



Access to hospitality services in Durban: improving the experiences of wheelchair users in Bed and Breakfast facilities

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Abstract

The aim of the study was to investigate the accessibility of B&B facilities by wheelchair bound persons in Durban. It sought to determine the adequacy services, level of satisfaction with free movement within the facilities and the state of the physical environment. Both qualitative and quantitative research designs were employed. Key informant interviews with twenty B&B owners and three hundred self-administered questionnaires were used as data collection methods. The findings were that accessibility to facilities by wheelchair bound persons poses a big challenge in our society. The majority of B&B facilities were found to lack user-friendly services and their physical states do not allow ease of access and free movement. The physical infrastructure was also found to be a major obstacle in B&B establishments. In some cases, there was lack of reliable information which has an impact on tourists' decision choices.

The study further noted that a lot of work has been done from a health and welfare perspective, with very little emphasis placed on the environment. Therefore, planners were generally found to be inconsiderate of wheelchair bound persons' needs especially the need for access to facilities in accommodation establishments. In conclusion, the responses were found to be well-balanced because of the sample representation. Similar studies were found to be in line with what the researchers found as reflected on in the discussion section. Physical and social features are culturally constructed, hence, meaningful access and enriching participation in tourism has an impact on disabled persons and any environment that is not barrier free, is the basis of further disability.

Keywords: Disability, access, movement, Bed & Breakfast facilities.

Background and Introduction

South Africa is rapidly becoming a major tourist destination and is getting ready for a quantum leap towards mass Tourism (Mthembu, 2011:9). The major pull factor being the climate particularly in Durban. Hence improving access to tourism facilities has become a major debate across professional and disciplinary boundaries and across different stakeholders, sharing different expertise and enhancing conceptual understanding (Nind and Seale, 2009:273). Policy makers across the globe have approached the discourse of access from a reductionist perspective with little appreciation of universal access, social integration, inclusiveness of the tourism sector (Buntinx and Schalock,, 2010). Although some academics



have put their effort in making change but it has been detected that little attention has been relatively received and arguable access has been conceived as being solely about better signage and ramps in public spaces (William, Rattrap and Grimes 2007). The discourse of access should be understood from a broader perspective more than just widening the doorways and installing inclines for wheelchair bound persons. Endeavors by researchers have not shown any improvement, probably because little has been done on the subject of accessibility to hospitality facilities by physically disabled persons. For instance, Bisschoff and Breed (2012) were unsuccessful in their study that focused on Consumer Service Index (CSI) which was used as a marketing tool for hotels in South Africa in selecting accommodation and information for the physically disabled. Therefore, failure to comply with studies done depicts a gap that needs to be seriously narrowed.

The majority of this segment fails to explore the environment when they engage on leisure activities due to lack of facilities that are user friendly particularly in Bed and Breakfast (B&B) establishments. While their physical state does not allow them to move freely, environment is also a big challenge when it has barriers and does not provide accessibility to facilities (Konar, 2008). The legislation on Building Regulations issued in terms of the National Building Regulations and Building Standard Act, 1977 (Act No. 103 of 1977) embrace South African National Standards (SANS) 10400 consist of parts that speak to different segments including part S which is allocated for built environment with facilities for persons with disability. The legal framework was put in place in order to address the needs of persons with disabilities but this segment is still not enjoying free mobility and accessibility of facilities (SAHRC, 2002).

Lack of reliable information on the nature and prevalence of disability in South Africa has exacerbated the problem. As a result, tourists with disabilities are not keen to visit the country (Breedt and Bisschoff, 2012). The greatest challenge emanates from the fact that disability issues are addressed from the health and Welfare perspective rather than from the environment where they are found (Maritz, 2008). Eng et al, (1998) cited in Nind and Seale (2009) claims that the concept of access is framed within discourses of equality of entitlement and equality of delivery, with universal access as some kind of gold standard). For example, in South Africa, the legislation framework supports barrier free environment, but the Bureau of Standards Code 04400 (1995) does not prescribe that all existing buildings should be made accessible for disabled persons. Therefore, planners/ architectures are generally found to be inconsiderate of wheelchair bound persons' needs especially the need for access to facilities found in accommodation places (Darcy, 2010). The Tourism Grading Council of South Africa (TGCSA), a body that is responsible for grading places of accommodation still fails to attend to the issues of accessibility of facilities by physically disabled people especially (Ashton, 2012) B&B establishments located in Durban Region. Yet the demands of wheelchair bound persons is relegated to simple induction loops with little attention being paid to barriers to access for people living with disabilities. Therefore, to what extent is the built environment requirements in Durban articulated and represented by Architects in the design, development and accessibility to persons with physical disabilities. For the purpose of this study, was to investigate the level of accessibility of B&B facilities by wheelchair bound persons in Durban. The study sought to establish the adequacy of existing facilities provided by B&BS. The objectives were to:

- To investigate the accessibility of facilities for wheelchair users in B&B establishments.
- To determine the adequacy of existing facilities provided in B&Bs.
- To evaluate the impact of a lack of access to facilities required by disabled persons

Theoretical framework and literature review

The major focus of this study was on disability, which is a concept which is found to be very complex in terms of its definition. According to disability activities and scholars of disability discourse on theory, it is found to be socially constructed. Wendell (1996) asserts that



Biomedical and Social construction of disability is interactive in creating disability. The complexity of the concept is confirmed by its different definitions. However, in this study the definition of the concept disability is reflected as a part of the human condition that almost everyone succumb to, be it temporary or permanent impairment at some point in life, or the increasing difficulties in functioning for those who survive to old (World Health Organization, 2011:7). Disability is aligned to wheelchair users who are hindered by barriers to navigate hence failing to mingle in various activities that exist in the society. Physical structures cause disability if the buildings for instance are such that they cater for abled persons only. In a situation where architectural planning is poor such that it fails to accommodate everybody including the wheelchair bound, it means it causes disability. Siebers (2001) points out that the stairs that are found everywhere symbolize that architects are abled bodied and do not take serious considerations about access and it is for this reason that he emphasizes that disability is socially constructed. He continues to say, "Disability scholars have begun to insist that strong constructionism either faced by people with disabilities or presents their body in ways that are conventional, conformist and unrecognizable to them" (Siebers, 2001: 740).

In essence, the social model of disability posits disability as a restriction that is caused by contemporary social organization which care less about persons with impairments hence excludes them from the mainstream and its activities (Hamzat and Dada, 2005). Society lives under the assumption that all is well, everyone is healthy and non-disabled, a notion that cripples the mind of the disabled (Goodall, 2006) while in actual fact, needing their support so that they also participate fully in the society and not regard themselves as "other". Wendell (1996) allude to two splits of Worlds by society where the Public is found to accommodate abled persons, healthy with positive bodies (valued) that perform well and are productive. On the other hand, the Private is allocated to weak, ill people who experience pain, death and a negative body perception which is further devalued and is fit to be neglected and even hidden as it is viewed as being different from the normal. If the element of this world can crawl to the opposite world, people will never accept this person and that action will affect him psychologically and remind him that he is different from the rest of the members he is exposed to (Barnes and Mercer, 2005).

Abled people should use that acknowledgment as a tool for creating accessibility in the public world. This form of segregation practiced has a negative effect and researchers posit that the tendency of separating persons with disability from the rest of society has shaped social roles and classifications for many years and explains the presence of pity, fear and patronizing attitude encountered even today (Sullivan, 2011). The more society sees disabled persons as 'other,' living in their Private world, the more disability is created by failing to demolish the wall that the society creates between the two groups (Chapman, 1998). They should make the Public sphere accessible. Therefore, the solution to the problem is about fixing society, enabling access and reducing discrimination and negative attitudes (Kaufman-Scarborough, 1999) in order that all South African citizens participate fully in the main stream.

Society does not give full support to disabled persons so that they also participate in all major aspects of life. They need the support of services such as public places allocated for recreation and accommodation to be universally accessible. Failure to give Disabled peoples' support has negative repercussions. The following are some of the bad effects of the lack of support to disabled persons; inadequate rehabilitation, unemployment, poverty, inadequate personal and medical care, poor communication services, poor protection from physical, sexual and emotional abuse (Wendell, 1996). Culture has a bearing in constructing disability because it does not include experiences of persons who are disabled. Culture assumes that all members of the society are normal, disregarding the fact that some members are disabled (Shakespeare and Officer, 2011). When some activities for instance, are supposed to be performed, whoever in society designs them, does not have consideration of persons who are disabled and failure to cope causes an enhanced construction of disability. In developing societies, strong social and cultural attitudes persist in isolating and excluding people with disabilities from the mainstream society (Venter, Savil, Rickert, Bogopane and Venkatosh, 2002). South



Africa is one of developing countries and culture meaning in society does not portray any signs of disability. The way of life led by people prevails in the normal society that constitutes individuals who are abled bodied. The misfit of disabled bodies causes disability to this segment (Shaw and Coles, 2003). The lack of realistic cultural representation of people with disability makes them to see themselves as 'other' and not individuals who also form a part of the society. There are a number of activities that are performed by people in their communities. In order to make genuine considerations about everybody, those activities should be such that they also include them.

Culture also constructs disability when bodily difference is considered, where society begins to compare these bodies and view the disabled as not being normal or acceptable. This attitude constitutes social disabilities which have a negative effect to disabled bodies. The abled bodies are not seen as sensitive towards the disabled bodies and they even fail to observe the hard physical realities that the disabled bodies are facing. While the argument of body difference is looked at from the perspective of culture, it is also wise to make considerations on the issue of attitude as this is also a factor that has a bad effect (Daniels, Rodgers and Wiggins, 2005). The fact that members of the society have been indoctrinated and have been made to believe that disability is a personal or family problem (emanated from accident or biological) whereas in actual fact this should be taken as a matter of social responsibility where members of the society have to change their attitude, will help to raise awareness that they see the need to change for the betterment of those who are suffering. The attitude of looking at disability as a personal problem is also visible when persons living with disability are expected to overcome obstacles applying their own effort (Darcy, Cameron, and Pegg, 2010; Du Plessis and Saayman, 2011). This can be noticed in the environment that is not user friendly towards them. One can argue that in the mind of abled persons, how the disabled will be able to move around when they get to such places is never considered. That is why this situation is regarded as a major cause of disability.

Disability is a broad concept that encapsulates a wide spectrum of forms of disabilities hence it is regarded as being heterogeneous (Barnes and Mercer, 2004). However, it is worth to note that the definition varies from one country to another. For example, the project report conducted in United Kingdom (Urban Areas) which aimed at understanding mobility and access issues experienced by people living with disabilities in developing countries of which South Africa became a part, attests through its findings that each country has got its own definition of disability (Venter et al., 2002). It was also discovered that it is a new subject in many developing countries. Therefore, South Africa as a developing country this is a new discourse. Its complexity makes it uneasy to come up with figures on the incidence and causes of typology of disabilities if there is it is very rare. There is an array of disabilities because a person is not only born with disability but some acquire it as they travel life journey (Batavia and Schriener, 2001).

Time and again, literature tells us about socio-economic aspects and poor nutrition as the major causes of disabilities and some of the causes below emanate from these aspects mentioned above (Sholhah, 2001; Otmani, Moussaoui, Pruski and Elwan, 1999) cite two-way relationship of poverty and disability and states that disability adds to the risk of poverty, and conditions of poverty increase the risk of disability. Literature further mention the following; opportunistic diseases that range from vision reduction to immobility, dangerous working conditions, road accidents, poor hygiene, bad sanitation, wars, natural disaster, little knowledge about causes of impairments and conflicts. For example, in SA disability in Black people became 7.6% and it emanated from the armed struggle for democracy (Venter et al., 2002). When a person lives long, body limbs become deformed with the case of those who are paraplegic, the challenge lies with the spinal cord and that leads an individual to find himself bound in a wheelchair or becomes a wheelchair user and you may even lose mobility or lose a limb due to accident or sickness and ultimately end up in a wheelchair. Disability



portrays the truth that we will all become disabled if we live long, and families and also all communities have disability that will prevail at any point in time (Maart, Eide, Jelsma, Ledo, Toni, 2007). Findings of the Project conducted in UK which should be noted are that areas of study were developing countries, of which South Africa was one of them, found that major barriers were socially, structurally, and psychologically motivated. The report on people with disabilities in a 1996 Census in South Africa, found that it was ranging between 6%-10%. It was discovered that far higher numbers of these people include “mobility impaired” by environmental barriers however, the category also includes people with temporary health conditions like pregnant women. The latest statistics of the 2011 Census that covers nine Provinces is reflected below.

Table 1: 2011 Statistics of people living with disabilities (South Africa)

PROVINCES	With disabilities		Without disabilities		Total	
	N	%	N	%	N	%
Western Cape	222 333	5,4	3 914 513	94,6	4 136 846	100,0
Eastern Cape	472 106	9,6	4 448 179	90,4	4 920 285	100,0
Northern Cape	472 106	11,0	747 310	89,0	840 041	100,0
Free State	92 731	11,1	1 888 869	89,0	2 123 607	100,0
KwaZulu-Natal	620 481	8,4	6 728 673	91,6	7 349 154	100,0
Northern West	254 333	10,0	2 285 298	90,0	2 539 631	100,0
Gauteng	485 331	5,3	8 627 419	94,7	9 112 750	100,0
Mpumalanga	205 797	6,9	2 727 519	93,2	2 932 799	100,0
Limpopo	282 797	6,9	3 846 966	6,9	4 129 763	100,0
SOUTH AFRICA	2 870 130	7,5	35 214 746	92,5	38 084 876	100,0

Source: STATS (2012) Profile of persons living with Disabilities in South Africa, Report 03-01-59

Provincial variations show that Northern Cape and Free State Provinces had the highest proportion of people living with disabilities (11%) followed by North West and Eastern Cape (10% and 9.6 % respectively). Western Cape and Gauteng Provinces reflected the lowest percentage of persons living with disabilities (5%) while KwaZulu-Natal reflects 8, 4 percent.

In South Africa, 2,5% people experience difficulty in walking while 1% reported severe difficulty in walking a kilometer or climbing a flight of stairs. 3.4% of the Black African population group has reported difficulty in walking however difficulty in walking is found to be prevalent in old age (from the age of 55yrs) (STATS, 2012). People who experience some difficulty in walking, will always need wheelchair aid for mobility and if the environment does not permit free navigation then it becomes a big challenge to this segment.

Methodology

The research was both qualitative and quantitative in nature because the researcher intended to gain in depth knowledge of the situation regarding facilities to be accessed by wheelchair bound persons. In applying quantitative the purpose is to draw inferences about the group from which the researcher selected the sample and this also shown the ability of interpretation by the researcher making sense which is very critical for understanding any social phenomenon (Kumar, 2011). In order for the study to be successful, the researcher opted to use in depth understanding of physical disability with specific reference to the wheelchair bound persons and accessible tourism by embarking on the analysis of a lot of books, journal articles that were reviewed and became an eye opener on the issues of disabled persons. Information red and gathered was both South African and international to explore what other countries understand about the issues of disabled persons regarding Universal Design. The reading of literature reviews threw some light and provided an appropriate theoretical framework, which served as a substratum of the study work. A bulk of literature was found through the use of the internet. The researcher made use of sample sizes and techniques for collecting and analyzing data. Methods and tools that were used to collect the data are as



follows; self-administered questionnaires, person-to-person interviews, tape-recorder and an instrument known as observation schedule was also of a great significance in the study as it informed the researcher about facilities found in the establishments.

Sample

The collection of data was done through the use of samples representing the following; abled persons, disabled persons and owners of establishments in Durban, this means each group was represented. The whole intense and purpose of including abled persons was that the researcher also wanted to get abled person's views and sensitivity towards challenges that are faced by disabled persons. The researcher distributed questionnaires that were similar to those given to disabled. B&B owners and wheelchair users formed a part of the study under this questioning phase. Through the use of these samples, the researcher was able to obtain answers that were based on the research questions. The procedure followed in administering questionnaires was that questions were distributed among the researcher's colleagues in the work place. Another set was supplied to correctional service employees in Westville prison who were given 5 days to answer and were collected on the sixth day under supervision of an agent who also works in same institution who the researcher requested an assistance. These institutions were targeted because of a high volume which made easy to cover the intended total number of questionnaires. Accumulation of numbers was found to be quick with abled group probably because it is the group that is easily accessible. The total number of this targeted group which was disabled was 150 and abled persons were also 150. The number of owners of B&B establishments was 20. The process lasted about three weeks. Demographic characteristics of respondents were variables such as male or female, age ranging between 35 and 55 and beyond, employed, unemployed, employed and studying, single, married, divorced or widowed. The researcher found that revelation of characteristics of the sample would help to make the study a success. Data which was collected was analyzed using a tool (SPSS) that was appropriate for the statistics reflected below in the form of tables.

Data collection and analysis

The selection of methods of collecting and analysing data was based on the fact that they would produce results that will ultimately resolve some challenges investigated in this particular study. Data was first collected through the engagement of a few number of wheelchair bound persons who began to make links with the rest of participants. Participants were wheelchair users because the researcher intended to get genuine responses that drew direct experience of disabled persons who were wheelchair users. Initial engagement of these participants was of great significance because this was the beginning of referral application and it became easy for the researcher to distribute questionnaires because the four agents had certain days of meetings respectively. The researcher would be directed to the meeting points and go to first explain and leave questionnaires which were later collected by the agents the researcher appointed and finally collected by the researcher at a later stage. The researcher introduced herself and informed the participants about why she engages herself in gathering data. This intended to give a clue and most importantly provide a deeper understanding of the process. The study sample was accumulated as the process continued. The targeted number of participants was 150 as stipulated above but the researcher would want to reach saturation point to make sure that questions based on the study were answered. The use of instruments of data collection was also going to be performed.

Data collection was conducted through the use of researcher's administered questionnaires, interviews and checklist. It was for those reasons that the scale was chosen. Questionnaires were first explained clearly for the smooth running of the process. Likert scale questionnaires were allocated to wheelchair users whose responses became an answer to the objective



questions of the study. The second set of participants who were engaged with was owners of B&B establishments. The sampling technique applied was convenient sampling because it would make things easy for the researcher to access convenient establishments. A sample of 20 establishments were utilized by interviewing owners to elicit information on the subject of accessibility of facilities by wheelchair bound persons. The other tool that was utilized was a list of interview questions that were designed for B&B owners in order to establish challenges that they encounter regarding the issues that were being investigated. A list of items of facilities which the literature review had found worthy to be included was a point of focus at this stage of observation. Hence, the tool that was used was a checklist where the researcher had to observe facilities to be accessed by wheelchair bound persons in the B&B establishments using an observation schedule, which answered the question of availability of facilities.

Before questionnaires were distributed, respondents were given an assurance of confidentiality. They were distributed and explained explicitly to clarify grey areas allowing the process to run smoothly. The questionnaires consisted of open-ended questions and close ended questions.

The second set of questions was conducted in a form of interviews between the researcher and the owners of B&B establishments. The researcher interacted with these participants (owners of establishments) after wheelchair users because the main study focus was on the differentially abled rather than owners of establishments. The researcher opted to use a tape recorder to capture information because it was not easy to listen and lead with questions at the same time. This information was used as a backup because it was not easy to ask questions, listen to the responses from B&B owners as well as write down their responses. Therefore, writing down and also a backup system in a form of tape recorder became very useful. The tape was replayed later to get responses from respondents. However, prepared questioners were also used in collecting data. The information gathered from them was fruitful as it broadened knowledge about challenges that the owners are facing.

Data cleaning, processing and analysis for this study were undertaken by the authors using the statistical program STATA version 13.0 (StataCorp LP, College Station, Texas, USA). The master dataset comprised of all raw response data collected from both disabled and able-bodied potential and actual B&B users. Because the population of interest was disabled and able-bodied individuals, cross tabulations on the level of socio-demographic variables featuring responses based on whether one was able-bodied or not, were performed. Occupation, age etc. comprised the vital study sample profiling variables collected (i.e. the outcome of interest – essentially the preparedness of B&Bs to cater for wheelchair users).

Results and discussion

The purpose of the study was to investigate B&B establishments located in Durban whether they provide access to facilities for wheelchair users. The researchers used observations, key informant interviews and questionnaires to gather data on access to B&B facilities by wheelchair users. This discussion is now going to unpack the data, make links with literature, and triangulate the findings. Results on gender were disaggregated by disability status; by gender split, there were (41%) males who were disabled who participated in the study compared to able-bodied who constituted (32%). Conversely, abled women were 68% more than the disabled (59%). The majority of the able-bodied were aged between 35-45 years (58%) compared to 41% disabled followed by the age group 46-55 years who constituted 30% compared to 50% disabled persons. Response data for age on 2.64% and 1.99% of the able-bodied and disabled respectively were missing.

Characteristics of the disabled and able-bodied sample were calculated by employment status, returning the results shown below. Whilst the vast majority of respondents i.e. both

able-bodied and disabled were more likely to be employed, 45.03% of the able-bodied sample was employed as compared to disabled sub-population which was 28.48%. The disabled unemployed were 35.76% of the cases compared to 14.57% for the able-bodied. The able-bodied were comparatively the largest group to be occupied in both work and study (21.85%) and the disabled were only represented in 13.25% of these phenomena.

Table 2: Socio-demographic characteristics of potential bed and breakfast users, by disability status

	Able-bodied	Disabled
Gender		
Male	31.79%	41.06%
Female	68.21%	58.94%
Age category (in years)		
35-45	58.00%	41.06%
46-55	30.00%	49.67%
56+	9.33%	7.28%
Missing	2.64%	1.99%
Employment		
--Employed	45.03%	28.48%
--Unemployed	13.91%	35.76%
--Student	14.57%	13.91%
--Employed and studying	21.85%	13.25%
--Retired	3.97%	7.28%
--Missing	0.66%	1.32%
Total	100.00% (N=151)	100.00% (N=151)

In table 1 above, among the characteristics reflected, there is unemployment statistical representation between disabled and abled persons. It was noted that the percentage of disabled persons who were unemployed is higher than the abled persons as the table shows 36% of disabled unemployed and just 14% abled. In view of the above statistics, Wendell et al (1996) lament that unemployment and poverty of disabled persons show a lack of support by society. Hence disability adds to the risk of poverty, therefore if society continues to lack in supporting disabled persons on the issue of employment in particular, it means disability will still be taking its toll (Elwan,1999). This variance is evident that there are more employed abled persons than disabled ones.

Perceptions and attitudes of B&B owners towards wheelchair users

Results on the perception and attitudes of B&B owners towards wheelchair users were largely similar and very positive and they responded by saying “yes, we have concerns about wheelchair users because they are also human beings who are entitled to enjoyment and exposure to leisure just like any other abled persons”. Tatic (2015:11) asserts that, “the Universal Declaration of Human Rights provides that everyone has the right to freely participate in the cultural life of the community, to enjoy the arts and share in scientific advancement and its benefits”.

Out of 20 owners of establishments, 19 showed a positive attitude and perceived wheelchair users as a segment that is entitled to get services rendered to abled clients. This is the majority which constituted 95% and only 5% could not agree of the need to be concerned about wheelchair users in their B&B establishment. Concerns include that the majority of these establishments still have barriers that pose as obstacles to this segment.

Table 3: Mean, mode, standard deviations and confidence intervals of societal perceptions towards wheelchair users

Perceptions	Mean	Mode	Standard deviation	(CI 95%)
				Lower bound - Upper Bound
Architectural design in B&Bs poor and biased against wheelchair users	1.62	1	1.05	1.50 - 1.73
B&B operators fail to cater for disabled persons	1.71	1	1.00	1.56 - 1.81
Failure to cater for the disabled psychological implications on them	1.64	1	0.90	1.54 - 1.74
B&B operators are not aware that accommodating wheelchair users is a cure more urgently needed than medical care and attention	1.93	1	1.04	1.81 - 2.05
Tourism establishments have inadequate offerings customized for disabled persons	1.88	1	1.01	1.76 - 2.00
The strong social and cultural attitudes in B&Bs excludes disabled persons from tourism	2.01	1	1.08	1.89 - 2.13
Lack of subgroup representation for disabled persons in general reduces and undermines their market segment status	1.91	1	1.03	1.80 - 2.02

Table 3 presents measures of dispersion i.e. mean, mode and standard deviations as well as confidence intervals for perceptions of a sample consisting of both able-bodied and disabled persons on wheelchairs in B&Bs in South Africa. Whilst the mean is a desirable measurement to describe the distribution of data; however, given that questions asked in this study were in a Likert-scale response format, mode scores instead were calculated to report the most frequent responses to perception statements in Table 3. The standard deviations in column four of the Table 3 are an indication of how far the actual responses for each perception (i.e. numerically coded as 1=strongly agree; 2=Agree; 3=Uncertain; 4=Disagree; 5=strongly disagree) deviates from the mean. The confidence intervals (significant at 95%) signify the range of scores within which a response per Likert item would on average fall i.e., the perceptions of both disabled and able-bodied individuals on wheelchair access in B&Bs in South Africa.

The table shows that the mode scores (i.e. most frequent response) for perceptions on wheelchair access to B&Bs in South Africa scarcely varied; 'Architectural design in B&Bs is poor and biased against wheelchair users', 'B&B operators fail to cater for disabled persons', 'Failure to cater for the disabled has psychological implications on them', 'Tourism establishments have inadequate offerings customized for disabled persons', 'The strong social and cultural attitudes in B&Bs excludes disabled persons from tourism' had a mode score of 1=strongly agree, indicating general agreeability between able-bodied and disabled persons alike on the factors affecting wheelchair users' access to B&Bs in South Africa.

Challenges for wheelchair users in B&B establishments

Results from observations revealed that not all establishments had accessible facilities wheelchair users. Table 3 below shows responses from disabled people strongly agreeing that B&B establishments are not accessible in Durban and the environment in not user-friendly (64%) compared to 36% able bodied. There were areas of improvements that were cited by some establishments because it was found that even though they do accommodate wheelchair users, there were areas which could not be accessed. Notably, respondents were asked whether wheelchair users have challenges with regular designs of B&Bs, 66% disabled persons strongly agreed while 69% able bodied agreed with the statement. A correlation is



also noted between the findings on the study that was carried in the United Kingdom which revealed that in developing countries there are physical, social and cultural constructions of disability.

There is a big variance and this simply shows how less interested the abled persons are about a barrier free environment found in B&B establishments and the implication is that when they visit these establishments, to them it is just normal because they are abled bodied. They do not regard access as a challenge because it does not affect them directly. This shows an element of egocentrism to think that leisure is about them only and insensitive to the segment of disabled persons. B&B owners are not even aware that failure to access facilities by disabled persons in their establishments is the cause of disability.

Awareness of legal frameworks guidelines

The results from interviews with B&B owners seemed to show that they are not knowledgeable about legal implications for disabled clients. Respondent agreed that in some cases the rights of disabled persons enshrined in the constitution of South Africa are not recognized (65% disabled and 59% able bodied). Hence, B&B owners are not aware of the Code of practice (guidelines and technical information on building environment support) (67% disabled and 47% able bodied persons). However, there is need “to ensure that persons with disabilities have access to sporting, recreational and tourism venues” (Tatic, 2015:15).

Disabled persons as a market segment

All the interviews conducted revealed that interviewees confirmed that disabled persons are indeed considered to be a distinct market segment. However, reflections show that 66% were positive (disabled persons) and just 3% had a different opinion (strongly disagree). Although B&B owners perceived disabled persons as a market segment, this is not in line with what is happening in real situation because wheelchair users are still facing challenges of access to facilities. Therefore, it was felt that B&B establishments in the Durban region do not consider wheelchair users as tourists (66% Disabled greatly agreed) and 53% able bodied agreed. There was a feeling amongst the disabled that there is no access to the built environment in B&B establishments (69%) with 57% able-bodied agreeing. In some establishment disabled persons thought B&B accommodation is not user friendly to wheelchair users (63%) compared to (51.69%) able bodied who agreed.

Such tendencies of separating disabled persons from the rest of the society has shaped social roles of classifications for many years explaining the presence of pity, fear and patronizing attitude that are encountered even today (Sullivan, 2011). Poor architectural planning where it fails disabled persons to access facilities is a cause of disability. Architects are abled bodied who do not think seriously about access (Siebers, 2001).

Tourism Grading Council

Responses on the question of Tourism Grading Council of South Africa (TGCSA) did not meet expectations because the body is not effective according to responses, even the little positive responses indicated that even if the body works but it is not adequate. “States parties must ensure that private entities that offer facilities and services which are open or provided to the public take into account all aspects of accessibility for persons with disabilities; provide training for stakeholders on accessibility issues facing persons with disabilities” (Tatic, 2015:16). Tourism grading council of South Africa does not attend to issues of grading system in B&B establishments (66%). Interestingly, those who responded positively had further comments that had negative remarks, like some would say they are adequate but not fully and others



would say yes they are but they have never visited their B&B. The other common answer that was noted was that TGC is not making a follow up on grading system as a result most B&B establishments are not registered. Segregation practices are prevalent in B&B establishments where you find that even if an establishment does cater for wheelchair users but you still find that not all facilities are accessible (Wendell, 1996).

This act creates a situation where the abled bodied do not mingle with disabled in the Private World and the abled in Public World. Tourism Grading Council of South Africa was found to be non-compliant in the study of Breedts (2007) in changing guidelines in order to improve accessibility to facilities by disabled persons. As a result, there was a recommendation that guidelines of facilities are improved by TGC but in comparison with this study, it was revealed that the body was still inadequate which is evidence that little or nothing has been done by the body to make improvements on access by disabled people. Results showed that the majority of respondents had seen the inadequacy of the body and they constituted 45% and further disclosed that there are B&B establishments that are not even registered. Further to that, the discussion between the researcher and Mr. Kheswa (Pseudo name) in Durban Tourism situated in Morning revealed that there is uncertainty about legislation on the issues of B&B operation and most B&B establishments are operating on their own and are not known. It means that this is still a grey area and needs serious attention.

Clearly, it was confirmed that there is more to be done as a way of improving the situation of lack of accessibility by disabled persons in B&B establishments. This area of issues of disabled persons still needs to be explored further because it is evident that little has been done. For example, William et al (2007) assert that there is little literature that is relatively received and arguably even less when it comes to accessibility of facilities in public accommodation. The literature reveals that most studies have been conducted on hotels rather than B&B establishments.

Tourism in Durban

The results show the contribution of the tourism institution in determining procedures and regulations on wheelchair access in B&Bs. From these results, it was apparent that there is still a lack of support by Durban Tourism in giving disabled persons support when they need information on accommodation. The responses from both B&B owners especially those who accommodate wheelchair users revealed that the number of B&B establishments to be accessed by wheelchair users is small. This is because those establishments which are known for accommodating wheelchair users receive calls for accommodation seekers and only to find that they fail to assist.

Researchers found that B&B service providers were able to do referrals should they be unable to meet the needs of the wheelchair users. In one establishment that is famous for accommodating wheelchair users, the manager disclosed that they always get calls from other B&Bs seeking accommodation for wheelchair users but it is not always that they are able to assist which becomes a big challenge. However, there is a good relationship amongst service providers in the Region. According to the researchers, it is imperative that the number of those with Universal Design is increased.

The main areas found inaccessible in B&B establishments were commonly in restaurants, reception, steps in the entrance and rooms which did not match required measurements of height which is 800-1200mm to allow wheelchair users to reach these facilities. The challenge of rooms lacking facilities can be compared with the results of the study by Bisschoff and Breedts (2012). The results showed that only 1.57% of the total rooms were disabled friendly, a figure that is not enough to accommodate wheelchair users. These results are in line with the study because among these eight establishments which have partially accessible rooms



were also cited as being a big challenge; because they did not provide easy access space to all furniture and fittings.

According to Nelwamondo (2009) places of accommodation such as B&B, guest houses should be accessible therefore this is an indication that to date, B&B establishments are not accessible to wheelchair users. Meanwhile, researchers cite that B&B are considered as showing most phenomenal growth in the accommodation industry (Nutsu et al 2004).

Comparisons of Bisschoff et al., (2012) is limited to the hotels. However, the common factor between theirs and this study is that they both look at accessibility of facilities in places of accommodation. However, this is the area that shows a big gap and this is supported in the study of Cole and Show (2002) where they assert that there is a growing gap between views held in the tourism industry and needs for disabled persons. Recent demonstration which occurred on the 14 August 2014 on the issue of built environment is also evidence that persons with disabilities still endure frustration of access in public places. It is evident that there is significant gap of accessible tourism in spite of this industry showing as a growing phenomenon (Darcy, Cameron and Pegg, 2010). The fact that little has been done on the subject of accessibility of facilities in B&B establishments means these challenges are not going to be redirected to a “solution fix” soon.

Continues next page...



Table 4: By disability status, frequencies and percentages for challenges faced by disabled potential B&B clients

Statements for challenges faced by the disabled	Total (N)	Strongly agree		Agree		Uncertain		Disagree		Strongly disagree	
		Disabled	Able-bodied	Disabled	Able-bodied	Disabled	Able-bodied	Disabled	Able-bodied	Disabled	Able-bodied
B&B establishments are not accessible in Durban and the environment in not user-friendly	290	80(64.00%)	45(36.00%)	35(38.89%)	55(61.11%)	13(41.94%)	18(58.06%)	14(41.42%)	19(57.58%)	2(18.18%)	2(81.82%)
Wheelchair users have challenges with regular designs of B&Bs	286	97(66.00%)	48(33.10%)	25(31.25%)	55(68.75%)	9(30.00%)	21(70.00%)	8(40.00%)	12(60.00%)	4(36.36%)	7(63.64%)
The rights of the disabled persons enshrined in the Constitution of SA are not recognized	289	79(65.29%)	42(34.71%)	39(41.49%)	55(58.51%)	16(36.36%)	28(63.64%)	6(37.50%)	10(62.50%)	4(28.57%)	10(71.43%)
B&Bs owners are not aware of the Code of Practice (guidelines and technical information on building environment support)	290	64(66.67%)	32(33.33%)	46(46.94%)	52(53.06%)	24(41.38%)	34(58.62%)	7(25.00%)	21(75.00%)	3(30.00%)	7(70.00%)
Durban Tourism does not provide wheelchair users with information on accommodation	281	56(65.88%)	29(34.12%)	46(50.55%)	45(49.45%)	28(43.75%)	36(56.25%)	8(27.59%)	21(72.41%)	3(25.00%)	9(75.00%)
B&B establishments in the Durban region do not consider wheelchair users as tourists	288	51(65.38%)	27(34.62%)	51(53.12%)	45(46.88%)	24(39.34%)	37(60.66%)	11(31.34%)	24(68.57%)	5(27.78%)	13(72.22%)
There is no access to built environment in B&B establishments	291	61(68.54%)	28(31.46%)	44(42.72%)	59(57.28%)	17(34.00%)	33(66.00%)	14(42.42%)	19(57.58%)	8(50.00%)	8(50.00%)
B&B accommodation is not user friendly to wheelchair users	298	79(62.70%)	47(37.30%)	46(51.69%)	43(48.31%)	15(34.88%)	28(65.12%)	5(20.00%)	20(80.00%)	4(26.67%)	11(73.33%)
Tourism grading council of South Africa does not attend to issues of grading system in B&B establishments	296	76(65.52%)	40(34.48%)	33(46.48%)	38(53.52%)	25(39.68%)	38(60.32%)	5(19.23%)	21(80.71%)	8(40.00%)	12(60.00%)



Table 5: Two-way sample Wilcoxon rank-sum (Mann-Whitney) test results

Challenges for people with disabilities: Disability status	Observations	Rank-sum	Expected	z-score	Probe > z
B&B establishments are not accessible in Durban and the environment is not user-friendly					
Able-bodied	146	23932.5	21243	3.999	0.0001**
Disabled	144	18262.5	20952		
Wheelchair users have challenges with regular designs of B&Bs					
Able-bodied	143	23910	20520.5	5.269	0.0000**
Disabled	143	17131	20520.5		
The rights of the disabled persons enshrined in the Constitution of SA are not recognized					
Able-bodied	145	23979.5	21025	4.413	0,0000**
Disabled	144	17925.5	20880		
B&Bs owners are not aware of the Code of Practice					
Able-bodied	146	24312	21243	4.490	0.0000**
Disabled	144	17883	20952		
Durban Tourism does not provide wheelchair users with information on accommodation					
Able-bodied	140	22482.5	19740	4.186	0.0000**
Disabled	141	17138.5	19881		
B&B establishments in the Durban region do not consider wheelchair users as tourists					
Able-bodied	146	24482.5	21097	4.329	0.0000**
Disabled	142	17566.5	20519		
Owners of B&B accommodation worry about access to facilities for wheelchair users					
Able-bodied	147	23945.5	21462	3.607	0.0003**
Disabled	144	18540.5	21024		
There is no access to the built environment in B&B establishments					
Able-bodied	149	25594.5	22275.5	4.719	0.0000**
Disabled	149	18956.5	22275.5		
The Tourism Grading Council does not attend to grading issues in B&Bs					
Able-bodied	149	25409.5	22126.5	4.660	0.0000**
Disabled	147	18546.5	21829.5		

Data presented in Table 5 shows Mann-Whitney test results for comparing how both able-bodied and disabled potential B&B visitors in Durban are affected by factors limiting wheelchairs access to B&Bs. The results suggest that there is a statistically significant difference between the underlying distributions of the majority of B&B access challenges scores of able-bodied persons and the B&B access challenges scores of disabled persons. From Table 5, one can determine which sample subgroup has the higher rank by looking at how the actual rank sums compare with the expected rank sums. In all cases of test results, the sum of the able-bodied ranks was higher while the sum of the disabled ranks was lower. Thus, the able-bodied sub-group had higher ranks, indicating that able-bodied persons rated the impact of limited access to facilities for the disabled in B&Bs more severe than the disabled. Whether this difference in reported impact was



not due to chance was tested using the z-statistic (probability) presented in the extreme right column of Table 5 (i.e. results are significant if probability $p < 0.05$). The non-parametric Mann-Whitney test confirm that the difference in the rank totals between the disabled and able-bodied persons matched with the range of B&B access challenges were large enough to be statistically significant (i.e. unlikely to have occurred due to chance).

According to test results, 'B&B establishments are not accessible in Durban and the environment is not user-friendly,' affected able-bodied people more than disabled ($z=3.999$; $p=0.0000$). Whether 'Wheelchair users have challenges with regular B&B designs' impacted able-bodied persons more compared to the disabled ($z=5.269$; $p=0.0000$). That B&B owners are not aware of the Code of Practice (guidelines and technical information on building environment support) impacted more on able-bodied individuals than the disabled ($z=4.490$; $p=0.0000$). Whether 'Durban Tourism does not provide wheelchair users with information on accommodation' was negatively rated more by able-bodied than disabled ($z=4.186$; $p=0.0000$). That 'there is no access to the built environment in B&B establishments' confirmed more by able-bodied than disabled persons ($z=4.719$; $p=0.0000$). Overall, the examination of actual and expected rank sums suggest that able-bodied persons are impacted more adversely by B&B access challenges confronting wheelchair users than disabled persons themselves. However, the initial sole hypothesis was that there would be some negative effects associated with inadequate facilities on people with disabilities and not that able-bodied individuals would be worst affected than the disabled: therefore, having conducted a non-directional, two-tailed test, what one can strictly consider is that the two groups (able-bodied and disabled) are affected differently.

Conclusion

South African tourism continues to grow at a phenomenal rate. The conducive climate, remarkable attractions and other ancillary services contribute to the destination's competitiveness. With a growing niche of Wheelchair bound market segment, South Africa needs to position itself in order to outwit competition. Hence, the discourse on access to tourism facilities has become a major debate across professional and disciplinary boundaries. The study notes that for South Africa to realize its dream of becoming a destination of choice, the issue of social integration and inclusiveness must dominate all universal access discussions. Rather than approaching access from a reductionist perspective where access is simply conceived as putting signage and putting ramps in public spaces, institutions need to enforce and implement regulations to ensure that wheelchair users enjoy same benefits like the able-bodied people. The majority of B&B facilities were found to lack user-friendly services and their physical state do not allow free movement. The built environment was found to be a major obstacle that does not provide accessibility to facilities when wheelchair users engage on leisure activities.

The National Building Regulations and Building Standards Act (1977), was found to embrace the requirements for people with disabilities. The legal framework is in place to cater for the needs of disabled people, however, this segment is still not enjoying the benefits thereof. In some cases, there is lack of reliable information which has an impact on tourists' decision choices. The study further noted that a lot of work has been done from the welfare and health perspective with very little emphasis on the environment where they are found. Therefore, architects were generally found to be inconsiderate of wheelchair bound persons' needs especially the need for access to facilities found in accommodation places. In conclusion, the responses were found to be well balanced because of the sample representation. Similar studies were found to be in line with what the researchers found as it was reflected on the discussion. Accessible tourism was found in effective in Durban and this has a negative impact on disabled persons since an environment that is not barrier free is the cause of disability its-self. Since South Africa is a developing country,



physical and social features are culturally constructed and this poses barriers that prevent disabled persons to enjoy leisure in B&B establishments found in Durban.

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