

## Is There Room in the Inn? Towards Incorporating People with Disability in Tourism Planning

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**Abstract:** Despite the fact that tourism is as much a social right to people with disabilities as it is for so-called able-bodied people, the former group received little focus worldwide until very recently. Little emphasis has been given to ensuring that people with disabilities have access to tourism facilities despite the fact that they now constitute a substantial market for tourism operators globally. While Zimbabwe's tourism fortunes are moving in a positive direction, where is the person with disabilities? Has anyone considered them in terms of economic as well as physical access to tourism products? This research endeavoured to explore the state of affairs in Zimbabwe's tourism sector where accessibility is concerned. The researcher modified the Scandic's accessibility questionnaire and used it as a checklist for accessibility of hotels and lodges. Zimbabwe Tourism Authority, the Ministry of Tourism and Hospitality Industry and organisations that represent people with disabilities, were also consulted in the survey. While economic policies are being crafted to bring the country back to its feet, little is being done in providing access to tourism by people with disabilities.

**Key Words:** travel, accessibility, Zimbabwe

### Introduction

Access to tourism and recreation is a constitutional right as prescribed in the United Nations Convention on the Rights of Persons with Disabilities (UN, 2006). Just like anybody else in society, people with disabilities are entitled to entertainment, recreation and tourism, among other things. Prevailing western social norms and values recognise travel and recreation as a right (Yates, 2007) and the contribution of tourism to the well-being of disabled people is well known in the developed world (Yau, McKercher, & Packer, 2004). Studies have suggested that travel companies have a social responsibility to meet the needs of disabled people since travel has been identified as an important aspect of the quality of life of disabled people (Kinney & Coyle, 1992; Prost, 1992). It is however very unfortunate that in many countries, people with disabilities suffer discrimination, segregation and social exclusion (Darcy, 1998; Burnett & Bender-Baker, 2001).

Providing opportunities and access for people with disabilities is not only an ethical issue, but also a business opportunity for operators in the tourism sector just like it is for any other sector (United Nations, 2009; APEC, 2003). In fact, the social model of disability argues that people with disabilities do not like to be treated as recipients of charity but as equals with the so-called "able-bodied," thus they are willing to pay as much for their holidays as their able-bodied counterparts (Oliver, 2006). Furthermore, people with disabilities are not the weaker species, who should engage in more docile and passive tourism; they are also interested in partaking in challenging forms of tourism, especially outdoor adventure. According to Zeller (2008) and Jaquette (2005), people with disabilities feel much more satisfied when they visit natural areas

and at times they engage in more challenging wilderness activities than the able-bodied do. The latter could support the notion that it makes business sense to make tourism accessible to people with disabilities.

### Disability and Aging

One cannot complete a discussion on disability and accessibility without talking about aging. The world over, the number of people with disabilities has been on the rise in recent years and this increase has been mainly attributed to ageing and other health related factors (Darcy, 2002; Turco *et al.*, 1998; Yau *et al.*, 2004). Research has shown that there is a very positive correlation between ageing and disability (WHO, 2007). While this is true, Mann (2005) argues that older persons with impairments may not necessarily be disabled if they find ways of adapting to that impairment. In most cases, however, the majority of these elderly people do not have a way of compensating for their impairments, thus becoming disabled.

The world over, the number of aged people is expected to increase tremendously by 2050 and the greatest increase is expected in developing countries, especially Asia. This may, perhaps, be attributed to improvements in the general standards of living in these countries. 16.7% of Americans were 60 years and above in 2005 and by 2050, the number is expected to increase to around 26%. In 2005, Chinese aged 60 and above represented 10.9% of the Chinese population, a percentage which is expected to rise to 31% by 2050. The Japanese are expected to register the largest growth from 26.3% to 41.7% (Eurostat, 2005; Dobriansky, 2007). These patterns only show how important disability tourism is and is likely to become in the future.

### Economic Significance of the Disability Market to Tourism

The number of people with disabilities is estimated to be between 600 million to 859 million worldwide (APEC, 2003; United Nations, 2009; Vantton, 2002). These numbers represent a significant part of the population, 10 to 19% (Bull *et al.*, 2003; Huh & Singh, 2007). This is also reflected in national statistics where disabled people make up a significant portion of their population. For instance, in 2007, the US Census Bureau reported over 21% of its population as disabled people. This was approximately 54 million people (US Department of Commerce, 2007).

It would not be an exaggeration to argue that the disabled population has become a significant consumer market (Darcy, Cameron & Pegg, 2010; Buhalis, 2005; Darcy, 2002). According to research by Lipp and Laurel (2007), American adults with disabilities spend an average of \$13.6 billion US dollars on tourism each year. This research further revealed that these people made 32 million trips in 2002 and spent \$4.2 billion on hotels, \$3.3 billion on airline tickets and \$2.7 billion on food and beverages while they were travelling (Harris Interactive Research, 2005). This was also supported by Parker & Carter (2004), Rains, (2007) and the UNESCAP (2007) who emphasized that creating accessible tourist destinations is not about charity but about serious economic gains.

In the United Kingdom, the same study has shown that 10 million adults with disabilities can spend about 80 billion pounds on tourism per year. In Canada, economically active disabled people are able to spend 25 billion Canadian dollars for travelling (Lipp & Laurel 2007). A study by Dwyer and Darcy (2011) revealed that the overall expenditure by tourists with disabilities in the United Kingdom from 2003 to 2004 was close to \$12 billion US dollars. This is quite a massive expenditure and enough cause for a more conscious decision to take disability tourism seriously. The Commonwealth Department of Industry, Tourism and Resources (CDITR, 2003) identified disabled and senior populations as an emerging market which can sustain the tourism industry. Tourism Australia has responded by establishing disability tourism as a niche (Tourism Australia, 2005)

In the East and South Asia Pacific (ESAP) region, people with disabilities and older people are becoming a growing group of consumers of travel, sport, and other leisure-oriented products and services (ESAP, 2000). The share of the aged people in developed countries is said to have been on the increase with baby boomers coming of age and representing a very lucrative market for travel and tourism. The developing world is following suit as health facilities and medications improve (ESAP, 2000). The UN projects that by 2025, about 14% of the ESAP region's total population will be over 60 years and the region will be expected to house over 50% of the world's aged population. By 2041, about 23% of Canadians will also be over age 65 (Horgan-Jones & Ringaert, 2004).

Research has revealed some very important characteristics of the tourist with disabilities. People with disabilities stay longer at a destination than their able-bodied counterparts, they spend more money per day and usually demand more services. Another important attribute of this growing market is that they travel in low season to avoid crowds (Burnett & Baker, 2001; Denman & Clerkson, 1991; Ray & Ryder, 2003, Van Hon, 2001). This is particularly important when one considers the fact that the tourism and hospitality industry is highly seasonal and that getting patronage during off-season is a "blessing." Moreover, once one captures this niche, there is likelihood that the friends, family members and associates of tourists with disabilities are also captured (Darcy & Buhalis, 2010).

The interesting thing is that these people do not only have the will but they also have the disposable income to enable them to travel (Smith, 2011, Australian Hotel Association, 1998; Bennet & Bender-Baker, 2011; Darcy, 2000, 2002, 2008). The assumption of these researchers is, perhaps, that the situation in Europe and America applies to all parts of the world, yet there are variations in economic, socio-cultural and legal frameworks in each part of the world. In this regard, Africa needs tailor-made policy frameworks for sustainability. The following questions need to be answered in regards to Zimbabwe: Are there enough facilities to enable people with disabilities to travel? Do these facilities meet the expectations of tourists with disabilities? Is Zimbabwe accessible to these people?

## Disability in Zimbabwe

Although no reliable statistics exist, there are an estimated 1.5 million people with disabilities in Zimbabwe. If this is true, it means that over 10% of the total population is disabled (Choruma, 2007). These people suffer a great deal from exclusion and social magnetization. According to Mr. Magweva, the technical adviser of the National Association of Societies for the Care of the Handicapped (NASCOH), Zimbabwe was losing 25% of its GDP through the exclusion of disabled people. He estimates the loss to be around \$200 million US dollars per year. It is the researcher's assumption that the tourism industry has a stake in the above mentioned figure and action has to be taken.

According to Khupe (2010), the authorities in Zimbabwe have done virtually nothing to alleviate the plight of disabled people. Apart from enacting the Disability People Act in 1992, all that the people have been given are empty promises and nobody really seems to care. The government has also shown their position regarding people with disabilities by allocating very little funds towards people with disabilities in each year's budget. Has the tourism industry done anything at all to cater to disabled people in Zimbabwe? Are there any disability-friendly policies and strategies in the tourism industry in Zimbabwe? Are the tourism and hospitality operators doing something about the accessibility of their establishments for people with disabilities?

With the ongoing economic downturn globally, tourism destinations need to "think outside the box" to utilize niche markets. One such market is that of people with disabilities, (Eichhorn & Buhalis, 2007). This market has however remained unsung. Despite the increasing disability market, most countries in the developing world and tourism service providers have still not recognized the importance of harnessing the market (ESAP, 2000).

Currently, Zimbabwe receives the majority of its international visitors from Europe (8%), the US (3%) and Asia (3%) (ZTA, 2013). The arrivals from these markets actually grew significantly in the first quarter of 2013 with Europe increasing by 84%, Asia 76% and America 5%. It is by no coincidence that these source markets also have the largest numbers of people with disabilities with a high demand for tourism. Unfortunately no statistics exist regarding tourists with disabilities in Zimbabwe to date, nor is there any published work on disability tourism in Zimbabwe. This probably is enough evidence to prove that this segment has not received enough attention and most likely, not much has been done to cater to it. It is clear from the literature that very little has been written on disability and tourism in Africa, let alone Zimbabwe.

## Materials and Methods

### Research Design

The researcher adopted an exploratory design for this study. Robson (2002) argues that an exploratory study is an important way of finding out what is transpiring, seeking new insights and asking questions to assess phenomena in a new perspective. True, research to do with

disability tourism has been conducted and published in other countries, especially in the developed world, but very little was done in Africa, and Zimbabwe in particular. Further, researchers have concentrated on “people with disabilities” and “tourism” as stand-alone subjects. This research looked at disability tourism as a composite concept. The fact that such research is quite new in Zimbabwe and that disability tourism is still in its infancy as a concept, points to an exploratory design as appropriate.

### Research Population

The research population was made up of registered tourism operators in Zimbabwe’s premier tourist destination, Victoria Falls. These include hotels/lodges, travel agencies, tour operators and cruise operators in the resort town. Victoria Falls was used as a mirror of Zimbabwe’s tourism sector because it is the epicentre of tourism activities in Zimbabwe and is undoubtedly the most popular destination in the country. Further, almost every tourist facility is found in the town. The Zimbabwe Tourism Authority and the Ministry of Tourism and Hospitality Industry as well as organizations that represent people with disabilities were also part of the research population. A comprehensive list of all operators in Victoria Falls (by category) was supplied by the Zimbabwe Tourism Authority (ZTA). A total of 8 hotels, 9 lodges, 39 tour operators, and 11 boat cruise operators constituted the population.

### Sampling

Respondents in this research were selected by use of a combination of sampling techniques. For hotels in Victoria Falls, a census was used. All the 8 registered hotels and 9 lodges were used in the research. This was done because the number of hotels is not too high, hence it was feasible to visit them all. Secondly, the hotels and lodges in Victoria Falls are spread across the different star ratings, ranging from 1 to 5 stars and for lodges from standard to luxury. This meant that at least every star category in the country is represented. At each hotel/lodge, the front office manager was the targeted respondent. In situations where there was a maintenance manager, he/she would also be a respondent. For other operators, simple random sampling was used to identify and select the organizations included in the research. The researcher obtained a list of all registered tour operators and boat cruise operators from the Zimbabwe Tourism Authority (ZTA) and randomly picked 15 tour operators, and 10 cruise boat operators, which represented at least one-third of the total population. The researcher targeted the marketing manager and the operations manager of tour operating companies, or at least one of them. The sampling was purely judgemental, where only key informants were chosen. This sampling technique ensured that only the needed information was collected, saving on cost and time.

The Director of Research and Standards was selected from ZTA while the Principal Tourism Officer was chosen from the Ministry of Tourism and Hospitality Industry. As already alluded to, these were also chosen on the basis of their positions and expertise in the subject under study. Two umbrella bodies that represent societies of people with disabilities were used in this survey. The National Association of Societies for the Care of the Handicapped (NASCOH), a national body representing 53 disability organizations and the Federation of Disabled Persons

of Zimbabwe (FODPZ). For the NASCOH, the executive director was purposively selected while for the FODPZ, the organization's spokesperson was chosen as a respondent. The researcher also targeted the executive director of Women with Disabilities Coalition, an organization which represent the needs and rights of women with disabilities exclusively. This was quite useful in ensuring that everyone is represented and an accurate interpretation of their varying needs is made. The variety of respondents made the findings of this research more reliable and valid.

#### Data Collection Procedure

Data for the survey was collected using three different yet complementary primary data collection techniques. These are interviews, questionnaires and observations. In-depth interviews were held with the Director of Research and Standards at ZTA, the Principal Tourism Officer in the ministry, tour operators, cruise boat operators, travel agents as well as the representatives from the disability organisations. Appointments were made in advance and face to face interviews were conducted.

The researcher adopted and modified the Scandic's questionnaire and administered it to all front office and maintenance managers in the hotels. The questionnaire has 68 (modified from 107 questions) dichotomous questions which are used to assess the accessibility of hotels. The Scandic hotel group has made a name in accessibility standards globally (Rains, 2010; ENAT, 2011) and is considered as a benchmark for hotel accessibility. The instrument helps in checking the availability of disability-friendly facilities, from the parking bay to the hotel bedroom and kitchen. In other words, the questionnaire checks for accessibility in every section of the hotel. This instrument provided great insights in constructing a questionnaire that would help in establishing the level of accessibility of hotels and lodges in Zimbabwe's Victoria Falls area. The drop and pick method was used in this research where the questionnaires were dropped and collected two days later. This method afforded the respondents more time to fill in the questionnaire resulting in a higher response rate. Since the questions were dichotomous, very little time was needed to fill it in.

To complement the above mentioned procedure, personal observations were also made. An observation checklist, similar to the modified questionnaire was used. Without interfering with employee duties, the researcher made the observations at all the hotels and cruise boats visited.

Document analysis was also done to complement the findings from the survey. Policy documents from the Ministry of Tourism and Hospitality Industry as well as those from the Zimbabwe Tourism Authority were interrogated. The researcher managed to get a copy of the draft national tourism policy from the Ministry of Tourism and Hospitality Industry and thoroughly scrutinised it with the aim of identifying the position of the policy makers regarding persons with disabilities and the implications thereof. The ZTA Strategic plans for both international and domestic tourism were also analysed.



## Results and Discussion

Data collected for the research was analysed both qualitatively and quantitatively. Qualitative data was analysed using content analysis where responses were categorised according to the questions on the questionnaire. All responses whose contents related to a certain question were grouped together and meaningful conclusions were made. Quantitative data was analysed using descriptive statistics in the form of percentages.

### Accessibility of Hotels to People with Disabilities

A four page questionnaire (Modified Scandic questionnaire), made up of 68 questions was used to collect data from the hotels. The 68 items on the questionnaire were condensed to only seven categories for data analysis. These seven are summarised in table 1 below;

**Table 1: Accessible accommodation in Victoria Falls, Zimbabwe**

Area	Accommodation with	Accommodation without
Accessible parking and entrance	12	5
Accessible reception area	10	7
Accessible bedrooms	5	12
Easy access to bedrooms (elevators or lifts, ramps ,etc.)	4	13
Accessible Restrooms/Toilets	5	12
Accessible showers/bathrooms	1	16
Accessible restaurants	11	6

Using the modified Scandic's questionnaire, the research revealed that only 30% of the registered hotels and lodges in Victoria Falls have accessible accommodation. The nature of the accommodation is such that only one or two rooms are accessible in a hotel that has more than 150 rooms. The majority of the respondents cited that their accommodation facilities do not have rooms designed specifically for people with disabilities. Of the hotels that had accessible rooms, access to those rooms is a nightmare. Observations revealed that some of the accommodation's facilities still use staircases and no ramps are provided. A person with mobility impairment would require assistance to get to the room. The majority of the accommodation's facilities do not have elevators and those with elevators do not have a sound system indicating the level reached in a storey building.

While 70% of hotels and lodges in Victoria Falls have wide parking areas for people with disabilities close to the main entrance, responses on the questionnaire exposed that there were thresholds at the front door entrance. This makes it very difficult for persons using wheelchairs to enter. According to the Scandic accessibility standard, a benchmark against which most hotel accessibility is set, is that doors, especially the front door, does not have a threshold, or has a very low threshold which allows those using wheelchairs and walking aids to enter without difficulty (Centre for Universal Design, 2009; Rains, 2004).

In 10 to 20% of the accommodation facilities, the concept of universal accessibility seems not to have been adequately understood. Some think that their facilities are accessible simply because there are ramps for wheelchair users and wide corridors. Their understanding of disability is limited to limited mobility while other dimensions of disabilities are ignored. These include: visual, hearing, mental and sensory disabilities, to mention just a few (DEO, 2005; Buhalis, 2005). It is evident from the responses that up to 90% of the hotels do not have facilities for people with hearing or visual impairments. As for tourists with mental and sensory disabilities, nothing is available in Victoria Falls. They are, as Choruma (2007) puts it, “The forgotten tribe.” The research yielded that only 3 to 5 star hotels in Victoria Falls have accessible rooms although the accessibility is not absolute. Bathrooms still remain relatively inaccessible in most of these hotels. This is evidenced by the fact that 95% of these hotels do not have shower chairs and thermostatic mixers as required by best practices in hotel accessibility (Sawyer & Bright, 2006).

#### Accessibility of Cruise Boats in Victoria Falls

The Victoria Falls resort is home to a number of cruise boats which utilize the Zambezi River for their cruises. Observations showed that the cruise boats are almost identical in their interior. All the cruise boats observed had no wheelchair access since there were steps at the entrances and no ramps were provided. Upon enquiring on how people with disabilities can utilize these cruise boats, the researcher learned that wheelchairs were literally lifted into the boats by staff on board. Other visitors with various impairments were assisted into the cruise boats since there are no grab bars. None of the cruise boats had designated sitting areas for people with disabilities. Such persons have to opt to sit on their wheelchairs or on the ordinary seats despite their disabilities.

Within the cruise boats, very small restrooms are available, only accessible by steps, since they are located in a deck lower than the sitting deck. For wheelchair users, there is double trouble when trying to access these toilets. First, they have to be lifted from their wheelchairs since the chair cannot fit into the restroom. Secondly, they have to endure the steps down to the restrooms. It is, however, important to note something positive about the cruise boats; there is a very short distance from the parking area to the cruise boat. There are also slip resistant surfaces to the boat and special menus are served to those with special dietary requirements. These positives are however outweighed by the factors already discussed.

Of the travel intermediaries interviewed, all agreed that the destination is not yet ready to accommodate people with disabilities. Tour operators echoed that they would love to promote



packages for people with disabilities but there are very limited facilities available for such a niche. The same sentiments were echoed by travel agencies who lamented that the products they sell on behalf of the principals, still fall short in terms of accessibility for people with disabilities.

#### The Views of Organizations That Represent People with Disabilities

Organizations that represent people with disabilities, in unison, are crying out that people with disabilities are not prioritized in Zimbabwe. The respondents agree that unlike women and girls, their song is falling on deaf ears, no matter how loud they sing it. They argue that policy makers and parliamentarians only talk of people with disabilities when it is benefitting to them and nothing is done afterwards. According to one respondent, the reluctance of authorities responsible for people with disabilities is shown by the unavailability of statistics on people with disabilities in Zimbabwe. Statistics on people with HIV, AIDS and of the unemployed are readily available, but very little is available concerning people with disabilities. There is, however, an estimated 1.5 million people with disabilities in Zimbabwe, which is more than a 10% of the total population (Choruma, 2007). This could be a gross underestimation since many children with disabilities are hidden from the public and are left out of most research.

People with disabilities, according to their representatives, are still stigmatised and discriminated against. They are relegated to the position of beggars since they are perceived to be economically unproductive and lazy. This is unlike the situation in western countries where people with disabilities are an economic niche to reckon with (Lipp & Laurel, 2007; Dwyer & Darcy, 2011). The representative organizations argue that the fact that very little money is allocated to this group of people in the national budget each year, is enough evidence that government and other responsible authorities have little interest in them.

Commenting on policies to do with people with disabilities, organizations that represent people with disabilities (i.e. NASCOH, FODAZ & Women with Disabilities Support Organisation) pointed out that there is no disability policy in Zimbabwe. All that is available is the Disabled Persons Act of 1992 as amended in 1996. They argue that despite the fact that disability is the second fastest growing “industry” after HIV and AIDS, no policy has been put in place for it. These organizations further pointed out that the Disabled Persons Act of 1992 was biased towards people with physical mobility disabilities leaving out the other dimensions of disability. The Act is just too general, they say.

People with disabilities believe that even the new constitution of Zimbabwe does not fully address their needs. According to their representatives, the new constitution does not commit state resources to assist people with disabilities. Further, they argue that the fact that the new constitution gives provision for only two people to represent people with disabilities in the upper house of assembly is incommensurate with the spirit of emancipating them. Moreover, the constitution does not spell out whether these two Senators should be people with disabilities or not. The research also revealed that people with disabilities feel they were not fully consulted in the constitution-making process and that the draft constitution was not drafted in disability-friendly language, especially for those with visual impairments and the illiterate-which constitute the majority of this population segment (Choruma, 2007). They argued that generally people

with disabilities are rarely consulted in policy issues. Mandipa (2013), however, argues that the new constitution is disability-friendly, citing that it clearly spells out that discrimination on the basis of disability is prohibited in Zimbabwe. He applauds the new constitution for including all dimensions of disabilities in this regard.

### People with Disabilities and Tourism

The study exposed that, to a larger extent, people with disabilities do not travel for leisure. One disability advocate actually believes that people with disabilities do not travel at all. Reasons for not travelling for leisure and/or business are as follows: first and foremost, they are the poorest in society and secondly, they are not given an opportunity to acquire education, especially in rural areas. These people are also segregated and discriminated against when it comes to employment. If they are employed at all, they are not given the opportunity to occupy leadership or managerial positions. This is supported by findings by Khupe (2012) whose research revealed that people with disabilities are given menial jobs, even by organizations that purport to represent their needs. All these factors determine the disposable income that people with disabilities have at the end of the day, which in turn determines their propensity to travel (Chikuta, Njerekai & Nkomazana, 2013).

People with disabilities are “disabled” from travelling by the nature and state of tourism facilities in Zimbabwe. The few disabled persons that have the requisite disposable income rarely visit tourist establishments because there is virtually no transport that is disability-friendly. The “so-called” tourist coaches available have little space for people with disabilities. Local tour operators have not gone to the extent of purchasing disability-friendly vehicles. Some of the coaches have entrance barriers at the door and some do not have seats designed specifically for people with conditions like muscular dystrophy. This is, perhaps, because the disability market has not shown any potential in Zimbabwe. According to Darcy (2002), many operators feel it is not worthwhile to purchase or reengineer a vehicle only to accommodate one or two disabled persons who come only once or twice a year. What these operators do not realize is the fact that globally, people with disabilities have become a market to reckon with and the fact that most Zimbabweans with disabilities are poor does not mean that inbound tourists with disabilities are also poor. Further, people with disabilities argue that travelling is very expensive for them. This is mainly because they have to travel with their aids/assistants, in most cases, and this doubles the cost of transport. At times, having a wheelchair or any assistive device is an additional charge on the coach, bus or plane.

Apart from transport, people with disabilities are worried about the inaccessibility of the hotels themselves. One executive director of a disability organization, who is also disabled, lamented that the cost of travelling and utilizing tourist facilities is very expensive, just like it is for transport. Instead of paying for one (like in the case of able-bodied persons) people with disabilities pay for at least two people in the hotel. While it is an advantage for the hotelier or accommodation provider, it is a prohibiting factor for people with disabilities.

As revealed by the Scandic questionnaire, people with disabilities concurred that most hotel rooms in Zimbabwe are not yet disability-friendly. They argued that the bath places, toilets

and some beds are not fit for use by persons with some types of impairments. One respondent pointed out that sometimes the restaurant setup is not accessible by people with limited mobility and those with visual disabilities. At times food is served in a buffet style which might not be accessible to some disabled persons.

The attitude of hotel staff was highlighted to be another hindrance to travel by people with disabilities. Respondents pointed out that while some hotel employees are very friendly, others are really a problem. They seem to be ignorant of what disability is all about and they view people with disabilities as aid-seekers and beggars: "...They think their toilet will be messed up. Just because one has a disability does not mean one is not able to use toilets. Sometimes you are given a lot of food as though you have never been to a hotel. They want to teach you how to order your menu and want to make you look stupid in front of other visitors," said one of the disabled respondents who has been to hotels on several occasions.

All the organizations that represent people with disabilities are in agreement that more needs to be done to make our tourism industry more accessible to disabled tourists. The improvements suggested include: provision of ramps, elevators, accessible toilets and showers. They also recommend that all facilities have signage in large print as well as in braille to cater for the visually impaired. Hearing loops must be provided for those with a hearing impairment. Their suggestions are in line with the concept of universal design and the best practices as entailed in the Scandic Accessibility Standards (Rains, 2004, 2007). Attitudes of able bodied employees should be changed if Zimbabwe is going to be accessible to tourists with disabilities.

#### The Policy Position on Disability Tourism in Zimbabwe

The government of Zimbabwe, through the Ministry of Tourism and Hospitality Industry and the Zimbabwe Tourism Authority believes people with disabilities are catered to in policy documents. According to the Principal Tourism Officer in the Ministry of Tourism and Hospitality Industry, the draft tourism policy has incorporated people with disabilities. Section 5.10 of the draft tourism policy, which is sub-headed "Role of the physically handicapped" has the following points:

- The Government will ensure that all major tourism destinations/products will be provided with facilities that are user-friendly to persons with disabilities.
- The Government will promote the mainstreaming of people with disabilities to participate in mainstream tourism activities.

A thorough interrogation of the policy revealed that only these two statements were mentioned in the draft policy regarding persons with disabilities. In the first instance, the heading already sidelines other forms of disabilities by categorically pointing out physically handicapped people. According to the Disabled Persons Act of 1992, as amended in 1996, persons with disabilities include but are not limited to the physically handicapped. Buhalis (2007) concurs with this definition and pointed out that disabilities can be sensory, hearing, visual and mental. From this analysis, one can conclude that people with disabilities are not even understood at the policy making level.

The draft policy talks of *major* tourism destinations/products, leaving out the minor ones. At policy level, one would expect that all destinations be mandated to be disability-friendly. Provisions can be made for the smaller destinations to do it step by step. Leaving these minor destinations and products out gives a loophole for many to escape this noble and economically worthy cause. The ministry argues that people with disabilities are catered to as far as it is concerned. What remains is for the ZTA to ensure that policy is implemented properly. It argues that the detailed specifications are the baby of the tourism authority.

### Zimbabwe Tourism Authority and Disability Tourism

ZTA is mandated with enforcing the specific industry requirements as prescribed in the tourism policy. To date, due to the absence of an operational tourism policy, ZTA is being guided by the Statutory Instrument (SI) 128 of 2005 (Grading and Standards Regulations) and Statutory Instrument 106 of 1996 (Declaration and Requirements for Registration). Section 5 of the 3<sup>rd</sup> schedule of SI 128 Of 2005, provides that accommodation facilities should have ramps to enhance access to all areas of the hotel, lodge, motel or any other accommodation facility. It also provides that all hotels with three star grading and above must have at least two rooms for people with disabilities while those with two stars and below should have at least one room for disabled persons.

SI 106 of 1996 provides that, as a requirement for registration, all accommodation facilities should have at least one properly working and well maintained cubicle toilet to cater for people with disabilities. The two statutory instruments sound quite pro-disability from a distance. A closer look at these instruments show that SI128 of 2005 is only concerned with people with mobility disabilities, specifically wheelchair users. Nothing is mentioned about the other dimensions of disability. SI 106 of 1996 has too simple of requirements when it comes to access for people with disabilities. It does not specify what the toilet should contain in contrast to the Scandic's standard which stipulates the position of the toilet seat, the grab bars and where toilet paper should be placed. At the end of the day, one can conclude that the provisions in the statutory instruments are too general and many establishments can do the minimum and get away with it.

The Zimbabwe Tourism Authority came up with its national tourism and marketing strategy, whose way is to map the way forward in terms of tourism development in the next couple of years. One would expect that issues to do with people with disabilities would be topical in such a strategic document, but again, no mention is made of this market niche, hence no strategy has been put in place for them. Even the domestic strategy does not make any provisions for people with disabilities. Perhaps the salient message being communicated is: there is no room for people with disabilities in the national tourism strategy.

### Conclusion

While it is known that people with disabilities are rightfully entitled to tourism and leisure facilities in Zimbabwe, it is clear that the issue of priority needs attention. Despite the fact

that Zimbabwe, like many other countries, ratified the United Nations Convention on the Rights of People with Disabilities in September 2013, it is still very clear that, from policy-making to implementation, the country's tourism industry still lags behind when it comes to providing access to people with disabilities. It seems that the industry, like other industries, still believes that people with disabilities are an insignificant sector in the economy; hence there is no need for stretching scarce resources to try and provide for an economically unproductive and poor market. This is, however, a very mistaken notion, as long as we are still living in a global village. While disabled persons in Zimbabwe may not be economically empowered, other countries, especially in Zimbabwe's primary markets, are finding the disability market very viable. The ministry of Tourism and Hospitality Industry and ZTA should work towards universal accessibility and universal design to ensure that all players in the tourism industry join the accessibility bandwagon. As of now, there is no room for people with disabilities in the tourism and hospitality industry in Zimbabwe.

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#### References

- American Foundation for the Blind. (2012). *AFB Annual Report 2012*. New York: American Foundation for the Blind.
- Australian Bureau of Statistics. (2004). Disability, Ageing and Careers-Summary of findings (cat No. 4430.0) Canberra, Australia: Australian Bureau of Statistics.
- Bricker, J. (1995). Wheelchair accessibility in wilderness areas: The nexus between the ADA and The Wilderness Act. *Environmental Law*.
- Buhalis, D. & Darcy, S. (2011). *Accessible tourism concepts and issues*, Toronto: Channel View Publications.

- Buhalis D., Michopoulou E., Eichhorn V. & Miller G. (2005). *Accessibility market and stakeholder analysis: One-stop-shop for accessible tourism in Europe* (OSSATE). Surrey, UK: University of Surrey.
- Burnett, J. J., & Bender-Baker, H. (2001). Assessing the travel-related behaviors of the mobility-disabled consumer. *Journal of Travel Research*, 40(1), 4-11.
- Cavinato, J., & Cuckovich M. (1992), Transportation and tourism for the disabled: An assessment, *Transportation Journal* 31(3):46-53.
- Choruma T. (2007). *The forgotten tribe*. London: Progresso.
- Connell, R.B.; Jones, M.; Mace, R.; Mueller, J.; Mullick, A.; Ostroff, E.; Stanford, J.; Steinfeld, E.; Story, M. & Vanderheiden, G. (March 14, 2008). *Universal design: Applying principles to park settings, participant guide*, Telnet Program, National Center on Accessibility: USA.
- Darcy, S. & Pegg, S. (2011). Towards strategic intent: Perceptions of disability service provision amongst hotel accommodation managers. *International Journal of Hospitality Management* 30, 468–476
- Darcy, S. (1998). *Anxiety to access: Tourism patterns and experiences of New South Wales people with a physical disability*. Sydney: Tourism New South Wales.
- Darcy, S. (2002). Marginalised participation: Physical disability, high support needs and tourism. *Journal of Hospitality and Tourism Management*, 9(1), 61-72.
- Darcy, S. (May 2002). People with disabilities and tourism in Australia: A human rights analysis. In E. Arola, J. Karkkainen & M.-L. Siitari (Eds.). *Proceedings of tourism and well being - 2nd tourism industries and education symposium* (pp. 137-166). Jyväskylä, Finland.
- Darcy, S. (2010). Inherent complexity: Disability, accessible tourism and accommodation information preferences. *Tourism Management*, 31, 816–826
- Darcy, S., & Daruwalla, P. (1999). The trouble with travel: People with disabilities and travel. *Social Alternatives*, 18(1), 41-46.
- Darcy, S., Cameron, B., & Pegg, S. (2010). Accessible tourism and sustainability: A discussion and case study. *Journal of Sustainable Tourism*, 18(4), 515–537.
- Daruwala, P. & Darcy S. (2005). Personal and societal attitudes to disability. *Annals of Tourism Research*. 32(2):549-570.



- Dobriansky, P., Suzman, R. & Hodes, R. (2007). *Why population ageing matters; A global perspective*. Australia: National Institute on Aging.
- Eichhorn, V., & Buhalis, D. (2007). The accessibility requiring market in Europe: Socially and economically important. *e-Review of Tourism Research*, 5 (2), 34-36
- Eichhorn, V., Miller, G., Michopoulou, E. & Buhalis, D. (2008). Enabling access to tourism through information schemes? *Annals of Tourism Research*, 35 (1), 189-210.
- European Network for Accessible Tourism (2011). *Improved accessibility – A commercial success for Scandic*. United Kingdom: ENAT.
- ESCAP (2000, September). Promoting barrier free tourism for people with disabilities. *Asia-Pacific conference on tourism for people with disability*, Bali, Indonesia.
- ESCAP (2001). Leadership and training seminar for persons with a disability. *United Nations - economic and social commission for Asia and the Pacific*, Vietnam.
- Eurostat (2005). Population and social conditions: Perceptual distribution of types of disability by sex and age group. Available at: <http://epp.eurostat.cec.eu.int>.
- Government of Zimbabwe (2002) *Disabled Persons Act*. Harare: Government of Zimbabwe.
- Groschl, S. (2007). An exploration of HR policies and practices affecting the integration of Harris Interactive research, (2005). *Research among adults with disabilities-travel and hospitality*. Chicago: Open Doors Organisation.
- Jennings, G. (2001). *Tourism research*. Sydney: John Wiley & Sons.
- Khupe, W. (2010). Millions of disabled people struggle to survive. Retrieved from <http://www.thezimbabwean.co.uk/news/36210/15-million-disabled-people-struggle-to-survive.html>. Accessed on 23 March 2013.
- Khupe, W. (2012) *Employment opportunities for disabled persons in NASCOH member organisations* (Unpublished master's thesis). National University of Science and Technology, Zimbabwe.
- Lovelock, B. A. (2010). Planes, trains and wheelchairs in the bush: Attitudes of people with mobility-disabilities to enhanced motorised access in remote natural settings. *Tourism Management*, 31(3), 357-366.
- Mandipa E. (2013 June 13) New constitution disability friendly. *The Sunday News*. Retrieved from: <http://www.chronicle.co.zw/new-constitution-disability-friendly/>.

- McKrecher, B. & Chan, A. (2005). How special is special interest tourism? *Journal of Travel Research*. 44 (21) Missouri: Science & Humanities Press.
- Ministry of Tourism and Hospitality Industry (2012). *Draft tourism policy* (Unpublished), Ministry of Tourism and Hospitality Industry: Harare, Zimbabwe.
- Nicolle, C. & Peters, B. (1999). Elderly and disabled travellers: Intelligent transport systems for persons with disabilities in the hotel industry in major Canadian tourism destinations. *International Journal of Hospitality Management*, 26, 666-86.
- Oliver, M.(1996). *Understanding disability: From theory to practice*. England: Macmillan.
- Packer, T., & Carter, M. (2004). *Out of the blue! Valuing the disability market in tourism, Report of the 5th National Nican Conference, Perth 20-22 September 2004*: Centre for Research into Disability and Society.
- Poria, Y., Reichel, A., & Brandt Y. (2010). Dimensions of hotel experience of people with disabilities: An exploratory study. *International Journal of Contemporary Hospitality Management*, 3(5),571-591.
- Rains, S. (2007 November) Inclusive tourism; A new strategic alliance for the disability rights movement. *The Rolling Rains Report*, ICAT 22-24.
- Rains, S. (2004). *Universal design and the international travel and hospitality industry*. Paper presented at the designing for the 21st Century III, Rio de Janeiro, Brazil: 7-12 December 2004. Retrieved from [http://www.designfor21st.org/proceedings/proceedings/precon\\_rains.html](http://www.designfor21st.org/proceedings/proceedings/precon_rains.html). Accessed on 12 February 2013
- Ray, N.M., & Ryder, M.E. (2003). “Eibilities” tourism: An exploratory discussion of the travel needs and motivations of the mobility-disabled. *Tourism Management*, 24(1), 57-72.
- Ross, G. F. (2004). Ethics, trust and expectations regarding the treatment of disabled staff within a tourism/hospitality industry context. *International Journal of Hospitality Management*, 23(5), 523-544.
- Sawyer, A & Bright K. (2006). *The access manual: Auditing and managing inclusive built environments, 2<sup>nd</sup> Edition*. Boston: Blackwell Publishers.
- Shaw, G., Veitch, C. & Coles, T. (2005) Access, disability, and tourism: Changing responses in the United Kingdom. *Tourism Review International* 8(3):167-176.
- Stumbo, N., & Pegg, S. (2005). Travellers and Tourists with Disabilities: A Matter of Priorities and Loyalties. *Tourism Review International* 8(3):195-209.

- Tourism Australia (2005). *Markets - Australian experiences – niche experiences*. Retrieved from: <http://www.tourism.australia.com/Markets.asp?lang=EN&sub=0338>. Accessed 23 December, 2012.
- United Nations (2006). *Convention on the rights of persons with disabilities*, Final report of the Ad Hoc Committee on a Comprehensive and Integral International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities [A/61/611]: United Nations.
- United Nations (2009). *Enable*. Retrieved from: <http://www.un.org/disabilities/>. Accessed 12 January 2013.
- World Health Organization (2007). *Global age-friendly cities guide*. Switzerland: World Health Organization.
- WHO (2002). *Towards a common language for functioning disability and Health-ICF*. Switzerland: World Health Organisation.
- Yates, K. (2007) Understanding the experience of mobility-disabled tourists. *International Journal of Tourism Policy* 1 (2), 153-166.
- Yau, K.S.M., McKercher, B. & Packer, T.L. (2004). Traveling with a disability more than an access issue. *Annals of Tourism Research* 31 (4), 946-960.
- Zeller, J.A. (2008). Wilderness and accessibility. *International Journal of Wilderness*, 14 (1)
- Zimbabwe Tourism Authority (2011). *Annual tourism statistics*. Harare: Zimbabwe Tourism Authority.
- Zimbabwe Tourism Authority (2013). *Tourism trends and statistics report*. Harare: Zimbabwe Tourism Authority.
- Zimbabwe Tourism Authority, *Statutory instrument 128, 2005, tourism (designated tourist facilities)(grading and standards) regulations, 2005 CAP 14.20*. Harare: Government of Zimbabwe.