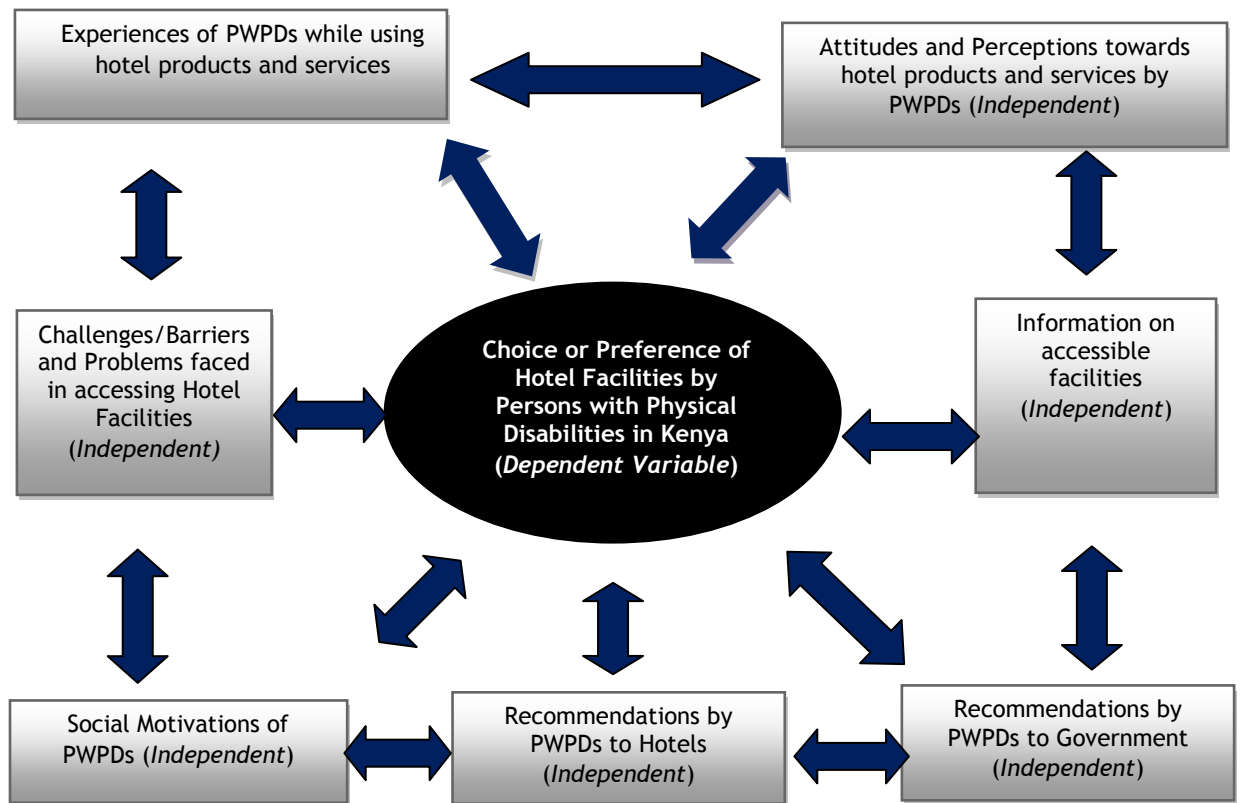


Figure 3.10-1: A Working Model of Priority Considerations influencing the Choice of Hotel Facilities by Persons with Physical Disabilities

Source: Researcher's Own Construct; 2009.

3.10.1 Independent Variables

Based on the literature review and study objectives, the interplay of the factors mentioned below would affect the choice or preference of hotel facilities by persons with physical disabilities.

- i) *Experiences of PWPDS while using hotel products and services* – It was anticipated that experiences of persons with physical disabilities while using hotel products and services would have a major influence on their choice of hotels. Based on past experiences, a person with a physical disability can

decide to try or avoid a hotel or hotel services. As individuals encounter new situations, they integrate their perceptions into an experience framework that influences future decisions. Hospitality managers must be aware that people (consumers) are products of their environments. Each new experience is integrated into a frame of reference against which new situations are evaluated. This frame of reference includes each individual's beliefs, values, norms, and assumptions (Reid & Bojanic, 2006). Descriptive and inferential statistics arising from survey responses were used to determine experiences of PWPDS and later these factors were correlated against the independent variable (choice or preference of hotels facilities by PWPDS) choice or preference of hotel facilities to establish if experiences of PWPDS were positively correlated with the choice or preference of hotels.

- ii) *Attitudes and perceptions*- Attitudes and perceptions held by persons with physical disabilities were thought to be critically important in influencing their choice or preference of hotel facilities. Each day, persons with disabilities are exposed to thousands of stimuli. Some of these stimuli are consciously received, resulting in a thought process, while others are simply ignored. Perception is the process by which stimuli are recognized, received, and interpreted. Each person with a disability perceives the world differently. Perceptions are manifested in attitudes. Attitudes on the other hand, are learned predispositions to act in a consistently favourable or unfavourable manner (Reid & Bojanic, 2006). Research has shown that persons with disabilities have usually been devalued and treated poorly in many areas of

service provision. The hospitality and tourism industry has been no exception in this discrimination against people with disabilities (Darcy & Daruwalla, 1999). This has led persons with disabilities to form attitudes and perceptions towards the hotel product which the study sought to unravel by using descriptive and inferential statistics. Relevant factors concerning attitudes and perceptions were correlated against the independent variable (choice or preference of hotels facilities by PWPDs) choice or preference of hotel facilities to evaluate if they were positively correlated with the choice or preference of hotels.

- iii) *Information on accessible facilities-* it was hypothesised that persons with physical disabilities would have a higher preference for hotels that had information concerning accessible facilities over those with little or no information. Poor information dissemination has been identified as a major weakness of tourism for people with disabilities. Research has established that information from disability organizations is the most important source of information, in addition to family and friends with significantly lower levels of reliance on mass media usage (Burnett, 1996). A section to test this variable was included in the questionnaire and descriptive statistics were used to analyse the responses. Relevant factors concerning information sources used by PWPDs were correlated against the independent variable (choice or preference of hotels facilities by PWPDs) to assess if they were positively correlated with the choice or preference of hotels.

- iv) *Challenges/Barriers and Problems faced in accessing Hotel Facilities* – It was contemplated that persons with physical disabilities encounter various challenges while accessing hotel products and services which would in turn discourage them from accessing hotels which have not made an effort to mitigate these barriers. Numerous barriers were identified in the literature review section of this study that prevent persons with disabilities enjoying hotel and tourism facilities. Descriptive statistics arising from survey responses were used to determine challenges faced by PWPDs while using hotel products and services. These factors were later correlated against the independent variable (choice or preference of hotels facilities by PWPDs) to measure if challenges faced by PWPDs were positively correlated with the choice or preference of hotels.
- v) *Special needs and Interests sought by Guests with Physical Disabilities (social motivations)* – persons with disabilities have special interests while accessing hospitality and tourism facilities. It was presumed that hotels that cater for these special interests are likely to attract persons with disabilities than hotels that don't cater for these interests (Ray & Ryder, 2003). Descriptive statistics arising from analyzing the questionnaire were used to determine social motivations of persons with physical disabilities towards hospitality and tourism products and services.
- vi) *Recommendations to Hotels by Persons with Physical Disabilities*- It was expected that hotels that take on board recommendations of persons with disabilities and those that have policies that specifically cover guests with

disabilities would be more preferred by persons with physical disabilities. Policies pertaining to guests with disabilities are important in their own right for two main reasons. First, policies strengthen the rights of disabled citizens to travel and enjoy tourism on an equal basis and, on the other hand, it guarantees the ability of hospitality and tourism service providers to deliver accessible services and facilities in an effective and sustainable way (ENAT, 2008). Indeed, it is through such policies that service providers will be able to improve the service experience of persons with experience as well as enabling the providers further explore this market (GoI, 2010; Shakiry, 2008). However, policies targeting persons with disabilities no matter how well intentioned are usually found inadequate by persons with disabilities due to lack of consultation by hospitality and tourism service providers (ENAT, 2008) Descriptive statistics arising from survey responses were used to enumerate recommendations by PWPDs to hoteliers and these factors were later correlated against the independent variable (choice or preference of hotels facilities by PWPDs) to measure if they were positively correlated with the choice or preference of hotels.

- vii) *Recommendations to Government by Persons with Physical Disabilities-* It was anticipated that recommendations by persons with physical disabilities to the Government in areas related to hospitality and tourism would influence their propensity to travel and in turn influence their choice of hotels. The government has a key role to play to ensure that interests of persons with disabilities are adequately taken care of. Survey respondents were asked to

rank items that the Government in collaboration with hoteliers should prioritize so as to make it possible for them to enjoy hotel products and services. Descriptive statistics arising from survey responses were used to enumerate recommendations by PWPDs to the Government and these factors were later correlated against the independent variable (choice or preference of hotels facilities by PWPDs) to measure if they were positively correlated with the choice or preference of hotels.

3.10.2 Dependent Variable

- i) *Choice or Preference of Hotel Facilities by Persons with Physical Disabilities*
 - This was the dependent variable for this study. The interplay of all the factors described in the preceding section were presumed to play a key role in determining the choice or preference of hotel facilities by persons with physical disabilities. These factors were measured against the independent variables mentioned in the preceding section by a combination of descriptive and inferential statistics, to examine the range of features or attributes important to the persons with physical disabilities. Finally, multiple regression was utilised to determine the best predictor variables that influence the choice or preference of hotel facilities by persons with physical disabilities.

CHAPTER 4

FINDINGS AND DISCUSSION

4.0 Introduction

The purpose of the study was to determine key variables influencing choice of hotel facilities by persons with physical disabilities in Nairobi. This chapter focuses on the findings and discussions of the study and highlights key areas such as response rates, study participants socio-demographic variables followed by discussions based on the study objectives and testing of hypotheses.

4.1 Response Rate

Responses were received from 380 persons with physical disabilities. Twenty four (24) questionnaires were however excluded from analysis because respondents failed to complete one or more sections of items required for the study ending up with 356 usable participant surveys out of the targeted 361 giving a response rate of 98.6%. This response rate was way above the 60% that is generally used as a threshold for survey quality in social sciences (Johnson & Wislar, 2012). The survey response rate was also consistent with response rates from other studies employing similar methodologies covering persons with disabilities ranging from 94-100%. (NCAPD, March 2008; Tsai, 2010). Figure 4.1-1 shows the study flow chart.

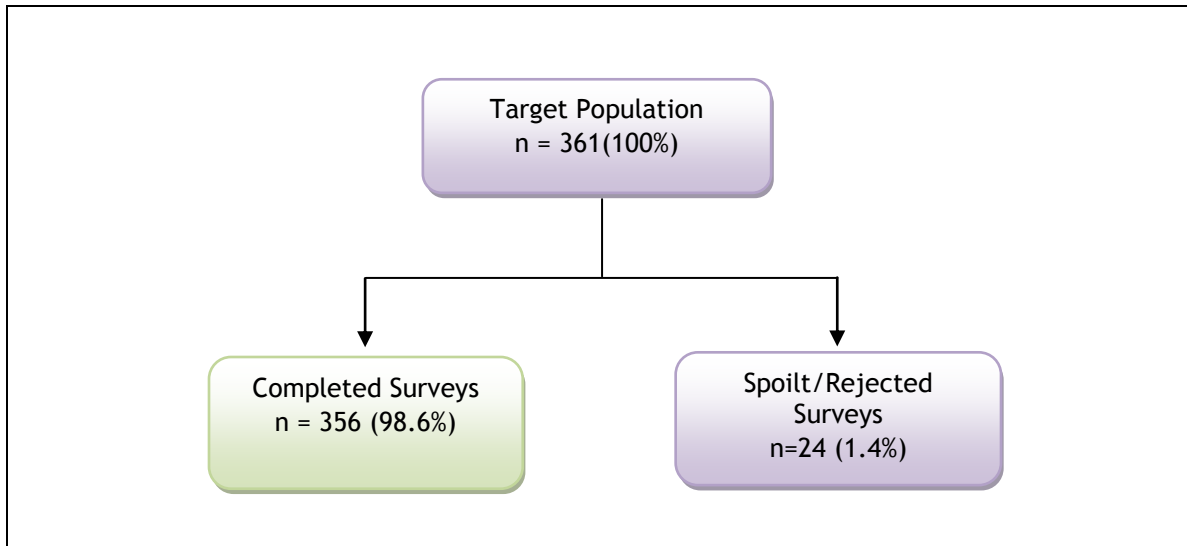


Figure 4.1-1: Study Flow chart

Source: Researcher, based on study results, 2012

4.2 Socio-Demographic Variables

Respondents' demographic characteristics were based on three (3) key demographic variables of gender, age and marital status that were used for all respondents. Majority of the respondents in the study were female at n-205 (58%)-(52%-63%) while male respondents were n-151 (42%) (37%-48%). This represented a ratio of female to male respondents at 1.4:1.

According to the population and housing census carried out in 2009 by the Kenya Bureau of Statistics (KNBS, 2010), disability specific figures indicated that females do indeed outnumber males a finding that was reflected in this survey. A two (2) sample proportion test was carried out to test whether the proportion of male to female respondents were significantly different, yielding a resulting Z-value of 4.05 and a p-value of <0.001. This therefore shows that female respondents in the study were significantly higher than the

male respondents ($p < 0.001$). This finding would imply that, in coming up with products and services for persons with disabilities, hoteliers should endeavour to come up with products and services that are friendlier to the female gender including greater personal security and comfort, lifts that are operable only by a key given to registered guests, rooms with full-length mirrors, skirt hangers in wardrobes, permanently lit corridors among other considerations as suggested by Peter Jones who summarised hoteliers responses to meeting special needs of female clients (Jones, 2002).

The findings on gender distribution in this survey were consistent with the Kenya National Survey of Persons with Disabilities (NCAPD, March 2008) and the State of Disabled Peoples' Rights in Kenya 2007 Report (A.F.U.B., 2007) where female respondents were higher than male respondents. Several other researchers also had a significantly higher number of female as compared to male respondents (Darcy, 2009; Buj, 2010; Chang, Wang, & Shen, 2012) ; but inconsistent with other studies which had a higher proportion of male as compared to female respondents. (Bi, Card, & Cole, 2007; Tsai, 2010; Guerra, 2003). Figure 4.2-1 shows the distribution of survey respondents by gender.

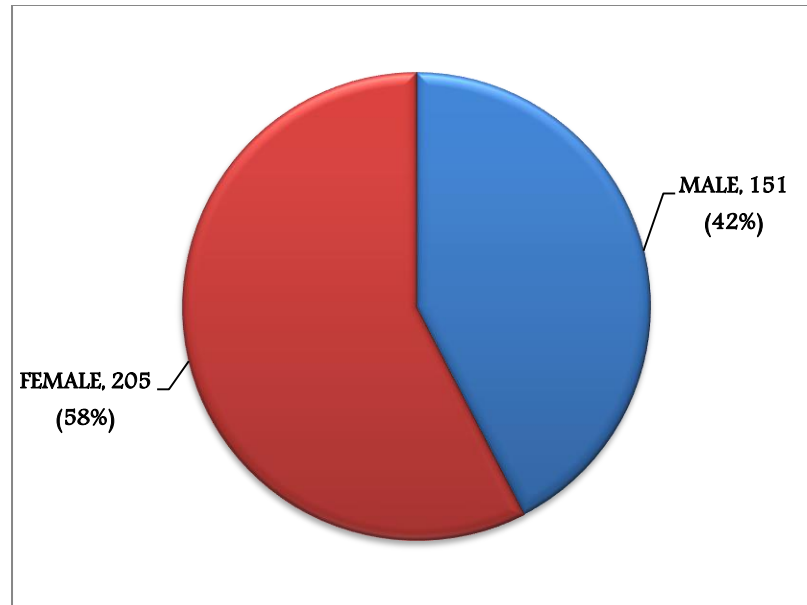


Figure 4.2-1: Survey Respondents Distribution by Gender (n=356)

Source: Survey Output, based on study results, 2012

Among the survey respondents, the age group with the highest number of respondents was that of the 18 to 30 year category at 42.1% (36.9%-47.3%) while the category with the lowest number of respondents was those aged 56 years and above at 9.6% (6.5% – 12.6%). This finding implies that the youth make up majority of the population of persons with disabilities who use hotel services and it is suggestive that should hoteliers want to target the market segment of persons with physical disabilities, then they should focus on developing products and services that appeal to persons within the 18-30 year old category such as inexpensive, no frills (budget or economy) hotels and casual dining concepts (Barrows & Powers, 2009). The finding on age distribution was consistent with the State of Disabled Peoples' Rights in Kenya 2007 Report (A.F.U.B., 2007) in which the youth were also the majority respondents. Figure 4.2-2 shows survey respondents categorized by age.

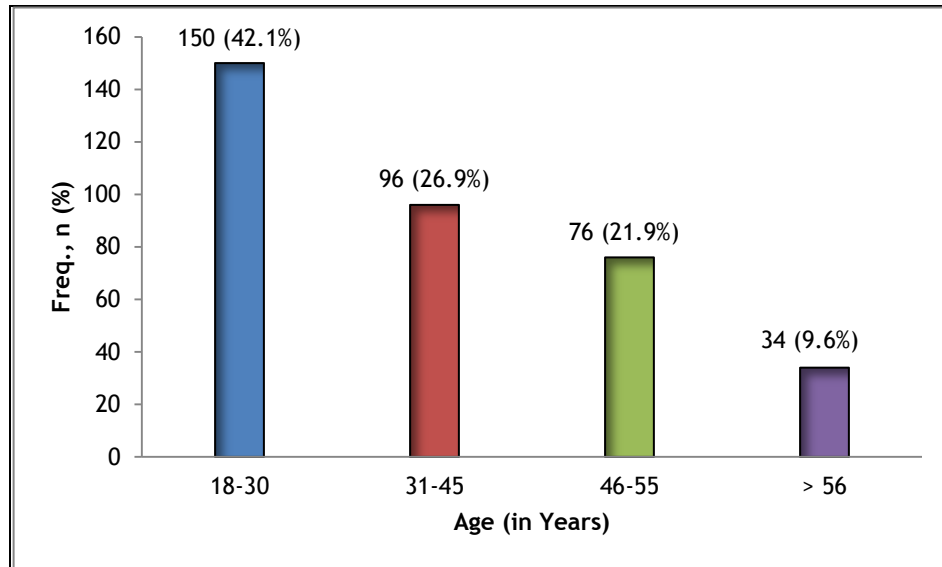


Figure 4.2-2: Survey Respondents Categorized by Age Bracket (n=356)

Source: Researcher, based on study results, 2012

In regard to marital status, 51.1% (45.9% – 56.3%) of the survey respondents were married closely followed by single persons at 34.6% (29.6 – 39.5%). This finding implies that if hoteliers were to target this market, they should come up with family friendly products and services as over half of the respondents had families. Figure 4.2-3 shows survey respondents categorized by marital status.

The findings on age results were consistent with the Kenya National Survey of Persons with Disabilities where the youth were the majority respondents. However, the results were inconsistent for marital status, with the Kenya National Survey of Persons with Disabilities putting married respondents at 31% as compared to single persons at 64% (NCAPD, March 2008). The State of Disabled Peoples' Rights in Kenya 2007 Report (A.F.U.B., 2007), attributes this skewness of the sample to difficulties attributed to reaching PWDs in the field.

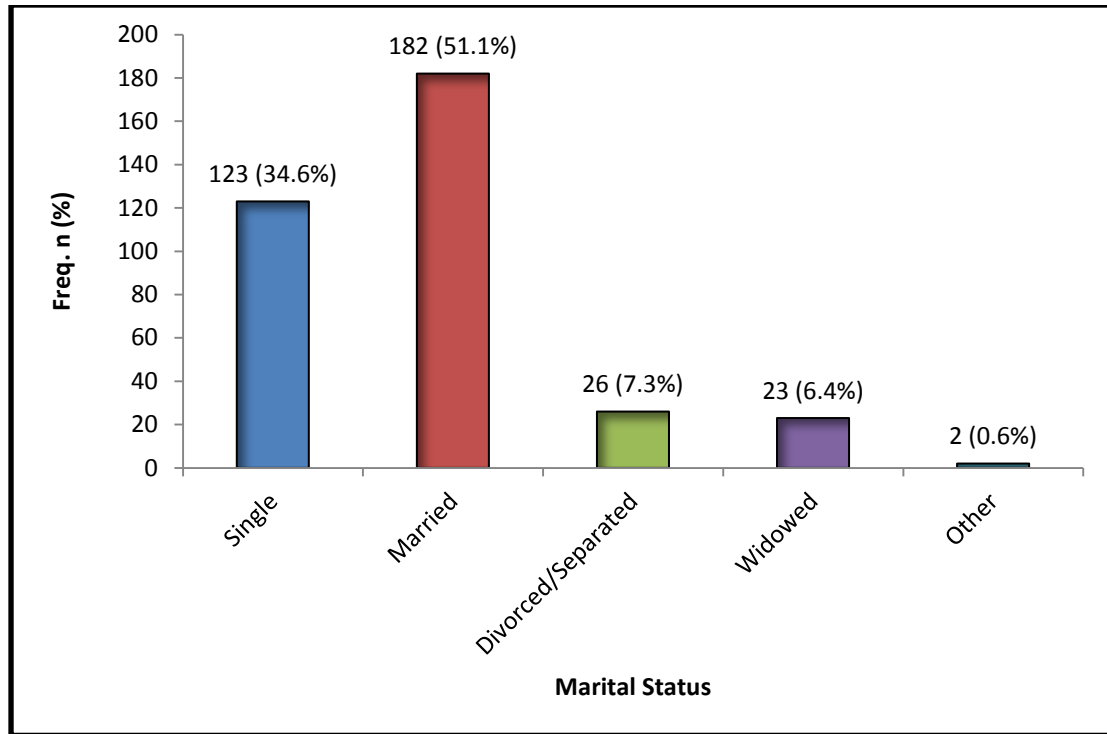


Figure 4.2-3: Survey Respondents Categorized by Marital Status (n-356)

Source: Researcher, based on study results, 2012

Fifty four percent (54%, n 191) of the survey respondents were not registered members of National Council of Persons with Disabilities (NCPWDs) as compared to 46% (n-165) who were registered. Out of the registered members, female respondents registered with NCPWDs were higher at 59% (n-98) as compared to males at 41% (n-67). Interestingly, the percentage of non-registered female respondents as compared to males was still higher at 56% (n-107) as compared to males at 44% (n-84).

These results indicate that persons with disabilities in Nairobi are not sufficiently versed about the functions and benefits of NCPWDs missing out notably on tax exemptions which would result in higher disposable incomes for persons with physical disabilities which in turn would significantly affect the amount of discretionary income which they could use in purchasing hotel products and services (Reid & Bojanic, 2006). These

findings were consistent with a survey by the Indian Institute of Tourism and Travel Management, an organization of the Ministry of Tourism, which claims that membership patterns of respondents to disability specific organisations is usually low and not encouraging (GoI, 2010). Figure 4.2-4 shows survey respondents registered with NCPWDs cross tabulated by gender.

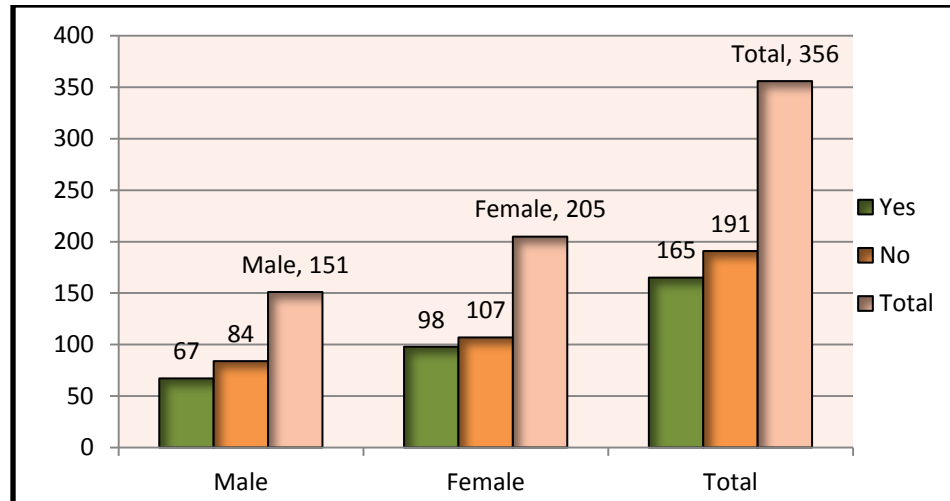


Figure 4.2-4: Survey Respondents Registered with NCPWDs Cross Tabulated by Gender (n=356)

Source: Survey Output, based on study results, 2012

4.3 Experiences Encountered by Persons with Disabilities

Experience is a major internal influence on consumer behaviour particularly in marketing. As individuals encounter new situations, they integrate their perceptions into an experience framework that influences future decisions. If consumers dislike their experiences, they are unlikely to return to that hotel or restaurant. Hospitality managers must remember that people (consumers) are products of their environments. Each new experience is integrated into a frame of reference against which new situations are

evaluated. This frame of reference includes each individual's beliefs, values, norms, and assumptions (Reid & Bojanic, 2006).

Survey respondents were requested to rank their opinions on eleven (11) questions related to their experiences while using hotels in Kenya on a Likert scale ranging from 1 representing strongly agree to 5 representing strongly disagree and the results were summarised in Table 4.3:1.

Table 4.3:1: Survey Respondents' Experiences while using Hotel Facilities in Kenya (n-356)

Main Factor	Sub-Factors	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
Experience	Denied accommodation on basis of physical impairment	32 (9%)	62 (17.4%)	47 (13.2%)	173 (48.6%)	42 (11.8%)
	Charged extra due to disability	36 (10.1%)	79 (22.2%)	43 (12.1%)	155 (43.5%)	43 (12.1%)
	Hotel had disabled access rooms	51 (14.3%)	75 (21.1%)	57 (16.0%)	129 (36.2%)	43 (12.1%)
	Carried assistive device because hotel didn't provide	106 (29.8%)	136 (38.2%)	40 (11.2%)	63 (17.7%)	11 (3.1%)
	Wheel Chair or motorised vans offered at no charge	61 (17.1%)	77 (21.6%)	63 (17.7%)	103 (28.9%)	52 (14.6%)
	Emergency evacuation procedures explained on arrival	52 (14.6%)	75 (21.1%)	59 (16.6%)	122 (34.3%)	48 (13.5%)
	Was able to fully participate in leisure activities at the hotel	42 (11.8%)	78 (21.9%)	57 (16.0%)	129 (36.2%)	50 (14.0%)
	Accorded equal treatment as persons without disabilities	54 (15.2%)	103 (28.9%)	54 (15.2%)	123 (34.6%)	22 (6.2%)
	Given false or misleading Information about facilities for the disabled by hotel	40 (11.2%)	87 (24.4%)	58 (16.3%)	138 (38.8%)	33 (9.3%)
	Hotel staff overestimated the amount of help needed by a PWPDP	67 (18.8%)	95 (26.7%)	57 (16.0%)	120 (33.7%)	17 (4.8%)
	Hotel concentrated on configuring rooms for PWPDPs but not on other aspects such the reception, bars etc	59 (16.7%)	78 (21.9%)	74 (20.8%)	120 (33.7%)	25 (7.0%)

Source: Researcher, based on study results, 2012

Survey respondents were asked whether they had ever been denied accommodation based on their disability and also whether they had been charged extra or forced to accept a more expensive type of arrangement based on their disability. These two related questions sought to find out whether provisions of the Persons with Disabilities Act, 2003, section 25 (1) (Republic of Kenya, 2004), on discrimination the grounds of disability were being flouted by Kenyan hotel practitioners. Two hundred and fifteen (n=215) - respondents (60.4%) reported that they had never been denied accommodation by a hotel in Kenya based on their disability while 94 respondents (26.4%) attested to having been denied accommodation based on their on their disability.

Also, majority of the respondents 198 (55.6%) reported that they had never been charged extra nor forced to accept a more expensive type of arrangement based on their disability as compared to 115 respondents (32.3%) who had been charged extra or forced to accept a more expensive arrangement based on their disability. These two findings suggest that majority of hotels in Kenya are not discriminative towards persons with physical disabilities. However, the 26.4% of respondents who cited being denied accommodation based on their disability and the 32.3% of clients who had been charged extra based on their disability are not a small percentage to ignore. This implies that though majority of Kenyan hotel operators' followed provisions of the Act by not discriminating against persons with disabilities, a few hoteliers still engage in the practice of discrimination against persons with physical disabilities. This suggests that disability organizations should embark on a sensitization exercise or disability awareness training among hotel and tourism practitioners so as to reduce the stigma associated with disability in the hospitality and tourism industry. Previous research along this theme by the European

Network for Accessible Tourism (ENAT, 2008) suggests that organizations dealing with persons with disabilities and individuals with disabilities can cite a multitude of examples of discrimination against disabled tourists, including unavailability or refusal of service, poor levels of service and difficulties of obtaining redress when a service is denied or inadequate.

Respondents were then asked whether the hotels they visited had specially configured rooms for persons with physical disabilities (disabled access rooms). It was noted that 172 respondents (48.3%) had stayed in hotels that had specially configured rooms for persons with disabilities while 126 respondents (35.4%) had to contend with staying in standard type rooms that were not configured for persons with physical disabilities. This finding indicates that hotels in the country are actually making an attempt to take care of guests with physical disabilities by making their room facilities more accessible to persons with physical disabilities and it also suggests that persons with physical disabilities from Nairobi are actually utilizing them. More effort should however be put in to take care of the remaining percentage that would have liked to use these rooms but have to contend with standard type accommodation.

Though unrealistic to assume that the situation will change overnight because of cost and time limitations, research by London Consulting Agency on improving accessibility for London's visitors economy recommends that, what is required in the short term is a commitment from the hospitality and tourism sector to strive to achieve a reasonable level of accessibility that balances disabled users' needs (London Development Agency, 2004). Research evidence adduces that finding suitable accommodation is the most difficult part in planning international travel for persons with disabilities. Undeniably,

even countries that have enacted rules and regulations or codes of practice have difficulty meeting the needs of persons with disabilities (Rosen, 1999). To further support this, research by Darcy (2008) indicated that 93% of persons with disabilities preferred to use an accessible room when using hotels while 63% cited the lack of suitable accommodation as a significant constraint to their travel patterns. Fifty two percent (52%) of respondents in Darcy's (2008) research cited the lack of suitable accommodation as the reason for not travelling as frequently as they would like. Supplementary research indicates that guests with disabilities ranked the aspect of accessible facilities in rooms (at 23%) second in importance with location of the hotel ranking first (at 37%) (Guerra, 2003). Hoteliers, on the other hand are a bit sceptical about constructing more disabled access rooms as they cite low occupancy rates and non-utilization by PWDs. This claim has been substantiated by Darcy (2008) who asserts that hotel managers usually report low occupancy of accessible rooms and that non-disabled customers do not like using accessible accommodation.

In response to whether they had to carry their own assistive devices in the instance the hotels they patronised did not offer them, majority of the respondents (68%) indicated that they had to carry their own assistive devices as compared to 20.8% who were provided with assistive devices by the hotels. One hundred and fifty five (n-155-43.5%) respondents reported that they had been offered wheelchairs or motorised vans at an extra charge by the hotel as compared to 138 respondents (38.7%) who had been offered this facility at no extra cost. This finding implies that majority of hotels offering assistive devices to PWDs view them as an extra revenue source a fact that was not accepted by majority of the respondents interviewed. In order to attract this market segment, it is

imperative that hotels put more effort to facilitate the provision of assistive devices to persons with physical disabilities particularly by offering motorised vans so as to make their holiday experiences more enjoyable.

Though there was no conclusive evidence of international best practices concerning the provision of assistive devices to persons with disabilities, this issue elicited considerable discussion among survey respondents. Previous research by the National Association of the Deaf Law and Advocacy Center Literature (NAD, 2007) suggested that places of public accommodation have a duty to provide assistive devices without charge where possible. If a surcharge has to be levied for loaned equipment, NAD quotes the Americans with Disabilities Act which specifies that it would be improper for a hotel to require a deposit on assistive equipment unless it requires a deposit from any patrons who need loaned equipment (e.g., video cassettes or videocassette players, irons or hairdryers). The Government of India, is however more forthright with this issue. India's Civil Aviation Requirements Section 3 – Air Transport Series 'M' part I issue 2, establishes regulations for the protection of and provision of assistance to disabled persons and persons with reduced mobility travelling by air in order to protect them against any form of discrimination and to ensure that they receive all possible assistance with due respect and dignity. In these requirements, Indian Airlines must provide wheelchairs and other assistive devices to persons with disabilities at no extra cost (GoI, March 2009).

One hundred and seventy (n=170, 47.8%) study respondents alluded that they had not been briefed on emergency evacuation procedures upon check in at the hotels they resided in as compared to 127 respondents who reported to have been briefed (43.5%).

This implies that majority of hotels in Kenya do not provide guests with emergency and fire exit procedures upon check in. Further probing on this question showed that majority of hotels had emergency procedure notices in the rooms but this by itself does not exempt the hotels from providing this information as this is an internationally accepted practice during check-in. This was also in contravention of the East African Classification requirements which under the information service section, makes it mandatory for all classified hotels to provide emergency and fire exit procedures to patrons (GoK, 2003).

One hundred and twenty (120) respondents (33.7%) said that they were able to fully participate in leisure activities in the hotels they stayed in since the hotels had invested in technology that made upgraded sports equipment available as compared to 179 respondents (50.2%) who weren't able to participate due to lack of upgraded sports equipment. This finding implies that majority of Kenyan hotels have not invested in upgraded sports equipment suitable for use by persons with disabilities hence denying them a chance to fully participate in leisure activities when visiting hotels. This should be an incentive for hotels to increase their investment in specialised equipment and technology so that guests with physical disabilities can be able to participate in leisure activities. This finding concurs with Vignuda (2010) who reported that persons with disabilities are desirous of participating in a wide range of activities and are not content with just being confined to a hotel. In addition, research by two other authors indicates that many physically and mentally disabled people possess a positive leisure attitude (Tsai, 2010; Chen, 2005).

Respondents were asked whether they felt that they had been accorded equal treatment as persons without disabilities while using hotel products and services. One hundred and fifty seven (n157-44.1%) respondents reported in the affirmative while 145 respondents (40.8%), reported that hotels they had patronized had favoured persons without disabilities over them. Though the figures were close, this finding indicates that a negligible majority of respondents were of the assertion that hotels in the country did not discriminate against them. Effort however needs to be made by Kenyan hotels so that guests with disabilities feel that they are valued by hotels and accorded equal treatment as all guests irrespective of whether they have a disability or not. This finding seemed to disagree with majority of research conducted in the area of disability. Almost all reports and studies accessed by the researcher seem to point towards some form of discrimination against persons with disabilities by service providers (McKercher, Packer, Yau, & Lam, 2003; A.F.U.B., 2007; ENAT, 2008; Greenbaum, 2008; De Lollis, 2010) and until the point of publication, the researcher had not found any information to suggest lack of discrimination against persons with disabilities in the hospitality and tourism industry.

Survey respondents were also asked whether they had ever been given false or misleading information about facilities for persons with disabilities by the hotels they had visited. One hundred and seventy one (n171-48.1%) respondents recounted having had a positive experience with hotels concerning truthfulness of information, .while 127 respondents (35.6%), testified to being given false or misleading information about facilities for persons with disabilities by hotels they stayed in. This finding implies that majority of hotels in the country do indeed give accurate information concerning facilities

for persons with disabilities but it was also worrying to see that a number of hotels in the country still give false and misleading information to persons with disabilities in order to secure business which is ethically wrong. Though slightly over half the respondents had been given correct information, they attested that getting accurate information was a big challenge to them.

This was in line with previous findings by other disability researchers who cite access to accurate and truthful travel information as the greatest barrier faced by persons with disabilities (OSSATE, 2005; EC (European Commission), 2006; GoI, 2010; Buj, 2010). Follow-up research by (ESCAP, 2003) also concurs with this finding and tries to offer a possible reason for this phenomenon in the hospitality industry. Their research found out that many accommodation operators do not really understand what accessible or barrier-free accommodation entails. In many instances, accommodation operators are often unable to provide accurate or detailed information about the features of their rooms. As a result, many of them represent their rooms as accessible or barrier-free, but people with disabilities find that the rooms are not suitable.

According to OSSATE (2005), travel planning of people with disabilities is normally characterised by a more detailed information enquiry than by people without disabilities. Persons with disabilities search for information with respect to their individual special requirements. The higher their accessibility requirements are, the more detailed information these customers need. This finding is also consistent with earlier research by McKercher, Packer, Yau, & Lam (2003), which revealed that the ability of travel agents to serve markets of PWDs was often compromised by inaccurate and incomplete information and they indicated that virtually all participants in their study had to

undertake substantial independent research to verify information about destinations, attractions and hotels they intended to visit, or activities they intended to participate in were accessible for their particular type of disability.

Research by NOP Consumer- London (2003), proposed that for persons with disabilities to feel that information is credible, a three (3) pronged approach needs to be followed so as to fulfil their travel needs. First, standards have to be set by respected disability organizations. Second, the assessment of facilities against these criteria ought to be conducted by an independent authoritative body and third, the subsequent information dissemination has to include clear descriptions on the criteria that lead to accreditation (NOP Consumer, 2003).

Survey respondents were also asked if they felt that hotel staff overestimated the amount of help that a person with a disability needed while using hotel products and services. Majority of the survey respondents (n162-45.5%) reported that hotel staff usually overestimate the amount of help that guests with physical disability need as compared to (n137-38.5%) who found the amount of help offered to guests with physical disabilities was appropriate. This finding suggests that majority of persons with physical disabilities in Nairobi feel that hotel staff are not adequately trained or conversant with procedures of handling persons with not only physical disabilities, but persons with disabilities in general. The issue of the apparent lack of disability awareness training in the hospitality and tourism industry and recommendations to have this type of training to make the hospitality and tourism industry more accessible towards persons with disabilities has been echoed by many researchers (Federal Ministry of Economics and Technology, March 2004; London Development Agency, 2004; GoI, 2010; Stonesifer III & Kim,

2010). Research by Stonesifer III and Kim (2010), among persons with mobility impairments in the USA showed that responses regarding hotel staff in the mobility disability segment echo those made by participants with hearing and visual impairments; all respondents indicated a need for better staff sensitivity training. The findings identified the need for ongoing disability training programs for hoteliers and tourism service providers and maintenance of common disabled courtesy standards (Stonesifer III & Kim, 2010). The research further noted that, even for hotels that do conduct disability awareness training, the training was not producing the outcome of ensuring positive guest experiences. The authors thus recommended that hotels should re-evaluate and possibly expand their sensitivity training programs.

A major complaint by managers' interviewed in their survey was that they often felt uninformed by the guests about their disabilities, and as such, were unaware of the need to provide additional services. It was recommended that in order to provide the best service possible for guests with disabilities, warm lines of communication between the guests and hotel property must exist. In the pre-arrival phase of a hotel stay, the burden then falls mostly upon the guest to make the hotel aware of his or her special needs.

Interestingly, majority of the survey respondents (n145-40.7%) were of the opinion that hotels are incorporating disability access across the whole property as compared to (n137-38.6%) of the respondents who are of the opinion that that hotels have been concentrating more on configuring sleeping rooms for persons with physical disabilities as compared to other aspects of hotel infrastructure such as the reception, bars, conference rooms and other facilities.

This finding suggests two things, first, majority of persons with disabilities in Nairobi feel that hotels in Kenya are taking a holistic approach to incorporating disability access across their whole property and not just focussing on rooms. Secondly, it shows that persons with disabilities might be so concerned with general accessibility and adaptation of sleeping rooms that they hardly notice lack of accessibility in other areas of hotel infrastructure. The assertion that hotels might be incorporating disability access in sleeping rooms only rather than across the whole property was based on the researcher's hunch and there was no evidence in literature accessed that proved or disapproved the assertion. However, the second implication concurred with a survey by the Federal Ministry of Economics and Technology (2004) to study economic impulses of accessible tourism for all in Germany in which they found that there were hardly any fully accessible dining establishments in German destinations. They noted that despite the presence of many barriers with regard to catering, only 24% of travellers with disabilities acknowledged encountering difficulties while accessing them. This might suggest that despite the existence of accessibility barriers in catering establishments, persons with disabilities might not view them as such a constraining factor a finding which Kenyan survey respondents might have mirrored.

Survey responses on experience were subjected to a Cronbach's α Test Statistic to ensure the internal validity and consistency of the items used for each variable in order to assess their suitability in addressing experience. In the first run, factors that scored a Square Mean Correlation (SMC) of less than 0.5 were removed and reliability re-ran as shown in Appendix 6.6.1-6.6.3. After dropping the factors which had scored a Square Mean Correlation (SMC) of less than 0.5, the Cronbach's α -Statistic improved to 0.65 which

was a much better estimation of experiences of persons with disabilities while using hotel products and services as shown in Appendix 6.6.2. A further test for reliability for the measurement of experience was ran for two (2) factors namely, '*being denied or refused accommodation on the basis that one had a physical impairment*' and '*being charged extra or forced to accept a more expensive arrangement based on one's disability*'. The Cronbach's α –Statistic was significant at 89% (> 60%) as shown in Appendix 6.6.3. Hair, Anderson, Tatham and Black. (1998) recommended that Cronbach Alpha values above 0.6 are deemed the lower limit of acceptability

A two sample t-test was carried out to determine whether there was a significant association between experience scores and socio demographic factors assessed for the study as shown in Table 4.3:2. It was noted that there was no significant statistical difference between the socio-demographic factors (gender, age and marital status) and experiences that the respondents had while using hotel products and services (p-value>0.05).

Table 4.3:2: Association between Experience Scores and Socio-Demographic Factors (n-356)

Demographic Factor	Level	n	Mean Score	Stdev.	t-statistic	95% CI (Difference)	p-value
Gender	Male	151	33.6	6.3	1.7	-0.2 to 2.4	0.084
	Female	205	32.5	5.7			
Age	18-46	322	32.8	5.9	-1.9	-4.1 to 0.10	0.062
	46+	34	34.8	6.9			
Marital Status	Married	182	32.4	6.3	-1.9	-2.4 to 0.04	0.057
	Unmarried	174	33.6	5.6			

Source: Survey Output; based on study results, 2012

4.4 Attitudes and Perceptions

Attitudes and perceptions occupy a very prominent role particularly in marketing theory since they are considered as internal factors influencing consumer behaviour. Each day, consumers are exposed to thousands of stimuli. Some of these stimuli are consciously received, resulting in a thought process, while others are simply ignored. Perception is the process by which stimuli are recognized, received, and interpreted. Each individual consumer perceives the world differently. Perceptions are manifested in attitudes. Attitudes on the other hand, are learned predispositions to act in a consistently favourable or unfavourable manner (Reid & Bojanic, 2006).

Survey respondents were asked to rank their opinions on sixteen (16) questions related to their attitudes and perceptions towards hotel products and services on a Likert scale ranging from 1 representing strongly agree to 5 representing strongly disagree . Table 4.4:1 shows a summary of survey respondents' attitudes and perceptions towards hotel products and services with eight of the 16 sub factors scoring a p-value of <0.05 being discussed .

In regard to attitudes and perceptions towards hotel services and products and based on factors that scored a p-value of < 0.05 , the respondents found the following items significant. Majority of the survey respondents (mean 2.41; p-value <0.001) agreed that they found Kenyan hotels to be ignorant in terms of arrangements needed for and knowledge of persons with disabilities. Most of the respondents (mean 2.44; p-value <0.001), were also of the opinion that hotel staff underestimate what a person with physical disability can do.

Table 4.4:1: Survey Respondents' Attitudes and Perceptions towards Hotel Products and Services (n 356)

Main Factor	Sub-Factors	Mean Rank	se (mean)	Z	P value	95% CI	
						lower	upper
Attitude and Perceptions	Hotels ignorant in terms of arrangements needed for PWDs	2.41	0.06	5.1	<0.001	2.28	2.54
	Hotel staff underestimate what a PWPD can do	2.44	0.06	6.6	<0.001	2.31	2.56
	Kenyan hotel sector is too profit oriented to cater for needs of PWD's	2.56	0.06	1.1	0.294	2.43	2.68
	PWD's trust in travel agents who claim to organize travel for PWD's	3.24	0.14	9.0	<0.001	2.95	3.52
	PWDs confidence in information provided concerning facilities for PWD's	3.03	0.06	8.7	<0.001	2.91	3.15
	Difference in PWDs experiences if there was an association for PWD's rating hotels	2.42	0.06	4.1	<0.001	2.3	2.54
	PWDs who would feel more drawn or attracted towards a hotel that used a PWD as a model in the advert	2.41	0.06	5.4	<0.001	2.29	2.53
	Hotels perceive PWD market as too insignificant to invest in	2.39	0.06	4.8	<0.001	2.28	2.5
	Hotels have invested in disabled access rooms to score a higher (HRA) rating	2.63	0.07	0.6	0.549	2.51	2.76
	Hotels have invested in disabled access rooms due to demand from PWD's	2.74	0.06	0.8	0.454	2.61	2.86
	Hotels have invested in disabled access rooms due to demand from overseas travel agents and tour operators	2.75	0.06	1.4	0.134	2.62	2.87
	Hotels have invested in disabled access rooms for positioning/marketing reasons	2.74	0.06	2.1	0.034	2.61	2.86
	Hotels have invested in disabled access rooms as part of its efforts to show concern for the disabled guests	2.92	0.06	6.3	<0.001	2.8	3.05
	Hotels have invested due to lobbying by special interest groups to cater for the needs of the disabled	2.61	0.06	0.3	0.764	2.49	2.73
	Hotels have invested in disabled access rooms to comply with international expectations	2.61	0.06	0.9	0.368	2.48	2.73
	Hotel staff are sufficiently trained to handle unique needs of persons with physical disabilities (disability awareness training)	3.05	0.07	0.3	0.753	2.92	3.19

Source: Researcher; based on study results, 2012

These findings implied that Kenyan hotel staff are not versed with sufficient experience, nor requisite skills and knowledge of how to handle guests with disabilities. Research on disability studies have revealed that lack of adequate training of tourism professionals (disability awareness training) is a major issue of contention when it comes to serving

this market. Findings in this study concurred with previous research by Buj, (2010) who noted that persons with disabilities not only complain about lack of hotel operatives/staff technical knowledge but also about their unhelpful attitude. A similar concern has also been raised by another researcher (Guerra, 2003). Other researchers have shown that it is apparent that many service providers have little experience of disabled people's needs (ESCAP 2003; Wescot, 2004).

Guests' perception of the hospitality and tourism product quality is ultimately hinged on the interaction they have with employees and hospitality and tourism service providers must therefore ensure that every service encounter will positively influence the customers' evaluation of the hospitality experience (Schitko, 2009). This has got significant economic benefits for the hospitality and tourism industry as it has been verified through research, that persons with disabilities are more loyal to establishments that meet their needs than persons without disabilities (Burnett & Baker, 2001; Wescot, 2004; Open Doors Organization (ODO), 2005; Koeppel, 2004; Stonesifer III & Kim, 2010). Furthermore, research has also affirmed that training is a key avenue through which a change in the attitudes of persons without disabilities towards those with disabilities can be effected (Daruwalla & Darcy, 2005). In response to this key fact, many hotels and tourism service providers have instituted hotel disability training for their employees to mitigate this apparent weakness (Koeppel, 2004; Australian Hotels Association, 2007).

The effectiveness of these training programs has however been questioned. It has been claimed that even for hotels that conduct disability awareness training; the training is not producing the desired outcome of ensuring positive guest experiences. The authors thus

suggest that hotels should re-evaluate and possibly expand their sensitivity training programs (Stonesifer III & Kim, 2010). Research has also established that educational institutions in the field of hospitality and tourism have also contributed to the situation of not preparing students adequately to handle persons with disabilities at the place of work. It has indeed been noted that, even as hospitality and tourism course content develops, there appears to be very little consideration of the accommodation of the needs of guests with disabilities in course training curriculum for students pertaining disability awareness training (Schitko, 2009).

Majority of the respondents (mean 2.42; p-value <0.001) also felt that there would be a difference in the experiences of PWDs if there was an association for PWD's rating hotels. This implies that persons with disabilities in the country would feel more confident if disability organizations were incorporated in the Hotel and Restaurant Classification Authority as this would make them have more faith in the rating of hotels particularly on issues hinging on disability. The role of involvement of guests with disabilities and disability organizations in looking out for the need of persons with disabilities and rating of facilities for hotels has started generating some considerable attention from disability researchers (Stonesifer III & Kim, 2010; Eichhorn, Miller, Michopoulou, & Buhalis, 2007).

Collaboration of disability organisations and the hospitality and tourism industry in agitating for improved products and services for persons with disabilities cannot be under emphasised (London Development Agency, 2004; Van Horn & Isola, 2006). Stonesifer and Kim suggest that by consulting with guests with disabilities, hoteliers can go “above and beyond” the requirements of the standards for accessible design. Research by

Eichhorn *et al*; (2007) revealed that persons with disabilities trust these organisations and are concerned with who collected the information, a fact corroborated by the study respondents who said that their experiences in hotels could be better had there been an association of PWDs rating hotels. At the moment we don't have such kind of organizations liaising with the hotel industry in the country to improve the situation of persons with disabilities

Majority of Survey respondents (mean 2.41; p-value <0.001) also indicated that they would feel more drawn or attracted towards a hotel that used a PWD as a model in the advert. This finding implies that hotels in Kenya should consider including aspects of accessibility and models of persons with disabilities in their hotel promotional materials so as to reach out to persons with disabilities. This finding concurs with Nina's and Ryder (2003) research who in their recommendations suggested that marketers can easily reach out to them by simply including a person in a wheel-chair or a deaf person signing (as well as those with other disabilities) in their mainstream advertising. They further noted that persons with disabilities often remember when they have been portrayed in advertisements and they have a more positive attitude towards those organizations that practice inclusion (Nina & Ryder, 2003). Survey respondents who did not feel that having a model on promotional material would be appropriate, cited the issue of stigma towards persons with disabilities and were of the opinion that hotels would just use them for marketing purposes and not that they really cared about them.

Though survey respondents were undecided on several factors relating to attitudes and perceptions towards hotel products and services, there were some responses that were of research significance scoring a p-value of <0.05. Majority of survey respondents weren't

decided on whether they trust travel agents who claim to specialise in organizing travel for PWDs (mean 3.24 ; p-value <0.001). This finding implies that majority of survey respondents either had not used the services of travel agents in making their travel arrangements or respondents were not versed with the critical role that travel agents play in the travel facilitation process. It is plausible that Kenyan travel agents have either not given a thought to this market as a source of revenue or they have a poor insight on how to meet their needs and have hence ignored them. This finding suggests that travel agents need to take time to seriously study the needs of persons with disabilities so as to custom their products and services to meet the unique needs of this market. This concurred with research findings by Callan and Bowman, (2000) who found out that mature British travellers, (also aggregated as part of the special needs market) considered travel agents as the least important source of information whenever they considered making travel arrangements.

Respondents were also undecided whether hotels they had visited had invested in disabled access rooms out of their efforts to show concern for persons with disabilities (mean 2.92; p-value <0.001). This finding implies that hotels in the country have not come out strongly on their care and concern for persons with disabilities hence the feeling by persons with physical disabilities as to whether the hotels are doing the changes in the rooms out of genuine care and concern or they are purely motivated by profit. This finding agrees with research findings by the Economic Impulses of Accessible Tourism for All, which found out that hospitality and tourism service providers will only invest in accessible facilities if they can expect these facilities to generate turnover that, as a result

of new customer groups, is significantly higher than the investment costs themselves (Federal Ministry of Economics and Technology, March 2004).

Survey responses on experience were subjected to a Cronbach Alpha Test Statistic to establish the internal validity and consistency of the items used for each variable and in the process assess their suitability in addressing attitudes and perceptions. In the first run, factors that scored a Square Mean Correlation (SMC) of less than 0.5 were removed and reliability re-ran as shown in Appendix 6.6.4– 6.6.6. After dropping the factors which had scored a Square Mean Correlation (SMC) of less than 0.5, the Cronbach's Alpha Statistics improved to 0.79 which was much better estimation of attitudes and perceptions of Persons with physical disabilities in Nairobi towards hotel products and services. As shown in Appendix 6.6.5.

A further test for reliability for the measurement of attitudes and perceptions were run on four (4) factors namely, being '*investment in disabled access rooms to score a higher HRA rating*'; '*Investment in disabled access rooms due to demands from persons with physical disabilities*'; '*Investment in disabled access rooms due to demand from overseas travel agents and tour operators*'; and '*Investment in disabled access rooms for marketing/positioning reasons*'; yielding a Cronbach's α -Statistics of 0.85 which was way above the 0.60 required score of reliability as shown in Appendix 6.6.6. Hair *et al.* (1998) recommended that Cronbach Alpha values above 0.6 are deemed the lower limit of acceptability.

4.5 Potential Discrimination in Hotels

Survey respondents were asked whether based on their experiences, they would consider hotels in Kenya to be discriminative towards persons with disabilities. Majority of the respondents (n200-58%) were of the opinion that hotels were not discriminative towards persons with physical disabilities as compared to (n-156-42%) who felt that hotels were discriminative. Figure 4.5-1 shows survey respondents opinions based on their experiences as to whether hotels are discriminative towards persons with disabilities.

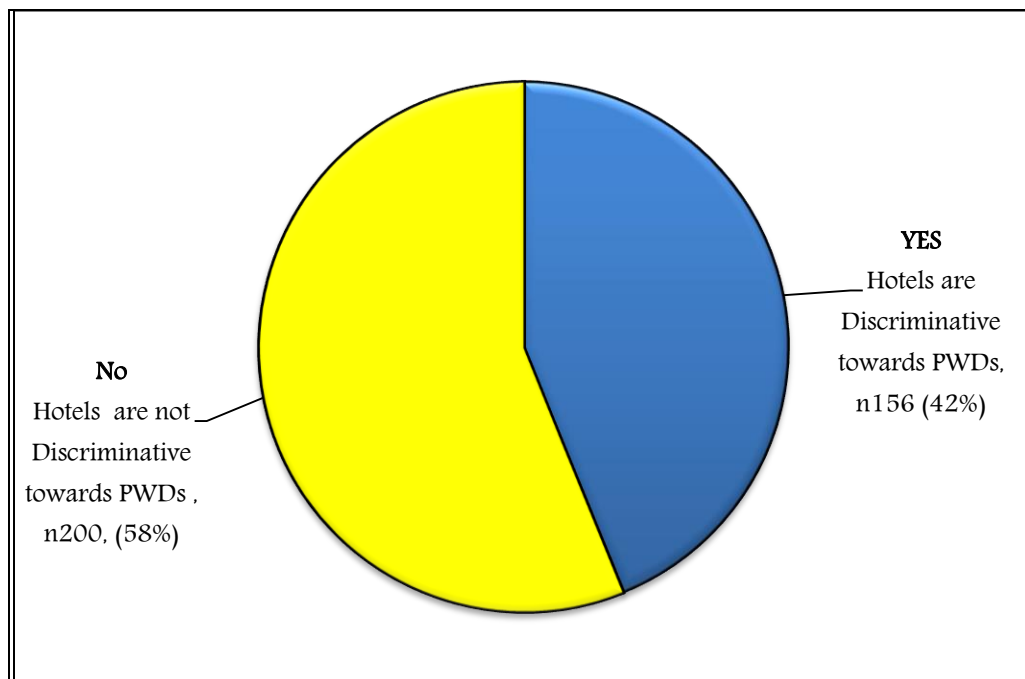


Figure 4.5-1: Survey Respondents Opinions on whether Hotels are Discriminative towards Persons with Physical Disabilities (n-356)

Source: Researcher; based on study results, 2012

A one sample z-test was ran on the two responses to see whether the proportion of those who responded 'yes' was significantly different from those who answered 'no' yielding a z-value of -26.6839 (minus) and a two tailed p-value of <0.0001 meaning that there was a significant difference between the proportion of survey respondents who felt that hotels

were not discriminative as compared to those who thought that hotels were discriminative.

The finding implied that a significant proportion of persons with physical disabilities in Nairobi generally have had positive experiences in Kenyan hotels meaning that Kenyan hotels have made positive strides towards elimination of stigma and associated discrimination commonly associated with service providers when dealing with persons with disabilities. This finding was contrary to what majority of disability researchers have postulated all along that discrimination is rife in the service industry. Although not much is known about the prevalence of discrimination against persons with disabilities (Turner, Herbig, Kaye, Fenderson, & Levy, 2005), it is agreed upon by disability researchers that persons with disabilities have been subjected to discrimination in many fronts including access to public service of which the hospitality and tourism industry falls under (McKercher, Packer, Yau, & Lam, 2003; Turner, Herbig, Kaye, Fenderson, & Levy, 2005; A.F.U.B., 2007).

4.5.1 Response to Discrimination

Opinions on how those affected responded to discrimination were sought from those who answered in the affirmative (yes-hotels are discriminative n-156). In this question category, respondents were allowed to tick all categories that applied in case they had more than one reaction to discrimination encountered while using hotel products and services. Out of the 186 ticked responses, it was found out that, majority of the respondents, 52.2% (n-97), chose to avoid or distance themselves from situations in which they experienced abuse or discrimination, 33.3% (n-62) resisted and kept returning and trying to change the situation in which they had experienced abuse or discrimination

and 14.5% (n=27), chose to report, complain or take legal action about situations or contexts in which they experienced discrimination. Figure 4.5.1-1 shows survey respondents' reaction to discrimination by those who answered "yes".

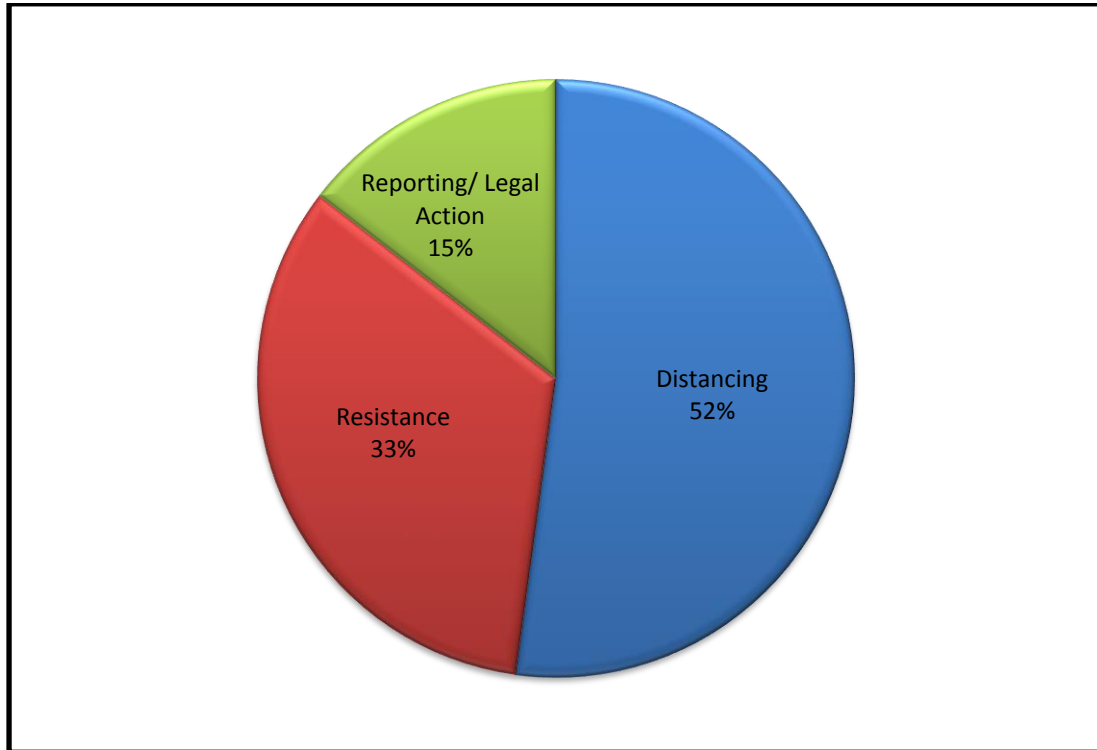


Figure 4.5.1-1: Survey Respondents' Reaction to Discrimination by Hotels (n 356)

Source: Survey Output; based on study results, 2012

These findings imply two things. Firstly, hoteliers and tourism service providers should note that even though only a few persons with physical disabilities would report, complain or take legal action about situations or contexts in which they experienced discrimination, quite a number of them would voice their opinion on how they perceive to have been discriminated by trying to resist and challenge the context in which they felt discriminated against. The onus then lies with hotel and tourism service providers to take

any complaint made by a guest with a disability seriously and remedy the situation as soon as possible so as to guarantee their sustained custom.

Secondly, and perhaps most importantly however, hoteliers should also note that majority of persons with disabilities will not report to them instances of perceived or actual discrimination and instead choose to avoid or distance themselves from situations in which they have experienced abuse or discrimination. This means that the persons with disabilities market segment is an extremely sensitive market and this finding would suggest that if hotels don't accurately study the needs and expectations of persons with physical disabilities, or are insensitive to their feelings, the likelihood of losing this market segment to competitors or putting them off travel and hotel experiences is very high. Hotels must therefore take a very keen interest in this market needs and wants so as to satisfy them and avoid any form of discrimination whether it is actual or perceived and ensure that their staff are trained on aspects to do with disability so as not to unintentionally disappoint this significant but often unexplored market if they are to secure their business.

A similar survey in the State of Disabled Peoples' Rights in Kenya had almost similar results. In this survey, majority of the respondents (47 percent) chose to distance themselves from those contexts and situations that had caused them pain and suffering in the past (A.F.U.B., 2007). The study results however did concur with results of the State of Disabled Peoples' Rights in Kenya report 2007 for the other two categories of resistance and reporting/ legal action. In their survey, reporting/legal action ranked second with about 46% while resistance ranked at about 32%. Compared to this study's findings, this might be indicative that persons with disabilities in Nairobi have more of a

resolve in trying to change the situation or challenge the status quo than respondents in the State of Disabled Peoples' Rights in Kenya survey.

Cross tabulation by gender showed that significantly more females, 51.5% (n=50) choose to distance themselves from situations in which they experienced discrimination than males at 48.5% (n=47); (chi-square=10.3, p-value = 0.001) while a significant proportion of male respondents 54.8% (n=34), opted for resistance as compared to 45.2% (n=28) of female respondents (chi-square=4.7, p-value = 0.029). 51.9% (n=14) of the female respondents opted to report or take legal action as compared to 48.1% (n=13) of male respondents. This finding implies that irrespective of gender, when majority of persons with physical disabilities are faced with incidences of discrimination in hotels they would respond in a similar way of: - majority of them distancing themselves from the context of discrimination, then at second rank resist the context of the discrimination and reporting or legal action would be the last option. Irrespective of gender differences then, this finding has similar implications to the initial assertion that this market segment is an extremely sensitive market and if hotels discriminate against them or are insensitive to their needs, they would lose this market segment to competitors or put them off travel and hotel experiences as they distance themselves or avoid situations in which they experience discrimination or mistreatment. Figure 4.5.1-2 shows survey respondents' reaction to discrimination by gender.

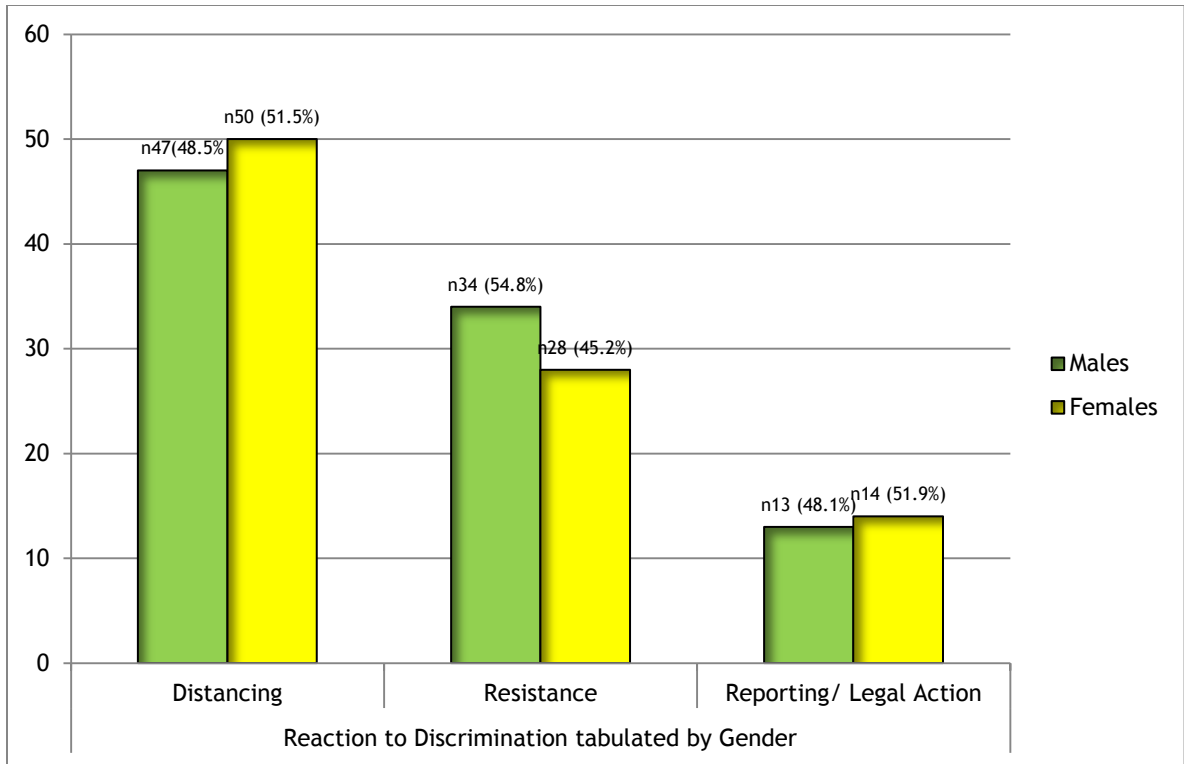


Figure 4.5.1-2: Survey Respondents' Reaction to Discrimination by Gender

Source: Survey Output; based on study results, 2012

Survey responses were also subjected to cross tabulation by age as summarized in Table 4.5.1:1. It was found that, the 18-30 year age category generally exhibited more intense reactions to discrimination across the three listed categories of distancing, resistance and reporting than older respondents in other age groups as shown in Table 4.7.1-2. ($p > 0.05$). This finding implies that the youth with disabilities market is more sensitive to issues regarding discrimination and if a hotel decides to pursue this market, more sensitivity to youth with disability and extra vigilance on the part of the hotel is needed when dealing with the youth (18-30 year old category) than when dealing with slightly more mature guests at least where age is concerned.

Table 4.5.1:1: Survey Respondents Reaction to Discrimination by Age Bracket

Response to Discrimination	Age Bracket							
	18-30		31-45		46-55		> 56	
	Freq (n)	%	Freq (n)	%	Freq (n)	%	Freq (n)	%
Distancing	39	40.2	25	25.8	24	24.7	9	9.3
Resistance	29	46.8	13	21.0	14	22.6	6	9.7
Reporting	12	44.4	7	25.9	7	25.9	1	3.7

Source: Researcher; based on study results, 2012

Survey respondents who choose not to report or take legal action (n=228) were asked reasons behind their choosing not to report and the following were their responses. Twenty four percent (24% - n=55) said they didn't report since nothing would have been done; Sixteen percent (16% -n=36), did not report because of the belief that there was corruption; Fifteen percent (15%-n=35) didn't report due to fear of consequences of reporting and the time and effort in resolving issues; another 15% (n=35) didn't report due to lack of information about how to proceed and make a claim, 11% (n=26) didn't report due to lack of financial means/resources to sustain a legal claim; 10% (n=23) didn't report due to lack of access to appropriate administrative or legal structures while 8% (n=18) didn't report due to self-blame (feelings of shame and inferiority). Figure 4.5.1-3 shows survey respondents' reasons for not reporting or taking legal action against perceived discrimination.

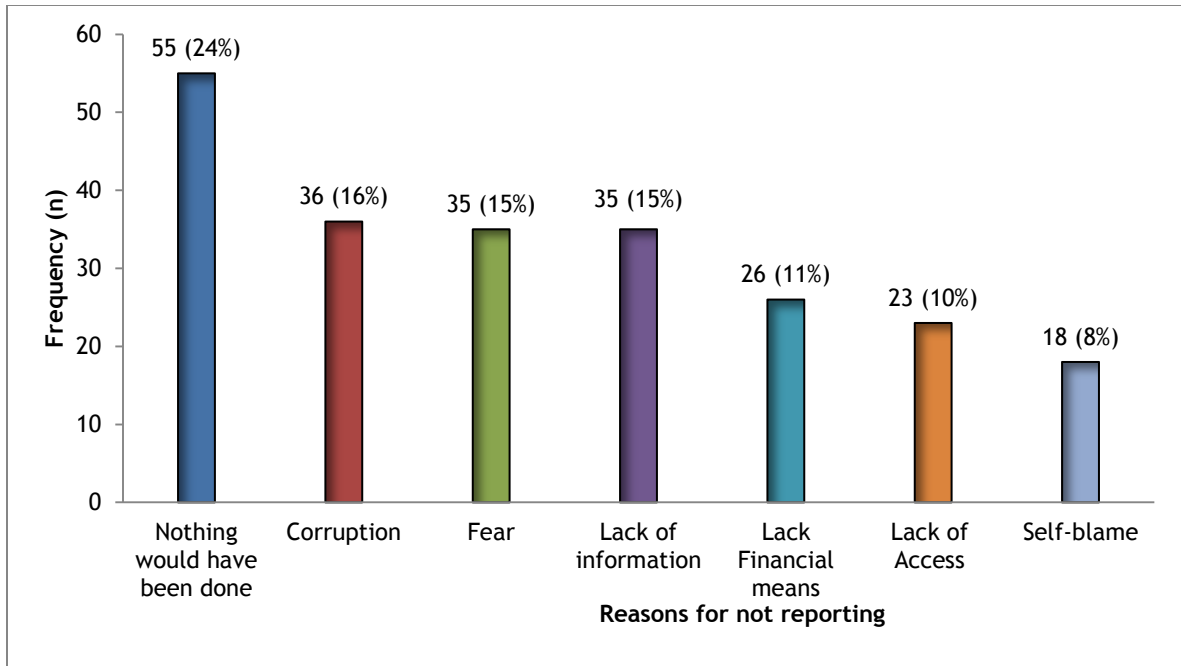


Figure 4.5.1-3: Survey Respondents' Reasons for not Reporting or taking Legal Action against Perceived Discrimination (n-228)

Source: Survey Output; based on study results, 2012

These findings imply that external factors beyond the control of persons with disabilities particularly items controlled by the Government play the greatest role in the decision by persons with disabilities not to report or take action against perceived discrimination. An analysis of the first two (2) responses for example which make up 58% of the total responses indicate that majority of persons with physical disabilities in Nairobi either have no trust in public authorities and believe that reporting incidences of discrimination would not have significant consequences in changing situations or contexts of discrimination or have the belief that there is a lot of corruption in legal and political systems in Kenya. This is a challenge to the Kenyan Government to put legislation and policies in place to make persons with disabilities have more faith particularly in the legal system otherwise the issue of stigma against persons with disabilities will continue and

this will make them not have an assurance of protection particularly when using public services and products of which the hospitality and tourism industry forms a crucial part negatively affecting the industry.

These findings differed only in rank from findings of the State of Disabled Peoples' Rights in Kenya 2007 Report. In their research, lack of access as a reason for not reporting ranked first at 34.7%, followed by nothing would be done at second place (26.3%), then fear came third at 14.7% followed by self blame at 13.7%, then corruption and lack of financial means tied at 5th place at 6.3% (A.F.U.B., 2007).

4.6 Sources of Information used by Persons with Physical Disabilities

Survey respondents were asked to indicate sources of information which they considered important and credible as a source of information when planning a holiday using a Likert scale ranging from 1 representing very important to 5 representing not at all important. Table 4.6-1 shows sources of information considered credible by the survey respondents.

The following sources of information were ranked as the most credible sources of information sought by persons with physical disabilities in Nairobi. 72.5% (n-258) of survey respondents rated previous experience as the most credible source of information closely followed by recommendations from friends with similar disabilities at 64.6% (n 230). About 41.3% (n-147) of the survey respondents said they find information from tourism bureaus such as Kenya Tourist Board (KTB) to be credible and 27.5% (n98) said they would use travel agencies as a source of credible information while sourcing for information when planning a holiday.

Table 4.6:1: Sources of Information Considered Credible by Survey Respondents (n-356)

Information Sources	Frequency (n)	%
Previous experience		
Very Important	258	72.5
Somewhat Important	60	16.9
Neutral	28	7.9
Not Important	9	2.5
Not at all Important	1	0.3
Word of mouth from friends with similar disabilities		
Very Important	230	64.6
Somewhat Important	75	21.1
Neutral	32	9.0
Not Important	17	4.8
Not at all Important	2	0.6
The internet		
Very Important	70	19.7
Somewhat Important	82	23.0
Neutral	63	17.7
Not Important	103	28.9
Not at all Important	38	10.7
Travel books, magazines and guides		
Very Important	65	18.3
Somewhat Important	86	24.2
Neutral	65	18.3
Not Important	109	30.6
Not at all Important	31	8.7
Adverts in newspapers and magazines		
Very Important	65	18.3
Somewhat Important	80	22.5
Neutral	64	18.0
Not Important	109	30.6
Not at all Important	38	10.7
Hotel brochures		
Very Important	68	19.1
Somewhat Important	76	21.3
Neutral	66	18.5
Not Important	109	30.6
Not at all Important	37	10.4
Television programs		

Very Important	78	21.9
Somewhat Important	92	25.8
Neutral	72	20.2
Not Important	86	24.2
Not at all Important	28	7.9
Radio		
Very Important	73	20.6
Somewhat Important	93	26.2
Neutral	74	20.8
Not Important	81	22.8
Not at all Important	34	9.6
Other books (history, literature)		
Very Important	68	19.1
Somewhat Important	88	24.7
Neutral	80	22.5
Not Important	93	26.1
Not at all Important	27	7.6
Travel agencies		
Very Important	98	27.5
Somewhat Important	112	31.5
Neutral	64	18.0
Not Important	61	17.1
Not at all Important	21	5.9
Information from tourism bureaus e.g. Kenya Tourism Board (KTB)		
Very Important	147	41.3
Somewhat Important	94	26.4
Neutral	55	15.4
Not Important	50	14.0
Not at all Important	10	2.8

Source: Researcher; based on study results, 2012

When it came to advertisement media, television programs as a source of information ranked highest at 21.9% (n-78), closely followed by radio at 20.6% (n-73), the internet at 19.7% (n-70), hotel brochures at 19.1% (n-68). Adverts in newspapers and magazines were the least popular amongst persons with physical disabilities in Nairobi at 18.3% (n-65).

The five (5) information sources considered least credible (Not at all important) by persons with physical disabilities in Nairobi were as follows. The internet and adverts in newspapers and magazines tied at number 5 at 10.7% (n-38), followed at number four (4) by hotel brochures at 10.4% (n 37), radio was third at 9.6% (n-34), travel books, magazines and guides second at 8.7% (n-31) and least important was television programs at 7.9% (n-28).

These findings imply that persons with disabilities rely heavily on the past experience of themselves and others. This reveals that persons with disabilities have strong social ties and rely on their experiences and those of others with disabilities to inform their travel decisions. The reliance on past experience and those of others might also suggest that the quantity and quality of accessibility information given by Kenyan hotels might be insufficient to enable persons with disabilities adequately plan for travel hence the need to consult with others rather than searching for information for themselves. This means several things. First hotels should provide sufficient information in terms of quantity and quality that will enable persons with disabilities comprehend and evaluate the product-related features in Kenyan hotels for them to be able to make informed travel decisions. Secondly, hotels should do everything possible to ensure that they make experiences of persons with disabilities staying with them memorable so that they benefit from referrals to others with disabilities.

The findings also implied that persons with physical disabilities in Nairobi didn't place a high level of significance on mass media usage. This means that, if hotels wanted to reach persons with disabilities in Kenya using the mainstream media, then they should consider using television and radio to reach them. Findings also revealed that persons

with disabilities don't consider hotel brochures commonly used by hotels to advertise as a credible source of information implying that hotels should consider enhancing information in brochures to cover persons with disabilities sharing their experiences so as to reach out to others with physical disabilities.

The survey findings for the first two information sources namely '*previous experience*' and '*recommendations from family and friends*' were consistent with previous research by Nina & Ryder (2003), in their research they found out that disabled travellers relied heavily on the past experience of themselves and others, a finding corroborated by Burnett and Baker (2001), and OSSATE, (2005). In Nina and Ryder's research the internet came in as the second most important information source followed by travel books and guides at third position while in this survey the internet and travel guides and books were considered among the least credible sources of information by respondents. Surprisingly, even among the youth (18-30 years old), the Internet was ranked 3rd most important information source. A recent survey by the Kenya ICT Board blamed the low levels of Internet usage in the country on the high cost of computers and the cost of Internet subscriptions (Kenya ICT Board, 2011). The finding for low level of reliance for mass media usage amongst persons with disabilities were consistent with findings from Burnett, (1996) who also found that persons with disabilities place significantly lower levels of reliance on mass media usage. In this survey for example, television programs were ranked fifth as a credible source of information. The reliance on mass media was consistent with Nina and Ryder's research in which television was ranked 7th with respondents in their survey placing travel guides and magazines above television as a source of information for persons with disabilities. Radio as a source of information had

a higher ranking in this survey as the second most important source of credible information while in Nina and Ryder's research; it was the least credible source of information. In the following excerpt about media and disability in Kenya, Njogu (2009), justly summarises this situation and advocates that radio is a very efficient means of communication dissemination particularly for persons with disabilities

“In a country of approximately 40 million people, about 3.2 million homes have TV sets (1.4 million in urban and 1.8 in rural areas). TV reaches about 39% of the population (Steadman Group Report, 2008; Quoted in Mbeke 2008: 5). In contrast, about 7.5 million homes have radio sets (1.9 million in urban and 5.6 million in rural areas) with 63 radio stations (Mbeke 2008: 6). 16.7 million Kenyans listen to radio, and this suggests that disability interventions must pay particular attention to this media outlet, especially when one considers that newspaper readership is only at 23 % (Steadman Group, 2008; Quoted in Mbeke 2008: 8)” (Njogu, 2009 pp.1-2)

Close to half of the survey respondents in this research ranked tourism bureaus as the third most important source of information. This finding implies that bureaus such as the Kenya Tourist Board (KTB) do actually play an important role in information dissemination for persons with disabilities in the country. Further probing on this question revealed a bit of disappointment from the respondents that despite the trust put in bodies such as KTB, none of the respondents had ever heard KTB advertise anything to do with accessible tourism. This finding is a challenge to corporations such as KTB charged with the responsibility of marketing the country to include issues of accessibility

and accessibility tourism in their promotional efforts for both the local and international source markets. This finding was however inconsistent with Nina and Ryder (2003) research, in which tourism bureaus were ranked fifth most important information source.

Travel agents were ranked fourth among sources of credible information as compared to Nina and Ryder's research where they were ranked sixth. This finding implies that persons with physical disabilities in Nairobi still consider them as a reliable source of travel information. This finding suggests that travel agents need to seriously take time to study the needs of persons with disabilities so as to custom their products and services to meet the unique needs of this market and improve the perceptions from persons with physical disabilities about their reliability as a credible source of information.

The vital role played by travel agents in the tourism distribution process is unquestionable (Vignuda, 2001; ESCAP, 2003). Travel agents have been described as the most important information gatekeepers in the travel decision making process (McKercher, Packer, Yau, & Lam, 2003). A clear understanding of their client needs and wants is undoubtedly central to their success (McKercher *et al*, 2003). The ability of travel agents to provide reliable information for mainstream tourists is not in contention (McKercher *et al*, 2003). However, questions abound about the quality and accuracy of the advice they provide for needs of special populations such as persons with disabilities (McKercher *et al*, 2003, Darcy, 2006). Actually, it has been mentioned that travel agents may actually create an additional barrier to travel for these populations (McKercher *et al*, 2003). In a research of mature British travellers, travel agents were listed as the least important source of information (Callan & Bowman, 2000)

Survey responses on information sources were subjected to a Cronbach Alpha Test Statistic to ensure that the internal validity and consistency of the items used for each variable and in the process assess their suitability in addressing relevant information sources used by the respondents. This yielded a Cronbach's α -Statistic of 0.85 which was way above the 0.60 required score of reliability as shown in Table 4.6:2. Hair, Anderson, Tatham, & Black (1998) recommended that Cronbach Alpha values above 0.6 are deemed the lower limit of acceptability. One factor however, "other books" was dropped since it had an SMC of less than 0.5.

Table 4.6:2: Cronbach Alpha Reliability and Validity Test on Information Sources (n-356)

Main Factor	Sub factors	Scale Mean	Scale Variance	Total Correlation	smc	Overall Cronbach's Alpha
Information Sources	Previous experience	25.95	71.82	-0.09	0.52	0.85
	Word of mouth from friends with similar disabilities	25.81	72.29	-0.12	0.53	
	The internet	24.47	56.91	0.64	0.59	
	Travel books, magazines and guides	24.48	55.49	0.75	0.74	
	Adverts in newspapers and magazines	24.42	54.68	0.78	0.77	
	Hotel brochures	24.43	54.76	0.77	0.74	
	Television programs	24.65	56.2	0.71	0.65	
	Radio	24.61	57.79	0.61	0.56	
	Other books (history, literature)	24.57	59.42	0.54	0.42	
	Travel agencies	24.93	59.31	0.56	0.53	
	Information from tourism bureaus e.g. Kenya Tourism Board (KTB)	25.25	58.71	0.62	0.54	

Source: Researcher; based on study results, 2012

4.7 Categorization of Challenges faced by PWPDs

Survey respondents were asked to indicate factors that they considered most challenging for a person with a physical disability while on holiday in the country using a Likert scale ranging from 1 representing very important to 5 representing not at all important. Table 4.7:1 shows sources of information considered credible by the survey respondents. All the sub-factors under consideration were statistically significant (p value <0.05).

Table 4.7:1: Factors considered most challenging for a Person with a Physical Disability while on Holiday (n- 356).

Factor	Response	Frequency (n)	Percentage (%)	Z	P value
Accessing information prior to departure	Very Important	207	60.7	21.4	<0.001
	Somewhat Important	114	33.4		
	Neutral	16	4.7		
	Not Important	4	1.2		
	Not at all Important	0	0		
Total		341	100		
Navigation of the physical environment (safety)	Very Important	222	65.7	21.0	<0.001
	Somewhat Important	96	28.4		
	Neutral	16	4.7		
	Not Important	4	1.2		
	Not at all Important	0	0		
Total		338	100		
Being treated with respect, courtesy and sensitivity (knowledge and attitudes of others towards persons with disabilities)	Very Important	261	75.9	21.9	<0.001
	Somewhat Important	63	18.3		
	Neutral	18	5.2		
	Not Important	1	0.3		
	Not at all Important	1	0.3		
Total		344	100		
Attitudes of managers and staff working in the hotel industry	Very Important	284	83.8	22.9	<0.001
	Somewhat Important	47	13.9		
	Neutral	5	1.5		
	Not Important	0	0		
	Not at all Important	3	0.9		
Total		339	100.1		

Source: Survey Output; based on study results, 2012

Survey respondents rated attitudes of managers and staff as the most difficult challenge faced by persons with disabilities while using hotel products and services at 83.3% (n-284), followed by being treated with respect, courtesy and sensitivity by others (knowledge and attitudes of others towards persons with disabilities) at 75.9% (n261), then safety concerns relating to the navigation of the physical environment at 65.7% (n-222) then lastly accessing information prior to departure ranked in last at 60.7% (n-207). Figure 4.7-1 shows how survey respondents categorized challenges faced in booking a holiday based on Likert scale item 1 (very important).

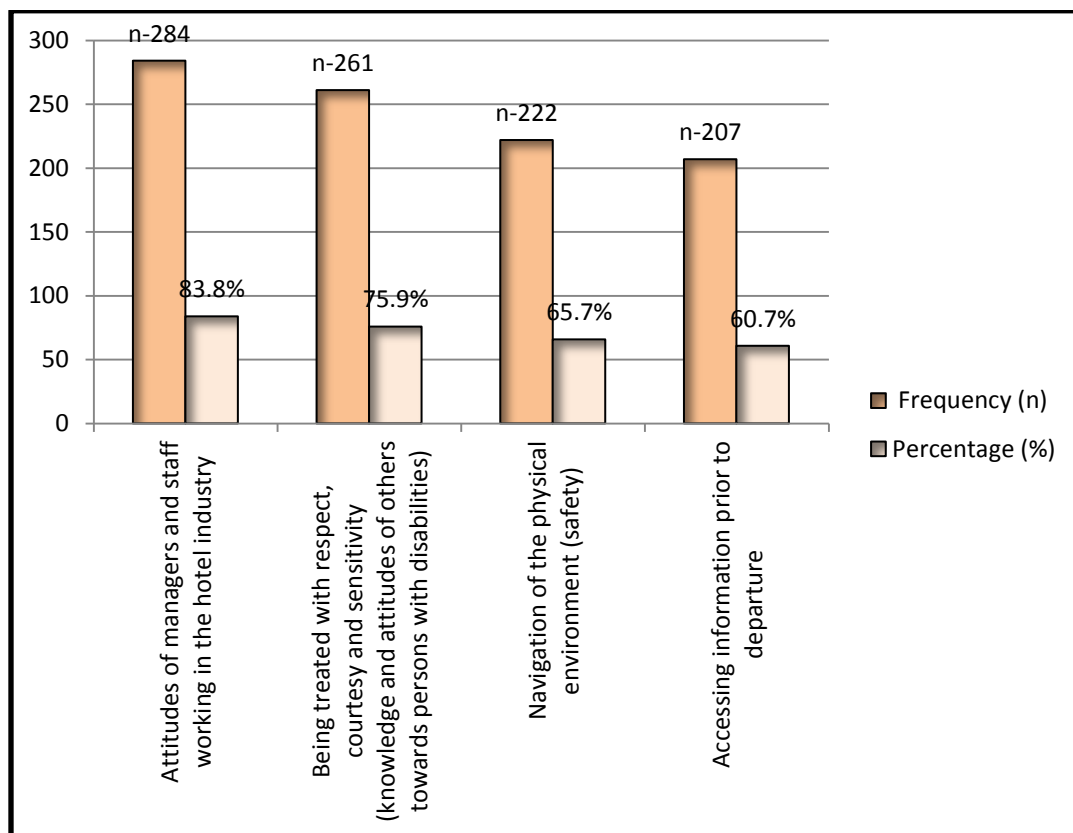


Figure 4.7-1: Survey Respondents Categorization of Challenges while booking a Holiday

Source: Survey Output; based on study results, 2012

These findings imply that persons with physical disabilities from Nairobi place more value on good employee attitudes within the hospitality and tourism industry and being understood and treated with respect by other people more than the value they place on alternation of the physical environment to ease navigation and accessing information prior to booking a holiday.

Though there is no consistency amongst disability researchers about what might constitute the greatest challenge facing persons with disabilities. Some researchers postulate that negative staff attitudes are the greatest limiting barrier (Turco *et al.*, 1998; Burnett & Baker, 2001; Schleien *et al.*, 1997; Smith *et al.*, 2001; in Bi, Card, & Cole, 2007). Other researchers advance the proposition that societal attitudes towards persons with disabilities are the most potent and negative stressor in their lives (Voh, 1993; Hannon, 2007; Bi *et al.*, 2007; NDA 2007; A.F.U.B., 2007), while others identify the aspect of navigating the physical environment as a major constraint to leisure travel (Turco *et al.*, 1998; Vignuda, 2001; CETA, 2010).

What however seems to have the largest number of proponents is the issue of accessing information prior to departure (Ringaert & Horgan, 2001; Burnett & Baker, 2001; McKercher *et al.*, 2003; NOP Consumer, 2003; Nina & Ryder, 2003; Daruwalla & Darcy, 2005; Eichhorn *et al.*, 2007) with some disability researchers noting that lack of accessing trustworthy and quality information to be perhaps the greatest challenge facing tourists with disabilities (Darcy 2003; Packer & Carter, 2005; OSSATE, 2005; Packer, Small, & Darcy, (2008) in Darcy; 2002). Findings in this research however concurred with disability researchers who found staff attitudes to be the most significant challenge

facing persons with disabilities while accessing hospitality and tourism products and services.

Survey responses on categorization of challenges were subjected to a Cronbach Alpha Test Statistic to assess their suitability in addressing challenges faced by PWDs yielding a Cronbach's α -Statistics of 0.75 which was way above the 0.60 required score of reliability as shown in Table 4.7-2. Hair *et al.* (1998) recommended that Cronbach Alpha values above 0.6 are deemed the lower limit of acceptability. Two (2) factors scoring a SMC of less than 0.5 were dropped namely "*being treated with respect, courtesy and sensitivity (knowledge and attitudes of others towards persons with disabilities)*" and "*attitudes of managers and staff working in the hotel industry*".

Table 4.7:2: Cronbach Alpha Reliability and Validity Test on Categorization of Challenges (n-356)

Main Factor	Sub factors	Scale Mean	Scale Variance	Total Correlation	SMC	Cronbach's Alpha Overall
Challenges	Accessing information prior to departure	4.15	2.55	0.68	0.58	0.78
	Navigation of the physical environment (safety)	4.18	2.44	0.73	0.61	
	Being treated with respect, courtesy and sensitivity (knowledge and attitudes of others towards persons with disabilities)	4.31	2.78	0.6	<u>0.37</u>	
	Attitudes of managers and staff working in the hotel industry	4.39	3.26	0.37	<u>0.14</u>	

Source: Researcher; based on study results, 2012

4.8 Social Motivations of PWDs

Survey respondents were asked to rate special interests that they pursue while on holiday using a Likert scale ranging from 1 representing very important to 5 representing not at all important .A total of 13 sub-factors were used. A summary of their responses is shown in Table 4.8:1

Table 4.8:1: Social Motivations while on Holiday for Persons with Physical Disabilities in Nairobi

Factor	Response	Frequency (n)	Percentage (%)
Participating in sporting activities	Very Important	139	40.1
	Somewhat Important	86	24.8
	Neutral	30	8.6
	Not Important	72	20.7
	Not at all Important	20	5.8
Watching sporting activities	Very Important	162	47.4
	Somewhat Important	73	21.3
	Neutral	37	10.8
	Not Important	60	17.5
	Not at all Important	10	2.9
Sightseeing (nature based activities), landscape/wildlife photography	Very Important	116	33.9
	Somewhat Important	59	17.3
	Neutral	36	10.5
	Not Important	105	30.7
	Not at all Important	26	7.6
Beaches	Very Important	85	24.9
	Somewhat Important	61	17.8
	Neutral	52	15.2
	Not Important	111	32.5
	Not at all Important	33	9.6
Night life and entertainment	Very Important	44	12.9
	Somewhat Important	61	17.8
	Neutral	51	14.9
	Not Important	129	37.7
	Not at all Important	57	16.7
Watching shows	Very Important	56	16.5
	Somewhat Important	72	21.2
	Neutral	56	16.5
	Not Important	114	33.6
	Not at all Important	41	12.1
Art/museum/galleries	Very Important	62	18.2
	Somewhat Important	71	20.9
	Neutral	58	17.1
	Not Important	102	30
	Not at all Important	47	13.8

Gambling	Very Important	54	15.9
	Somewhat Important	59	17.4
	Neutral	57	16.8
	Not Important	79	23.2
	Not at all Important	91	26.8
Visiting friends and family	Very Important	202	58.9
	Somewhat Important	66	19.2
	Neutral	34	9.9
	Not Important	24	7
	Not at all Important	17	5
Being together as a family	Very Important	193	56.9
	Somewhat Important	77	22.7
	Neutral	36	10.6
	Not Important	24	7.1
	Not at all Important	9	2.7
Amusement/theme parks	Very Important	81	23.6
	Somewhat Important	131	38.2
	Neutral	77	22.4
	Not Important	42	12.2
	Not at all Important	12	3.5
Resort areas	Very Important	79	23.2
	Somewhat Important	132	38.8
	Neutral	75	22.1
	Not Important	41	12.1
	Not at all Important	13	3.8
Supporting economic activities in local communities of destinations visited	Very Important	141	42.2
	Somewhat Important	81	24.3
	Neutral	78	23.4
	Not Important	27	8.1
	Not at all Important	7	2.1

Source: Survey Output; based on study results, 2012

Survey respondents ranked visiting family and friends as the most important social motivator at 58.9% (n-202) followed by being together as a family at 56.9% (n-193) and third watching sports activities at 47.4% (n-162). Supporting economic activities in local communities of destinations visited ranked fourth (4th) at 42.2% (n-141) while

participating in sporting activities (40.1%, n-139) and sightseeing (nature based activities), including landscape/wildlife photography (33.9%, n-116) were ranked 5th and 6th respectively. Beaches (24.9%, n-85), amusement/theme parks (23.6%, n-81), and resort areas (23.2%, n-79) were ranked 7th-10th respectively. The three least important social motivators amongst the survey respondents were watching shows (16.5%, n-56), gambling (15.9%, n-54) and lastly night life and entertainment (12.9%, n-44).

These findings imply that persons with disabilities in Nairobi have very strong social ties and consider visiting friends and family and being together with their families as very strong social motivators. These findings could have a significant implication to the hospitality industry in two ways because it accords hotels an opportunity to consider coming up with special rates for this type of travel, known within hotel reservations departments as the VFR (Visiting Friends and Relatives) rate and also consider extending discounted family rates for persons with disabilities as it was apparent from the findings that persons with disabilities like travelling together with their families and loved ones.

Though the social motivations explored in this study were consistent with previous research by Nina & Ryder (2003), who conducted a similar research of social motivations for persons with physical disabilities in the US, the ranking of the US respondents did not exactly tally with the ranking of their Kenyan counterparts suggesting that a different approach may need to be taken when dealing with international versus Kenyan persons with disabilities. While the US respondents' ranked being with friends and family as the strongest social motivator, persons with physical disabilities in Nairobi ranked it second. Respondents in this survey considered visiting family and friends as the most important social motivator while in Nina's and Ryder's survey this aspect was ranked fourth. (4th).

While respondents in Nina's and Ryder (2003) survey ranked being physically active sixth in importance, persons with physical disabilities in this survey seemed to place a higher importance on watching sports and participating in sports. This could possibly be due to the fact that majority of the respondents in this survey were in the 18-30 year while in Nina's and Ryder's research the average age of the respondents was 44 years old. Interestingly, Nina and Ryder used two groups for their survey and findings of the non focus group respondents revealed that they were not interested in watching or participating in sports. Respondents in Nina's and Ryder's research listed interacting with locals while on holiday ranking 9th in importance while a significant number of survey respondents here were concerned about supporting economic activities in local communities of destinations they visited which they ranked 4th.

Remarkably, activities which are considered the norm in tourism such as sightseeing, wildlife and landscape photography, beaches, amusement parks and resort areas didn't rank very highly among this survey's respondents unlike in Nina and Ryder (2003) survey where aspects such as landscape and wildlife photography and beaches tied at number one together with being together as a family. However there was concurrence between this survey and Nina's and Ryder's survey in that, persons with physical disabilities were not interested in gambling, which was ranked last in Nina's and Ryder's survey. Respondents in this survey didn't seem at all motivated in night life and entertainment. This findings raises questions as to what hoteliers and tourism service providers are not doing right to get such disinterest in 'traditional' tourism based attractions from persons with physical disabilities yet research reveals that they consider themselves to be "regular folks" (Nina & Ryder, 2003). Majority of qualitative

responses on this elicited responses along the feelings that pursuing these activities and visiting these attractions was an insurmountable task for a person with a physical disability.

Survey responses on their social motivations were subjected to a Cronbach Alpha Test Statistic to ensure the internal validity and consistency of the items used for each variable so as to assess their suitability in addressing the resultant social motivations of the respondents. This yielded a Cronbach's α -Statistics of 0.76 which was way above the 0.60 required score of reliability as shown in Table 4.8:2. Hair *et al.* (1998) recommended that Cronbach Alpha values above 0.6 are deemed the lower limit of acceptability.

Eight (8) factors scoring a SMC of less than 0.5 were dropped namely: - *'night life and entertainment'*; *'art/museum/galleries'*; *'gambling'*; *'visiting friends and family'*; *'being together as a family'*; *'amusement/theme parks'*; *'resort areas'* and *'supporting economic activities in local communities of destinations visited'*.

Table 4.8:2: Cronbach Alpha Reliability and Validity Test on Social Motivations (n-356)

Main Factor	Sub factors	Scale Mean	Scale Variance	Total Correlation	SMC	Cronbach's Alpha overall
Social Motivations	Participating in sporting activities	30.76	69.67	0.15	0.55	0.76
	Watching sporting activities	30.94	67.03	0.31	0.57	
	Sightseeing (nature based activities), landscape/wildlife photography	30.43	60.5	0.57	0.6	
	Beaches	30.21	59.44	0.65	0.68	
	Night life and entertainment	29.79	62.78	0.52	<u>0.47</u>	
	Watching shows	29.97	61.76	0.5	0.51	
	Art/museum/galleries	30.05	63.27	0.47	<u>0.45</u>	
	Gambling	29.79	64.65	0.36	<u>0.31</u>	
	Visiting friends and family	31.21	69.3	0.21	<u>0.26</u>	
	Being together as a family	31.16	68.34	0.09	<u>0.2</u>	
	Amusement/theme parks	30.69	66.6	0.4	<u>0.31</u>	
	Resort areas	30.68	65.16	0.49	<u>0.41</u>	
	Supporting economic activities in local communities of destinations visited	30.96	66.03	0.43	<u>0.28</u>	

Source: Researcher; based on study results, 2012

4.9 Survey Respondents Recommendations on the Role Hotels could play to improve the Lives of PWPDs

Survey respondents were asked to indicate the role hotels could play in order to improve the situation of persons with disabilities. A modified Likert scale was used to analyse the responses where all important and non important responses were merged. All neutral comments were ignored. Table 4.9:1 summarizes survey participants' responses.

Survey results indicated that persons with physical disabilities recommended that in order to help improve the situation of persons with disabilities while using hotel products and services, hotels should, firstly, increase their awareness about the plight of persons with

disabilities (99.1%, n-337), then, hotels should employ persons with physical disabilities in hotels (98.8%, n-325) and lastly hotels should implement policies catering for guests with physical disabilities (98%, n 336).

Table 4.9:1: Survey Respondents Recommendations on the Role Hotels can play to improve the Lives of PWPDs

Factor	No	%
Raise awareness		
Important	337	99.1
Not Important	3	0.9
Implementation of policies catering for guests with disabilities		
Important	336	98.0
Not important	7	2.0
Employment of persons with disabilities in the hospitality industry		
Important	325	98.8
Not Important	4	1.2

Source: Survey Output; based on study results, 2012

These findings strongly imply that hotel practitioners should first, increase their level of awareness of persons with physical disabilities and in the process endeavour to make their products and services more accessible for such persons; they should also conduct disability awareness training in hotels to make staff more sensitive to the needs and wants of persons with disabilities. The survey findings also imply that hospitality and tourism service providers have a key role to play to overcome the social exclusion of the most disadvantaged in our society by employing persons with disabilities. The benefits of having staff with disabilities in the hospitality and tourism industry could go a long way in providing role models for guests with disabilities as these employees would be more understanding of the plight of guests with disabilities in addition to fully integrating persons with disabilities in the society. The findings also implied that hospitality and

tourism service providers should come up with policies that will enable them to improve the service experience of persons with disabilities. It is however critically important that persons with disabilities be consulted when coming up with such policies so as to have policies that truly benefit the market segment.

The issue of raising awareness of the plight of persons with disabilities concurs with findings from Shakiry (2008) who proposes that raising awareness on the plight of persons with disabilities is arguably the main reason behind accessible tourism and has led to many hospitality and tourism industry practitioners to start making their products and services more accessible for persons with disabilities (Shakiry, 2008). Disability awareness training in hotels to make staff more sensitive to the needs and wants of persons with disabilities has undeniably been reiterated by many disability researchers to be a key factor in making hospitality and tourism service providers more sensitive to the needs of persons with disabilities (Federal Ministry of Economics and Technology, March 2004; London Development Agency, 2004; GoI, 2010; Stonesifer III & Kim, 2010).

Even though being inclusive seems to be the right thing to do, hospitality and tourism service providers have been blamed for putting their profit needs first at the expense of taking care of persons with disabilities (Federal Ministry of Economics and Technology, 2004). Indeed some operators have even anecdotally stated that configuring rooms for the disabled is a liability to their overall business. Research has indicated that many operators perceive the accessible tourism market as a low yield market, with the often misconceived stereotypical belief that persons with disabilities and the ageing market

have significantly less disposable income (Darcy, 2008; Darcy & Cameron, 2008; Darcy, Cameron, & Pegg, 2010).

Survey respondents also recommended that hotels should employ persons with physical disabilities. Several countries have instituted a number of initiatives designed to facilitate and encourage the employment of people with disabilities. It is encouraging to note that in countries such as Japan and China, governments have set quotas for the recruitment of people with disabilities (Vernon, 2011). Corporate organizations, including hotels, have a key role to play to overcome the social exclusion of the most disadvantaged in our society. The current Kenyan constitution (2010), also accords equal opportunities for persons with disabilities in the all sectors of the society including employment of persons with disabilities (GoK, 2010).

There is significant research evidence that the potential of a disabled workforce is being under-utilised in the hospitality and tourism industry (Groschl, 2006; Schitko, 2009). Traditionally, the hospitality and tourism industry has employed staff that fit the image of the industry: employees who are young, energetic and visually attractive (Whiteford & Nolan, 2007). However, as a result, these attributes end up being seen as more important than the actual ability of a staff member to perform required duties. For this reason, older applicants, those that are overweight and persons with disabilities are seldom considered to be suitable employees (Ross, 2004). Prior research on this aspect also suggested that aesthetic skills are considered more desirable for hospitality works than technical skills (Nickson *et al.* 2003).

It is also apparent that having staff in the hospitality and tourism industry who are disabled could go a long way in providing motivation for guests with disabilities as these employees would be more understanding of the plight of guests with disabilities in addition to fully integrating persons with disabilities in the society. American Express clearly notes that to fully service and satisfy their customers with disabilities, they must develop relevant and accessible products and services, driving loyalty and therefore, business results. In order to achieve this aim American Express notes that they need an enlightened and diverse organisational culture which can be achieved by engaging and including employees with disabilities, to contribute to the design and development of their products and services (Vernon, 2011). Other than this, research has shown that having disabled people in the recruitment pool makes it more likely to get the right person for a job (London Development Agency, 2004). Indeed, findings from this survey indicated that persons with physical disabilities in Nairobi placed a very high importance on this aspect of having persons with disabilities working in hotels and this would help improve their use of hotel facilities.

Lastly survey respondents recommended that hotels should institute policies that specifically cover guests with disabilities. Policies pertaining to guests with disabilities are important in their own right for two main reasons. First, policies strengthen the rights of disabled citizens to travel and enjoy tourism on an equal basis and, on the other hand, it guarantees the ability of hospitality and tourism service providers to deliver accessible services and facilities in an effective and sustainable way (ENAT, 2008). Indeed, it is through such policies that service providers will be able to improve the service experience of persons with disabilities as well as enabling the providers further explore

this market (GoI, 2010; Shakiry, 2008). However, policies targeting persons with disabilities no matter how well intentioned are usually found inadequate by persons with disabilities due to lack of consultation by hospitality and tourism service providers (ENAT, 2008)

4.10 Priority Items for the Kenyan Government and Hoteliers

Survey respondents were asked to rate 10 items in order of importance as to what they feel should be priority items (with 1 being the most important and 5 being the least important) for the Government and hoteliers in regard to improving hotel services and products. Figure 4.10-1 shows a summary of the respondent's answers.

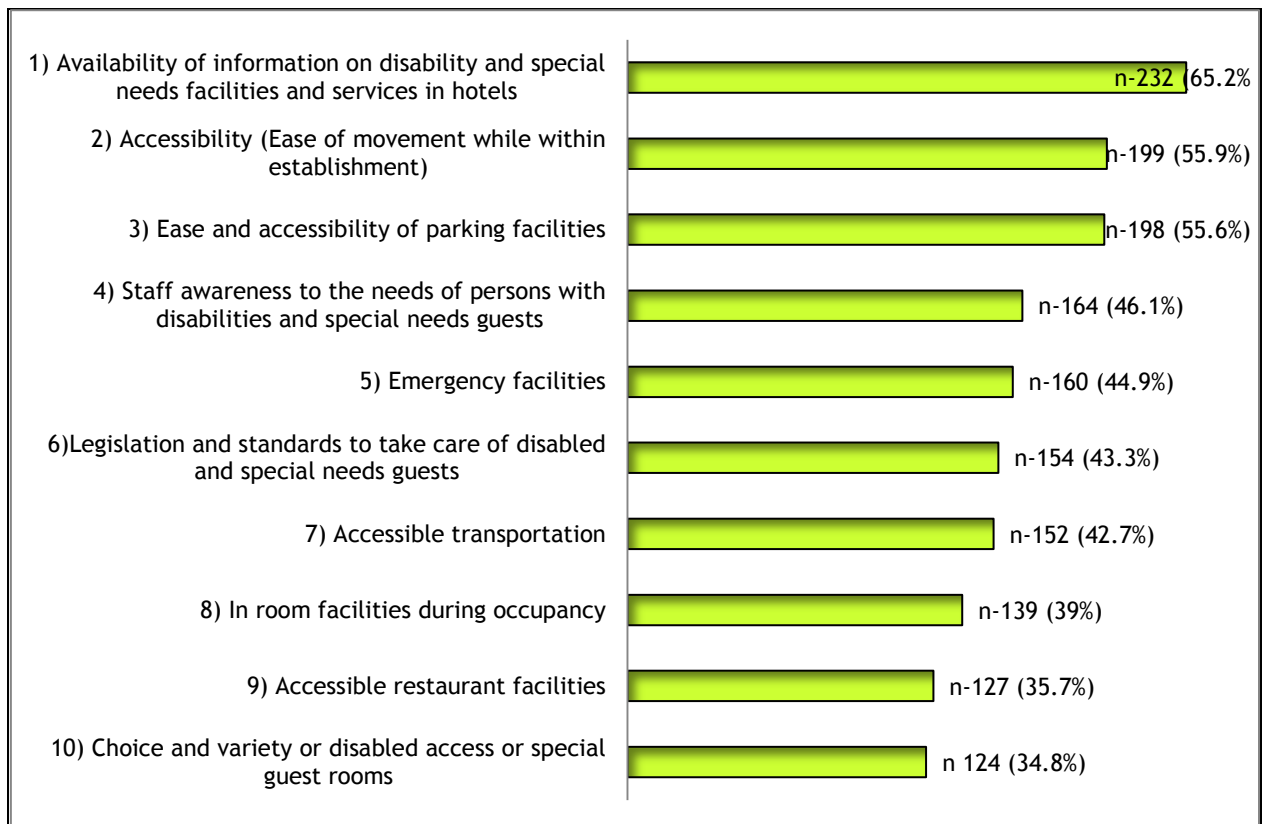


Figure 4.10-1: Priority items for the Government and Hoteliers in regard to Improving Hotel Services and Products

Source: Researcher; based on study results, 2012

For purposes of the discussion, only factors that had a cumulative score of > 50% were discussed. Majority of the respondents (65.2%, n-232) rated as very important the availability of information on disability and special needs facilities and services in hotels, followed by accessibility (ease of movement while within establishment) at 55.9%, (n-199). Ease and accessibility of parking facilities (55.6%, n-198) was ranked third.

Staff awareness to the needs of persons with disabilities and special needs guests was ranked fourth at 46.1% (n 160). Availability of emergency facilities (44.9%, n-160) was ranked fifth and legislation and standards to take care of disabled and special needs guests was ranked sixth (43.3%, n-154). Respondents ranked accessible transportation (42.7%, n-152); seventh, in room facilities during occupancy (39%, n-139); eighth, and accessible restaurant facilities (35.7%, n-127) ninth. Choice and variety of disabled access or special guest rooms came in last at 34.8% (n-124).

The findings implied that hoteliers and tourism service providers should prioritize the provision of accurate and truthful information that specifically meet the accessibility needs of persons with disabilities so that they would be in a better position to make better choices that will specifically meet their individual needs and reduce dissatisfaction on the part of persons with disabilities about the truthfulness of information given to them by hoteliers. For this to be effective, persons with disabilities and organizations dealing with disabilities should be actively involved in the process of vetting hotels for accessibility to further add credence to accessibility information used by hotels and tourism enterprises promotional material.

As previously mentioned, accessing information prior to departure seems to have consensus amongst disability authors as one of the greatest challenge facing persons with disabilities (Ringaert & Horgan, 2001; Burnett & Baker, 2001; McKercher, Packer, Yau, & Lam, 2003; NOP Consumer, 2003; Nina & Ryder, 2003). This survey seems to corroborate findings by those researchers at least when it comes to identified needs from the survey respondents. However, as discussed earlier, the key need here is not just merely availability of information but the bone of contention is the provision of accurate, detailed and readily accessible information that will allow them to make an informed decision as to the accessibility of all aspects of the tourism system for their needs (Darcy, 2010). Travellers with disabilities are regularly disappointed –not by the destination that they are visiting – but by the information provided not meeting their accessibility needs when experiencing the destination (Darcy, 2010). It has been suggested that accessible structures within the hospitality and tourism industry are often underused because persons with disabilities are not aware that they exist (European Commission (EC), 2006).

The findings on accessibility (ease of movement while within establishment) imply that persons with disabilities find access facilities at accommodation, eating and drinking establishments within the country difficult. This implies that hotels should aim at improving access of hotel facilities within all areas of the property to the entire disabled community, including those with physical, sensory and communication disabilities so as to make persons with disabilities and other persons who would benefit from such changes enjoy the wide range of hospitality facilities and tourist facilities in the country. The aspect of navigation has also been discussed when categorizing challenges. The aspect of

navigating the physical environment has been touted by many disability researchers as a major constraint to leisure travel (Turco, Stumbo, & Garncarz, 1998; Ipsos, 2010; CETA, 2010) and respondents in this survey ranked it as the third most difficult challenge they face while trying to access hospitality and tourism products and services in the country.

The findings on ease and accessibility of parking facilities implies that persons with physical disabilities visiting hospitality establishments in the country identify accessible parking as a major impediment to enjoyment of hospitality products and services for guests with physical disabilities. Hotels in conjunction with relevant government authorities should therefore prioritize the provision of sufficient bus and car parking spaces for older and disabled guests as a priority item in their minimum criteria of accessible holidays for all in the country.

In a Study commissioned by German's Federal Ministry of Economics and Technology (Federal Ministry of Economics and Technology, March 2004) on the economic impulses of accessible tourism in Germany' for all, provision of sufficient bus and car parking spaces for older and disabled guests was listed as a priority item in its minimum criteria of accessible holidays for all. Though ranked last at number 14 by both domestic and foreign tourists, a similar survey by the Government of India identified the issue of parking as one of the major bottlenecks of tourists with reduced mobility (GoI, 2010). Though a problem affecting many countries, it was a pleasant surprise to note that in Taiwan, many businesses meet their statutory requirements towards persons with physical disabilities and those with limited mobility by providing accessible parking. Interestingly, disregard of the plight of persons with disabilities amongst persons without disabilities significantly contributes to the problem. Schitko (2009), quotes a research

undertaken by CCS Disability Action who found that 50% of vehicles using a public mobility parking space in New Zealand were doing so illegally'. Disregard for the rights of disabled drivers by ignoring the specially designated parking spaces highlights the general attitude of many in the community.

4.11 Priority Considerations influencing Choice or Preference of Hotel Facilities by Persons with Physical Disabilities

Survey respondents ranked availability of information regarding disabled access facilities as most important at (61.8%, n-220), followed by recommendations from friends at (57.9%, n-206). Ranked third was choice and variety of disabled access or special guest rooms at (49.7%, n-177). Accessible leisure and entertainment facilities (47.5%, n-169) and accessible restaurant facilities (46.9%, n-167) were ranked fourth and fifth respectively.

Sensitivity of staff to guests with disabilities and special needs (39.9%, n-142) was ranked as the sixth most important consideration by persons with physical disabilities while booking a hotel. The expectation that a certain class of hotel would have the facilities to cater for persons with physical disabilities was ranked 7th at 45.8%, (n-163). The three least important considerations in making a hotel booking by persons with physical disabilities were: - recommendation from a disability organization which was ranked 8th (39%, n-139); transport accessibility by public means (9th), (35.7%, n-127) and in 10th place was recommendation from a tour operator (28.9%, n 103). Figure 4.11-1 shows priority considerations when booking a hotel by persons with physical disabilities

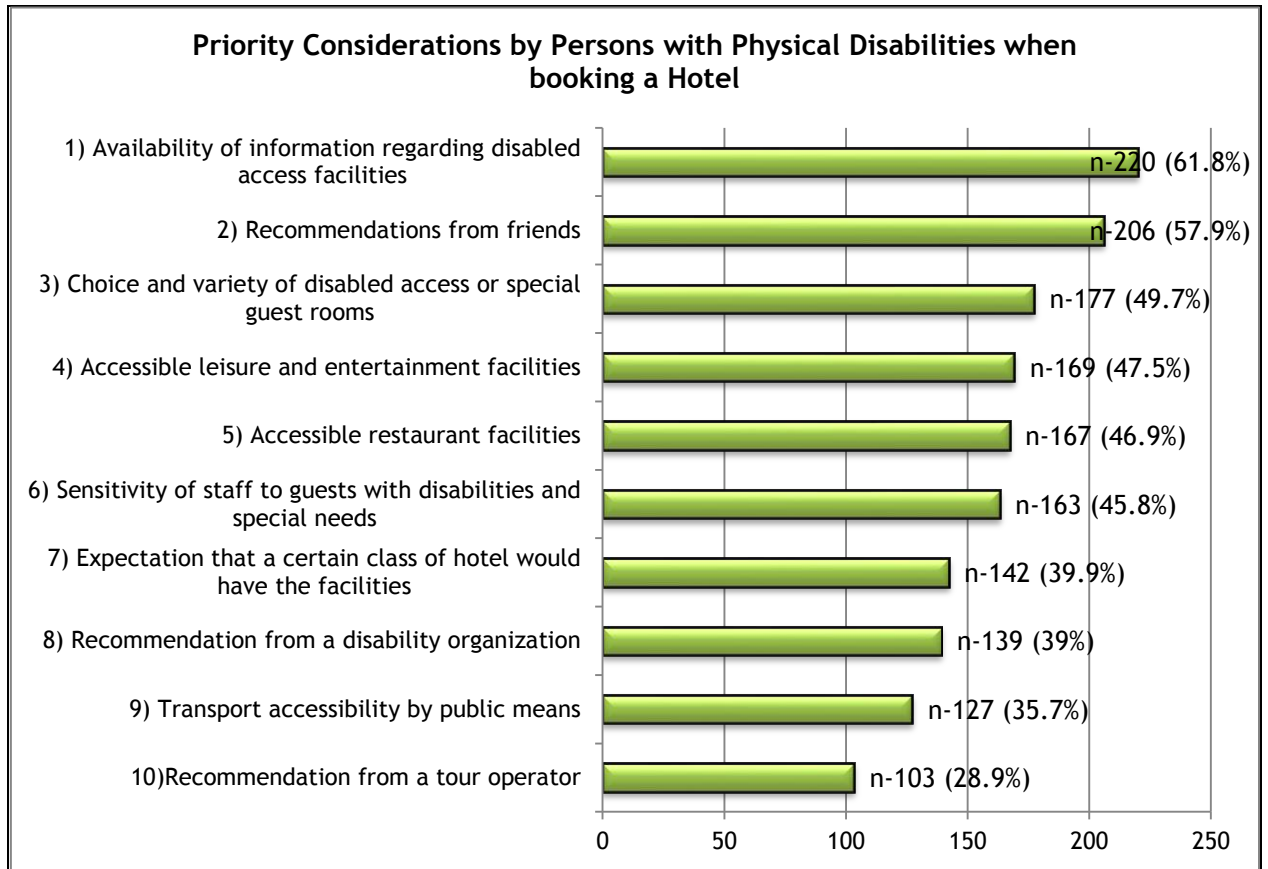


Figure 4.11-1: Priority Considerations by Persons with Physical Disabilities when Making a Hotel Booking

Source: Survey Output; based on study results, 2012

These findings have the following implications: - When a person with a physical disability wants to go on holiday, the first most critical element they look at is the availability of information about the hotels and destinations they wish to visit. This survey has already established that though majority of hotels in the country do indeed give accurate information concerning facilities for persons with disabilities, it was also worrying to see that a number of hotels in the country still give false and misleading information to persons with disabilities in order to secure business. Even among those respondents who had positive experiences with receiving accurate information they still attested that getting accurate information about hospitality and tourism facilities in the

country was still a big challenge to them. This means that if hotels are to secure business of persons with disabilities, hoteliers and tourism services providers should first try to understand what accessible or barrier-free accommodation entails at least from the viewpoint of persons with disabilities so that they may stop representing their rooms as accessible or barrier-free, then people with disabilities find that the rooms are not suitable.

Secondly, hospitality and tourism enterprises should provide detailed, accurate and truthful information as travel planning of people with disabilities is normally characterised by a more detailed information enquiry than by people without disabilities so as to enable them make informed choices and avoid disappointment as a result of misrepresentation of information about hospitality and tourism facilities. Thirdly, effort should be made to include persons with disabilities and disability organizations in the process of vetting hotels and tourism enterprises so that their approval may add credibility to information that ends up in promotional material. The findings on availability of information were consistent with findings from other researchers who suggest that access to information prior to travel is one of the greatest challenges faced by persons with disabilities (Ringaert & Horgan, 2001; Burnett & Baker, 2001; McKercher, Packer, Yau, & Lam, 2003; NOP Consumer , 2003 ; Nina & Ryder, 2003).

The survey also established that the second most important consideration that persons with disabilities make when choosing hotel facilities to patronise in the country is recommendation from friends particularly those with similar disabilities. This implies that hotels should do everything possible to ensure that they make experiences of persons with disabilities staying with them memorable so that they benefit from referrals to others

with disabilities. Hotels should also try seeking referrals from influential persons with disabilities (reference groups) and disability organizations by extending special rates to disability organization members and persons with disabilities in addition to organising familiarisation trips for members of disability organizations and individuals with disabilities so as to benefit from their recommendations.

The survey established that the third most important consideration for persons with disabilities when choosing hotels in the country is the choice and variety of disabled access or special guest rooms. This has a significant implication to hotels since it means that persons with disabilities just like everyone else do appreciate choice and variety. Hotels should therefore endeavour to have various categories of rooms so as to give persons with disabilities a choice when booking hotel rooms by offering them deluxe rooms, suites, presidential suites, superior rooms among other types of rooms. The UN identifies this item as one of the main items where equality of service provision is needed (ESCAP, 2003). Research shows that in many instances, PWDs often have to make do with the same type of accommodation as persons without disabilities, essentially denying them a choice (Buj, 2010).

Even though the aspect of choice and variety of hotel rooms didn't rank high as a priority item, it took a more central role in the choice of hotel facilities in the following section. Previous research by Darcy suggested that people with disabilities vary from the general population in that they are far more instrumental about having an accessible room to stay in and this prioritised over the other features the hotel (Darcy, 2008). Darcy (2008) reports that study participants were willing to stay at an accommodation if the room was functional for their needs, even if they could not use all the other facilities. Specifically,

it was the access way to the accommodation room itself, the bed and the bathroom in particular, which was crucial to making an informed decision about whether the hotel met their access needs. Darcy (2008) however notes that in areas where two good quality accessible rooms are available then the participants would make a quality choice based on the competitive advantage of having a fully accessible property over one where only the accommodation room was accessible.

The fourth most important consideration for persons with physical disabilities in choosing hotels in this country was availability of accessible leisure and entertainment facilities. This survey established that majority of persons with physical disabilities in Kenyan hotels are still not in a position to fully participate in leisure activities when visiting hotels. This should be an incentive for hotels to increase their investment in specialised equipment and technology so that persons with physical disabilities and others with limited mobility can be able to participate in leisure activities. Literature explored also showed that persons with disabilities are desirous of participating in a wide range of activities and are not content with just being confined to a hotel (Vignuda, 2001). In addition, research indicates that many physically and mentally disabled people possess a positive leisure attitude (Chen, 2005; Tsai, 2010).

The fifth most important consideration in choosing a hotel facility for persons with physical disabilities was accessible restaurant facilities. This implies that hotels should consider not only making their rooms accessible but endeavour to have their whole property accessible including restaurants and bars. This survey however established that majority of persons with disabilities in Nairobi feel that hotels in Kenya are taking a holistic approach to incorporating access across their whole property and not just

focussing on rooms. This finding however did not concur with a survey by Schitko (2009), who's survey respondents found hotel operators complying with access to the building but they had ignored making other areas such as restaurants accessible to persons with disabilities.

The sixth consideration in choosing hotel facilities by persons with physical disabilities was sensitivity of staff to guests with disabilities and special guests. Findings from this survey indicated that Kenyan hotel staff are not sufficiently versed with sufficient experience, nor the requisite skills and knowledge of how to handle guests with disabilities. This calls for hotels and tourism service providers to institute hotel disability training for their employees to mitigate against this identified weakness.

Educational institutions in the field of hospitality and tourism also have a key role to play by preparing students pursuing hospitality and tourism programs adequately to handle persons with disabilities at the place of work by introducing aspects of disability awareness training in their curriculum. The finding that hotel staff are not usually sufficiently trained to handle persons with disabilities has been supported by many disability researchers who have also recommended that hotels institute disability awareness training so as to make hospitality and tourism more accessible towards persons with disabilities (Federal Ministry of Economics and Technology, March 2004; London Development Agency, 2004; GoI, 2010; Stonesifer III & Kim, 2010).

The seventh important consideration by persons with physical disabilities when choosing a hotel property in the country was the expectation that a certain class of hotel would have requisite facilities for persons with disabilities. This implies that the Government

through organs of Government such as the Hotel and Restaurant Authority should set minimum criteria for accessibility specifically for hotels. For example as explained in the literature review, The East African Community Gazette, Standards Criteria for Classification of Hotels, Restaurants and other tourist accommodation facilities in East Africa (2010) lists facilities for the disabled as a criterion for classification. Sadly enough, facilities for persons with disabilities don't appear as an essential item but an added advantage for a hotel to qualify for a higher star rating. Minimum standards would go a long way in alleviation the problem of disparity in standards across hotels as is the case today. Other authors have decried the growing levels of dissatisfaction with accommodation standards by persons with disabilities particularly for hotels that were built in the early 70's and 80's before the enactment of disability legislation whose refurbishment efforts to comply with the legislation have still fallen short of PWDs expectations (Beall, Roberts, & Jago, 2005; Van Horn & Isola, 2006)

The eighth most important consideration by persons with physical disabilities in choosing hotels was recommendation from disability organizations. This implies that there should be collaboration between disability organisations and the hospitality and tourism industry in agitating for improved products and services for persons with disabilities. Literature explored suggested that in addition to family and friends, disability organizations are the most credible sources of information for persons with disabilities in addition to being trusted by their members (Burnett, 1996; NOP Consumer , 2003 ; London Development Agency, 2004). Respondents in this survey attested to the fact that their experiences in hotels could be better had there been an association of PWDs rating hotels.

The ninth most important consideration by persons with physical disabilities in choosing hotel facilities was accessibility of transport by public means to hotel and tourism attractions. Research has shown that public transport is a major facilitator of social participation and leisure experience and in many instances; public transport options are not available for easy use by people with disabilities. The lack of accessible public transport has been identified as an inherent weakness of tourism for people with disabilities since once a person with a disability has reached the destination, day-to-day transport options must then be established. In many instances, if these linkages are unavailable then the individual's tourism experience will be restricted (Downie, 1994; Australian Tourist Commission, 1995; ESCAP, 2003). Though the issue of provision of public transportation is largely out of the influence of hotel and tourism practitioners, this finding implies that the Government in collaboration with stakeholders in the transport sector should urgently embark on setting standards and policies governing public transportation that are friendly to persons with disabilities.

Other disability researchers have also added their voices to the debate on accessible transportation for persons with disabilities which they have identified as a major limiting factor to travel experiences of PWDs (GoI, 2010; Handicap International, 2006). It is such a major problem in the world that some governments have proposed the adoption of Uniform National Standards on Accessibility to be framed for tourist destinations, transport and hospitality infrastructure and other relevant stakeholders (GoI, 2010). An almost similar percentage of respondents to this survey (39%) in a survey of ageing pilgrimage tourists by (Jinh, Shen, & Chun, 2012) were of the opinion that a passenger-friendly mass transit system would attract them to travel and in their recommendations

they suggested that the sector might improve public transport accessibility for persons with limited mobility, (in this case elderly tourists) with low floor buses, accessible trains, and train platforms so as to enable them use public transportation to access areas of interest. They also suggested the increasing of the frequency of public transport services to tourist sites, and providing for concessionary fares for elderly passengers. Hoteliers and tourism service providers need to take this issue very seriously since the hospitality and tourism industry is a system phenomenon whose offering is a complex product that interacts with other sectors transportation being a key component and this would influence the uptake of hospitality and tourism services particularly for persons with limited mobility (EU (European Commission), 2006).

The tenth consideration for persons with disabilities when choosing hotel facilities was recommendation from travel agents and tour operators. Findings from this survey indicated that majority of survey respondents either had not used the services of travel agents and tour operators in making their travel arrangements or that the respondents were not versed with the critical role that travel agents and tour operators play in the travel facilitation process. This was not surprising as literature shows that a lot of questions abound about the quality and accuracy of the advice they provide for needs of special populations such as persons with disabilities (McKercher *et al*, 2003, Darcy, 2006). This is not good news for travel agents and tour operators who need to redeem their image particularly when it comes to serving the market of persons with disabilities if they are to make any inroads in servicing this market. This implies that travel agents and tour operators need to prioritise studying needs of persons with disabilities so as to custom their products and services to meet the unique needs of this market in order to

regain their critical role of travel facilitation, a recommendation echoed by McKercher *et al.*, (2003).

4.12 Overall Satisfaction of Kenyan Hotel Products and Services by PWPDS

Survey respondents were asked to state their overall perception towards the standard of hotel products and services to guests with physical disabilities. Results as shown in Figure 4.12-1 were as follows

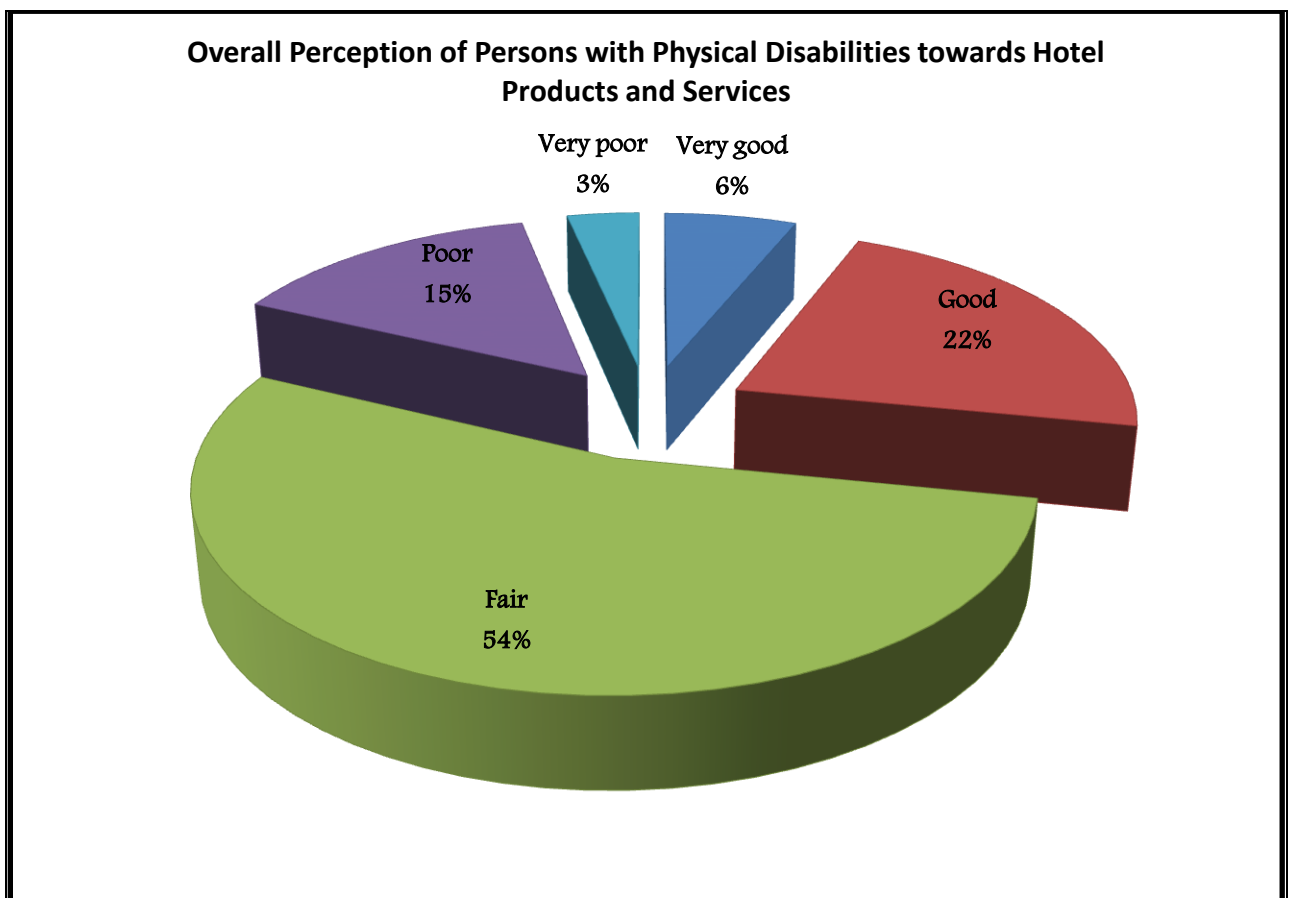


Figure 4.12-1: Overall Perception of PWPDS towards Hotel Products and Services in Kenya

Source: Survey Output; based on study results, 2012

Majority of the respondents (n-192, 54%) rated hotel products as fair, followed by (n-78, 22%) who thought hotel products and services for persons with disabilities to be good. Only 6% of the respondents (n-22), thought hotel products were very good and 3% (n-12) of the respondents thought hotel services and products for persons with disabilities to be very poor. These findings imply that majority of persons with disabilities in this country are just merely satisfied with hotel facilities in the country and much more needs to be done by hoteliers and tourism service providers in their product offering for persons with physical disabilities in Nairobi so as to improve the overall rating of their products and services.

4.13 Correlation between Choice or Preference of Hotel facilities by PWPDs and Study Predictor Variables

Correlation between choice or preference of a hotel facility by persons with (dependent variable) and the predictor variables was undertaken using Pearson's Product-Moment Correlation Coefficient to measure the strength of the linear dependence between each variable used in the study (independent variables) and the choice or preference of hotel facilities (dependent variable). The results were as indicated in Table 4.13.1.

There was a significant correlation between '*priority items for the Government and hoteliers*', '*recommendations of persons with physical disabilities to hoteliers*', '*social motivation of persons with physical disabilities*', '*information sources used by persons with physical disabilities*' and '*attitudes and perceptions of persons with physical disabilities towards hotel products and services*' at a p-value of <0.05 . '*Experiences of persons with physical disabilities when using hotel products and services*' was however not correlated with the choice or preference of hotels facilities by persons with physical

disabilities in the study (at a p-value of 0.874). This therefore agreed with the first hypothesis for the study which stated;

Table 4.13:1: Correlation between Choice or Preference of a Hotel Facility (Dependent) and the Predictor (Independent) Variables

Total Scores	Statistics	Hotel							
		Preference	Experience	Attitude	Information	Challenges	Social	Recommendations	Government
Hotel Choice/Preference	Pearson Correlation	1							
	P-value		0.874						
Experience	Pearson Correlation	0.01	1						
	P-value	0.874		0.903					
Attitudes & Perceptions	Pearson Correlation	0.21	0.01	1					
	P-value	<u>0</u>	0.903		<u>0</u>				
Information Sources	Pearson Correlation	-0.11	0.02	0.21	1				
	P-value	<u>0.034</u>	0.768	<u>0</u>		0.254			
Challenges	Pearson Correlation	0.15	0.01	0.24	-0.06	1			
	P-value	<u>0.004</u>	0.821	<u>0</u>	0.254		<u>0</u>		
Social Motivations	Pearson Correlation	0.16	-0.05	0.29	-0.05	0.5	1		
	P-value	<u>0.002</u>	0.395	<u>0</u>	0.379	<u>0</u>		<u>0</u>	
Recommendations	Pearson Correlation	0.43	-0.09	0.47	-0.04	0.37	0.32	1	
	P-value	<u>0</u>	0.087	<u>0</u>	0.507	<u>0</u>	<u>0</u>		<u>0</u>
Government	Pearson Correlation	0.23	-0.11	0.22	-0.05	0.13	0.17	0.39	1
	P-value	<u>0</u>	<u>0.034</u>	<u>0</u>	0.382	<u>0.018</u>	<u>0.001</u>	<u>0</u>	

α - level at 5%

Source: Researcher; based on study results, 2012

“HO₁ There was no significant relationship between experiences of persons with physical disabilities while using hotel products and services and their choice or preference of a hotel facility.”

This finding implied that experiences of persons with physical disabilities while using hotel products and services do not in any way deter them from choosing hotel facilities. This means that persons with physical disabilities in the country exhibit remarkable resilience to challenges placed in their way and they struggle for their rights in spite of adversity, bad experiences and hostility. Though contrary to what the researcher expected when setting out to conduct the survey, the finding agreed with previous research by Horner & Swarbrook, (2004), who found out that in spite of challenges placed in their way, there are still millions of persons with disabilities around the world who still take vacations. This hypothesis was therefore accepted.

The second hypothesis stated that:-

“HO₂ There was no significant relationship between access to travel and hotel information prior to departure and choice or preference of hotels by persons with physical disabilities in Nairobi.”

Testing using the Pearson Product-Moment Correlation Coefficient however showed that there was a significant correlation between access to travel and hotel information prior to departure and choice or preference of hotels by persons with physical disabilities in Nairobi (at a p-value of 0.034). This finding implies that the better the quality of information available to persons with physical disabilities about hotel products and services in regard to its detail, accuracy and truthfulness, the higher their predisposition

to choose one hotel facility over another. This means that hoteliers and travel agents need to take time to study the needs of persons with disabilities and attempt to reach them using appropriate information sources.

Findings from this survey identified the following most credible sources of information that could be put to use by hoteliers and travel agents when reaching out to persons with physical disabilities in Kenya. These were in order of preference: - previous experience, recommendations from friends with similar disabilities, information from tourism bureaus such as Kenya Tourist Board (KTB), and lastly travel agents. In regard to mass media, the most credible sources of information in order of preference were: television programs, followed by radio, the internet then hotel brochures.

However, it is important to note that adverts in newspapers and magazines were the least popular amongst persons with physical disabilities in Nairobi. This finding was concurrent with what many disability researchers have proposed all along that access to accurate travel information could go a long way in increasing the propensity of persons with disabilities to travel (Ringaert & Horgan, 2001; Burnett & Baker, 2001; McKercher, Packer, Yau, & Lam, 2003; NOP Consumer , 2003 ; Nina & Ryder, 2003; Daruwalla & Darcy, 2005.; Eichhorn, Miller, Michopoulou, & Buhalis, 2007). The second hypothesis was thus rejected (p value 0.034).

4.14 Multiple Regression

Factors that were univariately significant were subjected to a multiple regression so as to determine predictor variables influencing the choice or preference of hotel facilities by persons with physical disabilities in Nairobi under the following subsections so as to

come up with a model that conceptualizes factors that influence choice of hotel facilities among persons with physical disabilities in Nairobi.

4.14.1 Attitudes and Perceptions of PWPDs towards Hotel Products and Services

Since attitudes and perceptions towards hotel products and services was not an observed factor, a Structured Equation Model (SEM) was used to study the attitudes and perceptions. To assess factors important in the explanation of attitudes and perceptions of persons with physical disabilities, a Principal Component Analysis (PCA) was undertaken as shown in Table 4.14.1:1

Table 4.14.1:1: Principal Component Analysis for Attitudes and Perceptions of PWPDs

Component	Initial Eigen values			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	4.7	31.1	31.1	4.7	31.1	31.1
2	2.0	13.6	44.7	2.0	13.6	44.7
3	1.5	9.7	54.4	1.5	9.7	54.4
4	1.1	7.1	61.5	1.1	7.1	61.5
5	0.9	6.3	67.8			
6	0.8	5.4	73.2			
7	0.7	4.5	77.8			
8	0.6	4.3	82.0			
9	0.6	3.8	85.9			
10	0.5	3.3	89.2			
11	0.4	2.7	91.9			
12	0.4	2.5	94.4			
13	0.3	2.0	96.4			
14	0.3	1.9	98.4			
15	0.2	1.6	100.00			

Source: Survey Output; based on study results, 2012

From the initial fifteen (15) factors under consideration in attitudes and perceptions of PWPDS towards hotel products and services, four (4) factors explained about 61% of the variability in attitudes and perceptions of PWPDS. These factors included, *‘hotels have invested in disabled access rooms due to demand from overseas travel agents and tour agents’*, *‘the Kenya hotel sector is too “commercialized” and profit oriented to cater for needs of persons with physical disabilities’*, *‘confidence in the information provided by hotels and travel agents concerning facilities for persons with physical disabilities’* and *‘hotel staff underestimating what a person with physical disabilities can do’*. These four (4) factors were taken into a Structured Equation Model (SEM) for assessing whether they were important for assessing PWPDS attitudes and perceptions towards hotel products and services as shown in Table 4.14.1:2.

Table 4.14.1:2: Structured Equation Model (SEM) for Attitudes and Perceptions of PWPDS towards Hotel Products and Services

Regression Weights: (Group number 1 - Default model)						
			Estimate	S.E.	C.R.	p value
at1	<---	Attitudes	1			
at2	<---	Attitudes	2.177	0.687	3.171	0.002
at3	<---	Attitudes	0.76	0.251	3.027	0.002
at4	<---	Attitudes	1.296	0.344	3.77	***

Source: Researcher; based on study results, 2012

It was found out that, all the four (4) factors were significant at a p value < 0.05. The RMR (Root Mean Square) of the models showed a good fit of less than 0.08 (MacCallum, Browne, & Sugawara, 1996) as shown in Table 4.14.1:2 and the resultant path analysis shown in Figure 4.14.1-1. This meant that the four factors (namely; *‘hotels have invested in disabled access rooms due to demand from overseas travel agents and tour agents’*, *‘the Kenya hotel sector is too “commercialized” and profit oriented to cater*

for needs of persons with physical disabilities’, ‘*confidence in the information provided by hotels and travel agents concerning facilities for persons with physical disabilities*’ and ‘*hotel staff underestimating what a person with physical disabilities can do*’) were the most significant variables for assessing PWPDs attitudes and perceptions towards hotel products and services.

Table 4.14.1:3: RMR, GFI Model of Attitudes and Perceptions:

<i>RMR, GFI</i>				
Model	RMR	GFI	AGFI	PGFI
Default Model	0.05	0.991	0.955	0.198
Saturated Model	0	1		
Independence Model	0.213	0.896	0.826	0.537

Source: Survey Output; based on study results, 2012

As a result, all the four (4) factors measuring attitudes and perceptions of PWPDs towards hotel products and services were retained for the final model.

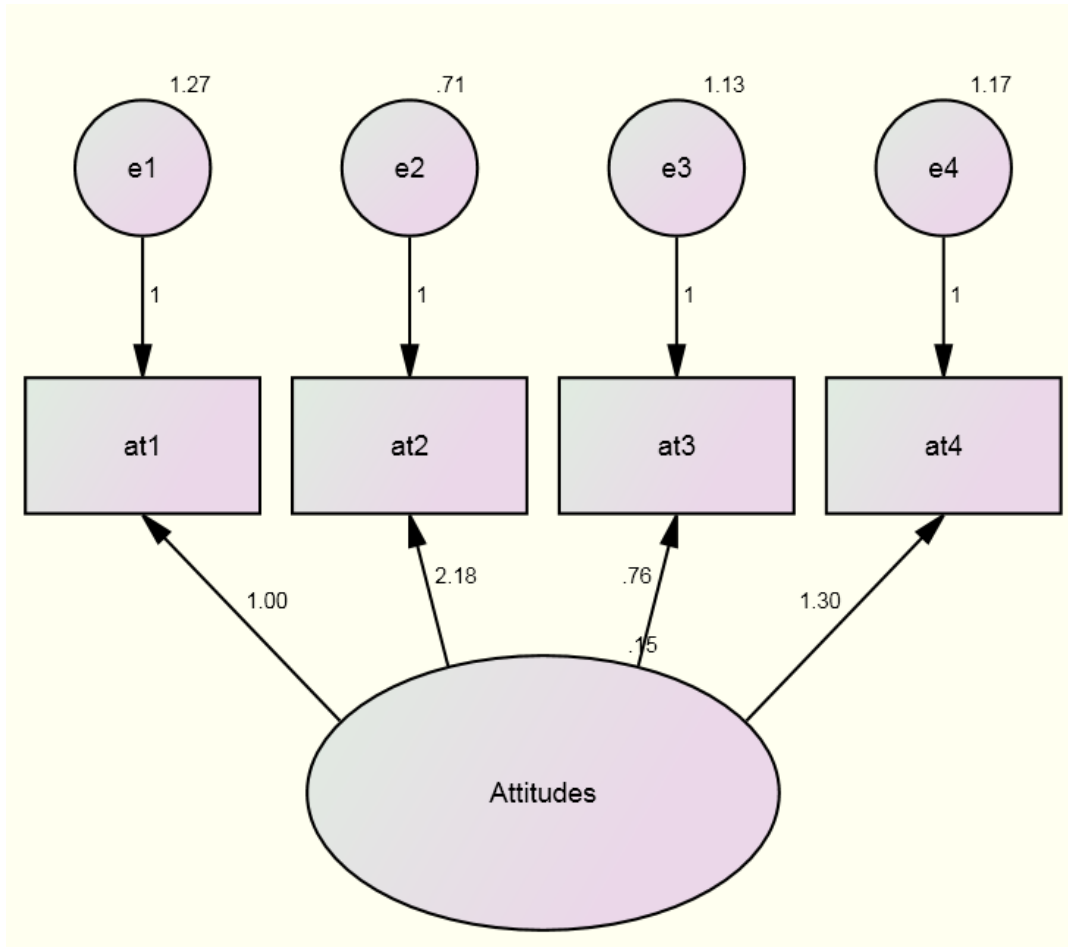


Figure 4.14.1-1: Path Analysis for Attitudes and Perceptions of PWDs towards Hotel Products and Services

Source: Researcher; based on study results, 2012

4.14.2 Information Sources used by PWDs

From the initial seven (7) factors under consideration in information sources used by PWDs, only two (2) factors explained about 77% of the variability in the information sources category. These factors included, '*advertises in newspapers and magazines*' and '*previous experience*' as shown in Table 4.14.2:1.

Table 4.14.2:1: Principal Component Analysis for Information Sources

Component	Initial Eigen values			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	3.8	54.3	54.3	3.8	54.3	54.3
2	1.6	23	77.3	1.6	23	77.3
3	0.6	8.8	86.2			
4	0.3	4.3	90.5			
5	0.3	3.7	94.2			
6	0.3	3.7	97.8			
7	0.2	2.2	100.0			

Source: Researcher; based on study results, 2012

These two (2) factors were taken into a Structured Equation Model (SEM) for assessing information sources used by PWPDs as shown in Table 4.14.2:2.

Table 4.14.2:2: Structural Equation Model (SEM) for Information Sources used by PWPDs

Model	<i>RMR, GFI</i>			
	RMR	GFI	AGFI	PGFI
Saturated model	0	1		
Independence model	0.281	0.659	-0.024	0.22

Source: Researcher; based on study results, 2012

The fit was found to be adequate and the two factors were retained for Model which meant that ‘*advertises in newspapers and magazines*’ and ‘*previous experience*’ were the most significant variables for assessing sources of information used by PWPDs in Nairobi when sourcing for hotel products and services.

4.14.3 Categorization of Challenges faced by PWPDs

From the initial four (4) factors under consideration in categorization of challenges by PWPDs, only one (1) factor explained about 61% of the variability in the challenges category. This factor was '*Navigation of the Physical environment (safety concerns)*' as shown in Table 4.14.3:1:

Table 4.14.3:1: Principal Component Analysis for Categorization of Challenges faced by PWPDs.

Component	Initial Eigen values			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	2.5	61.4	61.4	2.5	61.4	61.4
2	0.8	19.8	81.2			
3	0.5	12.6	93.8			
4	0.2	6.2	100			

Source: Researcher; based on study results, 2012

On running SEM, categorization of challenges facing PWPDs had a lack of fit and was dropped

4.14.4 Social Motivations of PWPDs

From the initial thirteen (13) factors under consideration in social motivations of PWPDs, only four (4) factors explained about 64% of the variability in the information sources category. These factors included, '*beaches*', '*being together as a family*', '*watching sporting activities*' and '*watching shows*' as shown in Table. 4.14.4:1.

Table 4.14.4:1: Principal Component Analysis for Social Motivations of PWPDs

Component	Initial Eigen Values			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	3.9	30	30	3.9	30	30
2	1.8	13.7	43.7	1.8	13.7	43.7
3	1.6	12.4	56.1	1.6	12.4	56.1
4	1	7.8	63.9	1	7.8	63.9
5	0.9	6.6	70.5			
6	0.8	5.9	76.5			
7	0.7	5.4	81.9			
8	0.7	5.2	87			
9	0.5	4.2	91.3			
10	0.4	3	94.3			
11	0.3	2.3	96.5			
12	0.2	1.8	98.3			
13	0.2	1.7	100			

Source: Survey Output; based on study results, 2012

These four factors were retained for SEM as shown in the Table 4.14.4:2.

Table 4.14.4:2: Structural Equation Model (SEM) for Social Motivations of PWPDs

Regression Weights: (Group number 1 - Default model)

			Estimate	S.E.	C.R.	P-Value
smt1	<---	Socio-Motivation	1			
smt2	<---	Socio-Motivation	0.266	0.093	2.863	0.004
smt3	<---	Socio-Motivation	0.135	0.099	1.357	0.175
smt4	<---	Socio-Motivation	3.482	3.148	1.106	0.269

Source: Researcher; based on study results, 2012

However, upon running the SEM, only ‘*visiting friends and family*’ was significant (p value of 0.004), with model fit of 0.059. This factor was retained in the final modelling of the independent variable. The associated Path Model for social motivations is shown in Figure 4.14.4-1.

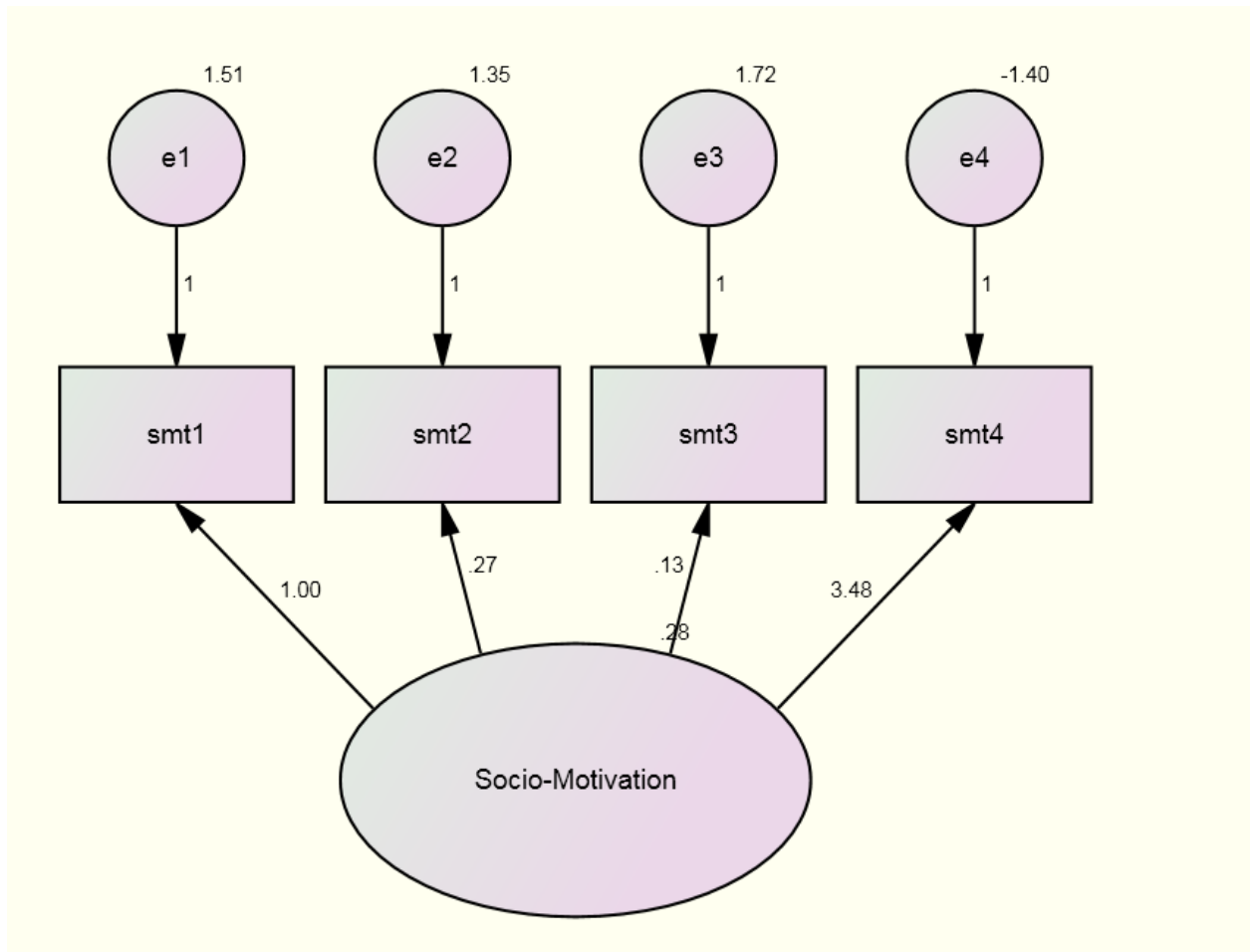


Figure 4.14.4-1: Path Model of Social Motivations for PWPDs

Source: Researcher; based on study results, 2012

4.14.5 Recommendations for Government and Hotels by PWPDs

On undertaking SEM on Recommendation for hotels by PWPDs no factor was significant and all were consequently dropped.

4.14.6 Priority items for the Government and Hoteliers

From the initial ten (10) factors under consideration as priority items for the Government as ranked by PWPDs, only two (2) factors explained about 65% of the variability in this category. These factors were, '*availability of emergency facilities*' and '*ease and*

accessibility of parking facilities' as shown in Table 4.14.6:1. These two (2) factors were taken into a Structured Equation Model (SEM) as shown in Table 4.14.6:2.

Table 4.14.6:1: Principal Component Analysis for Priority Items for the Government

Component	Initial Eigen values			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	4.8	47.8	47.8	4.8	47.8	47.8
2	1.8	17.5	65.3	1.8	17.5	65.3
3	0.9	9.2	74.5			
4	0.7	7.2	81.7			
5	0.5	4.5	86.2			
6	0.4	3.8	90.0			
7	0.3	3.1	93.2			
8	0.3	2.9	96.1			
9	0.2	2.3	98.4			
10	0.2	1.6	100.0			

Source: Researcher; based on study results, 2012

Table 4.14.6:2: Structural Equation Model (SEM) for Priority Items for the Government as ranked by PWPDS

<i>RMR, GFI</i>				
Model	RMR	GFI	AGFI	PGFI
Saturated model	0	1		
Independence model	0.084	0.981	0.943	0.327

Source: Survey Output; based on study results, 2012

The fit was found to be adequate fitting the model at a GFI of >0.9 (Hooper, Coughlan, & Mullen, 2008) meaning that the two factors, namely, '*availability of emergency facilities*' and '*ease and accessibility of parking facilities*' were the most significant priority items for the Kenyan Government as ranked by survey respondents.

4.14.7 Priority considerations in Choice or Preference of Hotels by PWPDs (Dependent Variable)

From the initial ten (10) priority considerations in choice or preference of hotels as ranked by PWPDs, only three (3) factors explained about 67% of the variability in this category. These factors were ‘*accessible restaurant facilities*’, ‘*recommendations from friends*’ and ‘*the expectation that a certain class of hotel would have the facilities for persons with physical disabilities*’ as shown in Table 4.14.7:1.

Table 4.14.7:1: Principal Component Analysis for Preference or Choice of Hotel Facilities for PWPDs

Component	Initial Eigen values			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	3.5	34.6	34.6	3.5	34.6	34.6
2	2	19.7	54.3	2.0	19.7	54.3
3	1.3	12.5	66.9	1.3	12.5	66.9
4	0.8	8.3	75.2			
5	0.6	5.8	81.0			
6	0.5	5.0	85.9			
7	0.5	4.7	90.6			
8	0.4	3.8	94.4			
9	0.3	3.0	97.4			
10	0.3	2.6	100.0			

Source: Researcher; based on study results, 2012

These factors were taken into a Structured Equation Model (SEM) as shown in Table 4.14.7:2. All the three factors under consideration were significant at a (p value <0.05). The resultant path analysis for choice or preference of hotel facilities by persons with physical disabilities is shown in Figure 4.14.7-1.

Table 4.14.7:2: Structural Equation Model (SEM) for Choice or Preference of Hotel Facilities by PWPDs

Regression Weights: (Group number 1 - Default model)

			Estimate	S.E.	C.R.	P
pre1	<---	Hotel Preference	<u>1</u>			
pre2	<---	Hotel Preference	1.725	0.36	4.791	***
pre3	<---	Hotel Preference	1.921	0.497	3.861	***

Source: Survey Output; based on study results, 2012

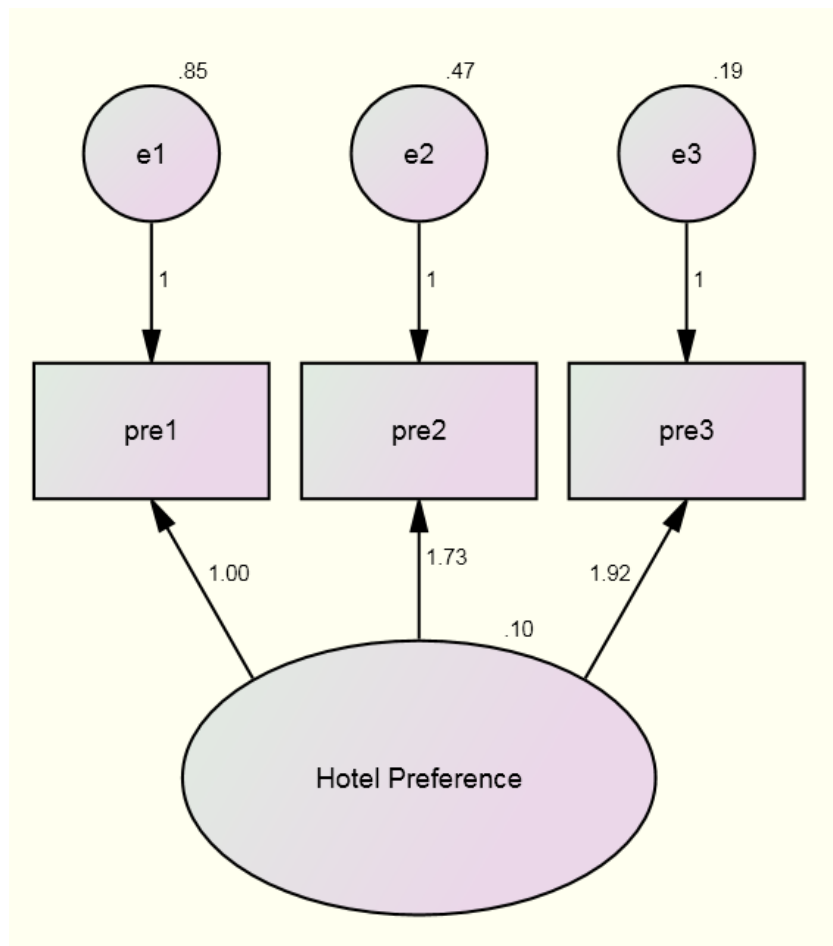


Figure 4.14.7-1: Path Analysis for Choice or Preference of Hotel Facilities by PWPDs

Source: Researcher; based on study results, 2012

Extracted factors were aggregated to arrive at a total score for the group. These aggregated scores were used in the running of the multiple regression with the independent variable (choice or preference of hotels facilities by PWPDs) as shown in Table 4.14.7:3.

Table 4.14.7:3: Multiple Regression for Choice or Preference of Hotel Facilities by PWPDs in Nairobi

Parameter	β -estimate	se	t statistic	p value
Intercept	1.7	0.4	4.1	<i><0.001</i>
Information Sources	0.3	0.1	5.8	<i><0.001</i>
Challenge	0.7	0.1	5.3	<i><0.001</i>
Social Motivations	0.01	0.02	0.5	0.604
Government Interventions.	0.3	0.1	4.2	<i><0.001</i>

Source: Survey Output; based on study results, 2012

On running the Multiple Regression of the Choice or preference of hotel facilities by PWPDs (Y), all factors (p value <0.05) were significant in explaining the choice or preference of hotel facilities by PWPDs (Y) except for ‘social motivations’ (p value > 0.05). See Appendix 6.7. All the three (3) factors were positively correlated with the choice or preference of hotels by PWPDs, such that an increase in the independent factor led to a corresponding increase in the choice or preference of hotel facilities by PWPDs as shown by Equation 4.14.7-1 below.

Equation 4.14.7-1 : Multiple Regression Equation for Choice or Preference of Hotel Facilities by PWPDs in Nairobi

$$\text{Preference of Hotel Facilities by PWPDs in Nairobi (Y)} = 1.7 (\pm 0.4) [\text{intercept}] + 0.3 (\pm 0.1) * \text{Information Sources} + 0.7 (\pm 0.1) * \text{Challenges} + 0.3 (\pm 0.1) * \text{Government Interventions}$$

Source: Researcher; based on study results, 2012

The multiple regression equation indicated that a unit increase in the “*Preference of Hotel Facilities by PWDs*” led to a corresponding increase of 1.7(intercept), 0.3, 0.7 and 0.3 for “*Information Sources*”, “*Challenges faced by PWDs*” and “*Government and Hotelier Interventions*”, respectively.

Findings of the multiple regression have the following implication for hotels: A person with a physical disability would most probably choose a hotel that has better quality of information and one in which they have had previous experience with over a hotel that has poor quality of information and one that they have not had experience with. This means that hotels must endeavour to provide their clients with accurate and truthful information and at the same time create memorable experiences for first time guest so as to encourage repeat visits. This finding has been corroborated by other researchers who have reiterated the important role that hotels and tourism services providers have in regard to provision of accurate and truthful information if they are to improve propensity to travel by persons with disabilities (Darcy, 1998; Burnett & Baker, 2001; Ringaert & Horgan, 2001; Darcy, 2003; McKercher, Packer, Yau, & Lam, 2003; Nina & Ryder, 2003; NOP Consumer, 2003; ESCAP, 2003; Packer & Carter, 2005; Daniels, Drogin-Rodgers, & Wiggins, 2005; Daruwalla & Darcy, 2005; OSSATE, 2005; Eichhorn, Miller, Michopoulou, & Buhalis, 2007; Packer, Small, & Darcy, 2008)

This survey also found out that getting accurate information from hotels was a challenge for the survey respondents. As previously discussed, travel planning for persons with disabilities is normally characterised by a more detailed information enquiry than by people without disabilities. Persons with disabilities search for information with respect to their individual special requirements and the higher their accessibility requirements,

the more detailed the information a person with disability needs (OSSATE, 2005). The survey also found out that the guest with disabilities market was a highly sensitive market (GoI, 2010) and bad experiences would most likely put them off paying a repeat visit to a hotel facility.

The findings also implied that a reduction in challenges faced by persons with disabilities would lead to a corresponding increase in choice or preference of hotel facilities by persons with disabilities. This means that hotels must look for ways of reducing the amount of challenges faced by persons with disabilities if they are to benefit from potential business from this market segment. This survey revealed that the greatest challenges facing PWPDs were staff attitudes (also endorsed by Turco *et al.*, 1998; Burnett & Baker, 2001; Schleien *et al.*, 1997; Smith *et al.*, 2001; in Bi, Card, & Cole, 2007), followed by knowledge and attitudes of others towards persons with disabilities (supported by Voh, 1993; Hannon, 2007; Bi *et al.*, 2007; NDA 2007; A.F.U.B., 2007), followed by safety concerns relating to the navigation of the physical environment (findings also backed by Turco *et al.*, 1998; Vignuda, 2001; CETA, 2010) and lastly accessing information prior to departure (in agreement with findings by Ringaert & Horgan, 2001; Burnett & Baker, 2001; McKercher *et al.*, 2003; NOP Consumer, 2003; Nina & Ryder, 2003; Daruwalla & Darcy, 2005; Eichhorn *et al.*, 2007)

The findings of the multiple regression also implied that the higher the level of Government and hoteliers intervention particularly in areas with a direct bearing to issues affecting persons with disabilities, the more the likelihood that PWPDs will engage in leisure travel. Some of the issues identified in this research are accessible public transportation and implementation of policies to cater for guests with disabilities. The

importance of government involvement in the provision of accessible transportation and subsequent effect on the facilitation of leisure travel has received support by several researchers (Handicap International, 2006; EU, 2006; GoI, 2010; Jinh, Shen, & Chun, 2012) while the value of implementation of policies catering for persons with disabilities in the enhancement of PWDs positive leisure experiences have once again been advanced by Handicap International, (2006); EU, (2006); GoI, (2010); and Jinh, Shen, & Chun, (2012).

The three independent factors were further collated to find out whether they positively predicted the choice or preference of hotel facilities by PWDs. All the factors in the equation positively predicted the choice or preference of hotel facilities by PWDs as indicated in the correlation Table 4.14.7:4.

Table 4.14.7:4: Correlation between the Independent Variables to the Predictor Variable

	Information Sources used by PWDs	Challenges faced by PWDs	Government & Hotelier Interventions
Information Sources used by PWDs			
Pearson	1		
p value			
Challenges faced by PWDs			
Pearson	0.21	1	
p value	<u>0.000</u>		
Government & Hotelier Interventions			
Pearson	-0.01	0.11	1
p value	0.872	<u>0.033</u>	

Source: Researcher; based on study results, 2012

The correlation between the independent variables to the predictor variables yielded the following results: There existed a significant positive correlation between “*Information*

sources used by PWPDs” and “*Challenges faced by PWPDs*” (p value = 0.000) and the same between “*Challenges faced by PWPDs*” and “*Government and Hotelier Interventions*” (p value = 0.033). “*Government and Hotelier Interventions*” and “*Information sources*” were inversely correlated ($\ell=-0.11$).

This implied that there was a significant relationship between the quality of information sources used by persons with physical disabilities while sourcing for a suitable accommodation facility and the intensity of challenges they faced while using the hotel products and services. This means that the more detailed, accurate and truthful the information provided by hotels in advertisements and the more persons with physical disabilities have an experience with visiting and using hotel products and services (previous experience), the less the challenges persons with physical disabilities will experience while accessing hotel products and services particularly in the area of navigating the physical environment.

The findings also implied that there was a significant relationship between challenges faced by PWPDs and Government and hotelier interventions. This suggests that the higher the level of Government and hotelier interventions on issues affecting persons with disabilities, the less intense the challenges that persons with disabilities will experience when accessing hotel products and services.

The findings also implied that there was an inverse relationship between Government and hotelier interventions and information sources. This would suggest that the more involved the Government and hoteliers are in issues affecting persons with disabilities, the less reliance persons with disabilities will be in the quality and truthfulness of

information. It may also suggest that the more detailed and accurate hotel information sources become, the less reliance persons with disabilities will have on Government and hotelier interventions. This means that even in the absence of Government and hotelier interventions, hotels could increase choice or preference of their facilities by offering more detailed, accurate and truthful information.

The R-squared of the Model was 23% and adjusted R squared of the model was 22%. This implies that the resultant model on choice or preference of hotel facilities by persons with physical disabilities in Nairobi was only able to measure up to 22% of the factors influencing the choice or preference of hotel facilities by persons with physical disabilities. As previously mentioned under the study limitations, this research focussed on aspects with a bearing to disability as there are many other general factors that can influence the choice of hotel facilities. Nonetheless, it also leaves room for researchers to continue exploring other factors influencing choice of hotel facilities by persons with physical disabilities and other disabilities by extension.

To arrive at a Parsimonious Model, a step technique was used to filter the most significant factors to be retained in the model. In this case, three (3) variables were retained with the least Akaike Information Criterion (AIC) of 406.7 from the AIC of 374.9 of the full model, as shown in appendix 6.10. The model was adequate as indicated in the diagnostic plot in appendix 6.9. Figure 4.14.7-1 shows the model of choice of hotel facilities by persons with physical disabilities in Nairobi that has been adapted and modified by the researcher (see original in Appendix 6.10). The Model fit summary tables have been shown in Appendix 6.11.

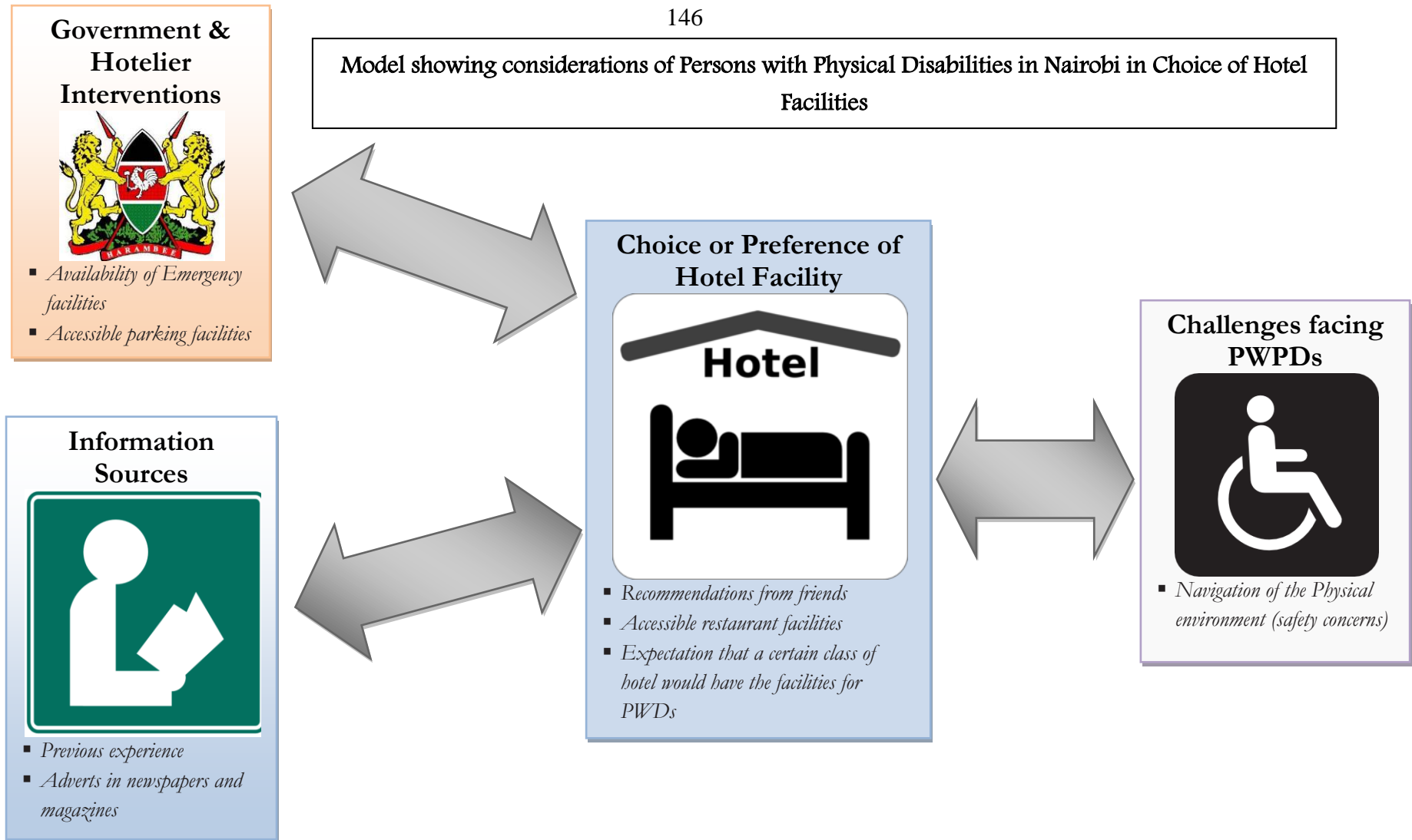


Figure 4.14.7-2: Model showing Considerations of Persons with Physical Disabilities in Nairobi in Choice or Preference of Hotel Facilities

Source: Researcher Modified, 2012

CHAPTER 5

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter focuses on the summary, conclusions, recommendations of the study and the implications for further research.

5.2 Summary of Findings

The Kenyan Government has continuously made efforts to increase tourism earnings and has identified the hospitality and tourism industry as the leading player of the six priority areas that it identified in Vision 2030, which is the country's development blueprint covering the period 2008 to 2030. As efforts are made to boost tourism in the country, hotels and tourism planners must identify areas with growth potential or identify niche markets as a potential new source of tourists both locally and internationally. Persons with disabilities comprise one such market and they encompass a large and growing market for the hospitality and tourism industry.

This study sought to find out priority considerations in the choice or preference of hotel facilities by persons with physical disabilities in Nairobi and in the process find out the unfulfilled gaps in product and service delivery so as to make the hotel product friendlier and more sensitive to guests with disabilities. A cross sectional survey design was applied to the survey which was conducted in the County of Nairobi. The population under study covered persons with physical disabilities and to qualify for the study, participants had to be 18 years of age or older; and had to have travelled within Kenya and had at least one (1) overnight stay away from home in a hotel. There was no

restriction placed on the class of hotel that the respondents stayed in. A total of 356 usable participant surveys out of the targeted 361 were analyzed. The study found out that women and the youth made up majority of the respondents implying that in coming up with hotel products, hotels need to make their rooms friendlier to the female gender and also those with families. The study had seven (7) specific objectives and a summary of the main findings for each objective are indicated as follows:

5.2.1 Experiences Encountered by Persons with Disabilities

Based on experiences of persons with physical disabilities while using hotel products and services in the country, the findings generally indicated that majority of the survey respondents had positive experiences while visiting hotels in the country and that many of them did not feel discriminated against or treated differently from persons without physical disabilities.

The findings also showed that many hoteliers were acting in contravention of the East African Classification requirements by not furnishing guests with emergency and fire exit procedures upon check in. Findings of the survey also indicated that majority of persons with physical disabilities in Kenyan hotels were still not in a position to fully participate in leisure activities when visiting hotels due to lack of upgraded sports equipment and the findings also showed that persons with physical disabilities in Nairobi feel that hotel staff usually over-estimate the amount of help that guests with physical disability need.

5.2.2 Attitudes and Perceptions

Survey findings indicated that persons with physical disabilities in Nairobi had the following attitudes and perceptions concerning hotel products and services in the country:

PWPDs found Kenyan hotels to be ignorant in terms of arrangements needed for and knowledge of persons with disabilities. Findings also showed that there would be a significant improvement in the experiences of PWPDs if there was an association for PWD's rating hotels. Findings also indicated that PWPDs would feel more drawn or attracted towards a hotel that used a PWD as a model in their promotional materials. Findings also showed that persons with physical disabilities don't engage the services of travel agents in making their travel arrangements and are not versed with the critical role that travel agents play in the travel facilitation process and lastly, persons with physical disabilities are not sure whether changes to improve accessibility by hotels are out of genuine care and concern for them or they are purely motivated by profit

5.2.3 Potential Discrimination in Hotels

Findings disclosed that significant proportion of persons with physical disabilities in Nairobi generally have had positive experiences in Kenyan hotels meaning that Kenyan hotels have made positive strides towards elimination of stigma and associated discrimination commonly associated with service providers when dealing with persons with disabilities. Findings also suggested that the persons with physical disabilities market segment is an extremely sensitive market and this would imply that if hotels don't accurately study the needs and expectations of persons with physical disabilities, or are insensitive to their feelings, the likelihood of losing this market segment to competitors or putting them off travel and hotel experiences is very high. Findings also illustrated that, the youth with disabilities market (18-30 year old category) is more sensitive to issues regarding discrimination and if a hotel decides to pursue this market, more sensitivity to youth with disabilities and extra vigilance on the part of the hotel is needed when dealing

with the youth (18-30 year old category) than when dealing with a slightly more mature guests with disabilities at least where age is concerned.

5.2.4 Sources of Information used by Persons with Physical Disabilities

Findings showed that survey respondents rated previous experience as the most credible source of information closely followed by recommendations from friends with similar disabilities. The findings also revealed that persons with physical disabilities didn't quite prefer media as a source of information as compared to personal means of communications. These findings imply that persons with physical disabilities rely heavily on the past experience of themselves and others and that they place a lower level of reliance on mass media usage.

5.2.5 Categorization of Challenges

Findings revealed that persons with physical disabilities rated attitudes of managers and staff as the most difficult challenge while using hotel products and services, followed by being treated with respect, courtesy and sensitivity by others (knowledge and attitudes of others towards persons with disabilities). These findings imply that persons with physical disabilities from Nairobi place more value on good employee attitudes within the hospitality and tourism industry and being understood and treated with respect by other people more than the value they place on alternation of the physical environment to ease navigation and accessing information prior to booking a holiday.

5.2.6 Social Motivations

Findings revealed that visiting family and friends was the most important social motivator followed by being together as a family. Sightseeing (nature based activities),

including landscape/wildlife photography was ranked 5th and 6th respectively. These findings signify that persons with disabilities in Nairobi have very strong social ties and consider visiting friends and family and being together with their families as very strong social motivators. The findings also implied that persons with disabilities in Nairobi have an apparent disinterest in ‘traditional’ tourism based attractions namely nature based attractions and wildlife photography.

5.2.7 Choice or Preference of Hotel Facilities by PWDs in Nairobi

Findings showed that three (3) factors namely information sources, challenges faced by persons with disabilities and PWDs and interventions of the Government and hoteliers pertaining matters with a bearing on PWDs were the best predictor variables that influenced the choice or preference of hotel facilities by persons with disabilities. This means that hotels must endeavour to provide their clients with accurate and truthful information and at the same time create memorable experiences for first time guest so as to encourage repeat visits. Secondly, hotels must endeavour to reduce challenges faced by PWDs if they expect them to increase their uptake of persons with physical disabilities and thirdly the higher the level of Government and hoteliers intervention particularly in areas with a direct bearing to matters affecting persons with disabilities, the more the likelihood that PWDs will engage in leisure travel. Some of the issues identified in this research were accessible public transportation and implementation of policies to cater for guests with disabilities.

5.3 Conclusions

In the light of the research findings, the following conclusions were drawn:

it can be concluded that majority of persons with physical disabilities have had positive experiences while using hotel products and services in the country namely; not being discriminated against, having rooms adapted to persons with disabilities and not being given false or misleading information. However, there were several things that got in the way of their positive experiences such as not being briefed on emergency and evacuation procedures, not being able to fully participate in leisure activities due to lack of hotel investment in upgraded sports equipment, and lack of disability awareness training in hotels.

Pertaining attitudes and perceptions, it can be concluded that persons with physical disabilities in Nairobi feel that hotel staff are not sufficiently trained to handle the unique needs of persons with disabilities; they are also of the opinion that organizations dealing with disabilities should collaborate with hotels particularly in the area of rating hotels and acting in their interests specifically by verifying accuracy and truthfulness of information about accessibility of hotel properties. In reference to potential discrimination in hotels the researcher concluded that majority of persons with physical disabilities had not experienced discriminative attitudes while using hotel products and services in the country.

Concerning sources of information, survey findings established that persons with disabilities rely heavily on the past experience of themselves and others that persons with disabilities place a lower level of reliance on mass media usage. Study findings also

determined that the most difficult challenge faced by PWPDs while using hotel products and services is attitudes of managers and staff.

In relation to social motivations the study illustrated that visiting family and friends is the most important social motivator for persons with physical disabilities in Nairobi followed by being together as a family. This implied that persons with disabilities in Nairobi have very strong social ties. The findings also concluded that persons with physical disabilities have an apparent disinterest in 'traditional' tourism based attractions such as sightseeing (nature based activities), including landscape/wildlife photography.

Findings also suggested that persons with disabilities find getting accurate and truthful information to be a challenge and also they find access to facilities at accommodation, eating and drinking establishments within the country difficult. Findings established that availability of accurate and truthful information was the most important factor that determined choice or preference of hotel facilities by persons with physical disabilities in the country.

Findings also showed that persons with physical disabilities in the country would appreciate it if the industry considered offering them choices for disabled access rooms for example deluxe rooms, suites, presidential suites among others types of rooms. This study agreed with the researchers first hypothesis that there was no significant relationship between experiences of persons with physical disabilities while using hotel products and services and their choice or preference of a hotel facility and disagreed with the second hypothesis by showing that there was indeed a significant relationship between access to travel and hotel information prior to departure and choice or preference

of hotels by persons with physical disabilities in Nairobi. Overall it was concluded that majority of persons with disabilities in this country are just merely satisfied with hotel facilities in the country and much more needs to be done by hoteliers and tourism service providers in their product offering for persons with physical disabilities in Nairobi so as to improve the overall rating of their products and services.

Findings of the Multiple Regression indicated that three (3) factors namely information sources, challenges faced by persons with physical disabilities and interventions of the Government and hoteliers pertaining matters with a bearing on PWDs were the best predictor variables that influenced the choice or preference of hotel facilities by persons with physical disabilities.

5.4 Recommendations

Based on the study findings, this study suggests the following recommendations:-

5.4.1 Recommendations for Hoteliers and Tourism Service Providers

Whenever targeting the segment of persons with physical disabilities, hotels should consider coming up with products and services that attract females and the youth as they comprised majority of respondents for the survey. For the female gender, they should come up with products that afford them greater personal security and comfort, lifts that are operable only by a key given to registered guests, rooms with full-length mirrors, skirt hangers in wardrobes, permanently lit corridors among others and for the youth they should focus on developing products and services that appeal to persons within the 18-30 year old category such as inexpensive, no frills (budget or economy) hotels and casual dining concepts.

Kenyan hotels should endeavour to invest in technology that makes upgraded sports equipment available so that persons with physical disabilities can fully participate in leisure activities.

It is also recommended that hotel marketers should reach out to persons with disabilities by including a person in a wheel-chair or a deaf person signing (as well as those with other disabilities) in their mainstream advertising. Literature explored suggested that persons with disabilities often remember when they have been portrayed in advertisements and they have a more positive attitude toward those organizations that practice inclusion

It is also recommended that Kenyan travel agents and tour operators should seriously take time to study the needs of persons with disabilities so as to custom their products and services to meet the unique needs of this market. This study showed that persons with disabilities don't use their services yet literature suggested that in developed countries they are the most relied on and trusted information source.

Hotels should consider coming up with special rates such as VFR (Visiting Friends and Relatives) rate and also consider extending discounted family rates for persons with disabilities as it was apparent from the findings that persons with physical disabilities like travelling together with their families and loved ones. Hotels and tourism service providers should also consider seeking for referrals from influential persons with disabilities and disability organizations by organising familiarisation trips so as to benefit from recommendations.

In addition to hospitality and tourism service providers taking time to study the needs of persons with disabilities, service providers should take any complaint made by a guest with a disability seriously and remedy the situation as soon as possible so as to guarantee their sustained custom as findings indicated that most of them simply avoid or distance themselves from any incident that made them feel discriminated or uncared for. Findings from this research determined that persons with physical disabilities relied heavily on the past experience of themselves and others. Hotels should therefore do everything possible to ensure that they make experiences of persons with disabilities visiting or staying with them memorable so that they benefit from referrals to others with disabilities.

Hospitality and tourism service providers should also consider hiring persons with disabilities to work in the hospitality industry. The benefits of having staff with disabilities in the hospitality and tourism industry could go a long way in providing motivation for guests with disabilities as these employees would be more understanding of the plight of guests with disabilities in addition to fully integrating persons with disabilities in the society.

Hospitality and tourism service providers should also come up with policies that will enable them to improve the service experience of persons with physical disabilities. It is however critically important that persons with physical disabilities and organizations dealing with persons with disabilities be consulted when coming up with such policies so as to have policies that truly benefit the market segment.

Hoteliers and tourism service providers should prioritize the provision of accurate and truthful information that specifically meet the accessibility needs of persons with

disabilities so that they would be in a better position to make better choices that will specifically meet their individual needs and reduce dissatisfaction on the part of persons with disabilities about the truthfulness of information given to them by hoteliers. For this to be effective, persons with disabilities and organizations dealing with disabilities should be actively involved in the process of vetting hotels for accessibility to further add credence to accessibility information used in hotel and tourism enterprises promotional material. In addition, hoteliers and tourism services providers should first try to understand what accessible or barrier-free accommodation entails at least from the viewpoint of persons with disabilities so that they may stop representing their rooms as accessible or barrier-free, then people with disabilities find that the rooms are not suitable

Hotels should aim for improved access of hotel facilities within all areas of the property to the entire disabled community, including those with physical, sensory and communication disabilities so as to make persons with disabilities and other persons who would benefit from such changes enjoy the wide range of hospitality facilities and tourist facilities in the country.

Hotels should also endeavour to have various categories of rooms so as to give persons with disabilities a choice for example deluxe rooms, suites, presidential suites among other types of rooms. Findings from this survey indicated that persons with physical disabilities just like everyone else do appreciate choice and variety in hotel products particularly accommodation facilities.

5.4.2 Recommendations for Hotels in Collaboration with Disability Organizations

Hotels in collaboration with relevant disability organizations should embark on a sensitization exercise or disability awareness training among hotel and tourism practitioners so as to reduce the stigma associated with disability in the hospitality and tourism industry.

In the same light, disability organizations should take a more active role and lobby the Government to incorporate them in statutory bodies such as the Hotel and Restaurant Authority so that they may represent interests of persons with disabilities in hospitality and tourism related issues that have a bearing on their ability to use and enjoy the hospitality and tourism products and services.

Disability organizations should collaborate with hotels and tourism service providers in coming up with policies relating to guests with disabilities so as to have policies that meet the unique needs of persons with disabilities

5.4.3 Recommendations for Government and Related Agencies

Kenya Hotel Keepers Association in conjunction with the Ministry of Tourism should first set laws and policies pertaining safety concerns of persons with disabilities and frequently check on compliance of where safety issues in the industry particularly those issues that affect persons with disabilities. Findings also indicated that persons with physical disabilities were not being briefed on emergency and evacuation procedures by hotels they patronised. This is a very dangerous scenario and could have disastrous

consequences for any guest, more so a guest with a disability if there was an emergency situation such as a fire.

It is recommended that the Government through organs of Government such as the Hotel and Restaurant Authority should set minimum criteria for accessibility specifically for hotels. Findings indicated that persons with physical disabilities have the expectation that different classes of hotels should have requisite facilities for persons with disabilities. Unfortunately as the situation stands hotels are not obligated to have these facilities and to qualify for a higher star rating, it is advantageous to have facilities for the disabled but they are not essential and 4 and 5 star hotels are only required to score 40 and 80% respectively for this category.

It is also recommended that corporations such as KTB should include issues of accessibility in their promotional effort for both the local and international source markets. Survey respondents claimed that they have never heard them advertise anything to do with accessible tourism.

It is also recommended that hotels in conjunction with relevant Government authorities should therefore prioritize the provision of sufficient bus and car parking spaces for older and disabled guests as a priority item in their minimum criteria of accessible holidays for all in the country.

5.4.4 Recommendations for Hospitality and Tourism Training Institutions

Educational institutions in the field of hospitality and tourism should incorporate aspects of disability awareness training in their curriculum so as to adequately prepare students to handle persons with disabilities at the place of work.

5.4.5 Recommendations for Further Research

The study uncovered valuable findings that laid groundwork for future studies in aspects dealing with disability in relation to the hospitality and tourism product and service offering in the country. The researcher recommends that further research in the areas listed needs to be undertaken to address some gaps identified by this study.

- i). A similar study needs to be carried out incorporating more variables than done by the researcher in order to come up with a more detailed model influencing the choice or preference of hotel facilities by persons with physical disabilities since the researchers model was only able to measure up to 22% of the factors influencing the choice or preference of hotel facilities by persons with physical disabilities.
- ii). A similar study could also be undertaken with persons with other forms of disabilities such so as to see whether they would have similar or contradictory findings particularly in the areas of experiences, attitudes and perceptions, discrimination, challenges social motivations and priority considerations when choosing hotel products and services.
- iii). A more detailed study on discrimination in the industry and associated responses by persons with physical disabilities should be undertaken particularly in regard

to responses. This study should however be conducted after the full implementation of the new constitution so as to gauge whether responses will have significantly changed in light of the ongoing reforms in the judiciary.

- iv). A more detailed study to try to find out why persons with physical disabilities in Kenya do not use travel agents and tour operators and ways to remedy this situation should be attempted by future researchers.
- v). It is also recommended that a tourism based motivational study be conducted on persons with physical disabilities and also other forms of disabilities to find out why PWPDs seem disinterested in 'traditional' tourism based attractions namely nature based attractions and wildlife photography.

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APPENDICES

Appendix 6.1: Essential Items for Classification -Schedule II of The East African Community (2007) Criteria For Classification

TOWN HOTELS	MOTELS	VACATION HOTELS	LODGES AND TENTED CAMPS	VILLAS, COTTAGES AND SERVICED APARTMENTS	RESTAURANTS
<ul style="list-style-type: none"> ▪ Occupational Permit ▪ Valid operating Licenses ▪ Drainage ▪ Room Designation ▪ Safe Deposit ▪ Hand Wash Basin ▪ Wash Rooms ▪ Waste/Refuse Disposal ▪ Sewage Disposal and Treatment ▪ Vermin Proofing ▪ Water Supply ▪ Communication Systems ▪ Security Systems ▪ Fire Safety ▪ Electrical Safety ▪ First Aid ▪ Qualification/experience of Management staff ▪ Qualification/experience of Departmental Heads ▪ Health/Medical Examination ▪ Hotel Insurance 	<ul style="list-style-type: none"> ▪ Occupational Permit ▪ Valid operating Licenses ▪ Drainage ▪ Room Designation ▪ Safe Deposit ▪ Hand Wash Basin ▪ Wash Rooms ▪ Waste/Refuse Disposal - Sewage Disposal and Treatment ▪ Vermin Proofing ▪ Water Supply ▪ Communication Systems ▪ Security Systems ▪ Fire Safety ▪ Electrical safety ▪ First Aid ▪ Qualification/experience of Management staff ▪ Qualification/experience of Departmental Heads ▪ Health/Medical Examination ▪ Motel Insurance 	<ul style="list-style-type: none"> ▪ Occupational Permit ▪ Valid operating Licenses ▪ Drainage ▪ Room Designation ▪ Safe Deposit ▪ Hand Wash Basin ▪ Wash Rooms ▪ Waste/Refuse Disposal ▪ Sewage Disposal and Treatment ▪ Vermin Proofing ▪ Water Supply ▪ Communication Systems ▪ Security Systems ▪ Fire Safety ▪ Electrical Safety ▪ First Aid ▪ Qualification/experience of Management staff ▪ Qualification/experience of Departmental Heads ▪ Health/Medical Examination ▪ Hotel Insurance 	<ul style="list-style-type: none"> ▪ Occupational Permit ▪ Valid EIA Report/Audits ▪ Valid operating Licenses ▪ Drainage ▪ Room Designation ▪ Safe Deposit ▪ Hand Wash Basin ▪ Wash Rooms ▪ Waste/Refuse Disposal ▪ Sewage Disposal and Treatment ▪ Vermin Proofing ▪ Water Supply ▪ Communication Systems ▪ Fire Safety ▪ Electrical Safety ▪ First Aid ▪ Qualification/experience of Management staff ▪ Qualification/experience of Departmental Heads ▪ Health/Medical Examination ▪ Emergency evacuation ▪ Lodge/Camp Insurance ▪ Drivers Accommodation ▪ Staff Accommodation 	<ul style="list-style-type: none"> ▪ Occupational Permit ▪ Valid operating Licenses ▪ Drainage ▪ Room Designation ▪ Safe Deposit ▪ Hand Wash Basin ▪ Wash Rooms ▪ Waste/Refuse Disposal ▪ Sewage Disposal and Treatment ▪ Vermin Proofing ▪ Water Supply ▪ Communication Systems ▪ Fire Safety ▪ Electrical Safety ▪ First Aid ▪ Qualification/experience of Management staff ▪ Qualification/experience of Departmental Heads ▪ Health/Medical Examination ▪ Property Insurance 	<ul style="list-style-type: none"> ▪ Occupational Permit ▪ Valid operating Licenses ▪ Menu ▪ Hand Wash Basin ▪ Wash Rooms ▪ Drainage ▪ Waste/Refuse Disposal ▪ Sewage Disposal and Treatment ▪ Vermin Proofing ▪ Water Supply ▪ Communication Systems ▪ Fire Safety ▪ Electrical Safety ▪ First Aid ▪ Qualification/experience of Management staff ▪ Qualification/experience of Departmental Heads ▪ Health/Medical Examination ▪ Restaurant Insurance

Appendix 6.2: Letter of Consent

The chairperson
XYZ Disability Organization
Nairobi
P.O Box XXX
Kenya

RE: REQUEST FOR RESEARCH INFORMATION

Dear Sir/Madam,

My Name is Charles Muthamia Murungi and I am a Tutorial Fellow, pursuing a PhD in Hospitality and Tourism management at Kenyatta University.

In fulfilment of my course of study, I am conducting a study on “*Choice of Hotel Facilities for Guests with Physical Disabilities in Nairobi*”. Part of my study involves an investigation about experiences, knowledge, challenges, attitudes and perceptions of persons with physical disabilities towards hotel products in Kenya and an assessment of what can be done to improve access of the hotel product to people with physical disabilities.

The information that will be collected in the course of this study will be highly confidential and no respondent or hotel will be defined by name in the report.

This is to kindly request that you assist me in completing this research by furnishing me with the necessary information.

Yours Sincerely,

Charles M. Murungi.
Tutorial Fellow
Department of Hospitality Management, Kenyatta University

Appendix 6.3: Structured Questionnaire (Administered to Persons with Physical Disabilities in Nairobi)

GENERAL INFORMATION

GENDER: (Please tick appropriate box)

Male Female

AGE BRACKET

(Please tick applicable box)

Below 18	<input type="checkbox"/>
18-30	<input type="checkbox"/>
31-45	<input type="checkbox"/>
46 -55	<input type="checkbox"/>
56 and above	<input type="checkbox"/>

MARITAL STATUS

(Please tick applicable box)

Single	<input type="checkbox"/>
Married	<input type="checkbox"/>
Divorced/separated	<input type="checkbox"/>
Widowed	<input type="checkbox"/>
Other*	<input type="checkbox"/>

(Please tick applicable box)

	Yes	No
Are you a registered member of National Council of Persons with Disabilities (NCPWD)	<input type="checkbox"/>	<input type="checkbox"/>
Have you had an overnight stay in a hotel in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>

EXPERIENCES

Please circle the number that best corresponds to your experiences while using hotel products and services in Kenya.

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
I have been denied/refused accommodation on the basis that I have a physical impairment	1	2	3	4	5
I have been charged extra or forced to accept a more expensive arrangement based on my disability	1	2	3	4	5
The hotel I stayed in allowed specific rooms/units for persons with physical disabilities to be reserved when booking	1	2	3	4	5
I Have had to take my own assistive device or other equipment to a hotel because the hotel did not provide me with them	1	2	3	4	5
The hotel I stayed in offered without charge wheelchairs or motorized vans to its clients	1	2	3	4	5
The hotel I stayed in provided me with details of emergency evacuation procedures on arrival	1	2	3	4	5
I was able to fully participate in leisure activities at the hotel I stayed in	1	2	3	4	5
The hotel I stayed in accorded equal treatment to persons with physical disabilities as compared to persons without physical disabilities	1	2	3	4	5
I have received false or misleading information from a hotel about facilities for those with physical disabilities	1	2	3	4	5
Hotel staff overestimate the amount of help that a person with a physical disability needs	1	2	3	4	5

Hotels have mostly concentrated on configuring rooms for disabled and special needs guests but have not concentrated on other aspects such the reception, bars, conference rooms etc	1	2	3	4	5
The Hotel staff were sufficiently trained in disability awareness training	1	2	3	4	5
	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
<u>Others (please specify)</u>					
a.	1	2	3	4	5
b.	1	2	3	4	5
c.	1	2	3	4	5
d.	1	2	3	4	5

ATTITUDES AND PERCEPTIONS

Please circle the box that best corresponds to your attitudes and perceptions towards hotel facilities in the country

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
Do you find hotels ignorant in terms of arrangements needed for and knowledge of persons with disabilities?	1	2	3	4	5
Do you find hotel staff underestimating what a person with physical disabilities can do?	1	2	3	4	5
The Kenya hotel sector is too “commercialised” and profit oriented to cater for needs of persons with physical disabilities	1	2	3	4	5
Do you trust travel agents who claim to organize travel for persons with physical disabilities?	1	2	3	4	5
Do you have confidence in the information provided by hotels and travel agents concerning facilities for persons with physical disabilities?	1	2	3	4	5
Would it make a difference in your hospitality experience if there was an association for persons with disabilities rating hotels for use for other persons with disabilities?	1	2	3	4	5
Would you feel more drawn or attracted towards a hotel that used a person with a disability as a model in the advert?	1	2	3	4	5
Hotels perceive the disabled and special needs market as too insignificant to consider any substantial investment in	1	2	3	4	5
Hotels have invested in disabled access rooms to score a higher rating in the Hotel and Restaurant Authority (HRA) classification	1	2	3	4	5
Hotels have invested in disabled access rooms due to demand from disabled and special need guests	1	2	3	4	5
Hotels have invested in disabled access rooms due to demand from overseas travel agents and tour agents	1	2	3	4	5

Hotels have invested in disabled access rooms for positioning/marketing reasons	1	2	3	4	5
Hotels have invested in disabled access rooms as part of its efforts to show concern for the disabled guests	1	2	3	4	5
	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
Hotels have invested in disabled access rooms due to lobbying by special interest groups to cater for the needs of the disabled	1	2	3	4	5
Hotels have invested in disabled access rooms to comply with international expectations	1	2	3	4	5
Hotels should invest in technology that makes upgraded sports equipment in hotels available so that persons with physical disabilities can participate in leisure activities.	1	2	3	4	5
<u>Others (please specify)</u>					
a.	1	2	3	4	5
b.	1	2	3	4	5
c.	1	2	3	4	5
d.	1	2	3	4	5

POTENTIAL DISCRIMINATION IN HOTELS AND ASSOCIATED RESPONSES

(Please tick applicable box)

	Yes	No
From your overall experiences, would you consider hotels to be discriminative towards persons with disabilities?		

If the answer to the above question is “yes”, how did you respond to discrimination?

(Please tick applicable box)

Distancing (avoiding or distancing one self from situations in which you experience abuse or discrimination)	
Resistance (You keep returning and trying to change the situation in which you have experienced abuse or discrimination)	
Reporting/legal action (you choose to report or complain about situations or contexts in which you experienced discrimination)	
Other reaction (please explain in space provided)	

In case you choose not to report, what was the reason?

(Please tick applicable box. You can tick more than one box)

<i>Lack of access to appropriate administrative or legal structures</i>	
<i>Lack of information about how to proceed and make a claim</i>	
<i>Nothing would be done</i> (either there is no trust in public authorities or reporting would not have significant consequences in changing situations and contexts of discrimination)	
<i>Fear</i> (of consequences of reporting and time and effort in resolving issues)	
<i>Self blame</i> (feelings of shame and inferiority)	
<i>Corruption</i> (belief that there is a lot of corruption in legal and political systems in Kenya)	
<i>Lack of financial means</i> (don't have financial resources to sustain a legal claim)	

INFORMATION SOURCES

Please indicate by ticking the appropriate box the sources of information which you consider important and credible as a source of information when planning a holiday

Factor	Very Important	Somewhat Important	Neutral	Not Very Important	Not at all Important
Previous experience	1	2	3	4	5
Word of mouth from friends with similar disabilities	1	2	3	4	5
The internet	1	2	3	4	5
Travel books, magazines and guides	1	2	3	4	5
Adverts in newspapers and magazines	1	2	3	4	5
Hotel brochures	1	2	3	4	5
Television programs	1	2	3	4	5
Radio	1	2	3	4	5
Other books (history, literature)	1	2	3	4	5
Travel agencies	1	2	3	4	5
Information from tourism bureaus e.g. Kenya Tourism Board (KTB)	1	2	3	4	5

CATEGORIZATION OF CHALLENGES

Please indicate in the appropriate box factors you consider most challenging for a person with a physical disability while on holiday

Factor	Very Important	Somewhat Important	Neutral	Not Very Important	Not at all Important
Accessing information prior to departure	1	2	3	4	5
Navigation of the physical environment (safety)	1	2	3	4	5
Being treated with respect, courtesy and sensitivity (knowledge and attitudes of others towards persons with disabilities)	1	2	3	4	5
Attitudes of managers and staff working in the hotel industry	1	2	3	4	5
<i>Others (please specify)</i>	1	2	3	4	5

a.					
b.	1	2	3	4	5

SOCIAL MOTIVATIONS

What special interests do you pursue while on holiday?

Factor	Very Important	Somewhat Important	Neutral	Not Very Important	Not at all Important
Participating in sporting activities	1	2	3	4	5
Watching sporting activities	1	2	3	4	5
Sightseeing (nature based activities), landscape/wildlife photography	1	2	3	4	5
Beaches	1	2	3	4	5
Night life and entertainment	1	2	3	4	5
Watching shows	1	2	3	4	5
Art/museum/galleries	1	2	3	4	5
Gambling	1	2	3	4	5
Visiting friends and family	1	2	3	4	5
Being together as a family	1	2	3	4	5
Amusement/theme parks	1	2	3	4	5
Resort areas	1	2	3	4	5
Supporting economic activities in local communities of destinations visited	1	2	3	4	5
<u>Others (please specify)</u>					
a.	1	2	3	4	5
b.	1	2	3	4	5
c.	1	2	3	4	5

RECOMMENDATIONS

How do you feel hotels can help improve the situation of persons with disabilities?
(Please circle applicable box)

Factor	Very Important	Somewhat Important	Neutral	Not Very Important	Not at all Important
Raise awareness (hoteliers should be better educated about disability issues and how to deal with persons with disabilities)	1	2	3	4	5
Implementation of policies catering for guests with disabilities (development and implementation of policies to protect the needs of persons with disabilities)	1	2	3	4	5
Employment of persons with disabilities in the hospitality industry	1	2	3	4	5
<u>Any Other Comment (please specify)</u>	1	2	3	4	5

a.					
----	--	--	--	--	--

Please comment on areas you feel Kenyan hotels have done well in regards to meeting the needs of disabled and special needs guests

Please comment on areas you feel Kenyan hotels can improve service and products to better meet the needs of disabled and special needs guests?

Please rate the following items in order of importance as to what you feel should be priority items (with 1 being the most important and 5 being the least important) for the Government and hoteliers in regard to hotel services and products

Factor	Very Important	Somewhat Important	Neutral	Not Very Important	Not at all Important
Availability of information on disability and special needs facilities and services in hotels	1	2	3	4	5
Ease and accessibility of parking facilities	1	2	3	4	5
Accessibility (Ease of movement while within establishment)	1	2	3	4	5
In room facilities during occupancy	1	2	3	4	5
Emergency facilities	1	2	3	4	5
Staff awareness to the needs of the disabled and special needs guests	1	2	3	4	5
Legislation and standards to take care of disabled and special needs guests	1	2	3	4	5
Accessible restaurant facilities	1	2	3	4	5
Choice and variety or disabled access or special guest rooms	1	2	3	4	5
Accessible transportation	1	2	3	4	5
<u>Any Other Comment (please specify)</u>	1	2	3	4	5
a.					
b.	1	2	3	4	5

Please rate the following items in order of importance as to what you feel should be priority items (with 1 being the most important and 5 being the least important) factors that would affect your choice of a hotel catering to persons with physical disabilities

Factor	Very Important	Somewhat Important	Neutral	Not Very Important	Not at all Important
Availability of information regarding disabled access facilities	1	2	3	4	5
Recommendations from friends	1	2	3	4	5
Expectation that a certain class of hotel would have the facilities	1	2	3	4	5
Sensitivity of staff to guests with disabilities and special needs	1	2	3	4	5
Recommendation from a tour operator	1	2	3	4	5
Recommendation from a disability organization	1	2	3	4	5
Transport accessibility by public means	1	2	3	4	5
Choice and variety of disabled access or special guest rooms	1	2	3	4	5
Accessible restaurant facilities	1	2	3	4	5
Accessible leisure and entertainment facilities	1	2	3	4	5

Is there any other factor not mentioned above that would affect your choice to stay in a hotel?

What is your overall perception towards the standard of hotel products and services to guests with physical disabilities? *(Please tick appropriate box)*

Very good	
Good	
Fair	
Poor	
Very poor	

Appendix 6.4: Cronbach Alpha Reliability and Validity Tests

Appendix 6.4.1: Cronbach Alpha Reliability and Validity Test on Experience - First Run (n=356)

Factor	Sub-Factors	Mean Scale	Variance	SMC	Cronbach's α -Statistic
Experience	Denied accommodation on basis of physical impairment	29.7	30.2	0.7	0.55
	Charged extra due to disability	29.8	29.6	0.7	
	Hotel had disabled access rooms	29.9	29.8	<u>0.2</u>	
	Carried assistive device because hotel didn't provide	30.8	34.6	<u>0.1</u>	
	Wheel Chair or motorised vans offered at no charge	30	33.4	<u>0.3</u>	
	Emergency evacuation procedures explained on arrival	30	29	<u>0.4</u>	
	Was able to fully participate in leisure activities at the hotel	29.9	28.5	0.5	
	Accorded equal treatment as persons without disabilities	30.2	30.7	<u>0.3</u>	
	Given false or misleading Information about facilities for the disabled by hotel	30	29	<u>0.4</u>	
	Hotel staff overestimated the amount of help needed by a PWD	30.3	32.5	0.5	
	Hotel concentrated on configuring rooms for PWDs but not on other aspects such the reception, bars etc	30.13	33.38	<u>0.2</u>	

Source: Researcher; based on study results, 2012

Appendix 6.4.2: Cronbach Alpha Reliability and Validity Test on Experience-Second Run. (n-356)

Factor	Sub-Factors	Mean Scale	Variance	SMC	Cronbach's α -Statistic
Experience	Denied accommodation on basis of physical impairment	9.55	7.49	0.65	0.65
	Charged extra due to disability	9.67	7.33	0.65	
	Was able to fully participate in Leisure activities at the hotel	9.81	7.88	<u>0.33</u>	
	Hotel staff overestimate the amount of help needed by a PWD	9.73	7.35	<u>0.35</u>	

Source: Researcher; based on study results, 2012

Appendix 6.4.3: Cronbach Alpha Reliability and Validity Test on Experience-Third Run (n-356)

Factor	Sub-Factors	Mean Scale	Variance	SMC	Cronbach's α -Statistic
Experience	Denied accommodation on basis of physical impairment	3.3	1.5	0.64	0.89
	Charged extra due to disability	3.4	1.4	0.64	

Source: Researcher; based on study results, 2012

Appendix 6.4.4: Cronbach Alpha Reliability and Validity Test on Attitudes and Experience- First Run (n=356)

Main Factor	Sub-Factors	Mean Scale	Variance	SMC	Cronbach's α -Statistic
Attitude and Perceptions	Hotels ignorant in terms of arrangements needed for PWDs	40.5	84	0.55	0.74
	Hotel staff underestimate what a PWD can do	40.5	84.2	0.51	
	Kenyan hotel sector is too profit oriented to cater for needs of PWD's	40.4	82.1	<u>0.25</u>	
	PWD's trust in travel agents who claim to organize travel for PWD's	39.7	81.8	<u>0.07</u>	
	PWDs confidence in information provided concerning facilities for PWD's	39.9	87.2	<u>0.28</u>	
	Difference in PWDs experiences if there was an association for PWD's rating hotels	40.5	80.7	<u>0.35</u>	
	PWDs who would feel more drawn or attracted towards a hotel that used a PWD as a model in the advert	40.5	78.4	<u>0.42</u>	
	Hotels perceive PWD market as too insignificant to invest in	40.5	80.3	<u>0.39</u>	
	Hotels have invested in disabled access rooms to score a higher (HRA) rating	40.3	75.6	0.56	
	Hotels have invested in disabled access rooms due to demand from PWD's	40.2	76.5	0.55	
	Hotels have invested in disabled access rooms due to demand from overseas travel agents and tour operators	40.2	73.6	0.63	
	Hotels have invested in disabled access rooms for positioning/ marketing reasons	40.2	73.6	0.61	
	Hotels have invested in disabled access rooms as part of its efforts to show concern for the disabled guests	40	76.7	<u>0.48</u>	
	Hotels have invested due to lobbying by special interest groups to cater for the needs of the disabled	40.3	75.5	0.54	
	Hotels have invested in disabled access rooms to comply with international expectations	40.3	75.3	0.51	
	Hotel staff are sufficiently trained to handle unique needs of persons with physical disabilities (disability awareness training)	39.9	81.2	<u>0.37</u>	

Source: Researcher; based on study results, 2012

Appendix 6.4.5: Cronbach Alpha Reliability and Validity Test on Attitudes and Perceptions- Second Run (n-356)

Main Factor	Sub-Factors	Mean Scale	Variance	SMC	Cronbach's α -Statistic
Attitude and Perceptions	Hotels ignorant in terms of arrangements needed for PWDs	18.5	32.6	<u>0.48</u>	0.79
	Hotel staff underestimate what a PWD can do	18.5	32.7	<u>0.48</u>	
	Hotels have invested in disabled access rooms to score a higher (HRA) rating	18.3	27.5	0.53	
	Hotels have invested in disabled access rooms due to demand from PWD's	18.2	28.4	0.53	
	Hotels have invested in disabled access rooms due to demand from overseas travel agents and tour operators	18.2	26.7	0.62	
	Hotels have invested in disabled access rooms for positioning/marketing reasons	18.2	27.6	0.56	
	Hotels have invested due to lobbying by special interest groups to cater for the needs of the disabled	18.3	28.9	<u>0.48</u>	
	Hotels have invested in disabled access rooms to comply with international expectations	18.3	28.6	<u>0.47</u>	

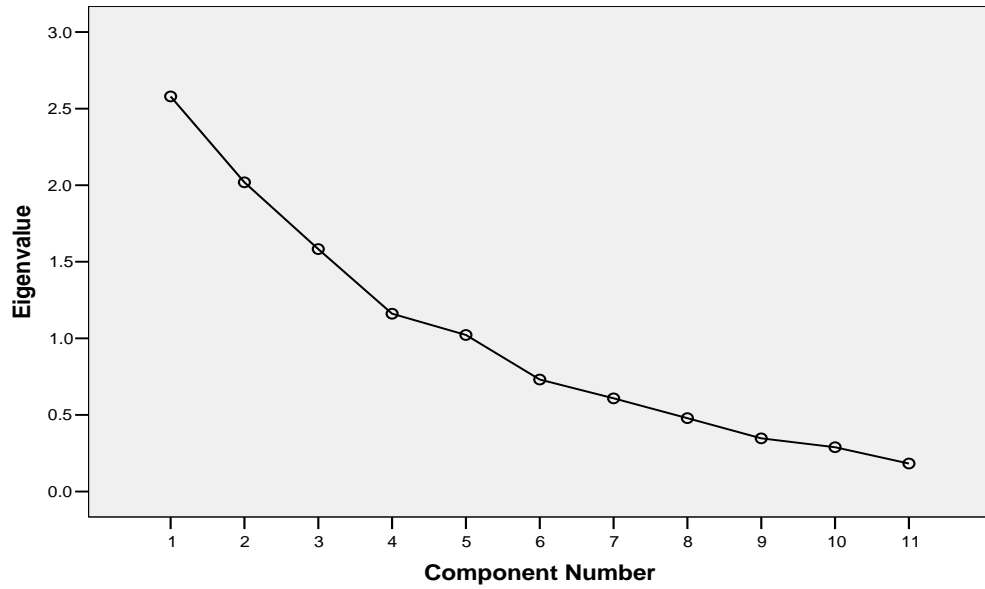
Source: Researcher; based on study results, 2012

Appendix 6.4.6: Cronbach Alpha Reliability and Validity Test on Attitudes and Perceptions -Third Run (n-356)

Main Factor	Sub-Factors	Mean Scale	Variance	SMC	Cronbach's α -Statistic
Attitude & Perceptions	Hotels have invested in disabled access rooms to score a higher (HRA) rating	8.22	9.32	0.51	0.85
	Hotels have invested in disabled access rooms due to demand from PWD's	8.12	9.5	0.52	
	Hotels have invested in disabled access rooms due to demand from overseas travel agents and tour operators	8.11	9.15	0.59	
	Hotels have invested in disabled access rooms for positioning/marketing reasons	8.12	9.66	0.51	

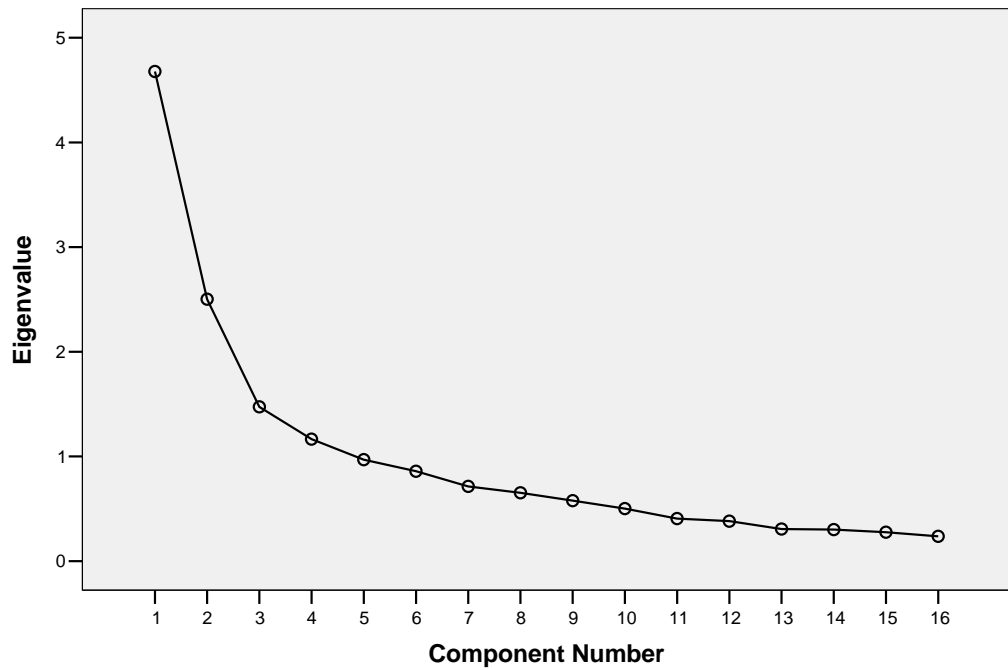
Source: Researcher; based on study results, 2012

Scree Plot



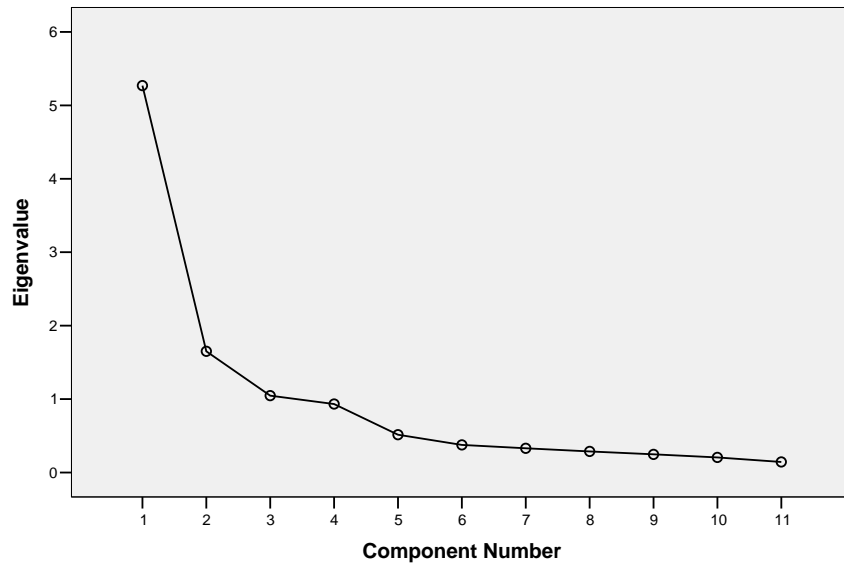
Appendix 6.4A: Scree Plotting for Experiences of PWPDs while using Hotel Products and Services

Scree Plot



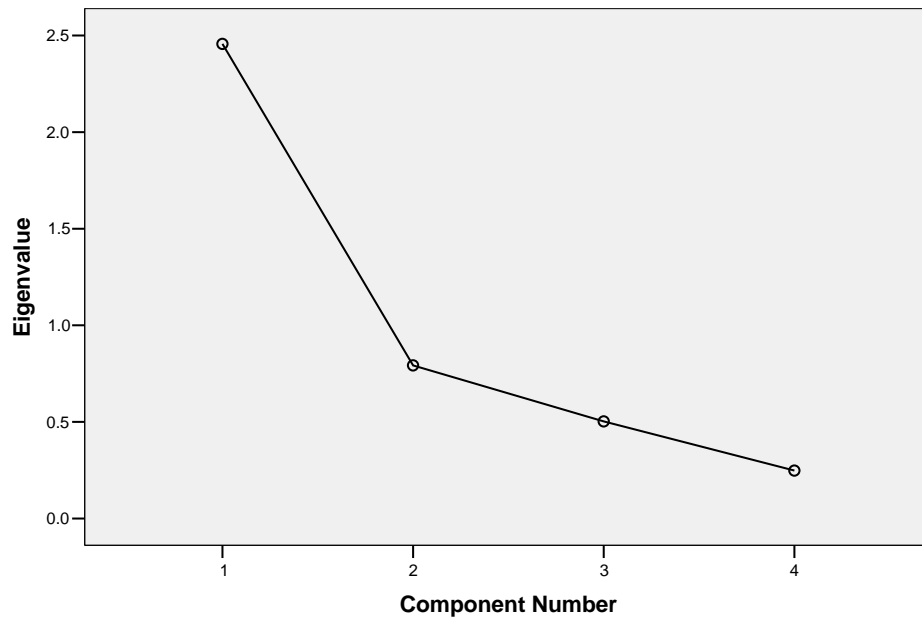
Appendix 6.4B: Scree Plotting for Attitudes and Perceptions of PWPDs while using Hotel Products and Services

Scree Plot



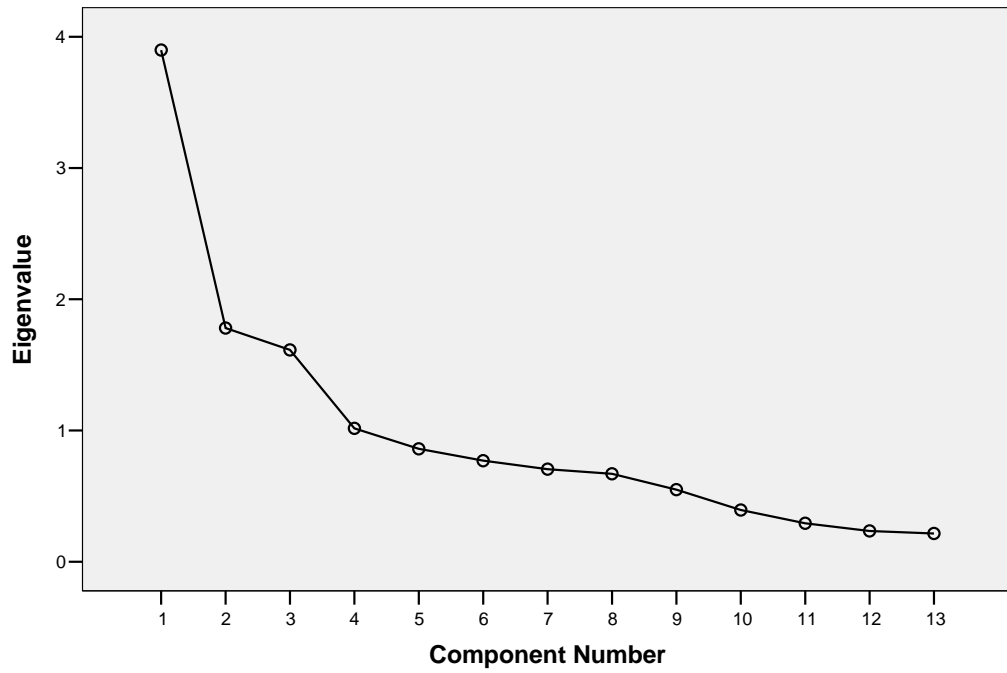
Appendix 6.4C: Scree Plotting for Information Sources Used by PWDs in sourcing Hotel Products and Services

Scree Plot



Appendix 6.4D: Scree Plotting for Categorization of Challenges facing PWDs while using Hotel Products and Services

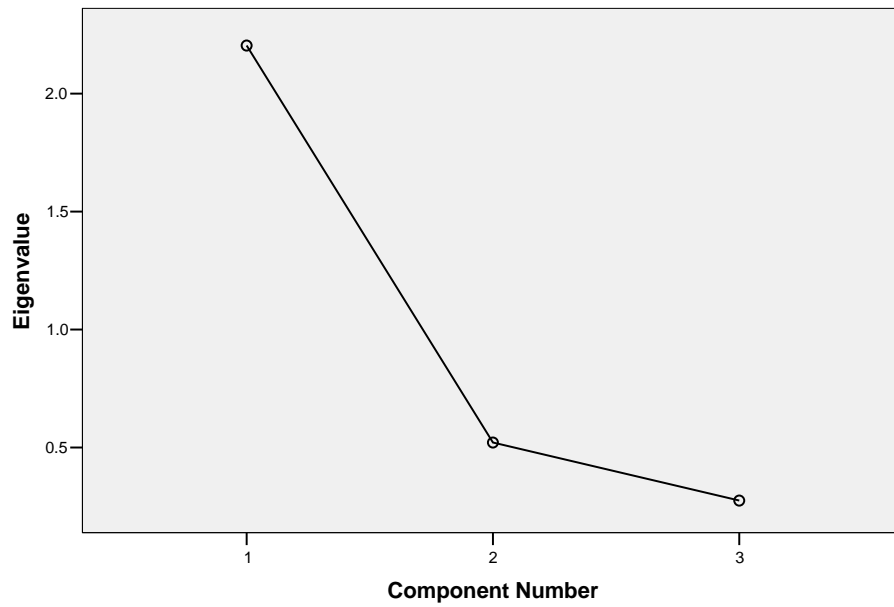
Scree Plot



6.4E Scree Plotting for Social Motivations of PWDs

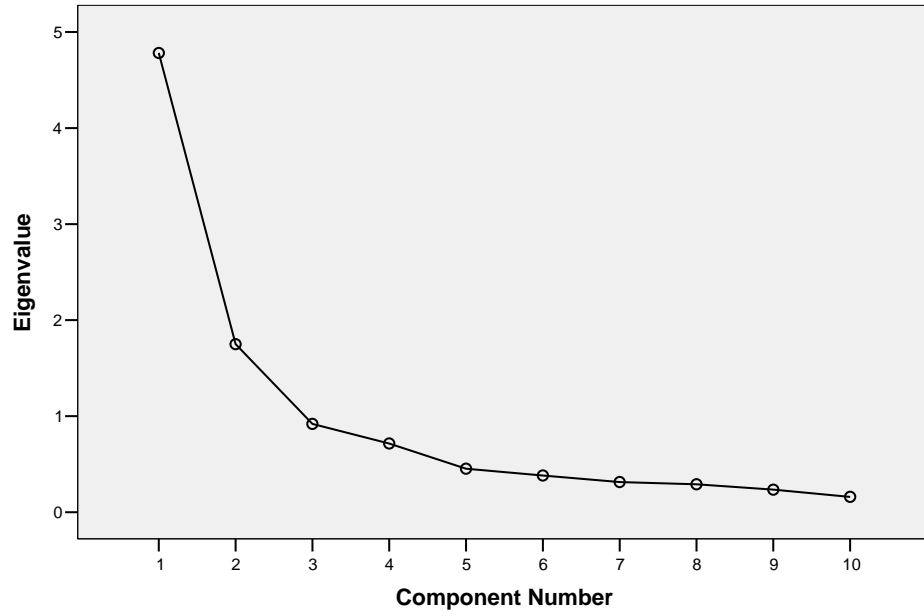
Appendix

Scree Plot



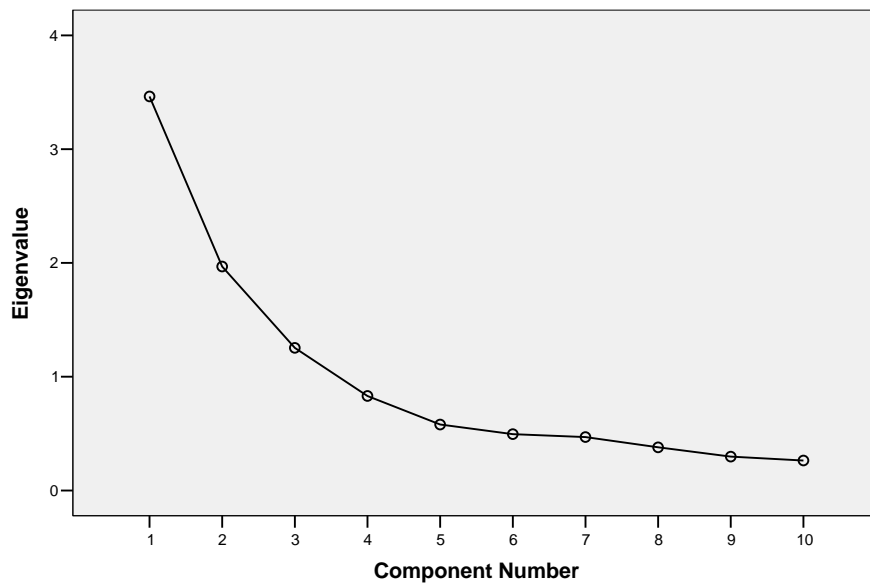
Appendix 6.4F: Scree plotting for the Role Hotels can play to improve the Lives of PWDs (Recommendations)

Scree Plot



Appendix 6.4G: Scree Plotting for Priority Items for the Government and Hoteliers in regard to Improving Hotel products and Services for PWDs

Scree Plot



Appendix 6.4H: Scree Plotting for Priority Considerations influencing Choice or Preference of Hotel Facilities by PWDPs

Appendix 6.5: Multiple Regression Output

```
Call:
lm(formula = perception ~ information + challenges + needs +
    government, data = r)

Residuals:
    Min       1Q   Median       3Q      Max
-3.905 -1.184 -0.429  1.073  6.406

Coefficients:
              Estimate Std. Error t value Pr(>|t|)
(Intercept)  1.72787    0.42020   4.112 4.89e-05 ***
information  0.34445    0.05980   5.760 1.84e-08 ***
challenges   0.68335    0.12904   5.296 2.10e-07 ***
needs        0.01547    0.02983   0.519  0.604
government   0.27599    0.06541   4.220 3.12e-05 ***
---
Signif. codes:  0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1

Residual standard error: 1.685 on 351 degrees of freedom
Multiple R-squared:  0.227,    Adjusted R-squared:  0.2181
F-statistic: 25.76 on 4 and 351 DF,  p-value: < 2.2e-16
```

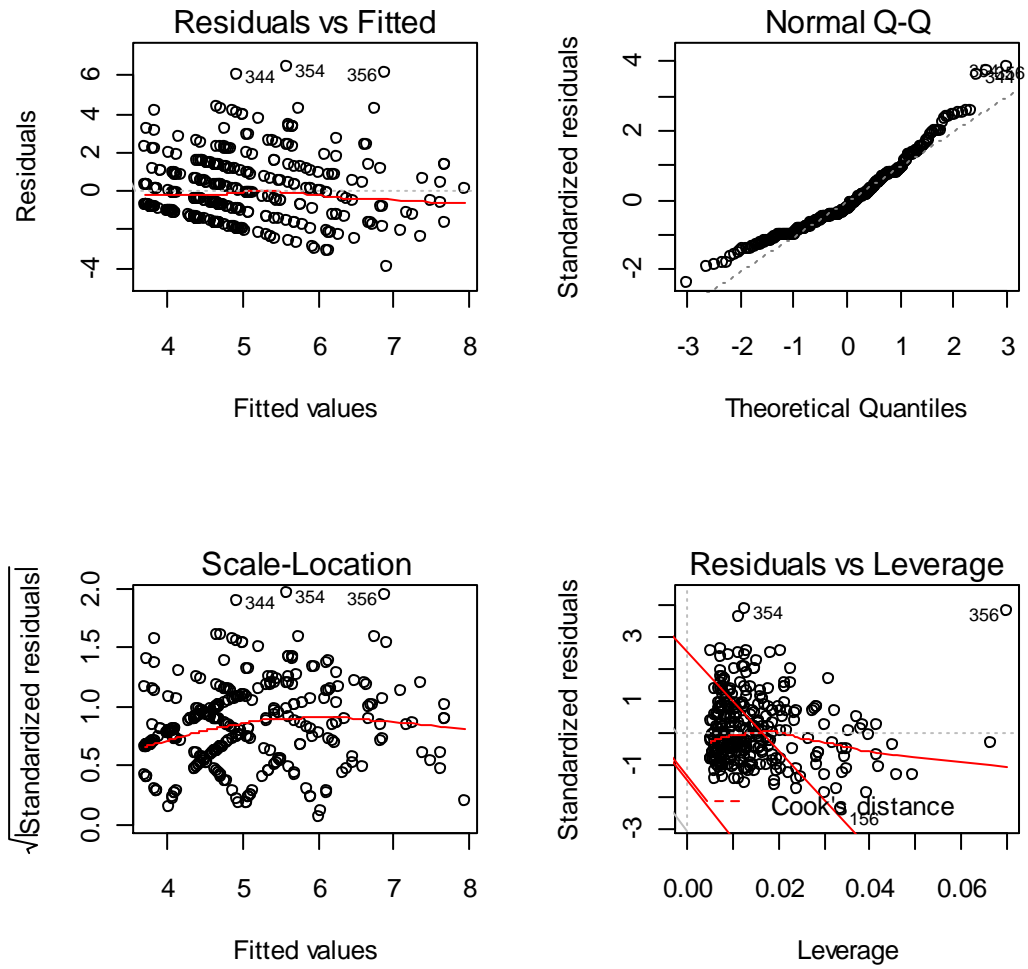
Appendix 6.5: Multiple Regression Output

Appendix 6.6: Step Fit for Parsimonious Model

```
-----  
> step(fit1)  
Start: AIC=376.59  
perception ~ information + challenges + needs + government  
  
      Df Sum of Sq    RSS    AIC  
- needs      1      0.764  997.68 374.86  
<none>                996.92 376.59  
- government  1     50.571 1047.49 392.20  
- challenges  1     79.656 1076.58 401.95  
- information 1     94.232 1091.15 406.74  
  
Step: AIC=374.86  
perception ~ information + challenges + government  
  
      Df Sum of Sq    RSS    AIC  
<none>                997.68 374.86  
- government  1     56.135 1053.82 392.35  
- challenges  1     79.417 1077.10 400.13  
- information 1     93.768 1091.45 404.84  
  
Call:  
lm(formula = perception ~ information + challenges + government,  
    data = r)  
  
Coefficients:  
(Intercept)  information  challenges  government  
      1.8600      0.3434      0.6822      0.2835  
  
> |
```

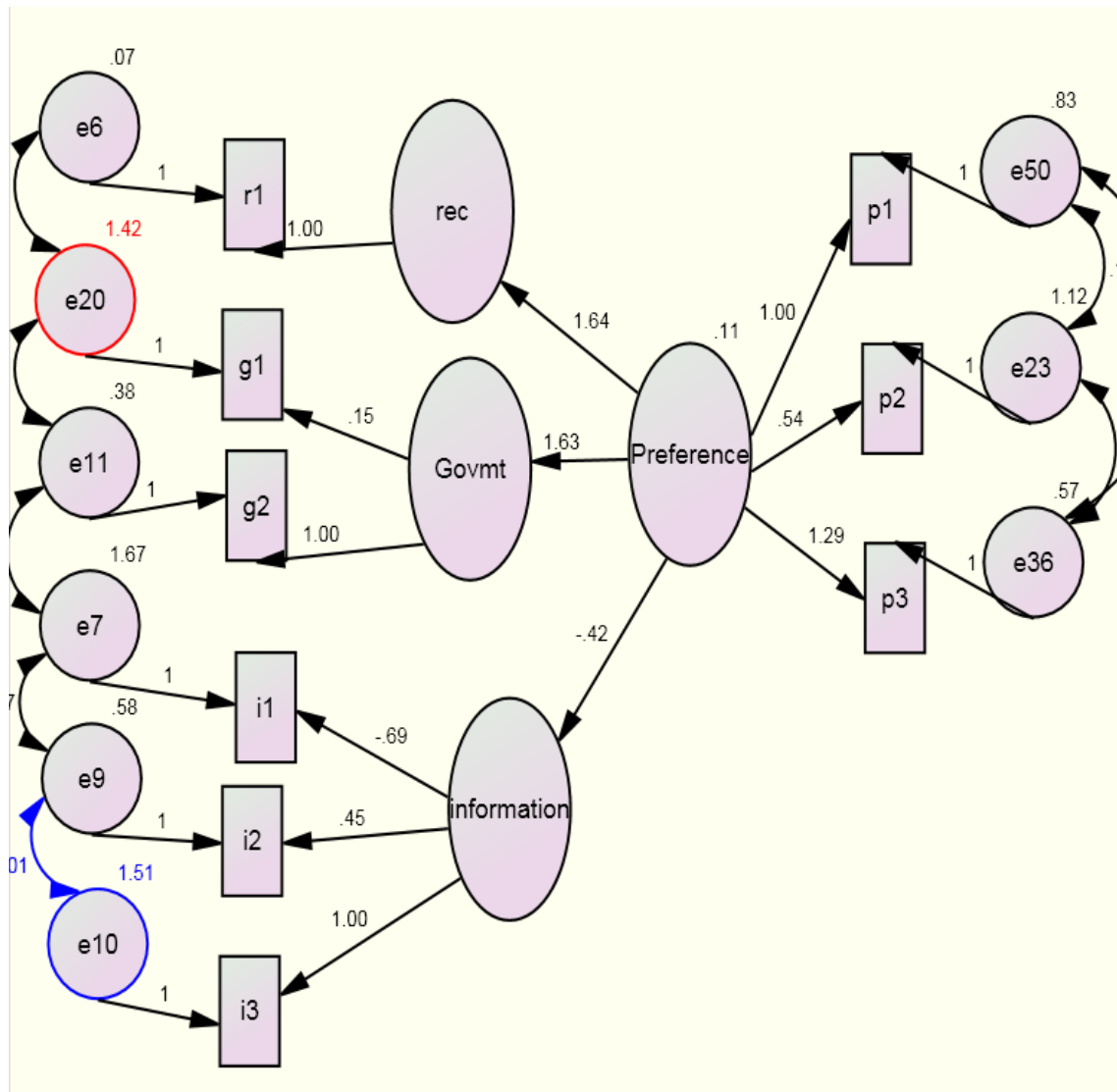
Appendix 6.6: Step Fit for Parsimonious Model

Appendix 6.7: Model's Diagnostic Plot



Appendix 6.7: Model's Diagnostic Plot

Appendix 6.8: Original Final Model Priority Considerations of PWDs in Selecting Hotels



Appendix 6.8: Original Final Model Priority Considerations of PWDs in Selecting Hotels

Appendix 6.9: Model Fit Summary

Model Fit Summary

CMIN

Model	NPAR	CMIN	DF	P	CMIN/DF
Default model	26	88.706	19	.000	4.669
Saturated model	45	.000	0		
Independence model	9	426.162	36	.000	11.838

RMR, GFI

Model	RMR	GFI	AGFI	PGFI
Default model	.108	.950	.882	.401
Saturated model	.000	1.000		
Independence model	.148	.776	.720	.621

Baseline Comparisons

Model	NFI Delta1	RFI rho1	IFI Delta2	TLI rho2	CFI
Default model	.792	.606	.829	.661	.821
Saturated model	1.000		1.000		1.000
Independence model	.000	.000	.000	.000	.000

Parsimony-Adjusted Measures

Model	PRATIO	PNFI	PCFI
Default model	.528	.418	.433
Saturated model	.000	.000	.000
Independence model	1.000	.000	.000

NCP

Model	NCP	LO 90	HI 90
Default model	69.706	44.111	102.840
Saturated model	.000	.000	.000
Independence model	390.162	327.381	460.392

FMIN

Model	FMIN	F0	LO 90	HI 90
Default model	.250	.196	.124	.290
Saturated model	.000	.000	.000	.000
Independence model	1.200	1.099	.922	1.297

RMSEA

Model	RMSEA	LO 90	HI 90	PCLOSE
Default model	.102	.081	.123	.000
Independence model	.175	.160	.190	.000

AIC

Model	AIC	BCC	BIC	CAIC
Default model	140.706	142.213	241.454	267.454
Saturated model	90.000	92.609	264.372	309.372
Independence model	444.162	444.683	479.036	488.036

ECVI

Model	ECVI	LO 90	HI 90	MECVI
Default model	.396	.324	.490	.401
Saturated model	.254	.254	.254	.261
Independence model	1.251	1.074	1.449	1.253

HOELTER

Model	HOELTER .05	HOELTER .01
Default model	121	145
Independence model	43	49