

**ADDRESSING THE HOTELS FACILITY AND SERVICE NEEDS OF PERSONS LIVING WITH  
DISABILITIES WITHIN BAUCHI METROPOLIS OF BAUCHI STATE, NIGERIA.**

**Esther O. Adebitan and Job Yusuf**

*Department of Hospitality and Tourism Management. The Federal Polytechnic, Bauchi.*

**ABSTRACT**

*The hospitality industry, by virtue of its legal and operational ethics, is open to and caters for all persons including persons living with disabilities (PLWD). Providing for PLWD however is challenging. This is because specialized facilities and services are required to meet the peculiar needs of this group of persons. The aim of this study was to investigate into the hospitality industry's preparedness in terms of meeting the facilities and services needs of PLWD that may patronize its establishments. Specific objectives of the study included to find out if hotels within Bauchi metropolis have policies in place regarding the welfare of PLWD, to take inventory of the facility and services available PLWD in the hotel establishments; and to establish the adequacy or otherwise of the facilities and services. The study population was all the 37 registered hotels within the metropolis classified as either International, National, Urban, Sub-urban, Rural, or Unclassified. The study sample was made up of the 20 hotels that fall into the international, national and urban classified hotels within the metropolis. These were coded for ethical reasons. A structured questionnaire containing ten questions was used to elicit information from 5 respondents each from the hotels and who are heads of departments in the hotels. Study findings reveal that hotel establishments within Bauchi metropolis do not have policies, facilities or services provision in place to meet the needs of PLWD, and that the few facilities available are inadequate. The study recommends enlightenment and adequate training for hotel proprietors and staff on the need for inclusion of the facilities and services special needs of PLWD in their policies in order to not only encourage PLWD feel welcome in the hotels but also harness resources that will accrue from providing such facilities and services for the overall development of the hospitality industry and the nation at large.*

**Keywords:** *Disability, Hotel, PLWD, Policy, Facility*

**INTRODUCTION**

Disability as defined by Ingstad and Whyte (1995) is a physical or mental impairment that limits (or perceive to limit) one or more major life activity of a person with such an impairment. According to world health organization (WHO) (1976), disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being. Although, its form and intensity differ, disability is a common phenomenon in human society as every society no matter its level of development, have individuals who cannot live a meaningful and independent life without support because of impairment in their anatomy.

disabilities are coursed by number of factors most of which are very difficult to overcome, The causes of disability as reviewed by World Health Organization (WHO) Action plan, (2006-2011), can be traced to illness, accident, congenital abnormality and judicial process; as types of disabilities suffered by persons with disability (PLWD) include, physical; handicap, deafness or hearing impairment, blindness or visual impairment, speech defect and intellectual disability. Other forms of disability are cerebral palsy, autism among others.

This is buttressed by a publication of the Federal Ministry of Women Affairs and Social Development (FMWASD, 2011) which stated that, although persons with disability have indeed gained global attention in that they constitute a social group that is vulnerable to social discrimination. Effort should be made to meet the needs of these groups of people so as to reduce the stigma and discrimination. Unlike any other person, people with disability have special needs or require special attention due to their inability to

function or act like every other person for example, in term of a physically disabled person, (that is, a crippled person in a wheelchair) who visits a hotel using the wheelchair, will require ramp to aid in moving up and down elevated areas where staircases are used.

According to WHO (1976), disability is a common phenomenon in human society, as every society no matter its level of development have individual who cannot live a meaningful and independent life without support because of impairment in their anatomy. FMWASD (2011) further explained that disabilities are caused by number of factors most of which are very difficult to overcome therefore effort should be made to meet the needs of these set of people. While UNFPA (2008) gave an estimate of above 150 million populations of Nigerians said to have one form of disability or the other.

With this overwhelming population of persons with disability, there is a prevailing challenge on how the facilities and services needs of these set of people can be met in the hotel establishment. The hospitality industry is an industry that is expected to provide maximum satisfaction to all its guest as Andrews (2007) defined hospitality industry as an industry that provide food, drink, and sleeping accommodation to people with such needs. The question therefore is, do person with disability get maximum satisfaction from the treatment they get at the hospitality industries?

This aim of this study was to investigate into the hospitality industry's preparedness in terms of meeting the facilities and service needs of persons living with disabilities that may patronize its establishments. Specific objectives of the study included; to find out if hotel establishments have policies in place regarding the welfare of persons living with disability in hotel establishment within Bauchi metropolis; to take inventory of the facility and services available to persons with disability in the hotel establishment within Bauchi metropolis; and to establish the adequacy or otherwise of the facilities and services for persons with disability in the hotel establishments.

### **LITERATURE REVIEW**

Disability as defined by Wilson (2005) is the state of existence whereby strength, activeness, speed, endurance or courage are challenged or affected. The World Health Organization (WHO) defined disability as physical, corrective, mental, emotional, developmental, or some combination of these being impaired. Based on these definitions, disability is seen as umbrella term covering impairment, activity limitation and participation restriction, a complex phenomenon reflecting on interaction between features of a person's body participation restriction, a complex phenomenon reflecting on interrelation between features of a person's body and features of the society in which he or she lives.

Disability can be viewed in different models two of these as explained by Kaplan (2011) include the Social Model and the moral model. The social model is the model of disability which sees the issue of disability as a socially created problem and a matter of the full integration of individual in to society. In this model, disability is said not to be an attribute of an individual, but rather a complex collection of conditions many of which are created by the social environment. Hence, the management of the problem requires social action and it is a collective responsibility of the society at large to make the environmental modifications necessary for the full participation of people with disability in all area of social life (research gateway ac. nz).

The moral model disability is referred to as a bad action of parents if congenital or as a result of practicing witchcraft if not, then the attitude of religious fundamentalist offshoot of the original animal roots of human beings when humans killed anybody that could not survive on its own in the wild.

### **Types of disabilities**

Disability is caused by impairment to various subsystem of the body. When most people think of the word "disability" they immediately pictures someone in a wheelchair, but there are many different types of disabilities which have been categorized differently by different literatures. The world health organization (Geneva, 1980) categorized disability into; Sight: - visual impairment/degree of blindness; Hearing: - hearing impairment/degree of deafness Speech: - speech impairment/degree of dumbness; Mobility: - physical challenges (quite wide range) Learning: - mental retardation; Psychiatric problems: - mental disorder; Albinism: - color abnormality.

According to Kaplan (2011) categorized disability into Physical disability, Sensory disability (Visual impairment, Hearing impairment, Olfactory, gustatory impairment, Somato sensory impairment),

Balance disorder, Intellectual disability, Mental, health and emotional disability, Developmental disability, Non visible disability, The emotional and or behaviorally disorder, Children with learning disabilities, The mental retarded children, The physically handicapped children, The gutted talented children and The multiply handicapped.

### **Physical disability**

Physical disability is the term used to define a restriction in the ability to perform a moral activity of daily living which someone of the some age is able to perform due to inability to move part of the muscles or the whole of it (John, 2012). For example, a three year old child who is not able to walk, has a disability because a normal three year old can walk independently. “Physical disabled” is used to refer to a variety of handicapped individual such as the medically handicapped, the crippled, the physically impaired, the moto-impaired and the neurologically impaired which should include autistic children.( Mba 1992)

### **Sensory disability**

Sensory disability is impairment of one of the senses. The term is used primarily to refer to vision and hearing impairment However, other senses can be impaired example of which is olfactory and gustatory impairment and somato sensory impairment (Kaplan, 2011).

### **Visual impairment**

Visual impairment (or vision impairment) is visual loss (of a person) to such a degree as to qualify for an additional support need through a significant limitation of visual capability resulting from either disease, trauma or congenital or degenerative conditions that cannot be corrected by conventional means such as refractive correction medication, or surgery (Artite and Roseinthal, 1998). Visual impairment according to Gadwall (1997) is the functional loss of vision which is coursed by brain and nerve disorder in which case it is termed. It is therefore said that, there is no single definition of visual impairment” as expert in this area have however maintained that there are generally three ways in which the definition of visual impairment can be approached namely: medically or legally occupationally and educationally (Telford and Sorwray, 1967). Medically visual impairment is the consideration of the visual problem of an individual from the point of view of his or her visual acuity, field of vision and color vision.

### **Hearing impairment.-**

Hearing impairment or hard of hearing or deafness refers to conditions in which individuals are fully or partially unable to detect or perceive at least some frequencies of sound which can typically be heard by most people. Mild hearing loss may sometimes not be considered a disability. Hearing impair or deafness therefore is a partial or total inability to hear (Encyclopadia Britanica inc, 2011). Hearing sensitivity is indicated by the quietest sound that an animal can detect, called the hearing threshold. A hearing loss exists when an animal has diminished sensitivity to the sound normally heard by its species. In human, the term hearing impairment is usually reserved for people who have relative insensitivity to sound in the speech frequencies. The severity of a hearing loss is categorized according to the increase in volume that must be made above the usual level before the listener can detect it. In profound deafness even the loudest sound that can be produced by an audiometer may not be detected. The total deaf comes after profound deaf.

### **Speech impairment**

Speech impairment is the inability to produce meaningful sound due to reasons such as hearing loss, disorder, brain injury, mental retardation, drug abuse, physical impairment such as cleft lip and palate, and vocal abase or misuse” (Pinto *et al* 2004); problems in producing the sounds of speech or with the quality of voice, where language disorder are usually an impairment of either understanding words or being able to use the words and does not have to do with speech production (Scott, Donall and Sereno, 2012) speech impairment according to <http://www.washington.edu>, is an impaired ability to produce speech sound and may range from mild to severe. It may include an articulation disorder, characterize by omissions or distortion of speech sounds: a fluency disorder, characterized by abnormal pitch, volume, resonance, vocal quality or duration.

### **Sociology of disability**

People may be disability by physical, intellectual, or sensory impairment, medical conditions or illness may be permanent or transitory in nature. Different expressions are used when referring to persons with

disabilities; example of such is, the term differently able person indicating that disabilities is not perceived as a deviation from the norm. The term “disabled person” might be misinterpreted to imply that the ability of the individual to function as a person has been disabled. This guide uses the term “people with disability” which is consistent with the language used by the United Nations (UN). Many people would rather be referred to as persons with a disability instead of handicapped or disabled.

Impairment is the correct terms to use to define a deviation from normal, such as not being able to make a muscle move or not being able to control an unwanted movement. Handicap is the term used to describe a child or adult who, because of disability, is unable to achieve the normal role in society commensurate with his age and socio-cultural milieu. The American Psychological Association style guides states that, when identifying a person with an impairment, the person, name or pronoun should come first, and description of the impairment disability should be used so that the impairment is identified, but is not modifying the person, improper examples are “a borderline,” “a blind person,” or “an autistic boy” more acceptable terminology includes “a woman with down syndrome” or “a man who has schizophrenia” it also states that a person adaptive equipment should be described functionally as something that assists a person, not as something that limits a person. Example is “a woman who uses a wheelchair” rather than “a woman in confined to a wheelchair”. A similar kind of “people first” terminology is also used in the United Kingdom (UK), but more often in the form “people with impairment” example. “People with visual impairment”, however, in the UK. The term “disabled people” is generally preferred to “person with disabilities”.

### **Rights of persons with disabilities.**

Rights of persons with disabilities are the movement to secure equal opportunities and equal rights for people with disabilities. The specific goals and demands are, accessibility and safety in transportation architecture, and the physical environment, equal opportunities in independent living, employment, education and housing, and freedom from abuse, neglect, and violation of patients right. (Wisconsin website). Effective civil rights legislation is sought in order to secure these opportunities and rights (Samuel, 2009) on the 13<sup>th</sup> December, 2006 the United Nations formally agreed on the convention on the right of persons with disabilities”, the first human right treaty of the 21<sup>st</sup> century, to protect and enhance the rights. And opportunities of the world’s estimated 650 million disabled people so that person with disabilities will have equal rights to education employment, and cultural life, to the rights to own and inherit properties, to not be discriminated against in marriage to say a few; to not be unwilling subjects in medical experiments. (ENABLE website UN). The United Nations had in 1976, launched its international year for disabled persons (1981), which was later renamed as “the international year for disabled person,” the United Nations decade of disabled persons (1983-1993) featured a world program of action concerning disabled persons in 1979, Frank Bowe was the only person with a disability representing any country in the planning of international year for disabled persons 1981, but today, many countries have named representatives who are themselves individuals with disabilities. The decade was closed in an address before the general assembly by “Robert Davila” as both bowed and Davila are deaf.

These movements all aim at enforcing the rights of persons with disability, that is why the disability discrimination act (DDA, 1995) which was extended in (2005) state that “it is unlawful for organizations to discriminate (treat a disabled person less favorably for reasons related to the person’s disability, without justification) business make reasonable adjustment “to their policies or practices, or physical aspect of their premises, to avoid indirect discrimination” (DRC-GB.Org).

### **Facility and Service Needs for Persons with Disability**

Facility according to Oxford dictionary is quality which makes learning or doing things easy or simple. In other words, it is seen as aid or circumstances which make it easy to do things. While needs on the other hand is seen as requirement: something felt to be necessary or essential.

As such, facility needs for persons with disability as “requirements that are essentially necessary to aid or make it easy for persons with disability to function or operate”. The Disability Social History Project (DSHP) states that, assistive technology is a generic term for device and modifications that help overcome or remove a disability. The first recorded use of the use of prosthesis dates to at least 1800BC, the wheelchair dates from 17<sup>th</sup> century, the curb cut is a related structural renovation. Other examples are

standing frames, Text Telephone, accessible keyboard, large print, Brailles, and speech recognition software. People with disability often develop personal or community adaptations such as strategies to suppress tics in public (for example, in tourette's syndrome) or sign language in deaf communities. It further explained that, assistive technology or intervention is sometimes controversial or rejected. For example in the controversy over cochlear implant for children, but stated that, various organizations have formed to develop software and hardware to make computer of which include, voice finger, smart box AT's, the grid, freedom Scientifics JAWS, the free and open source alternative orca etc. these technologies have been specifically designed for people with disabilities while other software and hardware such as nuance's pregon naturally soaking, where not specifically developed for people with disabilities but can be used to increase accessibility. The LOMAK keyboard was designed in New Zealand specifically for persons with disabilities. The internet is also used by disability activities and charities to network and for their goals.

Services and facilities for the hearing impaired according to extraction from the internet include

- **TTY terminals for telephones**
- **Video relay services**
- **Closed captioning on television**
- **Sign language interpretation**
- **Oral transliteration**

(TDD) telecommunication for the deaf ([Http://www.acf.hhs.gov/programs/add/index.html](http://www.acf.hhs.gov/programs/add/index.html))

In the aspect of physical disability, mba (1987) stressed that physically disabled persons can be managed. Further explaining that in other to reduce the problems of the physically handicapped persons, the following facilities need to be created within their environment:

- Provision of hazards free environment
- **Provision of ramps in public buildings, organization and walk ways. Figure 12**
- **Provision of sizeable doors for people using wheelchair and lifts that can contain a wheelchair or two. Figure 13 &5**
- **Brailles in strategic locations for the blind. Figure 8 & 9.**
- **Provision of friendly toilets and bathroom for the disable. Figure 10**
- **Hand rail at the edge of stairs. Figure 11**

## **RESEARCH METHODOLOGY**

The study area for this project was Bauchi Metropolis The study population was all the 37 registered hotels within the metropolis classified as either International, National, Urban, Sub-urban, Rural, or Unclassified. The study sample was made up of the 20 hotels that fall into the international, national and urban classified hotels within the metropolis.

The major instrument used for this research work was questionnaire which was targeted toward assessing the adequacy or otherwise of the facilities and services for persons who are blind, deaf and dumb, and crippled. The structured questionnaire containing ten questions was used to elicit information from 5 respondents each from the hotels and who are heads of departments in the hotels. The departments included the reception, housekeeping, restaurant, bar and administration. These were included in the study

because they were the ones involved in policy formulation in the organizations. The data collected were analyzed using frequency, distribution and percentages. These were presented in a tabular form.

### DATA PRESENTATION AND ANALYSIS

Table 1. Facilities and Services preparedness of hotels for PLWD

Question	Response Yes (%)	Response NO (%)
Do you have any provision regarding facilities and provision of services to People Living With Disabilities (PLWD) in your organizational policy?	2 (10)	18 (90)
Do you know types of facilities PLWD require in a hotel?	5 (25)	15 (75)
Do you have the ability to provide special services to PLWD such as 1. Sign language 2. Wheelchair assistance 3. Other (please state)	1 (5)	19 (95)
Does your department have any special facilities for PLWD such as a) Ramp b) Wheelchair c) Brail d) Special toilet Others	2 (10)	18 (90)
Have you ever received any training on how to attend to PLWD in the following areas? a) Physically disabled b) Virtually impaired c) Hearing impaired d) Other	2 (10)	18 (90)

The data presented on the Table above is an indication that hotel establishments are not ready for PLWD going by the 90% negative response to whether or not they have provision for PLWD. This is not unconnected with the fact that majority of the staff are untrained in the area of catering for PLWD. Adequate knowledge of persons with disability needs is necessary for staff at hotel establishment and that can be achieved through training so that persons with disability can be better sited and properly served as that will bring satisfaction for persons with disability. Every employee in the hotel establishment should be at their best behavior regardless of unit, rank or responsibility, they are expected to exhibit attributes such as politeness, good sense of communication, friendliness and always smile. Andrews, (2007). Gearheart and Weishhn (2001) explained that, love and patience which will help in knowing the needs of people with disability.

Facilities for persons with disability include taking calculator, taking books, brails, guide dog, white cone, terminal for telephone, TTY, oral transmission, telephone communication device for the deaf TDD, closed caption on television, video relay service, hazard free environment, ramp in public buildings and walkways, wide doors and lifts for wheel chair, and services such as sign language, lip-reading, finger spelling along side with love, core, patience, understanding and enough time and attention. (Georheart and Weishahn, 1999; Ozoji; 1993;)

### Conclusion

From the foregoing, this study concludes hotel establishments within Bauchi metropolis do not have policies regarding meeting the need of persons with disability, that the hotel establishments do not have adequate facilities and services for persons with disability and that hotel staff do not have knowledge of facility and service for persons with disability.

### Recommendation

**Based on the findings this research work, recommend that;**

- 1. In conformity to the disability discrimination act (2012), Hotel establishment should employ or train their staff on the knowledge of person with disability needs and how to serve them properly.**
- 2. Hotel establishment should introduce services such as sign language finger spelling, lip reading and other related services.**
- 3. Hotel establishment should make policies for meeting the needs of persons with disability and implement them effectively.**

**REFERENCE**

- Agarwal R. (1997.). Prevention of visual impairment, British Journal of optometry and dispensing
- Arditi A. Rosenthal B. (1998). Developing on objective definition of visual impairment, vision 96international law vision Madrid Spain
- Bonnie, G et, al (2005). Gendering Disability, the Pennsylvania State University
- Cerebral palsy: a guide for care (retrieved 2007)
- Encyclopedia Britannica (retrieved 22 Feb. 2012)
- FMWASD (2011). Report of the National Baseline Survey on Persons With Disability (PWDs) in Nigeria, by Millennium Development Goal (MDGs) office & National Bureau of Statistic.
- Gearheart B. & wershland J. (1979). introduction to special education; Bosteon Mifflin company lanfock and Taylor
- Gillan R. et al (2000). Communication sciences and disorder: from science to clinical practice : Jones & Barthtt learning.
- Ingstad, B & Whyte S. (1995). *Disability and Culture*. Berkeley: University of California Press.
- John T. (2012). Physical disability: Califonia State University Northridge
- Kaplan D. (2011) disability model. World institute of disabilities
- Kirk, S. A. (1975). educating exceptional children 3<sup>rd</sup> edition Boston; Houghton Mifflin
- Klares, M. Mckee B. e-book Current Diagnosis \$ treatment in Otolargenqology: head and Neck surgery, (land womi, Anilkedn)
- Kneigel L. (1998). Flying solo, Boston press
- Lieu, J (2004). Speed – language and educational consequences of unilateral learning losses in children.
- Mba O. (1982.) Current and future trends of special Education in Nigeria new Jersey: Engle wail
- Smith T. (2012). A new and Emerging Model on disability New Jersy: Rutgers University press.
- UNFPA (2008). *Endline/Baseline Survey Report Writing Workshop in collaboration with 23 States of Nigeria*, 28 March – 7th April, 2009, Chida Hotel, Abuja, Nigeria
- World Health Organization, (WHO, 1976). Document A29/INFDOCI/I, Geneva,s Switzerland, union of the physically impaired against segregation. Fundamental principles of disability, London.
- Wilson D. (2005). Special correctives principles and methods. New Jersey: practice-hall inc.
- World Health Organization (Geneva, 1980). International classification of impairment disabilities and handicaps: A manual classification relating to the consequences of disability.
- Wilson D (2001). Receptive field in piriform contex. Chemical sense the united states department of health and human services (2012) mental health, report of the surgeon general.