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IMPACT OF SPORT TOURISM ON THE HOST COMMUNITY: A CASE STUDY OF NIGERIAN UNIVERSITIES' GAMES

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Abstract

The study investigated the tourism impact of NUGA (Nigerian University Games Association) on the host community of Obafemi Awolowo University, Ile – Ife, Osun State, Nigeria which hosted the 24th edition of the games between 11th February and 22nd February, 2014. Research methods involved in gathering data were participant observation, interview and questionnaires. The questionnaires were used to elicit information from one hundred and ninety – four respondents who were selected by simple random technique. The event featured fifteen games and more than 7,000 athletes and officials from over 60 universities participated in the biennial games. The study specifically identified the benefits of hosting NUGA games by the University, determined the negative effects of the event and established the residents' perception of sport tourism. The study also identified the motivating factors for hosting sport tourism event and this include: conducive weather condition, support from government and sponsors, economic gains, community prestige, hospitality of residents, security and availability of sporting facilities, fund, accommodation and social infrastructures. Four hypotheses were tested, conclusions were drawn and necessary recommendations towards attaining and sustaining the goals and objectives of NUGA were offered.

Key words: Sport Tourism, Impact, NUGA, Host Community

Introduction

The first connections between sport and tourism emerged in the early mid – nineteenth century A.D. with English competitive sports as a central pillar of modern western sports (alongside German exercises and Swedish gymnastics). Standeven (1994) dated the first connections between sport and tourism to the year 1827. It is debatable, however, whether this connection can really be attached to a particular year. Pigeassou et al. (1998) located the connection between tourism and sport in the emergence of alpine winter – sports in the nineteenth century, but assumes the autonomy of the sport tourism domain to be only since the 1950s. Standeven and De Knop (1999) also provided that forms of sport tourism may be dated back to the times of the ancient Greeks. Weed and Bull (2009) defined sport tourism as a social, economic and cultural phenomenon developed from the unique interaction of people, place and activity. Sport tourism is one of the largest and fastest – growing segments of the travel and tourism industry and one that is receiving increased attention for its social, environmental, and economic development and opportunities (Standeven and De Knop 1999). It is widely understood that major sporting events contribute significantly to the economic development and tourist traffic in a city or region where the sporting takes place (Higham, 1999, Turco et al., 2003). Sport tourism is a vital component of the marketing mix for tourist destinations (Getz, 1997, Gibson, 1998). Gibson (1998) described sport tourism as leisure-based travel which takes person(s) outside their usual environment for the purpose of watching, participating (in physical activities) or adoring attractions associated with physical activities.

History of Nigerian University Games Association (NUGA)

The association was founded in 1965 and the first game was held in the following year (1966) at the University of Ibadan (the premier university in Nigeria). The game association was formed by Nigerian first generation universities which are five in number, these are; University of Lagos, Akoka, Ahmadu Bello University, Zaria, University of Nigeria, Nsukka, University of Ibadan, and University of Ife (now Obafemi Awolowo University). NUGA has fifteen (15) approved sporting activities. These are; track and field, badminton, basketball, hockey, chess, cricket, judo, soccer, squash, table tennis, tae Kwando, lawn tennis, volley ball, swimming, and hand ball. NUGA has gone beyond bothers. In 1970, NUGA became a member of World Federation of Universities Games Association and has continuously taken part in the World University Games and other activities of the Federation since then. When all African Universities' Games' Association was founded in 1974, NUGA was a founding member. The major objectives of NUGA include; promotion of friendship through participation in sporting activities among University students in Nigeria, development of sports facilities in Nigerian Universities, and enhancing the development of sports in Nigeria through contribution of elite athletes from University sports competitions to the national teams. The main purpose of setting up NUGA was to create an atmosphere of friendly interaction among universities in Nigeria. This highly welcome goal is expected to unite all Nigerian universities for peaceful co – existence. Ojeme (2010) enumerated purpose of sports development in Nigeria as physical fitness for all, self-actualization, improvement of international relations,

promotion of friendship, provision of employment, youth mobilization, promotion of recreation and competitive sports, promotion of women sports etc.

Statement of the Problem

Various studies have been carried out by different researchers in the area of impact of sport tourism event on the host community. These studies have identified and classified economic impact of sport tourism to include: provision of temporary and permanent jobs, increasing cash flow in the community within and sometimes beyond the period of the event, improving standard of living, attracting new investments to host community and encouraging local entrepreneurship. Social benefits of sport tourism event documented in the literatures includes: sense of pride, entertainment, family and community cohesion, self – actualization and provision/improvement in infrastructural facilities. Environmental benefits pointed out in earlier studies include: the provision of incentives for the conservation of natural resources and provision/maintainance of infrastructures such as recreational parks, sporting facilities, car parks, road etc. However, all these benefits have not come without their costs. From previous studies, negative effects such as forceful relocation of residents to accommodate tourists, crowding, hooliganism, crime, consumption of hard drugs, disruptions of the normal life of the local people, increased rents and tax rate were all identified as negative effects of sport tourism on host communities. A good example is Sydney 2000 Olympics where the cost of living soured immediately it was announced to host the 2000 Olympics. Also, the impact of sport tourism on the environment can be negative as a result of clearing of trees, building ski huts thereby increasing waste and carbon emission, traffic congestion, built-up construction areas, noise pollution, light pollution and overcrowding. However, these previous studies have used mega sport tourism events such as FIFA World Cup and Olympics to examine the impact of sport tourism event on the host community, hence the essence of this study, to ascertain the degree of conformity or otherwise of these previous research findings to what obtains when an event involving a segment of a population of a nation is involved such as the Nigeria University Games (NUGA). It is also significant to study the peculiarities of sport tourism event of this magnitude.

Objectives of the Study

Haven hosted the 24th edition of NUGA games between 11th and 22nd of February in 2014; the main objective of this study was to examine the tourism impact of Nigerian University Games on Obafemi Awolowo University. The specific objectives were to:

i. identify the benefits of hosting sport tourism event by Obafemi Awolowo University,
ii. identify the negative effects of sport tourism on the host community,
iii. investigate the residents' perception of sport tourism, and
iv. identify the motivating factors for hosting sport tourism event.

Research Questions

The research questions formulated to guide this study include the following:

i. What are the benefits of hosting sport tourism event by O.A.U.?
ii. What are the negative effects of hosting sport tourism event by the university during 2012/2013 academic session?
iii. How do residents perceive sport tourism?, and
iv. What are the motivating factors for hosting sport tourism event?

Methodology

The research design that was adopted for this study was a descriptive survey which falls within the empirical research methodology and which aims at fact-findings. This approach is appropriate in collecting the necessary information required for this study, which is an in-depth inquiry into the evaluation of the impact of sport tourism on the host community.

Data Collection, Population and Sampling Techniques

The target population for the study consists of residents of Obafemi Awolowo University. Among the residents are people of various socio – economic class. These include: lecturers, administrators, technologists, clerical staff, technicians, students, traders, artisans etc. whose offices, residence or businesses are located within the University. A simple random sampling technique was used to select the respondents that were involved in the study. A total number of two hundred questionnaires were administered but one hundred and ninety – four were recovered for analysis. Key informant interview and observation method of data gathering were also employed during the course of this study.

Results and Discussion:

i. On the arrival of the tourists, there was a chaos due to the refusal of the students of Obafemi Awolowo University to willingly surrender their accommodation for the use of the tourists, and if not for the fact that the students' union was under proscription and that the students were just resuming after a long break due to ASUU (Academic Staff Union of Universities) strike, this problem might be difficult to resolve. This finding is in support of the submissions of Andriotis (2005) who asserted that the hospitality of the local community is vital to the tourism industry and that of Murphy (1985) who stated

that 'if the host community is antagonistic to visitors, no amount of attractions will compensate for the rudeness or hostility'.

ii. Sport tourism embraces some elements of cultural tourism. On the day of the opening ceremony, all the contingents (the participating Universities) match past the high table where dignitaries were seated and around the sporting arena to register their presence. Majority of the participating Universities were in traditional attires of their geographical locations and some delegates displayed the dancing steps of their localities. This observation is in consonance with that of Ifeanyichukwu (2013) who stated that "at the opening and closing ceremony of the 17th National Sports Festival held in Rivers State, Nigeria between 3rd and 10th July 2011, athletes from different states showcased their popular pattern of dressing.

iii. There was a period of time when the officials stopped the games and went on strike. Investigation revealed that they were protesting non – payment of their entitlements. This did not go down well with many tourists who had come to relax and enjoy the games.

iv. Local Organizing Committee allotted spaces to the interested members of the host community at the rate of twenty thousand naira (#20,000) per space in the proposed market for the event. The problems that ensued from this were that; the spaces were small, the market was sighted about 500 metres to 1 kilometers away from the sporting arena and ultimately, the hawkers were getting the market while the accredited sellers witnessed low/no patronage. At the end of it all, the market was relocated close to the sporting arena. Therefore, people who have the experience of organizing event of this nature should make up a larger percentage of the organizing committee.

Plate 1: Cultural Performance during the event

v. **Key Informant Interview** with Agboola (2014), who is a resident of the host community revealed that the legacy of the 2014 NUGA games hosted by Obafemi Awolowo University is not satisfactory when compared with the legacy of the previous editions hosted by the same University. He stated that the legacies of the recent edition include an Olympic size swimming pool and a tartan tract for athletics which are beneficial only to sport loving members of the host community rather than the previous edition that lead to the building of two hostels; Angola Hall and Mozambique Hall that have served and still serving all students. This interviewee's opinion corroborates that of the Andriotis (2005) who stated that destination should be developed according to host community needs. In this case, according to the interviewee, hostel is a more pressing need for the University (above 60% of the students reside outside the school) rather than the capital intensive sporting facilities.

vi. **Interview** with the foreigner tourists sighted during the event (plate 2 below) revealed that if well panned and organized, NUGA has the potential of attracting international tourists.

Plate 2: foreigner tourists sighted during the games. Photograph by the researcher: T.G. Yusuf (2014)

Table 1: Distribution of Respondents by Socio – Economic Characteristics

n = 194

Characteristics	Frequency	Percent
Sex		
Male	118	60.8
Female	76	39.2
Age (Years)		
19 – 40	149	76.8
41 and above	45	23.2
Religion		
Islam	90	46.4
Christianity	103	53.1
Others	1	0.52
Tribe		
Yoruba	159	82
Hausa	8	4.1
Igbo	24	12.4
Non – Nigerian	3	1.5
Marital Status		
Single	142	73.2

Married	47		24.2	
Others		5		2.6
Number of Children				
None		144		74.2
1 – 4		41		21.1
5 and above		9		4.6
Level of Education				
None		4		2.1
Primary	9		4.6	
Secondary		12		6.2
Tertiary	169		87.1	
Type of Work				
Students	119		61.3	
Civil Servants		57		29.4
Traders	14		7.2	
Artisans	3		1.5	
Farmers	1		0.5	
Monthly Income				
Less than #20,000		108		55.7
#21,000 - #50,000		38		19.6

#51,000 and above	48	24.7
Social Organization		
Yes	105	54.1
No	85	43.8

Source: Field Survey, 2014

Data in table 1 showed the socio – economic status of the respondents. The table revealed that 60.8% of the respondents were males and 39.2 % were females, 76.8% aged between 19 – 40 years and 23.2 % aged between 41 years and above. Majority (82%) of the respondents were of Yoruba tribe, 12.4% were Igbo, 4.1% were Hausa while just three (1.5%) were Non – Nigerians, 46.4% were Muslims, 53.1% were Christians while one respondent did not belong to any of the two major religions in Nigeria. Also, 73.2% were single, 24.2% were married, 74.2% had no children, 21.1% had between I – 4 children and just 4.6% had 5 children and above. A survey of the educational background of the respondents revealed that 87.1% had tertiary education, 6.2% had secondary education, 4.6% had primary education and four (2.1%) of the respondents had no formal education. Majority (61.3%) of the respondents were students, 29.4% were civil servants, 7.2% were traders, 1.5% were artisans and just one respondent (0.5%) was a farmer. An inquiry into the monthly income of the interviewees showed that 55.7% earned #20,000 and below, 19.6% earned between #21,000 and #50,000 and 24.7% earned #51, 000 and above. Lastly, while 54.1% of the respondents belonged to social organizations, 43.8% did not belong to such organizations. These findings showed that the respondents randomly selected for this research were of diverse socio – economic status.

Table 2: Distribution of Respondents by Perception of Sport Tourism

Statements on Perception	**Strongly Agree Freq(%)**	**Agree Freq(%)**	**Undecided Freq (%)**	**Disagree Freq(%)**	**Strongly Disagree Freq (%)**	**Mean**
The cost involved in sport tourism does not worth it.	17 (8.8)	18 (9.3)	18 (9.3)	63 (32.5)	78 (40.2)	2.14
Sport tourism increases crime rate.	11 (5.7)	34 (17.5)	19 (9.8)	59 (30.4)	71 (36.6)	2.25
Sport tourism encourage social vices	18 (9.3)	41 (21.1)	26 (13.4)	68 (35.1)	41 (21.1)	2.50
It increases the cost of living.	17 (8.8)	58 (29.9)	40 (20.6)	47 (24.2)	32 (16.5)	2.50
It causes traffic	33 (17.0)	72 (37.1)	31 (16.0)	33 (17.0)	25 (12.9)	3.29

congestion, noise and pollution.						
It disrupts the normal activity of the host community.	30 (15.5)	65 (33.5)	31 (16.0)	36 (18.6)	32 (16.5)	3.13
Construction of sport tourism facilities destroys the natural environment.	25 (12.9)	40 (20.6)	23 (11.9)	55 (28.4)	51 (26.3)	2.50
Its benefits far outweigh its cost.	55 (28.4)	60 (30.9)	40 (20.6)	21 (10.8)	18 (9.3)	3.78
It improves resident's standard of living.	66 (34.0)	69 (35.6)	33 (17.0)	23 (11.9)	3 (1.5)	3.87
It provides seasonal employment opportunities.	97 (50)	67 (34.5)	19 (9.8)	8 (4.1)	3 (1.5)	4.27
It promotes local entrepreneurship.	92 (47.4)	77 (39.7)	15 (7.7)	7 (3.6)	3 (1.5)	4.44
It is a good opportunity to showcase the culture of the host community.	110(56.7)	62 (32.0)	14 (7.2)	7 (3.6)	1 (0.5)	4.41
It facilitates provision, maintenance and improvement of social infrastructures.	100(51.5)	66 (34.0)	20 (10.3)	4 (2.1)	4 (2.1)	4.31
It stimulates the provision and development of existing sporting facilities.	101(52.1)	63 (32.5)	13 (6.7)	7 (3.6)	10 (5.2)	4.23
Attending sport tourism event is a complete waste of time.	19 (9.8)	19 (9.8)	21 (10.8)	48 (24.7)	87 (44.8)	2.15
It disrupts academic calendar.	35 (18)	64 (33.0)	32 (16.5)	38 (19.6)	25 (12.9)	3.20

Source: Field Survey, 2014

Data in table 2 showed the distribution of respondents on how they perceive sport tourism. Findings showed that majority of the interviewees agreed that: sport tourism promotes local entrepreneurship (mean = 4.44), it is a good opportunity to showcase the culture of the host community (mean = 4.41), it facilitates the provision, maintainance and improvement of social infrastructures (mean = 4.31), it stimulates the provision and development of existing sporting facilities (mean = 4.23), it provides seasonal employment opportunities (mean = 4.27), it improves residents' standard of living (mean = 3.87), its benefits far outweighs its costs (mean = 3.78), it disrupts academic calendar (mean = 3.20), it causes traffic congestion, noise and pollution (mean = 3.29) and that it disrupts the normal activities of the host community (mean = 3.13). While majority of the respondents were neutral about sport tourism increasing the cost of living (mean = 2.50), encouraging social vices (mean = 2.50) and that construction of sport tourism facilities destroys the natural environment (mean = 2.50), majority also disagreed that it increases crime rate (mean = 2.25), attending sport tourism events is a complete waste of time (mean = 2.15) and that the cost involved in sport tourism does not worth it (mean = 2.14). Since the common opinion of the respondents involved in this study were neutral about sport tourism event leading to general increase in prices of commodities and that it causes traffic congestion, noise and pollution. Hence, these results are in line with the findings of Nancy and Craig (2010) who also concluded that sport tourism event does not lead to these problems. However, this could be due to the fact the events involved in both studies were not mega in nature.

Table : Distribution of Respondents by Impact of Sport Tourism

Impact of Sport Tourism	**Strongly Agree Freq (%)**	**Agree Freq (%)**	**Undecided Freq (%)**	**Disagree Freq (%)**	**Strongly Disagree Freq (%)**	**Mean**
It distorts the pristine culture of the host community.	27 (13.9)	19 (9.8)	31 (16.0)	75 (38.7)	42 (21.6)	2.50
It promotes host cultural activities.	79 (40.7)	79 (40.7)	21 (10.8)	8 (4.1)	7 (3.6)	4.16
It provides opportunity to attend interesting event.	101(52.1)	71 (36.6)	17 (8.8)	3 (1.5)	2 (1.0)	4.37
It is an opportunity to have fun with family and friends.	102(52.6)	71 (36.6)	14 (7.2)	5 (2.6)	2 (1.0)	4.37
It establishes the host cultural identity.	95 (49.0)	71 (36.6)	17 (8.8)	6 (3.1)	5 (2.6)	4.26
It increases entertainment opportunity for the residents.	106(54.6)	70 (36.1)	12 (6.2)	3 (1.5)	3 (1.5)	4.41

It provides opportunity to meet new people.	124(63.9)	52 (26.8)	13 (6.7)	3 (1.5)	2 (1.0)	4.51
It makes residents feel good about themselves and their community.	96 (49.5)	70 (36.1)	17 (8.8)	8 (4.1)	3 (1.5)	4.28
It showcases the host community in the positive light.	85 (43.8)	66 (34.0)	32 (16.5)	3 (1.5)	8 (4.1)	4.12
It promotes the development and maintainance of public facilities.	98 (50.5)	71 (36.6)	14 (7.2)	6 (3.1)	5 (2.6)	4.57
It creates temporary job opportunities.	104(53.6)	64 (33.0)	13 (6.7)	10 (5.2)	3 (1.5)	4.60
It increases turn over for businesses.	99 (51.0)	68 (35.1)	16 (8.2)	5 (2.6)	6 (3.1)	4.28
It improves the standard of living of residents who engaged in commodities' supply during the games.	86 (44.3)	74 (38.1)	19 (9.8)	9 (4.6)	6 (3.1)	4.16
It provides incentives for the conservation of natural resources.	63 (32.5)	65 (33.5)	43 (22,2)	17 (8.8)	6 (3.1)	3.84
It improves the provision and maintainance of infrastructures.	92 (47.4)	72 (37.1)	19 (9.8)	6 (3.1)	5 (2.6)	4.24

Unlike in a similar study by Vogt andJun (2004) who discovered that general residents were not as informedabout the different types of tourism segments who visited theirdestination and therefore were not able to offer their opinion on thetypes of impacts they may have, data in table 4 above presents andsummarized the opinions of the respondents on the impact of sporttourism on Obafemi Awolowo University, Ile – Ife. While majority wereneutral (undecided) that sport tourism distorts the pristine culture ofthe host community (mean = 2.50), majority also agreed that: it promoteshost cultural activities (mean = 4.16), it provided opportunity toattend interesting event (mean = 4.37), it was an opportunity to havefun with family and friends (mean = 4.37), it established the hostcultural identity (mean = 4.26), it increased entertainment

opportunityfor the residents (mean = 4.41), it provided opportunity to meet newpeople (mean = 4.51), it made residents feel good about themselves andtheir community (mean = 4.28), it showcased the host community in thepositive light (mean = 4.12), it promotes the development andmaintainance of public facilities (mean = 4.57), it created temporaryjob opportunities (mean = 4.60), it increased turn over for businesses(mean = 4.28), it improved the standard of living of residents whoengaged in commodities' supply during the games (mean = 4.16), itprovided incentives for the conservation of natural resources (mean =3.84) and it improved the provision and maintainance of infrastructures(mean = 4.24). While some of these results agreed with the findings ofNancy and Craig (2010), others supported the earlier work of Ntloko and Swart (2008).Therefore, sport tourism is a veritable tool for opening up,developing, and attracting tourists to a destination considering thefact that the inherent positive impact of such approach far outweighsthe negative impact on the host community.

Plates 3: Family cohesion as a social impact of sport tourism

Table 4: Distribution of Respondents by Negative Effects of Sport Tourism on Host Community

Negative Effects of Sport Tourism	Strongly Agree Freq(%)	Agree Freq(%)	Undecided Freq (%)	Disagree Freq(%)	Strongly Disagree Freq (%)	Mean
It increases crime rate.	23 (11.8)	37 (19.1)	35 (18.0)	52 (26.8)	47 (24.2)	2.51
It causes traffic congestion and parking difficulties.	42 (21.6)	79 (40.7)	29 (14.9)	25 (12.9)	19 (9.8)	3.52
Its development cost is too high.	25 (12.9)	62 (32.0)	44 (22.7)	38 (19.6)	25 (12.9)	3.12
It encourages social vices.	22 (11.3)	52 (26.8)	47 (24 2)	40 (20.6)	33 (17.0)	2.50
It denies residents' access to public facilities.	25 (12.9)	61 (31.4)	40 (20.6)	48 (24.7)	20 (10.3)	3.32
Only few members of the host community benefited.	33 (17.0)	46 (23.7)	37 (19.1)	53 (27.3)	25 (12.9)	3.06
It increases general price level of commodities.	34 (17.5)	64 (33.0)	35 (18.0)	43 (22.2)	18 (9.3)	2.50
It disrupts the lifestyle of residents and cause inconvenience.	35 (18.0)	62 (32.0)	30 (15.5)	43 (22.2)	24 (12.4)	3.21
It creates litter, excessive noise and pollution.	43 (22.2)	76 (39.2)	29 (14.9)	27 (13.9)	19 (9.8)	3.50
Construction of sport tourism facilities destroys the natural environment and causes damage to natural areas.	32 (16.5)	51 (26.3)	29 (14.9)	40 (20.6)	42 (21.6)	2.49

Source: Field Survey, 2014

Table 4 presents the responses of the interviewees on the negative effects of sport tourism on the host community. Data from the table shows that majority agreed that; sport tourism caused traffic congestion and parking difficulties (mean = 3.52), denied residents' access to public facilities (mean = 3.32), disrupted the lifestyle of residents and caused inconvenience (mean = 3.21), created litters, excessive noise and pollution (mean = 3.50), involved high development cost (mean = 3.12) and that only few members of the host community benefited from the event (mean = 3.06). Other tested negative effects on which respondents were neutral include that; sport tourism increased crime rate (mean = 2.51), encouraging social vices (mean = 2.50), increased general price level of commodities (mean = 2.50) and that construction of sport tourism facilities destroyed the natural environment (mean = 2.49). While some of these findings concurred with the conclusion of earlier researchers in this field of study such as; Ntloko and Swart (2008), Nancy and Craig (2010), others were against them. Thus, it could be said that factors characterizing different sport tourism events such as; its nature, organizers, venue, duration, scope, participants etc. may be responsible for these differences.

Table 5: Distribution of Respondents by Motivating Factors for Hosting Sport Tourism

Motivating Factors	**Strongly Agree Freq(%)**	**Agree Freq(%)**	**Undecided Freq (%)**	**Disagree Freq(%)**	**Strongly Disagree Freq (%)**	**Mean**
Conducive weather condition	26 (13.4)	40 (20.6)	116 (59.8)	9 (4.6)	3 (1.5)	3.41
Government support	20 (10.3)	38 (19.6)	124 (63.9)	6 (3.1)	6 (3.1)	3.32
Support from sponsors	33 (17.0)	41 (21.1)	-------	118(60.8)	2 (1.0)	3.54
Economic gains	36 (18.6)	39 (20.1)	116 (69.8)	3 (1.5)	------	3.56
Community prestige	37 (19.1)	37 (19.1)	116 (69.8)	2 (1.0)	2 (1.0)	3.55
Availability of sporting facilities	48 (24.7)	28 (14.4)	115 (59.3)	3 (1.5)	------	3.63
Availability of fund	47 (24.2)	24 (12.4)	119 (61.3)	2 (1.0)	2 (1.0)	3.87
Availability of accommodation	48 (24.7)	31 (16.0)	112 (57.7)	3 (1.5)	------	3.65
Availability of social infrastructures	47 (24.2)	30 (15.5)	114 (58.8)	1 (0.5)	2 (1.0)	3.63
Hospitality of residents	46 (23.7)	27 (13.9)	116 (59.8)	3 (1.5)	2 (1.0)	3.59
Security	55 (28.4)	20 (10.3)	113 (58.2)	3 (1.5)	3 (1.5)	3.64

Source: Field Survey, 2014

This study further added a new thing to this field of study by identifying motivating factors for hosting sport tourism. Data in table 5 presents the outcome of this inquiry. Majority of the respondents agreed that the motivating factors for hosting sport tourism event include the following; conducive weather condition (mean = 3.41), government support (mean = 3.32), sponsors' support (mean = 3 .54), economic gains (mean = 3.56), community prestige (mean =

3.55), availability of sporting facilities (mean = 3.63), availability of fund (mean = 3.87), availability of accommodation (mean = 3.6 5), availability of social infrastructures (mean = 3.63), hospitality of residents (mean = 3.59) and security (mean = 3.64).

Hypothesis One: There is no significant relationship between the socio – economic characteristics of respondents and perception of sport tourism

Table 6: Chi – Square Analysis Showing the Relationship between Socio – Economic Characteristics of Respondents and Perception of Sport Tourism

Variables	χ^2	Df	P – value
Age	165.2	2	0.01
Religion	192.8	2	0.01
Tribe	340.6	3	0.01
Marital status	152.4	2	0.01
Number of children	257.2	3	0.01
Level of education	399.9	3	0.01
Type of work	260.0	4	0.01
Monthly income	443.3	2	0.01
Social organization	585.4	4	0.01

The above chi – square analysis showed a significant relationship between socio – economic characteristics of respondents such as; age (χ^2 = 165.2), religion (χ^2 = 192.8), tribe (χ^2 = 340.6), marital status (χ^2 = 152.4), number of children (χ^2 = 257.2), level of education (χ^2 = 399.9), occupation (χ^2 = 260.0), monthly income (χ^2 = 443.3), participation in social organization (χ^2 = 585.4) and perception of sport tourism. This implies that the various positions occupied by the respondents in the above listed socio – economic status played a significant role in influencing their perception of sport tourism.

Hypothesis Two: There is no significant relationship between socio – economic characteristics of respondents and impact of sport tourism

Table 7: Chi – Square Analysis Showing the Relationship between Socio – Economic Characteristics of Respondents and Impact of Sport Tourism

Variables	χ^2	Df	P – value
Age	165.2	2	0.01
Religion	192.8	2	0.01
Tribe	340.6	3	0.01
Marital status	152.4	2	0.01
Number of children	257.2	3	0.01
Level of education	399.9	3	0.01
Type of work	260.0	4	0.01
Monthly income	443.3	2	0.01 0.01
Social organization	585.4	4	

The chi – square analysis in table 7 above showed a significant relationship between socio – economic features of respondents such as; age (χ^2 = 165.2), religion (χ^2 = 192.8), tribe (χ^2 = 340.6), marital status (χ^2 = 152.4), number of children (χ^2 = 257.2), level of education (χ^2 = 399.9), occupation (χ^2 = 260.0), monthly income (χ^2 = 443.3), participation in social organization (χ^2 = 585.4) and impact of sport tourism on them. This shows that the status of the respondents in relation to their socio – economic features partly dictates the impact of sport tourism on the respondents.

Hypothesis Three: There is no significant difference between male and female respondents' perception of sport tourism

Table 8: Result of t- Test Analysis Showing no significant difference between Male and Female Respondents' Perception of Sport Tourism

Variables	Mean	Standard deviation	T	Df	Mean Deviation	Standard Error	P – value
Male	54.05	8.081				1.245	
Female	53.20	8.986	0.671	193	0.854	1.273	0.50

F = 0.007; Significance = 0.935

Result in table 8 above revealed no significant difference between male (mean = 54.05) and female (mean = 53.20) perception of sport tourism with a t – value of 0.671 at a p – value of 0.05. Thus, it could be generalized that both male and female perceived sport tourism in the same way. However, while Nancy and Craig (2010) reported a noticeable descriptive difference between male and female and support for sport tourism, this study established no significant difference between both male and female perception of sport tourism.

Hypothesis Four: There is no significant relationship between respondents' perception and impact of sport tourism.

Table 9: Pearson Moment Correlation Analysis Showing the Relationship between Respondents' Perception and Impact of Sport Tourism

Variables	Mean	Standard Deviation	Correlation Coefficient (r)	Coefficient of Determinant (r^2)	P – value
Impact of sport tourism	62.71	10.35			
Perception of sport tourism	53.71	8.44	0.157*	0.025	0.05

The correlation analysis in table 9 above showed a significant relationship between respondents' perception of sport tourism (r = 0.157) and the exact impact of such event on the individual at p < 0.05). This implies that the way individuals perceive sport tourism determines the impact of the event on the people socially, culturally and economically.

Conclusion

Sport is an important activity within tourism industry and tourism is a fundamental characteristic of sport (Hinch and Higham, 2001). Glasson and Godfrey (1995) noted that tourism has been argued to be the world's largest industry, accounting for about 5.5% of the world's Gross National Product and 6% of the employment. Tourism is a trillion dollar industry. Sport is a multi-billion dollar industry worldwide and has become a dominant and defining force in the lives of millions of people globally (Martin, 2007). Sports and tourism are distinct but interrelated socio-cultural events and experiences of a society. Available in literatures are the different roles that sport tourism can be deployed for in any host community: it can be used to manage social problems such as criminal behavior. Emery (2002) stated that sport tourism is more than just healthy living,

physical activity and active lifestyle because it contributes to social, economic and cultural character of host nations. Sport tourism is used as a growth strategy adopted by cities in order to achieve strategic corporate objectives such as urban regeneration (Bruce, 1995; in Emery, 2002). Sport-led regeneration of a host community is the way sport is used in regenerating an area economically, socially, physically, and environmentally (Larissa, 2010). A good example of a city which adopted sport tourism as a strategy for urban regeneration is Sheffield, United Kingdom that hosted the World Students Games in 1991.

However, from this study, top in the perceptions of members of host community on sport tourism include that; it promoted local entrepreneurship, it was a good opportunity to showcase the culture of the host community, and that it facilitated the provision, maintainance and improvement of social infrastructures among others positive perceptions, majority also concurred that it disrupted the host university's academic calendar. On the impact of sport tourism on the host community, while majority were neutral (undecided) that sport tourism distorts the pristine culture of the host community, top in the list of impact the event had on the host community include the following; it created temporary job opportunities, it increased turn over for businesses, it facilitated the development and maintainance of public facilities, it improved the standard of living of residents who engaged in commodities' supply during the games, it provided incentives for the conservation of natural resources, it was an opportunity to have fun with family and friends, and it promoted host cultural activities.

A probe into the negative effects of hosting sport tourism in Obafemi Awolowo University revealed that it denied residents' access to public facilities, increased crime rate, encouraged social vices, disrupted the lifestyle of residents and caused inconvenience; created litters, excessive noise and pollution, involved high developmental cost and only few members of the host community benefited from the event. This research also identified the motivating factors for hosting sport tourism event to include; conducive climatic condition, government support, sponsors' support, expected economic gains, community prestige, availability of sporting facilities, availability of fund, availability of accommodation, availability of social infrastructures, hospitality of residents and security. The hypotheses tested showed a significant relationship between socio – economic characteristics such as; age, religion, tribe, marital status, number of children, level of education, occupation, monthly income, participation in social organization and perception of sport tourism at $p < 0.05$. There was also a significant relationship between the above listed socio – economic characteristics at the same listed chi – square values and the impact of sport tourism at $p < 0.05$. A t – test analysis showed no significant difference between male and female respondent's perception of sport tourism with a t – value of 0.671 at a p – value of 0.50. Effort to establish the relationship between respondents' perceptions and impact of sport tourism involved the use of correlation analysis which showed a significant relationship between respondents' perception of sport tourism and impact of the event on the people at $p < 0.05$).

Recommendations

The relevance of hosting a sport tourism event in an attempt to develop a destination cannot be over – emphasized. Sport tourism event is a catalyst for urban renewal, which in turn allow for development of both capacity and destination attraction for tourism. A good example of a city that re- emerged from a sporting event is the Barcelona which hosted the Olympic Games of 1992. During the games, there was a decrease in unemployment levels from 18.4% to 9.6% regionally and 20.9% to 15.5% nationally. In the build up to the games, the city increased its hotel bed capacity by 34.9%, which continued many years after the event. However, in an attempt to ensure that NUGA games offer benefits that are in line with the above listed and judging from the findings of this study, the following recommendations could be useful:

Host University should employ NUGA as a tool for achieving significant goals, rather than mere hosting the games for the fun of it. Such goals should be in line with the pressing needs of the university, goals such as; building students' hostel, constructing or developing sporting facilities, improving social infrastructures among others are worthwhile goals.

- Cultural tourism should be properly integrated into NUGA games. Though it is presently part of the event, but the role it plays is not significant enough. NUGA should be used as another means of promoting culture among the students and other participants.
- This study pointed out that NUGA has the potential of attracting international tourists; hence, the games should be well – promoted towards achieving this objective.
- Federal Government of Nigeria should do the needful to ensure regularity in Nigerian universities' calendar. Incessant strike actions by various unions of university's workers are one of the great obstacles for organizing a memorable NUGA games. The edition of the games involved in this study came up after a six months strike action by the Academic Staff Union of Universities (ASUU).
- People who have experience in organizing the event of this nature which may include experts in tourism, sport, event management among other relevant disciplines should be given opportunity to make up a significant percentage of the Local Organizing Committee (LOC) of NUGA. The reason for this recommendation boiled down to the fact that some lapses which were observed during the 24th edition of NUGA games showed lack of experience on the part of some members of LOC.
- All stakeholders should be properly involved when planning to host NUGA games to avoid any problem that may emanate from neglect of important stakeholders. Students of Obafemi Awolowo University were not properly carried along in planning for NUGA 2014. This led to a problem in which students of the host university did not want to surrender their hostels for the use of the NUGA participants.
- The management of NUGA should strive to always have a smooth and hitch - free event devoid of any challenges. A scene of non – payment of officials' allowances which lasted for hours and during which the games were stopped was observed during this research.

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ECONOMIC INCENTIVES OF NON-HANDICAPPING BUILT ENVIRONMENT

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ABSTRACT

More than 10% of the world population are persons with disabilities either as a result of mental, physical or sensory impairment. Nevertheless, they are legally entitled to the same rights and obligations as all other human beings. However, too often their lives are handicapped by physical and social barriers in the society that hamper their active and full participation. Because of this, thousands, of them in all parts of the globe often face a life that is segregated and debased.

By virtue of citizenship as the rest of the populace, everywhere, the ultimate responsibilities of remedying the conditions that led to the impairment and dealing with the consequences of disabilities rest with the governments. In spite of this, it doesn't deprive individuals from contributing.

In a drive to look at disabilities and related matters from the social perspective – the traditional approach, the study was undertaken to examine the economic benefits of making the built environment accessible to persons with disabilities by focusing on the tourist industry. It concentrated on sites within Stockholm and environ.

The major tasks of the study were to:

- Examine how the business community view persons with disabilities,
- Investigate awareness among decision makers of the market potential of persons with disabilities,
- Examine the strategies of integrating them into the overall market mix and why
- Identifying some profit indicators and constraints posing as major hindrances.

The major findings are:

There is a high level of awareness of the potential market of the persons with disabilities and those who have decided to seize the opportunities are reaping the financial rewards as manifested by increase in accessible rooms, high rate occupancy and the reasonable impact the accessible rooms have on the overall occupancy rate. The major constraints are lack of experts and awareness.

Key words: persons with disability, non-handicapping, built environment, accessibility, disability, universal design, and conventional design.

Introduction

Tourism is a rapidly growing industry. Looking at the world wide picture, tourism nowadays is one of the biggest industries on the planet with international tourism receipts of 27 billion pounds a year in Europe and 130 billion pounds a year world-wide. The worldwide growth representing 12% per annum over the last ten years, and the competition for this valuable growth market is increasingly demanding across all international frontiers, (World Summit on Sustainable Development 2002, Johannesburg, South Africa).

In Europe for example, Britain in particular, the tourism sector is claimed to be extremely large and is certainly one of the key areas for growth over the next few years. It currently employs 1.75 million persons in the businesses. It presents one in every six new jobs created over the last ten years. It is worth 53 million pounds a year and it has brought in 25.6 million overseas visitors to Britain in 1997 with an expectation that this will rise to 27.5 million people in the millennium year, (Tourism Alliance n.d.)

Tourists today are not only content with staying within the confines of a resort hotel compound, being bussed to individual sites and entertained in places that mainly cater for tourists. Instead, tourists are increasingly interested in experiencing the diversity of the holiday environment in all its aspects, including its people, culture, architecture, nature and way of life. This trend will be even more marked as consumers become more informed about the options and entitlements, and more sophisticated and less willing to accept poor quality facilities and services that entail discomfort and stresses. Tourists want access to everything that a city or a country has to offer.

The natural and cultural heritage is a material and spiritual resource, providing a narrative of historical development. It has an important role in modern life and should be made physically,

intellectually and/or emotively accessible to the general public. Therefore, at broader level, the natural and cultural heritage belongs to all.

Persons with disabilities and older persons are a growing group of consumers of travel, sports, and other leisure-oriented products and services. However, for the tourist industry to fully tap this growing market, accessible transportation, resorts, museums, restaurants, shops, hotels, to name a few, are of paramount importance. With regards to physical access, families with young children, who are also becoming part of this increasing tourist market, have similar needs like those of persons with disabilities and elderly persons/senior citizens.

Prevalence of Disability

There are relatively few censuses, surveys, and registration sources of information on disability especially in third world countries, and conceptual and definitional problems abound. However, several attempts have been made to find out roughly how many people in the world are persons with disabilities, what are the main causes and how the disabilities encountered in different countries and regions affects quality of life.

The World Health Organization noted in 1981 that it was impossible to estimate the number of persons with disabilities a more accurately than 10 per cent of the total population, (WHO, 1981, p.10) and the WHO range of 7-10 per cent has often been cited. A higher estimated figure is sometimes used when minor disabilities are included. A 1995 ESCAP paper, noting that the estimated prevalent figure has been the subject of much debate because of differing definitions and the different survey methodologies, concludes that global prevalence is probably lower than the10 per cent estimate, and cites a 1992 UNDP estimate of extensively persons with disabilities in developing countries of around 5 per cent of the population (Helander, UNDP cited in ESCAP, 1995).

Therefore, as a result of this discrepancy, present policies and programmes suffer from an inadequacy of data on persons with disabilities. However, this doesn't mean there are no statistics available. Accordingly the United Nations estimated figure 5000 million persons with disabilities, is confirmed by the results of surveys of segments of population, and with the observations of experienced investigators, (World Health Organisation International classification of functioning Disability and Health Geneva: WHO, 2001).

There is a wide variation in the estimated disability rates reported by the developed and developing countries. The variation depends, to a large extent, on the definition of the disability used. The types of disabilities range from hearing, vision and mobility impairment to intellectual impairment and psychiatric disorder

For example, Australia's 1993 survey indicated that persons with disabilities comprised 18 per cent of its population. New Zealand's first national household survey, in 1996, yielded a disability rate of 19.1. In 1994, the United States Census Bureau estimated that 54 million Americans were covered under the American disability Act of the 1990, constituting about 21 per cent of the population of the United States of America. In contrast, China survey in 1987, and that of Pakistan in 1984-85, both indicated a 4.9 per cent disability rate. The 1991 National Sample Survey of India, covering four disabilities (visual, hearing, speech and locomotors), yielded a prevalent rate of 1.9 per cent. Overall, in The Gambia 16.0 per 1,000 population are disabled. This gives a national prevalence rate by gender of 17.4 and 13.9 per 1,000 population for males and females respectively,(National Disability Survey 1998).

In the developed world, it is estimated that one out of ten citizens has a disability. In Sweden, like most countries, one out of every ten persons is a person with disability. Thus, approximately 800,000 inhabitants are persons with disabilities. If families and relatives are included, it is assumed that about 20% of the population is affected in one-way or the other as a result of disability (Nirje et al., 1992).

Statement of the problem

In one way or another, new environments handicap all travelers who move out of their familiar surroundings, the exciting aspects notwithstanding. Persons with disability have a right to, and want to enjoy travel and leisure experiences. Tourism is a mean of broadening horizons and developing friendships for social groups, which increasingly is less willing to remain segregated from mainstreams society. Furthermore, as more and more people acquire disabilities, they too wish to enjoy travel just like everyone else. However, their travel experiences are still characterized by transportation constraints, inaccessible accommodations within tourism sites, and inadequate customer services.

Transportation

While air travel in general has become easier and airlines increasingly provide friendly services to the average travelers, persons with disabilities still encounter some inconveniences when travelling by air. For example, wheelchair-travellers often face difficulties in boarding and disembarking from the aircraft, changing flights and accessing aircraft restrooms. For visually impaired persons, identifying and retrieving luggage becomes an additional obstacle in the course of their already difficult journey. The pain of long-haul travel in an economy-class seat for someone with stiff limbs or arthritis, the sheer size of modern airports for those with mobility problems and endless forward planning for all are some of the challenges still facing travellers with disabilities.

Most travellers negotiate the structural constraints associated with air travel by using other modes of transportation (e.g. cars, buses, trains, etc.). Private automobile equipped with customized features have the advantage of providing schedule flexibility if used for pleasure travel. However, only a small group of affluent persons with disabilities can afford such cars. In some countries, modern technology greatly facilitates bus travel by persons with disabilities. For example, persons with physical disabilities can now journey by buses equipped with hydraulic lifts, which help them to board easily. Thus, the so-called “low-floor” buses are gradually becoming the standard for intra-urban public transportation in a growing number of countries more especially in the developed world.

These buses have a floor of some 50cm above street level, and feature a hydraulic “kneeling” function, which reduces the step to some 25cm. However, in most developing countries, the availability of such special designed buses remains limited. While trains could better accommodate the travel needs of persons with disabilities, in many cases the gap between the door and platform is too wide; access to toilets and compartments remains a big constraint, especially for persons with physical disabilities and wheel chair users.

Accommodation

Reasonable accommodations for persons with disabilities constitute still another set of challenges. For example, very few hotels offer accessible person with disability-friendly rooms with wider entrances, low-level switches, hand dryers, towels racks and beds; chairlifts and room information written in simple and concise language for persons with cognitive disabilities. Of the rooms available, few have ground floor access. Access through hotel is also problematic. Few hotels have lifts to all floors on slow timers, easy access to reception, pool and bar areas, clear signage, visual

alarms and clear access throughout the entire building. While a good number of hotels in some developed countries provide special parking areas, in many cases these are uncovered and quite distant from the main hotel entrances, and that steps must be negotiated in order to access the building.

Another issue related to accommodation facilities and amenities concerns the different types of disability to be provided for. Indeed the needs for the persons with vision or hearing (audio-visual) impairment or intellectual disability are quite different from those with a physical disability. Most of the hotels provide facilities responding more to the special needs of persons with physical disabilities, and especially those in wheelchairs. For example, among hotels that offer wheelchair access, few provide information in braille or in audiovisual format.

Many persons with disabilities find facilities at eating and entertainment areas certain destinations too difficult to access. Some encounter difficulties when making hotel reservations. It was observed that in some hotels, an individual, even when available, could not reserve specific accessible rooms. In other instances, some rooms were promoted as accessible rooms, actually appeared to be inaccessible to persons with disabilities. For example, showers with handrails may well help some persons, but for many wheelchair users, bathtubs present a major barrier.

Tourism sites

Attractions are the elements of a tourism destination that stimulate the purpose of a journey and visit. They may be of leisure-type, such as visiting theme parks or participating in sport events; nature-based, such as seaside tourism or mountain trekking, historical, such as visiting museums or shopping for antiques; or socio-cultural, such as festivals or visiting friends and relatives. Most of the constraints encountered by tourists with disabilities in the course of these activities are site inaccessibility. For example, many beaches are not equipped to accommodate wheelchair users. Similarly, poor access to museums, historical monuments or shopping areas restricts persons with disabilities from enjoying the opportunities of participating in these activitie.

Persons with disabilities have equal rights to access to all tourism infrastructures, products and services, including employment opportunities and benefits that tourism industry can provide. Thus, the tourist industry should provide the same choices for all consumers to ensure the full participation of persons with disabilities, and protection of individual right to travel with dignity.

Market Potential

It is now widely recognized in many quarters that persons with disabilities, together with caregivers, friends and relatives, and older persons, constitute a large consumer market for the tourism and the hospitality industry. However, the possibilities of taking advantage of this potential niche market will depend on how the tourism sector as a whole, and the tourism industry in particular, will address the issue of tourism accessibilities for persons with disabilities. Accessible tourism encompasses accessible transportations, resorts, hotels, restaurants, etc. Undoubtedly, good access will benefit not only the persons with disabilities, but, also, many other members of the community, especially senior citizens.

European Market

Deloitte Touché in 1991 estimated that there were 50 million persons with disabilities at any given time, roughly 14 per cent of the population. Deloitte Touche in their study for "Tourism for All in Europe" found that 70 per cent of Europeans with disabilities have the means to travel. According to another independent study, persons with disabilities in Europe spend approximately 17 billion pounds on trips abroad. American adults with disabilities or reduced mobility currently spend an average of 13.6 billion USD a year on travel, Dr. Scott Rains, a US expert on Disability.

The potential market for customers with disabilities was researched in United Kingdom some five years ago by one of the leading consultant firms DeLoitte and Touche Consulting. They estimated a potential market of disabled customers able and willing to travel to Europe with a potential spending of 20 billion pounds.

Akin, S. (1996), estimated that around 6 million people, that is one in nine of the Unite Kingdom population, have some form of disability or sensory privation and they present a massive untapped market for the tourism industry. Over half of this group (56%) never goes on holiday. Among those who do, many travel with a companion or caregiver, effectively doubling their spending. The market is even likely to get bigger in the near future, as the number of elderly persons rises: 14% of Europeans are already over 65 years of age and it is the time when sight, hearing and mobility problems often begin. For example, by the year 2005, one in five people (20%) in the United Kingdom will be aged over 60.

Thus, the share of the older persons in the population of the developed countries is rising dramatically. The same phenomenon is occurring in the developing countries. According to the

United Nations projections, by 2025 about 14 per cent of the region total population will be 60 years or older, and the region will be home to 56 per cent of the world's older persons.

Among older persons, a significant percentage presents some type of disabilities. For example, in Eastern Europe over 50 per cent of people of old age has disability. According to Touché Ross (1993), a study on "Tourism for all in Europe", with good transport, accessible facilities and properly trained staff, the gates will be open not just to the 5 million persons with disabilities who are currently able to travel, but to 19 million; not just to the current 3% of all tourists, but to 10%; not merely to the £6,500 million that is currently spent, but £23,400 million.

This is a substantial figure in anyone's terms and it is one of the many reported figures that some years ago became a valuable piece of ammunition in the campaign waged by "Tourism for All" and other exponents of the case for widening opportunities for persons with disabilities who wished to travel.

The Americans´ and Canadian's market

There are an estimated 859 millions of Americans and Canadians with disabilities. Within the United States alone, as of 1994-95, 20.6 per cent of the population is persons with disabilities (i.e. 54 million). In Canada, the percentage of persons with disabilities was 15.5 per cent as of 1991.

In the United States, in terms of buying power, the figures are even more surprising. In 1996, the aggregate income of Americans with disabilities was 796 billion, projected to exceed 1 trillion by the year 2001(Fortune, March 2, 1998). Discretionary income for 1996 was 176 billion (U.S. Census Bureau).

Furthermore, it has been estimated that of the 54 million Americans with disabilities, 39 million are actual or potential travellers. That is, persons who have both the economic and physical ability to travel. This estimate is in line with findings from both Canada and the United Kingdom. Keroul in Canada estimated that 75 per cent of persons with disabilities in the United States, Canada and Europe are physically and financially able to travel. With regards to physical ability to travel, only 18 percent of the 75 percent of the Canadians with disabilities are unable to travel, according to the study.

Another fact, borne out in the SMRB study, as well as by Keroul and Deloitte Touch, is that persons with disabilities seldom travel alone. So that if one cannot accommodate their needs, it is

automatic that one is also losing the business of their friends and family members. In other word, the potential market doubles.

Therefore, based on the captioned studies, a large number of people require tourism to be made barrier-free (i.e. accessible). Although access varies depending on the disability and goes well beyond the physical type which, will be the main concentration of the study. Lack of both financial and human resources have made it rather impossible to take on board all types. However, this doesn't by any means indicate that the area being neither uninteresting nor less research deserving.

In spite of the number of tourists who would benefit from accessible facilities and services is on the increase, most tourism services providers in the great majority of countries or regions have still not yet recognized the importance of taking action on this issue. For example, most hotels, transportation facilities and tourist sites are not physically and socially accessible to many persons with disabilities and elderly persons. Their staff members have not been trained adequately to provide persons with disabilities-friendly services. This is to some extent, could be associated with the absence of explicit government policies and strategies for the promotion of accessible tourism plus a lack of training for tourism service personnel on means of meeting the access needs of tourists with disabilities. Above all, a shortage of tourism programmes that address such needs is a principal agent.

Objectives of the study

The aim of the study is to investigate into the benefits of accessible built environment (tourism sites) from the economic perspective and to increase our knowledge of the situations of the persons with disabilities in the tourism industry. To do this, I was focused on one of these concerns by describing issues related to making the tourism site non-handicapping for individuals with disabilities and its benefits to both the persons with disabilities, proprietors and the communities at large, if possible.

Prior investigating accessibility, one must first have to agree on the level of accessibility on which one will base his/her comparisons. For example, shall one consider a site to be accessible where a wheelchair user with strong arms and hands can move around in a manual chair all by himself or herself? Is one looking at the level of accessibility needed by persons using power chairs? Shall one assume that the access needs of persons using crutches or canes are also covered by design, which is geared to wheelchair users? Does one include the access needs of persons with sight and hearing

impairments? Shall one also consider the needs of persons with intellectual disabilities who might have difficulties in finding their way in a larger building? And, finally, how about the growing number of people who are becoming allergic to various substances?

Target group

In accessibility studies, there are four major disability groups that could be the main focus:

1. Orthopaedic: ambulant and non-ambulant (wheelchair users),
2. Sensory: visual, hearing;
3. Cognitive: mental, developmental, learning difficulties;
4. Multiple: combination of any or all of the above.

However, in this study, I concentrate on persons with orthopaedic disabilities. Persons with orthopaedic disabilities are generally those with locomotive disabilities, which affect their mobility. This could result from the impairment of the trunk, the lower limbs or both. Persons with orthopaedic disabilities may also have impairment of the lower limbs and the trunk as well as the upper limbs. As can be seen above, persons with orthopaedic disabilities are further divided into two subgroups; namely:

Ambulant disabled persons: those who are able, either with or without assistance, to walk and who may walk with or without the aid of devices such as crutches, sticks, braces or walking frames.

Non-ambulant (wheelchair users): are people who use wheelchairs that are unable to walk, either with or without assistance, and who, except for the use of mechanized transport, dependent solely on a wheelchair for mobility. They may propel themselves independently, or may require pushing and manoeuvring by an assistant. While being unable to walk, the majority of this group is able to transfer to and from a wheelchair. To further narrow down the study and be even more specific on the group of study, the non-ambulant (wheelchair users) was my main focus.

Precisely, I concentrated on investigating into the main economic gains enjoy by sites owners/managers who have made their sites accessible by adapting it to the needs of the persons with disabilities.

In relation to the group concerned in this study, an accessible/adoptive tourism sites needs to incorporate level access, ramps, lifts/elevators, handrails and grab bars, larger toilet cubicles, clear sign, sufficiently wide paths, doors, entrances, lobbies and corridors, knee spaces under sink and

counters switches and controls in easily reached locations, entrance free of steps and stairs, accessible route through the house, etc. Irrespective of other fundamental limitations, for example, time, funds, etc., I opted to look into free movement within the tourism sites as I am an advocate of equal rights and equal opportunities for persons with disabilities.

Significance of the study

The significance of the study stemmed from the following:

It is anticipated that the study's findings will serve as a source of information for the business society, policy makers, academics, researchers, non-governmental organizations and other institutions interested in the pursue of equal rights and equal opportunities for persons with disabilities for both moral and business reasons. In the same vein, I also assumed that the study would contribute to the provision of knowledge and information to the general public by revealing some of the problems being encountered by persons with disabilities in their daily struggle to live a normal life as the rest of the society.

It is also my strong conviction that the findings will be of paramount importance to The Gambia bearing in mind that tourism and rehabilitation in The Gambia was first started by Swedish organizations and still the country depends on Swedish experts for both rehabilitations and matters related to the rights of persons with disabilities. In summary:

1) The findings will be useful to entrepreneurs since it makes a good business sense to know the returns of an investment.

2) Tourism is becoming a big source of income to many governments and communities. Therefore, the finding will be very helpful to them.

3) It is recognized in many quarters that persons with disabilities, together with their caregivers, friends and relatives, seniors/elderly citizens and families with young children, constitute a large consumer market of the tourism and hospitality industry. Thus, the findings will be of great essence to investors who want to tap the market.

4) The findings will serve as a source of information for policy makers, academics, researchers, non-governmental organizations and other institutions interested in the pursuit of equal rights and equal opportunities for persons with disabilities.

5) It will contribute to the provision of knowledge and information to the general public by revealing some of the problems being encountered by persons with disabilities who want to have access to the tourist sites.

6) It was a partial fulfillment of the requirements for the award of Master degree (MSc) in Economics specializing in Real Estate Management.

Definition of concepts

Persons with disabilities: for the purpose of this study, "persons with disabilities" means any person whose full and effective participation in society on equal basis with others in travel, accommodation and other tourism services is hindered by the barriers in the environment they are in and by attitudinal barriers.

Furthermore, persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments. Others who may be included in this group due to the problems in accessing tourism products and services are people with temporary disabilities, people with crutches during a temporary period, the elderly, people carrying luggage, or people who are big or small in size or stature.

Tourism for All: is a form of tourism that involves a collaborative process among stakeholders that enables persons with access requirements, including mobility, vision, hearing and cognitive dimensions of access, to function independently and with equity and dignity through the delivery of universal designed tourism products, services and environment (World Tourism Organization (UNWTO), 2013)

Literature review

The chapter discusses some of the literatures that have bearing on the economic benefits of making the physically built environment accessible to persons with disabilities. The purpose is not to present an exhaustive survey but to provide examples of both results and methods. While in the literature on disability related matters there are ample references to integration and normalization, there are relatively few-well documented and analytical studies in the area of economic benefits of making the physically built environment accessible to persons with

disabilities. Therefore, it seems that the field has not attracted much interest from the economists. The few, though general in nature including those mentioned below have documented some social and economic benefits of barrier-free built environment.

Business Institutions Compliance with Anti-discrimination laws

Evan, T. (1995), ADA (Americans with Disability Act) Compliance Motivators and Strategies study uncovered the below mentioned findings. One hospital reported spending too much money on workmen's compensation and disability benefits. For example, legal fees fighting some of these claims were costing over $100,000 per year. They decided to implement the Americans with Disability Act (ADA) compatible program to get these former employees back on the job. Within the first year, their investment in this training, adapting the built environment and adding one new staff position had a five-fold return on their investment and disability-related lawsuits were cut by half.

A food store company reported to have added automatic doors to all of their stores because their experiment in adding automatic doors to two of their department stores although not required by the ADA Guidelines, generated more traffic and value in those stores than did their advertising campaign costing the same amount of money.

One commercial bank also decided to take a pro-active approach in complying with the ADA and made some significant changes in their facilities, procedures and services to better accommodate the needs of persons with disabilities. Since they were ahead of their competitors in this effort, they expected to pick up some new revenue from persons with disabilities whom they could serve well than their competitors. Then, they realized that persons with disabilities had family members (lots of them) who changed their accounts over to their bank because they appreciated the accommodating approach and service attitude that this bank was showing.

In many organizations, the study further revealed that their activities are the simple desire to minimize the risk of lawsuits, federal intervention from complaints, and negative publicity. This strategy is perhaps the most common in small businesses and those companies under the severest economic circumstances. This approach is claimed to be similar to the freeway driver who uses a radar detector to allow him to drive 15 or 20 miles over the speed limit without getting caught. The desire is not so much to comply with the law, but not to get caught. In ADA compliance, companies taking this approach typically range from those who do nothing, to those who put a few signs up indicating that anyone who needs assistance should ask for it. When someone with a

disability complains to them about accessibility in their facility, they might respond by removing only the cheapest of the barriers mentioned in the complaint, and claiming that all others were not readily achievable due to difficult financial situations or other reasons.

The second level of motivation is based on the desire to comply with the law. This desire may be backed by a minimal or a substantial commitment to investment in compliance. If the core motivation is to comply with a law that is perceived to be basically fair, the approach is very different from the first level of motivators. Those organizations that wish to comply with the law are best served by calling in an accessibility specialist, or an organization like an umbrella organization that represents people with a variety of disabilities, to review barriers to persons with disabilities in their facilities. The consultant will document those barriers in a way that they can be removed, in phases, if necessary. Some organizations will be able to dedicate one person full-time to study the law and its regulations and guidelines, and to coordinate their compliance efforts. After a month or two of studying the regulations and technical assistance materials affecting their organization, a company with their own coordinator might need very little help to interpret the law.

The third level of motivation is a desire to spend the effort required to do what makes good business sense. This approach is mostly used by companies who are willing to invest the time to study the options before they act. If this is the organization's motivator, it is wise to bring together a task force, which includes, at least, a minimum representative from facilities, personnel, legal, finance (or administration), customer service and marketing. Early strategy development should be based on compliance with the law, as well as corporate image and customer demographics. In conclusion, according to the study, the department store mentioned above made their decision to install automatic doors based on marketing sense rather than the ADA, since ADAAG does not even require automatic doors in new facilities. Similar accommodations that might make excellent business sense, but are beyond what is required under the ADA, include offering optional curbside, drive up or home delivery in addition to removing facilities barriers to persons with disabilities. Similarly, toilet room and curb ramp modifications undertaken to improve access for people who use wheelchairs also significantly improve access for people who push strollers. In fact, many “unisex toilet rooms” are now being built as family toilet rooms.

The three primary benefits that should be considered under the third level of motivation are firstly, the benefits of new customers who have disabilities and who directly benefit from the accommodations. Secondly, benefit is from the public relations advantage point of view is gained by accommodating persons with disabilities. The general public supports the goals of the ADA by a margin of more than ten to one. Not only do persons with disabilities benefit and begin to use the services of accommodating businesses, but also their relatives and friends became more frequent

clients and customers. The third benefit is that individuals who do not have disabilities, but who also benefit from the accommodations are better able to use the facilities and, therefore, more likely to patronize the business. These include people like mothers with small children who benefit from curb ramps, proper ramp slopes, larger toilet rooms and toilet stalls, as well as lower controls, operating mechanisms and dispensers, which allow children to use the facilities with less help. Also benefiting from accommodations for persons with disabilities are individuals who have temporary injuries, or are weakened from sicknesses. These are not classified as disabilities, and, therefore, not included in the 43 million beneficiaries figure. People who have their hands and arms full of packages benefit more from easily operated hardware and lighter force door closers and, of course, many elderly people will benefit from the accommodations made for persons with disabilities, even though they may not be technically classified as persons with disabilities.

The fourth major motivating factor behind making accommodations for persons with disabilities is the desire to do what is "right". These are the companies who believe "what goes around comes around" and who are willing to follow their instincts even when pure justification for their actions can't be shown beforehand. This motivating attitude is most prevalent in very profitable organizations, but it also appeared in organization where focus on employees and clients is at a high level, or where a key individual has close contact with someone with a disability.

Conventional design versus Universal design – a comparative study

From the cost comparison method, “is non-handicapping design more expensive than "conventional" design?” was a subject of investigation. The findings were deemed to be both intuitive and useful. First, cost comparisons can be done in two ways. One, an existing inaccessible building is to be brought up to certain accessibility standard through renovation. What does this renovation cost? Compared to the original construction costs? Second, given an inaccessible building, what would have been the costs, if it had been constructed with universal access right from the beginning? Most often, the studies only take up one type of comparison

For example, in a US study (Schroeder and Steinfeld, 1979) different types of existing structures were subjected to the two comparisons. The results are summarized in Table 1.

Table 1: Cost increases due to accessibility in public buildings. Renovation and original non-handicapping design compared to conventional (inaccessible) structures.

	Col 1 Cost due to accessible renovation	Col.2 Original barrier-free Design	Col1 /col.2
Convention hall	0.12%	0.02 %	6
Town hall	0.2%	0.05%	4
College classroom	0.51%	0.13%	4
Shopping Centre	0.22%	0.006%	35

Source: Schroeder and Steinfeld (1979) the estimated cost of accessible buildings US Department of Housing and Urban Development.

Regarding the first type of comparison, what is the cost of accessible retrofitting compared with original construction costs, the estimates range from 0.12 per cent to 0.5 per cent. The other comparisons, how much more it would have cost, if the structures had been designed without barriers right from the beginning, range from 0.006% in the case of the shopping centres to 0.13% in the case of the college classroom.

In Singapore in 1980 the Singapore Urban Redevelopment Authority conducted a similar study by making cost comparison for a large center consisting of commercial offices, multi-storey car park, food center and market. During the study, a controlled costing exercise was carried out to compare the cost of the building with and without facilities of access for persons with disabilities, and the conclusion was that these could be provided for by an additional 0.11 per cent of the total cost.

With regards to a multi-family housing, a French study estimated the additional costs for bringing up multi-family housing to accessibility standard, on an average, ranged from between 0.5 and 1.0 per cent of total construction costs in new construction. The Swedish Building Research has also made the same estimates for multi-family housing.

The Australian Uniform Building Regulations Coordinating Council that also undertook comparative cost studies reported an almost identical result as in Wrightson and Pope (1989). Phillipen (1993) a study in Germany on multi-family housing revealed that the difference in cost between traditional (real inaccessible) construction and the new type of non-handicapping building construction is negligible.

In Ottawa, a Canadian research on single-family units was also carried out. 9 specially designed units in a project of 54 townhouses cost 8 - 10 per cent more than the others but added only 0.5 per cent to the overall project cost. The effect on rental scale is therefore negligible. However, this cost comparison does not involve universal access, since the other 45 townhouses apparently were not accessible. Also report by the Canadian Mortgage Housing Company of 17 case studies indicated that, in most cases, the accessibility features added 0.39 - 0.53 per cent to the building cost. Dunn (1993) in his study of "Project Open House" reported, an average of only $1,500 was spent in 1986 to adapt existing homes of consumers to make them accessible. He also refers to a US study by Bartelle Memorial Institute which found that if accessibility is incorporated into a design prior to construction, the cost of making 10 per cent of the units accessible are less than 1 per cent of the total constructions costs.

In the United States, different studies by U.S. Housing and Urban Development (HUD) have estimated the costs of "adaptable" housing, which is a housing with basic access features that easily can be complemented by individuals as needed. The findings were about one-half of one per cent of new construction costs. In the same vein, HUD study for guidelines for the Fair Housing Amendments Act of 1988 showed an average cost increase of 0.5 per cent in typical single-family homes in four suburban projects.

A US study conducted by Schroeder and Steinfeld (1979) already mentioned above also contains housing examples as shown in the following table.

Table 2: Cost increases due to accessibility in residential buildings. Renovation and original non-handicapping design compared to conventional (inaccessible) structures.

	Col 1 Cost increase due to accessible renovation
High rise tower multi-family structure	1.0%
Single family homes, one floor	21%
College dormitory	0.40%

Source: Schroeder and Steinfeld (1979) the estimated cost of accessible buildings. US Department of Housing and Urban Development.

The results of this study indicate that accessible renovation amounted up to 21 per cent of the total construction in single-family units and to a maximum of 1 per cent in high-rise multi-family apartments. Designing the structures from the very beginning as non-handicapping would have

cost only 3 per cent in their single-family example and 0.25 per cent more in the high-rise complex they studied.

In interpreting the studies presented so far one can derive several conclusions. The most obvious result is that renovating existing buildings is much more expensive than building the same structure with barrier-free design from the beginning. The latter is between 4 and 35 times cheaper (see Col 1/Col 2) in the tables. Single-family homebuilders often point out that even in the case of new construction the additional costs due to access features will be far too high for the market, implying that nobody would buy their accessible houses. When analyzing their cost estimates Park (1993) found out that often builders have not changed their thinking and see access as a matter of adding on extra features rather than incorporating access already in the basic design. "Stretching" old plans to meet particular elements of new design requirements makes them more expensive than re-designing anew. A relatively small investment in architectural costs will result in lower construction costs for access. Some concluded that access legislation would raise new construction costs in public buildings by less than 0.1 per cent, on an average, in multi-family housing by up to 3 per cent in single-family homes - single floor. It is probably safe to assume that once architects, builders and suppliers experience with non-handicapping design has become deeper and more widespread, costs will come down considerably, the report concluded.

Cost – benefit Analysis of De-institutionalization

O`Neil, D. (1977), examined the costs and benefits of implementing Section 504 of the 1973 Rehabilitation Act. The Act prohibits discrimination against persons with disabilities, and advocate for more programmes in accessibility, plus the provision of elementary and secondary education. In all cases, results showed that pecuniary benefits provide substantial offsets to the pecuniary costs involved. Even if non-pecuniary benefits are excluded, the cost-benefit results favor the implementation of the regulation. Annual gross cost increase is estimated at around $1.3 to 4.8 billion. The cost of accessibility programmes and complying with the reasonable accommodation requirements would be less than $100 million annually. Pecuniary costs would be only slightly higher than the pecuniary benefits. However, the analysis is criticized by its exclusion of transfer payments, distribution effects, administrative costs, and costs and benefits of existing law.

A study on the expected benefits from non-handicapping design revealed the two categories of benefits. Tangible benefits, that is those that can be expressed in dollars and cents and so-called intangible benefits which are more difficult, if not impossible, to quantify. Among tangible benefits was the reduction in accidents, their related costs in terms of health services and loss of

production. The reasoning is that accessible environments are also safe environments (see Wrightson and Pope). Examples for safe environment are ramps rather than steps, elevators instead of staircases. According to the World Health Organization (1987) "accidents cause more deaths than any single illness, except cancer and cardiovascular disease". The number of accidents due to stairs and the associated costs to society can be and has been estimated. Another tangible benefit was the increase in housing quality that most access features entail. For example, elevators, wider doors and hallways, kitchens and bathrooms are also quality increasing features that the housing market values in the form of higher rent or property prices.

Among other tangible benefits is the decreased demand for institutional residential living on the part of many older persons who often are forced to leave their own inaccessible dwellings and move to nursing homes or old age homes. Given an accessible environment in their previous home, many of them are strongly believe to be able to manage longer by themselves and stay out of institutions. In 1993 Dunn refers, for example, to a study, which found that 50 per cent of the applicants to a residential center for the aged in Boston were capable of functioning in the community with appropriate supports and accessible housing.

In some countries the elderly and persons with disabilities are eligible to use public home help or personal assistance services. An accessible environment reduced the need for such services with savings to the public as a result. In places where such services are provided, not by the state, but by the family, a non-handicapping environment results in less work for the relatives; often the daughters or wives who will have better opportunities on the labour market outside the home that resulted in higher production and gains to the national economy. Other benefits are more difficult to quantify such as the improvement in persons' with disabilities freedom of movement and social mobility. With non-handicapping environments more persons with disabilities can educate themselves and enter the labour market.

Researches into intangible costs of handicapping environments are not only hard, but equally challenging, especially when it comes to reporting since they have to leave out many factors that are impossible to quantify, but are decisive, nevertheless. Some of the most important costs of handicapping environments fall in this category. Briefly, some of the social costs of inaccessible environments are as follows:

1) Inaccessible environments not only discriminate against persons with disabilities in explicit manners, they also affect them in more subtle ways. For example, it makes them both helpless and dependent on other peoples.

2) For the people around them and even for persons with disabilities themselves it is not always clear that the problem is not within them, is not because they are incompetent and passive, but because architects, planners and politicians failed them in terms of equal rights and equal opportunities.

Cost comparisons between institutional and community living for older persons and persons with disabilities were used to estimate the benefits of renovating existing buildings and removing architectural barriers. The analysis contained case studies of three types of residential structures: high-rise apartments, garden apartments, and single-family homes. Only easily measurable economic costs and benefits accruing to individual persons with disabilities were included. Cost estimates refer to bringing up the structures to the ANSI standard. The estimated benefits were the market value of personal assistance services that persons with disabilities are now able to provide for themselves due to the absence of architectural barriers. The findings are, renovating housing without barriers yields benefits which amount to 13 to 22 times the level of the renovation costs.

In a comparative study of community versus institutionalization, Murphy and Datel (1992; see also 57) projected the costs and benefits for 52 mentally ill and mentally retarded patients who were placed in the community from state institutions. The cost for the community care included housing and subsistence, as well as the cost of community treatment. Benefits included the cost saving of not having to provide institutional care and the wages/fringe benefits were subjected for present value (a 0.08 discount rate was used) and inflation. Murphy and Datel´s results were organized in term of 12 patient categories. Their findings indicated that the 10-year projected benefits exceeded 10-year projected cost of community care, yielding benefit/cost ratios ranging from 0.99 to 11.86. The average ratio was substantially greater than 1, indicating that the community care was superior.

Costs of Disabling Built environment

In Stockholm, a study in the costs of disabling environment was conducted, and the following was uncovered. Installing an elevator in a three or four story apartment house is claimed to increase the break-even rent by approximately 50 to 70 SEK per sq m housing area a year, in the absence of any subsidies. Below, is a table depicting the results more comprehensively.

Table: additional costs incurred by absence of elevators.

Staircase accidents	1:40 to 2:40 SEK/sqm /yr
Nursing home and old age home care Accessible housing and community-based services (whose costs are included here) such as 24-hour emergency call system, personal assistance for 7 to 35 hours/week, periodic visits by district nurse enable many elderly and disabled to avoid the move to institutional care.	15:60 to 32:40 SEK/sqm /yr
Personal assistance (home help etc.) The need for these services is decreased by accessible housing	4:50 to 6:90 SEK/sqm /yr
In addition, elevators are an amenity valued also by non-disabled tenants:	. 4:80 to 7:70 SEK/sqm /yr
Total	**26:90 to 49:4 SEK/sqm/yr**

The estimates are based on the present and future population mix in multi-family tenant housing in Stockholm's senior suburbs, and on the assumption that elevators are installed in each building upon renovation - regardless of whether persons with disabilities live there or not.

Not included in the estimate is the value of ending discrimination through physical barriers which make many of the elderly and persons with disabilities unnecessarily dependent on the help of others, causing social isolation, physical hardship and accidents, deprive a part of the population of most housing choices, and force many into institutions. This value can hardly be expressed in monetary terms - it is a human right regardless of whether it "pays" or not, Sholes (1979).

In the United States, studies using cost-benefit analysis is a method to compare the magnitudes of the costs of a given investment to its expected benefits over time in order to assess the desirability of projects. Given the scarcity of resources, those projects would then be given priority where the ratio of expected benefits over costs is higher than in other projects reported similar benefits. For example, a cost-benefit study undertaken by the U.S. Department of Housing and Urban Development, estimated that adapting existing housing reduces the need for support services and yields benefits that amount to 13 to 22 times the levels of costs (Robinette, 1978). Elderly clients of national demonstration home repair and housing adaptation program felt that these services enable them to function far more independently (BE&C Engineers Inc., 1977). A study by Silvia Sherwood (1981) indicated that 50 per cent of the 344 people applying to the Hebrew

Rehabilitation Centre for the Aged in Boston in the early 1970's were capable of functioning in the community with appropriate supports and accessible housing. An evaluation of “Project Open House”, a program that adapts homes of individuals with disabilities in New York City, found that adapted housing was a major predictor of the productivity of these individuals including the amount of time they spent out of bed, working in their homes and participating in community activities (Dunn, 1990).

Project Open House spent an average of only $1,500 in 1986 to adapt existing homes of consumers (Dunn, 1990). If houses are adapted prior to construction the costs are even less than retrofitting homes. If accessibility is incorporated into a design prior to construction, the cost of making 10 per cent of the units accessible is less than 1 per cent of the total constructions costs (Bartelle Memorial Institute, 1977). Most importantly, units can be constructed to be "adaptable" to the individual needs of residents. Doors and corridors can be made wider, counters made adjustable and bathrooms designed so that grab bars can be easily installed to respond to the needs of the consumer. Chollet (1979) estimated that adaptable units can be constructed for only slightly more than conventional ones. Adaptable housing can be constructed so that everyone can use this universal design. The design is blended in so that it is often difficult to see that counters or clothing rods in closets are adjustable for people with different heights.

Nömmik, E. (1986), a study on the economic incentive of elevators installation in Swedish residential buildings revealed that, from the standpoint of national economy, it is a good business to install elevators in older persons’ houses. For example, if an elderly person can stay in his or her own apartment for one year, the public purse saves a sum approaching SEK 100,000. An elevator that costs SEK 400,000 to put in will pay for itself if it enables two elderly persons to remain in their own homes for another two or three years. For the landlords and private individuals, it may not always be economically as yet to install an elevator in older three-to-four-storey buildings-unless the cost of the elevator can be spread over a large number of flats. If the installation of elevators is going to get up speed, they must be financially feasible both for property managers and for residents. Thus, the financing rules must be elucidated with least possible delay, so that vendors and purchasers can do their calculations on a firm basis. Uncertainty inhibits development he recounted. The market potential for the new elevators in Sweden can be put at about 50,000 units. This represents an increase of 1000-13000 elevators a year, almost a 50% increase on current elevator production. Scope for export business may open up in due course, he concluded.

Hall, E. (1989), analysis contained case of studies of three types of residential structures: high-rise apartment, garden apartment and single-family homes. In the analysis, only easily measurable economic costs and benefits accruing to persons with disabilities were considered. In estimating the benefits from the accessible renovation, the author employed a simple proxy. Benefits are

taken to be market value of personal assistance that individuals are able to provide for themselves due to the absence of architectural barriers. An estimate of the value of personal care is obtained by subtracting the average rent in residential institutions with no personal services to tenant from average rent in residential institution, which provide such services. However, the study has received a lot of criticism from both academicians and the persons with disabilities themselves. For example, one criticism points out that the differences in cost between the two types of facilities seem a rather indirect indication of effect of accessibility. Hence, both types of institutions are usually housed in accessible structures. Thus, the differences in the level of services required cannot be due to architectural characteristics, it is rather a function of the physical and mental condition of the respective clienteles.

Bails (1986) reported that the cost benefits available to a community that provides the physical needs of the aged in planning and design, so that they can remain independent for five extra years is in the order of $500 million per 1 million of the population on the 1986 figures. However, this doesn't include the reduction in the cost of providing institutional care.

Barhon, K. (1997), a study of the economic benefits of increased accessibility of electronic and information technology to Americans with disabilities made some revelations. In this study, two methods for measuring the increase in the productivity of the federal workforce were considered to estimate the benefits of the state declaration which is sometimes referred to as "electronic and information technology standard" or simply "standard". The first method examines the existing wage gap between federal workers, with and without disabilities to estimate the effects of the standard on diminishing this wage gap. The second method, estimates the increase in federal worker's productivity as a member of work-group or team, to determine the benefits derived from the standard. Each method assumes that a net gain in the productivity of the federal workers will be generated by the increased accessibility of electronic and information technology.

Improve access to electronic and technology increases the productivity of the Federal workers with disability, modeled as percentage increase of the average Federal wage for that worker. Although the Federal worker with disabilities typically have an average Federal wage lower than the average wage of all Federal workers, this analysis uses the Federal wage of all Federal workers on the general schedule which is $44,824 according to 1998 OPM data. This assumption was chosen to recognize that greater productivity by one member of Federal team (the worker with disability) leads for a greater productivity for the entire group. The analysis models this spillage effect by applying the percentage increase in productivity to the higher, average Federal wage rate. The dollar of this increase in productivity was calculated by multiplying the average Federal wage by the estimated increase in productivity and then by the number of workers with disabilities in the Federal force. The analysis used two estimates of the number of workers with targeted disabilities to provide a range of potential benefits. The lower bound is the number of

workers with targeted disabilities. This data may understate an actual increase in productivity due to some limitations, the author acknowledged. As shown in the table below captioned the standard is projected to increase the value of government outputs by a conservative lower bound estimate of $62.8 million to $125.7 million per year. Considering all the workers with reported disability, the benefits are estimated to range from $375.7 million to $751.3 million.

Disability status	Number of federal employees (1997)	Lower bound productivity increased (5%)	Upper bound productivity increase (10%)	Aggregate range (millions)
Targeted	29,000	$2,241	$4,482	$62.8-$125.7
All reportable	168,000	$2,241	$4,482	$375.7-$751.3

In concluding his report, the author enumerated his principal findings as: "The primary beneficiaries of the standards are federal employees with disabilities who will have an increase ability to use the same electronic and information technology available to other federal employees. The universal accessibility features will also make it easier for employees with disabilities to change between jobs in the federal government, and may make it possible to work more flexibly in existing positions."

Benefits to other individuals and entities include:

1) Federal agencies will experience gains in productivity as workers with disabilities are more able to take advantage of the productivity enhancing benefits of electronic and information technology

2) The perceived transaction costs associated with hiring persons with disabilities will be reduced for federal agencies, benefiting both persons with disabilities seeking federal employment and the federal government by expanding the quantity and quality of available employees.

3) Federal employees who are not persons with disabilities, or do not consider themselves to have a disability, may benefit from increase usability of electronic and information technology associated with disability. For example, the ability to increase size of the text on a computer screen may be necessary to make the technology accessible to an individual with limited vision, but it can also provide benefits to employees who are moderately farsighted or simply prefer large texts.

The limitations of the team-based approach include:

1) Choice of specific productivity increase as a result of these standards is arbitrary.

2) Team assumption does not hold true everywhere in the Federal government.

Some social studies that are very essential in economic decisions have also been conducted. Kern & James (1994) in their study of the pattern of participation of the persons with disabilities in leisure and recreation depicted the following patterns. The pattern of participation in outdoors recreation was similar across most activities for persons with and without disabilities. Activities with the highest rates of participation among persons with disabilities also tended to show the highest rate of participation among persons without disabilities.

In outdoor recreation activities, persons with disabilities in middle age groups reported less participation than persons without disabilities. However, in the youngest and oldest age groups, persons with disabilities participate, at rates equal to or greater than persons without disabilities.

In nature study activities, persons with disabilities participate at rates higher than persons without disabilities. Although most persons with disabilities reported experiencing few barriers to outdoor recreation, majority of the complainants associated barriers such as problems with their health conditions and physical limitations

Most persons with disabilities did not report needing accommodations or assistive devices for participation in outdoor recreation. Among those requiring assistance, the most common assistive devices/accommodations were mobility aids, a companion/assistant, and architectural modification.

Attitudes towards accessibility seem to indicate that persons with disabilities generally felt that no outdoor recreation should be completely inaccessible, however concord that more primitive areas will be generally less accessible than less primitive a

In addition, persons with disabilities tended to favor preservation of environment over accessibility in the National Wilderness Preservation System. However, there was a general agreement that environmental modifications in the National Wilderness Preservation System areas should be made accessible to persons with disabilities.

Sproates, J. (1996) did a similar study in Canada concentrating on activities such as adventure, watercraft and culture. The aim of the study was to aid decision makers in the tourism sector in prioritizing barrier rem

Adventure activities

Adventure activities showed the lowest rate of participation between both persons with and without disabilities. The relative participation was similar across both groups regardless of whether age-average or total participation rates are used. For example, primitive camping had the highest rates of participation for both groups and orienteering had the lowest participation rates. In all activities in this category, the average rate of participation indicated that persons with disabilities participate at higher rates than persons without disabilities. In contrast, total participation rates reflected the opposite pattern, where persons with disabilities participated at higher rates than persons without disabilities.

Watercraft activities

Power boating was one of the most popular for both persons with and without disabilities. Approximately, one-quarter of all persons with disabilities had participated in power boating in the last 12 months. This figure was similar for persons without disabilities. Participation rates in physically demanding activities such as water skiing and jet skiing showed that persons without disabilities had higher rates of participation regardless of which participation rate was used.

When less physically demanding watercraft activities was examined, the relative rates of participation vary on the total versus average rates. For example, the total rates of participation in canoeing indicated that persons with disabilities participated at a higher rate than persons without disabilities, but when age-averaged rates of participations are compared there appears no difference. Another example of relative differences in participations based on the rates is seen in rafting, where a higher proportion of persons without disabilities participated if total participation is used and lower proportion participate if average rate is used.

Strategies of reaching the senior tourist

Macy, M. (1998), in his study regarding strategies in hotel services for senior/elderly, found the principal marketing tool employed to attract the senior clienteles has been discounted, which has become widespread amongst principal chains. Some hotel groups such as Rodeway, EconoLodge or Holiday Express, spurred on by the American Disability Act, have gone further to modify their structures and amenities to specific senior needs. Other such as Howard Johnson, are seeking to reach the senior market by building other products or attractions with hotel services, or, like preferred hotels, are pursuing a "lifestyle marketing" approach to accessing a selected group of wealthy, active mature customers, through forming partnerships with certain purveyors of luxury goods or services. According to another article, in the future, it can be foreseen that these trends will be strongly reinforced around the world, as hoteliers, particularly those dealing with leisure-oriented clienteles, come to realize that special efforts will be needed to compete in this fast growing market segment.

Chestnut, T. J. (1993), a study on senior citizens and tourism in the United States uncovered that:

Persons of age 50 and above in the United States have:

1) 77 percent of the national financial assets.

2) 80 percent of the money in saving accounts,

3) 68 percent of all money market accounts,

4) Nearly 50 percent of all corporate stocks.

Persons of age 50 and above in the United States:

1) Earn 42 percent of the total after-tax income

2) Buy 48 percent of all the domestic new cars

3) Own their houses in 80 percent of the cases, and 80 percent of those are mortgage free,

4) Have accounts with brokerage firms in 27 percent of cases.

Accessibility from the Social Perspective

Culture/historical Activities

Cultural and historical activities were among the most frequently reported activities by both groups. Slightly less than half of all respondents had visited a historical site, and approximately one-third had attended concert in the past 12 months. Visitations to archaeological sites showed a lower rate of participation; however, approximately one-fifth of all respondents have visited an archaeological site. In order to obtain a clearer picture of differences in participation rates, participation differences in visiting historical places and attending concerts were compared and the overall results is, in the youngest and the oldest age categories, persons with disabilities had higher rates of participation than persons without disabilities, however, in the age categories these differences were either no real difference, or persons without disabilities participated at higher rates than persons with disabilities.

His conclusions in summary are, the presence of disability does not appear to have consistent relationship to rate of participation in outdoor activities. However, age was noted as a confounding variable in this relationship. Virtually in all activities, young persons participated at a higher rate than older persons regardless of ability. When age factored into the examination, a general pattern does tend to emerge. At the youngest and oldest age categories, persons with disabilities appear to participate at higher rates than persons without disabilities. In contrast in the middle age categories, persons without disabilities tend to show higher participation than persons with disabilities, however, the magnitude of difference is usually 1-5 per cent.

Accessibility Design Standard, under the auspices of America with Disabilities Act (ADA) in 1993, conducted accessibility survey in 30 hotels, motels, inns, and other places of lodging in Florida. The objectives of the study were both to check compliance and tourism sites accessibilities. The findings were:

Guest room door: doors and doorways into and within all quest rooms and suites, including bathroom doors and doorways, do not allow 32 inches of clear opening width. As a result persons with disabilities are excluded from accommodations when accessible guest rooms are sold out and also are unable to visit other guests in their rooms.

Guest rooms types and features: in 95 percent of the sample, accessible guest rooms are not dispersed among the various classes of rooms available at a lodging facility and do not provide persons with disabilities the same range of facilities available to others. Therefore, persons with disabilities who desire or may need different classes of accessible guest rooms are denied the range of lodging options that other quests without disabilities can take for granted (e.g. rooms

with one or more beds, suites, etc.). In addition, 75 per cent of the accessible guest rooms and suites are not equipped with visual alarms and other visual notification devices for individuals who are deaf or hard of hearing. Therefore, people who are deaf or hard of hearing cannot hear fire alarms, ringing telephones, knocking at the doors or ringing bells.

Accessible routes-interior and exterior: in 85 per cent of the sample, both the exterior pedestrian routes (e.g. sidewalks, walkways and plazas) on a site that people use to travel from public transportation stops, from accessible parking spaces, from passenger loading zones, and from public streets and sidewalks to the accessible entrance(s), and the interior routes (e.g. hallways and corridors) throughout the lodging facility, are not usable by persons who use wheelchairs or other mobility aids, or who are unable to climb steps or stairs. Therefore, once inside the lodging facility, persons with disabilities cannot get through the facility to the guest rooms, conference rooms, toilet rooms, restaurants, other various accessible elements and spaces.

Sixty percent (60%) of the lodging facilities with more than two floors of accessible space including any basement levels do not have full-size passenger elevators available for use by guests. Thus, persons with disabilities who are unable to use stairs and steps cannot gain access to floors above and below the ground level and, in many instances, do not have access to the amenities provided in the lodging facility.

In 1997 NCA conducted a study to examine the relationship between social acceptance and leisure lifestyle of persons with disabilities. There were 39 respondents with disabilities and 257 respondents without disabilities who participated in the study, all of whom were registered and participating in inclusive leisure programmes. They were asked to complete three questionnaires to obtain demographic, leisure lifestyle, and social acceptance. Analysis of the data uncovered several relationships between the variables. First, there was no relationship between the perception of the persons with disabilities and what their peers without disabilities reported regarding social acceptance. Specifically, in the inclusive leisure programme persons with disabilities, perceived that their peers without disabilities were neutral (neither accepting nor rejecting) towards them and persons without disabilities indicated they feel neutral towards their peers with disabilities. A neutral level acceptance may mean that participants with and without disabilities in inclusive programmes are not getting to know each other. A lack of personal interaction between persons with disabilities has been found to perpetuate stereotypes of persons with disabilities and limit their involvement in community activities including recreation/leisure time. A second relationship found was between perceived social acceptance and the frequency (how often they participate in inclusive programmes).

From the findings, it appears that perceptions of social acceptance matter, in that they may guide the decision making process of persons with disabilities as to how frequently they participate in inclusive leisure services. For example, if persons with disabilities perceived they are stigmatized in inclusive leisure setting, they may be less likely to participate on regular basis.

Finally, relationship was found between perceived social acceptance and social satisfaction (i.e. feeling like a member of the group, talking with fellow participants) of persons with disabilities. In particular, this finding showed that the less participants with disabilities perceived they were socially unaccepted; the less satisfied they were with the activities. A lack of satisfaction with leisure participation may result in a decrease sense of enjoyment, heightened level of stress, lack of sense of belonging, and increase social isolation. If persons with disabilities do not feel accepted or welcome, no amount of physical accessibility will create social acceptance.

Research methodology

The study concentrated on sites within and around Stockholm city. Stockholm has been chosen as the prime case study area because it is the most dominant social, political, economic, etc. center in Sweden. In addition, Stockholm is claimed to be one of the most accessible cities in the world. However, there are some evidences that seem to disagree with the foregoing political statement. The principal interest of this study is not for the verifications of such a political statement but rather to investigate the economic gains of making the physically built environment accessible to persons with disabilities.

Research question

In order to realize the objectives of the research study, the study was guided by the following research question:

What are the main economic incentives for adapting sites to barrier-free?

In Sweden and Europe in general, empirical research on the subject of the incentives of accessible built environment and accessible labour market has not been very intensive (Bound & Burkhauser, 1999). This absence of economic studies may be due to:

1) The studying of persons with disabilities, from the economic angle, in terms of economic efficiency for instance, could be a delicate matter,

2) Detail information on disabilities is scarce, and it is sometimes difficult to define disabilities on the basis of available data.

3) The number of persons with disabilities, their problems in the labour market and the cost of the disability policy as mentioned above may be underestimated.

Since the study is about the economic incentives of making the built environment accessible to persons with disabilities by adopting the sites to barrier-free, my main target was sites near the city center where most tourism sites are common.

A review of literatures on the economic benefits of non-handicapping tourism was embanked on to have a general over view of what has been done in this area of study. I equally hope, the findings will serve as basis for the analysis of the raw data.

Valuation methods

There are different techniques to measure the financial attractiveness of any financial endeavor. For example, the return on investment, net present value, pays back period, break-even point, internal rate of return, etc. However, I have chosen to look at it from a general perspective focusing more on initiatives taken (e.g. construction of accessible rooms) to make enterprises both accessible and be able to cater for the needs of customers with disability and why. This is necessary to avoid making unrealistic conclusions by assuming that the entire difference in the estimated income structure of accessible and non-accessible tourist sites for example, is due to accessibility as it is likely that one is assuming that the presence of other variables are insignificant.

Since there are different levels of accessibilities even within the mobility impairment domain, there is a need for more precision. Therefore, the level of accessibility focused on in this study, was the level of accessibility approved by the " Equality for all", (an international European based organization) that promotes tourism for all which, amongst other things, is charge with the responsibilities of accessing levels of accessibilities in various Europeans hotels. Thus, my criterion of determining accessibilities was solely based on the criteria used by this organization in approving hotels accessibilities. This was very important to adopt for the study because it was conducted in hotels approved accessible by the said institution. Since approval of accessibilities

was based on being accessible to all categories of persons with disabilities, and my study focused on accessibility for wheelchair users assumed that all expenses were geared towards access for my target group. This was necessary because it was both time and resources demanding to single out expenses purposefully for my focus group and it was rather unfortunate that the needed financial and human resources were well beyond my reach. Therefore, all necessary data for the study was obtained from the hotels in Stockholm city and environs approved as accessible by "Equality for all". To ascertain the validity of the data especially the expenses in modifications, consultant firms specialized in adapting built environment were be consulted.

In brief, "Tourism för All i Severige" is a national organization aiming, among other things, at inventory/inspecting and certifying establishments available to persons with disabilities. These responsibilities are discharged through personal visits to the establishments plus a comprehensive questionnaire. The materials are thoroughly checked and scrutinized by TFA. And, computerized in the "Barrier info system=EQUALITY", a data bank based on joint European criteria established in the trans-European co-operation-HELIOS II. DIAS in Hamburg is responsible for the computer server.

The inspections in hotels, restaurants, museums, tourists' attractions etc., are made by either an engineer from the Swedish National Testing and Research Institute (SMP), or by persons trained and sent out by TFA. It was necessary to involve staff from these institution to both maintain a high level of quality, continuity and low costs (as they also inspect elevators, kitchen equipment etc. they can as well inspect the accessibility at the same time).

Methods of Data Collection

The study adopted both quantitative and qualitative methods of data collection. The combination of approaches was essential to allow complimentary of findings.

Quantitative method

Data collection was by means of a questionnaire completed by tourist sites owners and /or managers. The questions were of two types. One was mainly on the individual's site expenses, problems, income within a specified period and, the other one, was geared towards soliciting and acquiring factual and demographic data on visitors plus, what motivated them to visit or book the place, if possible.

Sampling and sample size

Probability sampling in the form of a simple random sampling, where each site had equal probability of selection was adopted. Random selection eliminates subjective bias in the selection process. The sample size constituted of 34 accessible tourist sites in Stockholm and environment.

Qualitative method

Qualitative approach is commonly deployed to understand the meaning, process or views of a particular event or group with the researcher being at the center of the study as an instrument of data collection and analysis (Merriam, 1988; Strauss, 1987). It allows the researcher to get closer to what is being studied and share the understanding and perception of others (Shatzman & Strauss, 1973). Qualitative procedures are said to be invaluable in accessing no quantifiable facts (Berg, 1998). This was very crucial for an emerging subject area like the economic incentives of non-handicapping built environment. Bearing in mind, this area being not much researched, one was bound to be confronted with limited information.

The said qualitative method was specifically adopted to explore general public views with regard to the economic benefits of non-handicapping tourism sites. More especially, their perception of the societal benefits from it

The collection of qualitative data relied on three methods:

1) In-depth, open - ended interviews, often described as a conversation with a purpose, (Kahn & Cannel, 19 Potential 57), was used to gather visitors views with regard to the importance of tourism for all. As a result of its flexibility, this mode of inquiry enabled exploration of many aspects of the interviewee's concern on the subject being studied. The in-depth interviews was adopted for two reasons: first, it enabled exploration of first hand encounters (Yin, 1994) and second, it allowed the researcher to counter-check information provided on the spot through follow up questions or request for clarification.

2) Open-ended questions were deployed as a means of getting an overview of the operation and essence of barrier-free tourism sites from owners and managers of sites/agents. Robson, (1993) recommends this method for investigating a particular phenomenon as it allows peoples' views and feelings to emerge during discussion.

3) Participant observation, as a method of data collection was also employed. Basically this method was adopted to understand ongoing social processes, physical features etc., which may otherwise be difficult to gather from interviews. It enables the researcher to discover interrelationships of elements of the research, which cannot be figured out when interviews are being, conducted (Robson, 1993). As such observation method was used to undertake physical evaluation of the surrounding environment. The said method was also used as a check mechanism.

Data management

The interviews were recorded in notebooks and tape recorder. Fieldwork journal was kept to record ideas and problems encountered throughout the analysis process (Spradley, 1979). I adopted Kirby and McKenna (1989) suggested filing system:

1) Document file where all the original research materials would be kept

2) Content File for filing copies of original and

3) Process File to record each step taken in the research process

A Field note for each interview was edited at the end of each interview to reduce the data into retrievable form (Pearson, 1985). Recorded interviews were transcribed periodically to avoid pile up.

Data Analysis method

The data analysis process entailed two staged: the initial analysis was coding and table creation, preparation of variables by combining a number of codes, converting codes into variable or developing completely new variables. This was used to provide a summary of patterns that emerged from the responses of the sample. Inferential statistics on the other hand were used to provide an overview of the application of the resulting patterns to the population.

Tables are the favorite here because among other things they are easier to read and interpret, easier to note the magnitude of the phenomenon via the comparison of the presented data

reduces explanatory and descriptive statements and above all facilitate the summation of items and detection of errors and omissions.

Materials from seminars, conferences government reports, presentations, etc. were also utilized particularly in providing information, which could not be obtained in the field. This secondary data was also useful in making comparisons, analyzing trends and establishing relationships, which could not come out in the interviews (Dale et al., 1988).

Limitations of the study

The below mentioned were some of the problems that posed great obstacles in the execution of the study

Literature: Thought there has been lot of studies done in Sweden about disabilities, vast majority are in Swedish and are socially or medically oriented. Being a student who can only read and understand English language, I found it extremely difficult to get the type of materials needed especially during literature review.

Funding: There was limited funding for the study. In spite of being purely academic, I felt there was a need for financial support since nothing is for free, leave alone, the travelling expenses involve more especially for a person with mobility impairment.

Language barrier: though it looks a good of Swedes can understand and speak English, for reasons best known to them it was not unusual to be left stranded without required help especially in verbal communication. Therefore, it was a great problem in reaching the right person, material, and information at the right time.

Sensitivity of the topic**:** I quite concord with the fact that Sweden is one of the most open societies but as a foreign student investigating into incomes, I anticipated and experienced the problems of being turn down or even given near false information. Naturally, this would to some extent negatively affect the validity and reality of the results.

Data interpretation

Introduction

A number of 34 accessible tourist sites in Stockholm and environs were approached, large and small with the economic benefits of non-handicapping built environment questionnaires. Of these, 22 sites responded, constituting 65% of the total sample size as can be seen in the below table.

Number of sites approached	Number of sites responded	Percentage (from total)
34	22	65

The number of (22) sites responding regardless the number of telephone calls and e-mails follow ups was attributed to reasons such as:

1) The questionnaire never reached the people it was meant for completion (misplaced en-route).

2) Negligence due to compact daily work schedule of the potential respondent.

3) Lack of adequate information, or knowledge, about non-handicapping tourism/accessible tourism/tourism-for-all.

4) Lack of interest in the study due to lack of awareness.

5) Strict company policy with regards to giving out information.

Nevertheless, according to Trost (1994), a response percentage rate of 50%-70% is an average for a postal questionnaire. It is believed that a level of 50% or more can serve as basis for judgment. A level of 70%, which is consider the highest attainable in the case of a postal questionnaire, can only be reached after intensive personal inquiries.

On the other hand, the observed short interval between the questionnaire circulation and in-coming responses, which was approximately one month of each circulation circle, is attributable to:

1) People interest in the study.

2) The fact that the questionnaires were simple and clearly formulated, which made it easier for respondents to act and respond accordingly.

3) The high prevalence of well-organized and secured postal services in Sweden.

Presentation of Results

Awareness of new market

One of the often-cited phenomena about today's tourism is growing at an alarming rate. Thus, it is highly envisaged that well-functioning sites should be attractive to visitors of all sorts, from every corner of the globe, at any point in time. Table 1 depicts the responses on what nationalities constitute the customers of the surveyed properties or tourist facilities.

Table 1: Customers' nationalities

	N	%
Europeans	11	50
Americans	01	5
Africans	01	5
Asians	01	5
Global	12	55
Others	00	00
Total	187	100

As can be seen above, global with 46% (12) form the majority of the customers followed by Europe 42% (11) while America, Asia and Africa captured 4%(1) respectively.

Being a fast growing industry, it is, without much emphasis, obvious that the industry is a target of many potential investors; rendering it both competitive and intense in the retention and exploration of new clienteles. "Tourism for all" being new, huge and untapped could then be a possible option. In response to being aware of tourism for all (i.e. advocate for accessible tourism sites), table 2 below gauged the responses. 86% (19) respondents claimed to be aware of it while14 % (3) claimed not.

Table 2: Awareness of Tourism for All

	N	**%**
Yes	19	86
No	03	14
Total	22	100

In a related question as to how they became aware of it, conference/seminar with 60% (24) appeared as the major source followed by other means 30% (12) personal contacts, 5% (2) newspaper and television adverts respectively as is shown by table 3.

Table 3: Means of coming to know "Tourism for All"

	N	**%**
Newspaper adverts	2	5
Conference/seminars	24	60

TV Adverts	2	5
Personal contacts	12	30
Others	00	00
Total	40	100

Attitudes towards disability and persons with disabilities

Tourism, dating way back in history, has been associated with the few financially well off persons. However, with better understanding of it and its significance in the development of human beings, those erroneous beliefs are gradually losing their place in modern societies especially, in the developed world. In the third world, however, tourist sites are still places purely reserved for the foreign visitors and the few affluent members of the society. Therefore, with the deeply rooted but ill-conceived perceptions of disability and persons with disabilities, rarely, if ever, indigenous persons with disabilities are allowed within the premises of tourist sites. Table 4 below, shows the responses on whether it is necessary to make the tourist industry accessible to persons with disabilities.

Table 4: Necessity for accessible tourist sites

	N	**%**
Yes	22	100
No	0	00
Total	22	100

In a follow up question with regards to the most important factor for making the facilities accessible, table 5 illustrates the responses.

Table 5: Most important factors for accessible tourist sites

	N	%
Good business	10	45
Human rights	9	41
Both	3	14
Total	22	100

As explicitly illustrated in table 5, 45% (10) respondents subscribed to good business as the most important factor for accessible tourism while 41% (9) human right and 14% (3) were unable to lay the cutting between good business sense and human rights.

Types of customers with disabilities and means of accommodation

While all respondents reported welcoming customers with disabilities, table 6 depicts when they started doing so with 64% (14) from the inception while 36% (8) after inception.

Table 6: Commencement of welcoming customers with disabilities

	N	%
From inception	14	64
After inception	8	36
Total	22	100

In a related issue regarding the types of customers with disabilities mostly welcome, table 8 codes the response.

Table 8: Welcomed customers with disabilities

	N	%
Blind	7	17
Deaf and hard of hearing	8	19
Physically handicapped	12	29
All types of disabilities	20	47
Others	5	12
Total	42	100

In responding to how they accommodate customers with disabilities, table 9 below tabulates the responses: 66% (14) claiming to have some accessible rooms, while 5% (1) reported all rooms being accessible.

Table 9: Means of accommodation for customers with disabilities

	N	%
Accessible rooms	14	66
All rooms accessible	1	5
Other means	4	19

Not ready to share	3	14
Total	21	100

Number of rooms and occupancy rate

In commenting on whether they have experience any downward fluctuation in their accessible rooms since the beginning of operation, the vast majority 64% (14) responded in the negative indirectly indicating an increase as portrayed by table 10 below.

Table 10: Experience in accessible rooms' downward fluctuation

	N	**%**
Yes	5	23
No	14	64
Not ready to share	3	14
Total	22	100

In a follow up question, that explores the most important factor for the increase in the accessible rooms, table 11 below shows the responses with 42% (11) subscribing to increase in demand, 19% (5) meeting international hotel standards and 27 % (7) following government laws.

Table 11: Most important for increasing accessible rooms

	N	%
Obeying state laws	7	27
Meeting international standards	5	19
Demand increase	11	42
Others	3	12
Total	26	100

Of direct relevance to increase in demand is occupancy rate. Table 12 illustrates the responses to the occupancy rate.

Table 12: Accessible rooms' rate of occupancy

	N	%
5% increment	1	5
15% increment	1	5
35% increment	6	27
50% increment	5	23
75% increment	3	14
Not ready to share	6	27

Total	22	100

As to whether these rooms have any impact on the overall occupancy rate, table 13 records the responses**.** 36% (8) agreed while 27% (6) disagreed. The rest were unable comment.

Table 13: Accessible rooms having impact on overall occupancy

	N	**%**
Yes	8	36
No	6	27
Not ready to share	8	36
Total	22	100

Table 14 below; maps responses on the estimates of accessible rooms' impacts on the overall occupancy rate of the hotel.

Table 14: ***Accessible rooms' impact on overall occupancy***

	N	**%**
5% impact	5	23
15% impact	3	14
30% impact	2	9

45% impact	3	14
60% impact	1	5
Not ready to share	8	36
Total	22	100

With regards to any future plan of increasing the extra charges levy on the rooms, table 15 below tables the reactions of the respondents. While 64 % (14) claimed to have no plan of increasing the fees, 23% (5) opted doing so in the next two to three years.

Table 15: Future plan for increasing extra charges

	N	**%**
Yes	5	23
No	14	64
Not ready to share	3	13
Total	22	100

Marketing activities

At present, the successes of most businesses are not entirely pegged on the product but also on the marketing strategies, bearing in mind the indisputable fact that the market is nearly saturated with products of varying kinds, and as such, making the competition very intense. Therefore, to both retain and capture a new market, good marketing strategies are of great essence. In responding to whether being currently engaged in any activity to market these accessible rooms, table 16 below exhibits the responses. While 55 % (12) claimed to be currently engaged in some

kinds of marketing activities, 36% (8) do not. However, in a directly connected question, 9 % (2) claimed to have a plan of doing so in the near future.

Table 16: Extent of engagement in marketing activities

	N	%
Yes	12	55
No	8	36
Not ready to share	2	9
Total	22	100

In the majority of the companies, as illustrated by table 17 below, brochures and the Internet 29% (9) respectively are the leading marketing strategies, followed by logo display 26% (8) and 16 % (5) print media.

Table 17: Marketing strategies in application

	N	%
Logo display	8	26
Internet	9	29
Brochures	9	29
TV Advertisements	0	00
Print media advertisements	5	16
Others	0	00
Total	31	100

Accessible society

Advocate for accessible built environment (e.g. disabled persons' organizations, universal design institutions, sympathizers, etc.), strongly hold on to the belief that accessible environment is not only good for persons with disabilities, but for all segments of society. In response to whether the accessible rooms are sometimes occupied by persons without disabilities, table 18 below mapped out the responses. 95% (21) an overwhelming majority responded in the positive, more especially, when vacant.

Table 18: Occupancy of accessible rooms by persons without disabilities

	N	**%**
Yes	21	95
No	1	5
Not ready to share	0	0
Total	22	100

Constraints

The difficulties in the attainment of accessible built environment is not only associated with some social issues (e.g. negative attitudes, misconceived beliefs that it affects the beauty of the structure, being complex, toothless laws etc.), but with some economic matters too, such as, being too expensive, scarcity of finances, not economically viable etc. “Other negative attitudes arise from the belief that an inclusive environment will be more costly to build than a non-inclusive one, and is likely to be ugly or obtrusive”, Harrison, J. D & Sasiang, E. P. : Level thinking: the key to inclusive environment. In reacting to any financial losses incurred during construction or modification period, table 19 exhibits the responses**.**

Table 19: Experience of loss during room modification

	N	%
Yes	10	45
No	7	32
Not ready to share	5	23
Total	22	100

In a follow up question, regarding problems encountered during construction or modification, table 20 portrays the responses. While 45% (10) reported not have had any problem, 23% (5) have had some.

Table 20: Extent of problems encountered during modifications

	N	%
Yes	5	23
No	10	45
Not ready to share	7	32
Total	22	100

In a directly related question, though with a poor respond rate, lack of expert with 57% (4) and many expenses 43% (3) appeared as the major constraints as depicted by table 21.

Table 21: Types of problems encountered during modifications

	N	%
Lack of materials	0	00
Lack of experts	4	57
Too many expenses	3	43
Opposition from staff	0	00
Not ready to share	0	00
Others	0	00
Total	7	100

Discussion of results

To analysis and make some concluding remarks, I drew almost all the conclusions based on what the survey results could provide since there are few or no earlier economic studies of this kind to support or otherwise dispute the findings.

Market awareness

The results indicated high-level awareness of the existence of a potential market by making tourist sites accessible to persons with disabilities. Since, the major source of awareness has been through conference/seminars, one can hypothesize a major move of financial and human resources when the market comes on the spotlight of the mass media as revealed by some studies.

Goerne, K. (1992), “Target vice president somewhat of a pioneer in the print advertisement using adults and children with disabilities said that it was so successful that they can actually point specific products that sold much better because they were modelled by a disabled person”.

"The early campaign that depicted children with disabilities lead to 1000 supportive letters and "has been the single most successful consumer response we have ever gotten;" according to the Vice president of Wool marketing, (Sagon, 1991, p. B10).

In the same vein without hesitation, one can also anticipate an increase in the willingness of persons with disabilities to take venture into the industry not only because sites will be competing in providing the best services but also the big role that mass media play in the establishment and reinforcement of what is acceptable. Hahn, R. (1987, p.562) for example, points out that advertising promotes specific "acceptable physical appearance" that it then reinforces itself. These advertising images tell society who is acceptable in terms of appearance and that transfers to who is acceptable to employ, associate with, communicate with and value.

Attitude toward disabilities and persons with disabilities

The results revealed a degree positive attitudinal changes towards persons with disabilities in a market, that is, presume to be purely catering for the so call "cream of the society" i.e. members of the diplomatic missions, business community, intellectuals, celebrities, just to name a few. This is a big change and deserve acknowledgement even in comparison to recent times notwithstanding history. For example, Rupert Howell, of the institute of Practitioners in Advertising, said on British television's "Tonight" program (2000) when asked about incorporating persons with disabilities into British advertising: "In the end you have to remember that our job is to sell products for our clients, not to put right the wrongs of the world".

A National Easter Seals Society Executive in the United States, in the mid-1970s, tried to persuade a Minneapolis company to use a person with disability in a promotion photo, and had this to explain: "They were horrified at the idea…They told me they would lose sales, it would scare people – they even used the word disgusting" (Sagon, 1991, Dec. 19, p. B10). Nevertheless, by 1992 the same Easter Seals spokesperson, praised companies like K Mart when they began a new television advertisement campaign using wheelchair-using an actress to portray a customer.

To some extent, the above scenarios are a result of the unnecessary emphasis societies on beauty and bodily perfection that has led to the exclusion of persons with disabilities in the images and also ignoring the fact that disability is a natural part of our diverse society. Therefore, in light of the above revelations, there is no doubt that the findings indicate a giant step in the right direction, not only for the persons with disabilities community, but also, the entire business society since it is a clear manifestation of the recognition of person with disabilities as potential

customers, and above all, being equal to the rest of society reckoning with: “Businesses are coming to an understanding of the potential power of tapping the persons with disabilities market and accepting that persons with disabilities should not be viewed as charity cases or regulatory burdens, but rather as profitable targets. Mainstream companies, from financial services to cell phone makers, are going beyond what’s mandated by law and rapidly tailoring products to suit the needs of persons with disabilities to attract them” (Prager, 1999 Dec. 15, p. B1, 2).

Carmen Jones of EKA Marketing (1997:4), “few companies have enjoyed the profitability that results in targeting the consumers who have disabilities... I believe if the business community were educated about the size and the potential of the market, then advertising programmes with disabled consumers in mind “would be created.

This means companies have learned, due to their desire for profits, to move away from the past pity narratives of charity, economic powerlessness, ignorance since business like any other activity cannot be expected to take place without some sort of trust, confidence, etc., which without much emphasis, rest on each party recognising and accepting each other as equal human beings.

The primary factor for making tourist facilities accessible to persons with disabilities, being that it makes “good business sense”, is not a pointer to profitability alone, but also the existence of a potential and long lasting market which concurs with (Georne, 1992 Spt. 14, p. 33), “Companies and advertising agencies are realising what disability activist and former Mainstream magazine publisher Cyndi Jones said in 1992: “portraying disabled consumers in advertisements is just as good business…because most places people go to work or to play, have one, if not multitude people who are disabled.”

“In the new millennium, advertisers are realising that disabled people buy soap, milk, socks, jewellery, make-ups, home improvement goods, use travel services, live in houses, and enjoy nice home furnishing. There is some evidence that the disabled customer is very much more brand loyal than other consumers”, Barhon, K. (1997).

What is both interesting and worth noting from the results, as a good number of the respondents cited “human rights” as the major driving force for accessible tourism, but that leaves a room for anyone in or connected with the business world, to wonder how rational that is, more especially, in a highly competitive market like the hotel industry. Nonetheless, one is not disputing the moral and social obligations companies owe to society.

Advertising researcher Burnett and Paul, advocate that trying to attract customers with disabilities help companies “meet important social responsibilities”, as well, enhance the consumer base (1996, p.15)

B&Q Diversity Manager KAY Allen pointed out that in addition to profit reasons and legal reasons such as disability Discrimination Act, businesses have "obvious moral reasons. It's absolutely right that companies should cover disability as a diversity issue" (Stirling, 200,p. 10).

Type of customers with disabilities welcome and means of accommodation

Findings revealed all surveyed hotels welcome customers with disabilities and special rooms, emerging as the main means of accommodation. Further revelations also indicated that the majority can offer services to all categories of customers with disabilities followed by persons with mobility impairment, visually impairment, etc. as in the order of facilities adaptation.

Noteworthy in the results is not only the fact that even in the business domain; accessibility issues have focussed more on motor impairment, but the unnoticed fact that with high level advancement in the health care system, some societies especially in the developed world, Sweden included, are gradually witnessing a decline in some disabilities, motor impairment being one. On the other hand with increase in life expectancy, as a result efficient and adequate health care system, a large segment of the population is becoming older, and the possibilities of hearing, vision impairment, etc., are eminent. Therefore, rendering one to question the existence of such a big gap between the capability and willingness of hotels to accommodate motor impaired persons, and the rest. It is my assumption, therefore, if the scenario continues unchecked; a new market within the same market bracket will ultimately emerge, requesting a step backward by both the advocates of accessible tourism and facilities owners.

Another interesting revelation by the results is the bearings accessibility laws have on tourist sites as clearly depicted by table 7 above, since, all respondents subscribing to "years back" started operating after the passing of the accessibility legislation. With such empowerment one receives by such legislation, makes one respect the system which grants the rights and it gives one the emotional confidence to go forth and explore new opportunities in places which were once, as a practical matter, beliefs, attitudes, off-limits. As such, it is my expectation that many persons with disabilities in Sweden will be good customers, and even be employed in some sites in the future than have been in the past, and today, as reiterated by Kate, H. (1997) who conducted a survey on the impact of the Americans with Disability Act, and Work Incentive Improvement Act (WITA) and the UK Disability Discrimination Act (DDA). According to him, in both countries, the new disability rights legislation- "made the business community more aware of disabled consumers and that there are large numbers of them. These legislative acts have also given businesses an understanding that disabled persons want to find more and better employment, and, in turn purchase more consumer goods". Some analysts actually called the Americans with Disability Act a

mandate for marketers to begin to recognise the formerly invisible persons with disabilities market Stephens and Bergman, (1995:14).

Rooms and occupancy rate

The results show a huge increase in the number of accessible rooms, with increase in demand as the predominant factor, behind it reckoning to some extent with, following findings:

Quinn, (1995) for example, the hotel chain Embassy Suites, found out that becoming sensitive to the needs of customers with disabilities leads to more business. In a similar study, done in the preparation for the 1996 Atlanta Para Olympics, illustrated that both households with (49%) and without disabled person (35%), highly value good and integral provision for the needs of persons with disabilities and were ready to buy products and services from companies that showed sensitivity to disabled persons` needs, Dickinson, (1996).

With close examination of their rate of occupancy illustrated by table 12, one might not hesitate to accord with increase in demand as the principal force. However, in the absence of an inquiry into the total number of rooms in each hotel, leave a lone majority were unable to comment, one feels the embodiment of some limitations and constraints in further statistical analysis of the data to quantify its significance, although, empirical analysis at a minimum, communicates a positive trend or gain.

With following government laws scoring the lowest responses, findings seem to be supporting the strong body of opinion that accede to the contention that "passing laws, after laws and starting programmes after programmes, would never address the underlying attitudinal, political and economic resistance, to equality for persons with disabilities. However, with evidence of economic profitability of accessible society, the philosophical ideologies underpinning, the concepts of normalization and equality will be strong enough to penetrate the resistance of some social and belief systems*" (Barrier free World for All,* 2001: www. Ed.gov*)*

"Those of us in the non-profit world have tried for years to change the way persons with disabilities are perceived," Sandra Gordon of Easter Seals said. "Now it seems the for-profit world, is finally lending a hand, and will make it. Ensuring all persons with disabilities will have access to places and programmes that persons without disabilities have taken for granted, that our built environment will progress to an inclusive one, that persons with disabilities will be more productive and productive longer than ever before, that persons with disabilities can be fully

participating members of their families, schools, churches and communities . . .", Roberts and Miller, (1992, p. 40).

"If we want to see a stronger enforcement of disability rights laws, if we want to see a greater economic opportunities, funding for home and community based services and assistive technology, education, health… for persons with disability, we need to get organised and make our presence felt in the marketplace and polling stations", Dickson, J. Chairperson of American Association of people with Disability: www.aapd-dc.org.

Marketing activities

Apparent from the results is that a vast majority of the respondents are presently engaged in some kind of marketing activities, with Internet and brochures being leading strategies. This to some extent reckons with the dominating thinking in the tourism-cum-marketing arena other markets alike. That is, if any destination is not on the world web, then the millions of people who now have access to the Internet may, ignore it, because they expect that every destination will have a comprehensive presence on the web. Therefore, affirming to the net being the new destination-marketing battleground, and if one is not there fighting hard then one cannot win the battle for tourist dollars.

However, in a further analysis of the data, I found no relationship between the type and number of marketing strategies deplored and the accessible rooms' occupancy rate, their impacts on the overall facilities occupancy rate and even their increase in the number. Therefore, indirectly, it is showing the impact of some unobserved variables, namely, safety and security, workers dedication and attitudes, proximity to other accessible infrastructures, supportive services, etc.

Akin (1998), safety and security are vital to providing quality in tourism. More than any other economic activity, the success or failure of a destination, depends on being able to provide a safe and secure environment for visitors. President Clinton pushed for the Act (ADA) with inclusive society perspective: "As anyone with disability can tell you, it takes more than a job to enter the work force. Often, it takes successful transportation, specialised technology or personal assistance," Clinton, (1999).

Constraints

Results point out that majority had not incurred any financial loss during construction/modification, the most feasible hypotheses to explain such is, it does not take much time, taking into account the lack of experts, and too many expenses, being the main constraint reported.

Summary and conclusion

To determine the potential economic impacts, by making the built environment accessible to persons with disabilities, this study has analyzed five areas of relevance within the tourist industry in Stockholm city and its environs. In summary, both the review and analysis revealed financial gains by hotel companies by making their facilities accessible to customers with disabilities. Therefore, in light of the results, it is my strong conviction with some more efforts by hoteliers, tour operators, advocates, etc. in both sensitizing the business society and the persons with disabilities community, there is a lot more to reap.

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THE IMPACT OF LOW-COST CARRIERS IN THE MIDDLE EAST AVIATION MARKET – WITH AN APPLICATION ON AIR ARABIA

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ABSTRACT

The penetration of the Low-Cost Carriers (LCCs) is considered one of the most important consequences of the world airline deregulation. This advent has reshaped the world airline market – which was previously controlled by the national Full-Service Airlines. Accordingly, the research focuses on investigating the impact of the LCCs' emergence in the Middle East airline market and addressing the main challenges facing the Middle Eastern LCCs – with a focus on Air Arabia. The methodology of the research depends on adapting the qualitative method using semi-structured interviews. In this regard, nine face-to-face interviews have been conducted with the sales manager of Air Arabia Egypt and the sales managers of the other competitors that operate out of Alexandria airport to the other Middle Eastern destinations. The study concluded that LCCs could

reshape the airline market and create their market share in the Middle East. Moreover, the airfares were generally decreased after launching Air Arabia. On the other hand, it was revealed that the governmental restrictions and the political and economic status in the Middle East region represent the main challenges for LCCs.

Key Words: Low-Cost Carriers, Full-Service Airlines, competition, Middle-Eastern airlines, Air Arabia.

INTRODUCTION

The deregulation of the world aviation industry has facilitated the advent of LCCs in the world airline market. Basically, the business model of traditional FSAs differs from the LCCs' business model; the latter is based on offering low airfares without any free ancillary services through cutting costs of the operation and marketing strategies (Martín & Román, 2008; Becker, 2013). Accordingly, LCCs have reshaped the competitive environment of the aviation industry within liberalized markets. Moreover, they have crucially impacted the world's domestic passenger market – which was previously controlled by the Full-Service Airlines (FSAs). Consequently, the competition between FSAs and LCCs has globally emerged (O'Connell & Williams, 2005; IATA, 2015).

Initially, the business model of LCC has been started with the launching of Air Southwest out of Texas to become Southwest Airlines in the United States (US), followed by the rapid growth of Ryanair and EasyJet in Europe (EU). This business model has led to lowering airfares, opening new markets and making air travel affordable for many people who have not flown before (Button, 2009). As a result, FSAs operating in EU and the US have lost a significant proportion of their passengers to the LCCs. By time and after the success of the European and American LCCs, the business model has emerged in many airline markets including the Middle East (ME) airline market (O'Connell & Williams, 2005; IATA, 2015).

Generally, the market share of the LCCs in the European, US airline markets and currently all over the world has significantly increased. The capacity of LCCs has been dramatically increased three times higher than the level of FSAs' in 2000 to reach nearly 30% in 2014 compared to 25% in 2013 and is still expanding (ICAO, 2013, p.12; ILO, 2013, p.8; Embraer, 2015, P.18). Moreover, LCCs contribute to more than half of air passenger traffic growth in many European and Asian markets (Sarker et al., 2012, p.163). In 2015, LCCs have carried more than 950 million passengers in the world (ICAO, 2015, P.2).

The growth opportunities for LCCs are much higher in EU, the US and beyond like Africa, Asia and ME (Bhatti et al., 2010). According to Amadeus (2013, p.4), LCCs are dramatically growing in the ME airline market after the significant total growth in the LCCs' carrying capacity from 11.5 million seats in the beginning of 2012 to 13.5 million seats after a year in the beginning of 2013. Furthermore, in 2013, LCCs have acquired 13.5% of the total market share in the ME (Aljazira Capital Report, 2013, P.3). However, Air Arabia has introduced the business model of LCC in the ME airline market as the first LCC to enter the market, followed by the launching of other LCCs (Airarabia, 2015). This advent of the new business model in the ME region has led to a competition between FSAs and LCCs, along with a competition among LCCs as well.

Hence, the impact of LCCs in the ME airline market will be investigated in this research through analyzing the competition emerged between FSAs and LCCs in the ME, along with the competition among LCCs as well – with a focus on Air Arabia as the first mover in the ME region.

The research has the following questions:

Q1. How did the emergence of the LCCs change the ME airline market?

Q2. What are the competitive responses adopted by FSAs in the context of the competition with LCCs in the ME airline market?

Q3. What are the critical challenges that face LCCs in the ME airline market, and how they could overcome them?

LITERATURE REVIEW

2.1 The Emergence of LCCs in the ME Aviation market

Over the past decade, liberalization efforts that were undertaken in the region have resulted in the advent of LCCs in the ME airline market (ICAO, 2010; Mikhael, 2012; Al-Sayeh, 2014). Additionally, the lack of infrastructure and railway systems linking ME region, coupled with the increased regional passenger demand for shopping and Pilgrimage have also led to the emergence of LCCs in the region to serve the demand for the intra-regional air travel (Riaz & Kapadia, 2007; Middle East Amadeus Report, 2010; WTO Report, 2012). Generally, the penetration of LCCs in the ME is relatively new and was encouraged by the fast growth of LCCs in the European and US airline markets. It was started in 2003 with launching the first LCC in the region, Air Arabia, based in

Sharjah. Following the advent of Air Arabia, establishment of other LCCs in the region, e.g., Kuwait-based Jazeera airways in 2005; Turkey-based Pegasus airlines in 2005; Saudi Arabia-based Nas air in 2007; Dubai-based Fly Dubai in 2009 and recently, Egypt-based Air Cairo in 2012 (Khan, 2012; Aljazira Capital Report, 2013; ICAO, 2014, Pegasus airlines, 2015).

2.2 Market Share and Growth Rates of LCCs in the ME Aviation market

In general, the market share of LCCs in the region has gradually grown; it has reached an approximate percentage nearly 11.5% in both years 2010 and 2011, then, increased to reach 13.3% in 2012 (The European commission Report, 2011, P.97). Moreover, since 2007, the ASK market share of LCCs on the Middle Eastern short-haul routes has significantly increased, reaching nearly 23% in 2013 (Airbus, 2014, P.124). Nevertheless, even with the rapid growth; LCCs are still less penetrated in the ME compared to those in EU, the US and Asia (OAG Report, 2012; CAPA Center of Airline, 2013). In this respect, a report of air traffic analysis of Amadeus over five-year average (2014, P.29) has declared that the Middle Eastern LCCs had only a relatively small share (6%) of domestic air traffic, compared to 32% operated by LCCs in European market – for example. Additionally, LCCs' market share of intra-regional traffic between neighboring countries (short-haul routes) in the ME region was only 20 % compared to 49% in EU (Figure 2.1).

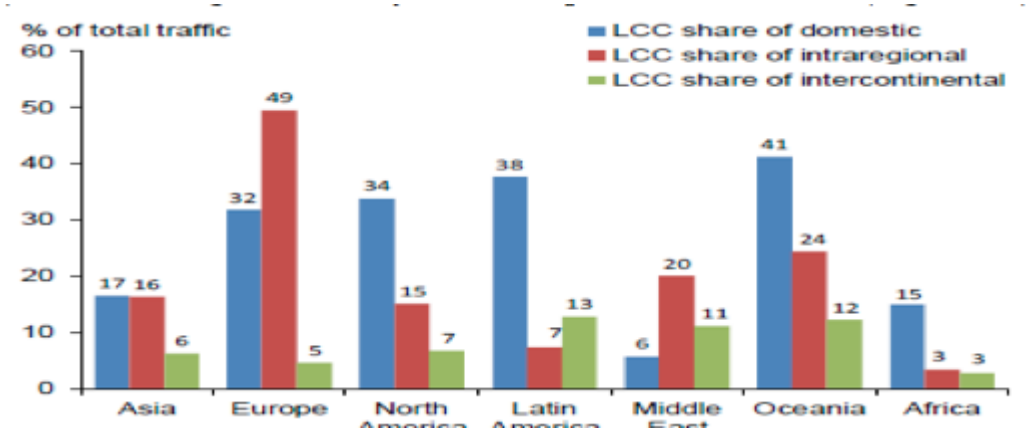

Figure 2.1: LCC Market share around the world (five-year average 2010-2014)

Source: Amadeus, 2014, P.29

On the other hand, LCCs in the ME have operated 11% of intercontinental traffic over five-year average (Figure 2.1) (Amadeus Report, 2014, P29). At the same time, the report of CAPA Center (2013) has also highlighted the LCCs' focus on operating medium-haul routes; as 65% of LCCs' capacity is flying from ME to another region (mainly to EU and India) (Airbus report, 2014, P.124).

2.3 Air Arabia - the First LCC in the ME Aviation Market

2.3.1 The profile of Air Arabia

Air Arabia is the first LCC in the ME and North Africa airline markets, founded in 2003 by the Sharjah Government to promote travel and tourism sector. Initially, the airline was operating only six destinations within the GCC region. Then, the airline has rapidly grown to be the largest LCC in the ME and North Africa (OAG Report, 2012; Sorensen, 2012; Air Arabia, 2015). In general, the airline has transformed the ME aviation market that was fully controlled by the national FSAs. Since the air travel was only for the relatively higher class in many countries in the region; Air Arabia attempted to make air travel affordable for the middle classes and people who have not flown before by offering low fares (Riaz & Kapadia, 2007).

At the beginning of the operation, the main challenge for Air Arabia was to change the perceived image of luxurious air travel in this region. However, after two years of operation, the airline has successfully achieved a continued annual growth and become profitable. It could dominate the LCC sector in the region even during the challenging times of the global air travel. Moreover, Air Arabia has successfully positioned its brand in the region and was rated among the top 40 most admired brands in the Arab world (Riaz & Kapadia, 2007; The National Investor Report, 2008). Recently, Air Arabia has been named as the "Best Low-Cost Airline in the Middle East" for the second time at the 2015 Skytrax world airline awards in Paris.

2.3.2 Growth Rates of Air Arabia

Air Arabia has followed an aggressive growth strategy of network expansion. The airline follows the "multi-hub strategy" by launching subsidiaries in different markets through making local joint ventures in order to expand into new markets and serve the key destinations in the ME. To date, Air Arabia has five hubs in the UAE, Morocco, Egypt, and Jordan (Air Arabia annual Report, 2015, P.12, 17). On the other hand, Air Arabia has served around 55 million passengers over 12 years of

operation, reporting a 12% increase in a number of passengers carried– compared to 2014 – to reach over 7.6 million passengers in 2015 as shown in figure 2.2 below (Air Arabia Report, 2014, p.9,15).

Figure 2.2: passengers' growth of Air Arabia (2008-2015)

Source: Adopted from Air Arabia annual reports in the period of (2008- 2015).

Anyway, after discussing the growth rates of Air Arabia and the key statistics that confirm the rapid progress that the carrier has made; it is found that Air Arabia posts increased growth rates and achieved success despite the challenges in the ME market.

2.4 LCCs' Business Model

Many studies have agreed that there is no standard business model or specific definition for LCCs, instead; there is a general understanding of the operations and services they operate (Damuri & Anas, 2005; IATA, 2006; Niinimaa, 2011). On the other hand, it should be mentioned that the term "low-cost" originated within the airline industry refers to airlines with a lower operating cost structure than their competitors. Meanwhile, through popular media, the term defines any carrier with low ticket prices and limited services (Toramanyan, 2007, p.11). However, in the original term, it refers to a provider of only basic transportation products and services (Han, 2013). The operation and marketing strategies of LCCs will be briefly discussed in order to better understand the business model of LCC.

2.4.1 The Operation Strategy of LCCs

In general, the operation strategy of LCCs is based on cutting costs. Firstly, using secondary airports allows lowering airport charges; opening new routes; simplifying ground services and achieving fast turnarounds that lead to a high utilization of aircraft. Similarly, operating point-to-point network leads to a simple ground service and high aircraft utilization. Thirdly, the use of a single aircraft type reduces the maintenance, training costs and fuel costs; which allows achieving a higher seating capacity and gaining a greater contractual purchasing power. Fourthly, offering no-frill services on-board increases the turnaround times through reducing the required time needed to upload and unload meals. Fifthly, the consequence of the previous four factors is the reduction in labor cost – the most important element in the operational costs, through hiring a lower number of multi-tasks ambitious employees and reducing wages along with increasing commissions and labors' loyalty (O'Connell & Williams, 2005; Niinimaa, 2011; Harvey & Turnbull, 2012). Briefly, the following figure summarizes the operation strategy of LCCs:

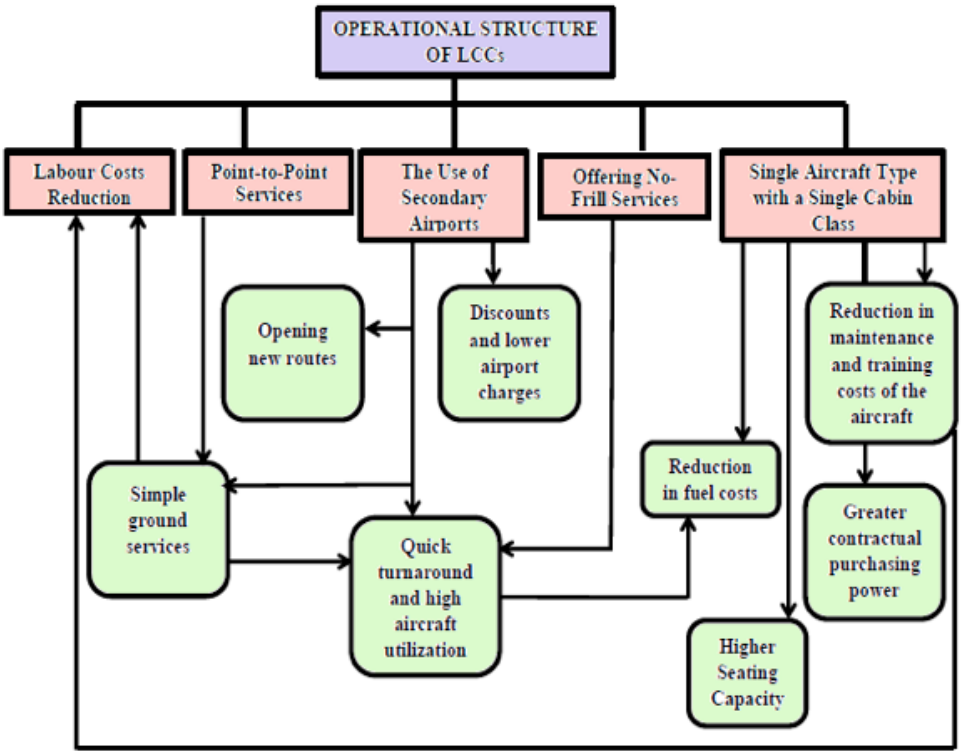

Figure 2.3: The operational structure of LCCs
Source: El-Mawardy, 2016, p. 43

2.4.2 The Marketing Strategy of LCCs

The marketing strategy of LCCs helps in reducing costs as well by (a) offering a simple service with no-frills; (b) following a pricing policy based on offering one single class with low airfares – that are rising as the departure date is getting closer – and simplified yield management based on maximizing ancillary revenues and introducing non-refundable one-way tickets without restrictions; (c) depending on direct sales through Internet, call centers, etc.., avoiding the use of travel agents and GDSs; (d) building a strong brand image through simple promotional designs, arranging special promotions, introducing documentary series and providing sponsorships in the important events for better communication with public, besides generating revenues from using the airplane surface for advertising products (Servadei, 2011; Menon, 2013).

Eventually, a comprehensive definition or understanding of LCC can be concluded:

Low-Cost Carrier is a type of airlines that depends on simplicity in its operations. The business model of this type is based on cutting operation and marketing costs throughout offering point-to-point scheduled air travel with low airfares and no free ancillary services, single class, single aircraft type, direct distribution and comparatively lower wages; which gives the airline a competitive advantage to compete with rivals and create a new customer base requiring this model.

RESEARCH METHODOLOGY

The Research relies on both desk research and field research. Desk research includes scientific books, articles, periodicals, reports and websites in order to collect secondary data. Meanwhile, the field research is used for collecting the primary data. The study follows the descriptive analytical methodology which aims to explain and investigate the impact of LCCs in the ME aviation market in terms of both the competition with Middle Eastern FSAs and the competition among LCCs.

The qualitative method will be adopted as a data collection tool approach. Questions and of this research will be answered through conducting a semi-structured personal interviews with the sales manager of Air Arabia Egypt and the sales managers of some competitors from Middle Eastern FSAs and other LCCs operating out of Alexandria airport to other destinations inside the ME region in order to reveal knowledge more in depth about the impact of LCCs in the ME airline market and to shed the light on the current situation of the competitive environment and the challenges facing LCCs in the ME airline market particularly.

3.1 Population

Generally, according to Magellan Geographix (1992), the ME region includes: the Gulf Cooperation Council (GCC) countries (Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, the United Arab Emirates and Yemen); Lebanon; Syria; Iran; Iraq; Jordan; Sudan; Palestine, Egypt and Turkey. However, there are around 6 Middle Eastern LCCs, including Air Arabia, based in Sharjah; Kuwait- based Jazeera airways; Turkey-based Pegasus airlines; Saudi Arabia-based Nas air; Dubai-based Fly Dubai and recently, Egypt-based Air Cairo (Khan, 2012; Aljazira Capital Report, 2013; ICAO, 2014, Pegasus airlines, 2015).

On the other hand, there are around 17 national Middle Eastern FSAs operating in the ME airline market, including Saudi Arabian Airlines; Gulf Air; Kuwait Airways; Emirates airlines; Etihad Airways; Qatar Airways; Iraqi Airways; Yemen Airways; Egypt Air; Sudan Airways; Middle East Airlines; Syrian Arab Airlines; Royal Jordanian; Oman Air; Palestinian Airways; Iran Air and Turkish Airlines. Additionally, there is a number of privately-owned Middle Eastern FSAs operating in the region, for example: FSAs based in Egypt (Nile Air, Nesma Airlines and Airgo Airlines Egypt); FSAs based in Sudan (Mid Airlines and Sun Air); FSAs based in Syria (Cham Wings Airlines & Syrian Pearl) and Seven FSAs based in Iran operating between Iran and UAE (AACO, 2013; ICAO, 2015).

3.2 Sample Selection

In this research, the interviews have been conducted in the Egyptian airline market; since it is one of the most important airline markets in the ME region – specifically in Alexandria where the secondary airport is located and operated by all LCCs. In this regard, nine face-to-face semi-structured interviews have been conducted in October 2015 with the sales manager of Air Arabia Egypt and the sales managers of some competitors from FSAs and LCCs operating out of Alexandria airport to the other Middle Eastern destinations, the sample includes:

- The sales managers of all Middle Eastern LCCs operating out of Alexandria: (Nas air; Jazeera airways; Fly Dubai and Air Cairo).

- The sales managers of all national Middle Eastern FSAs operating out of Alexandria– except the sales manager of Saudi Arabian airlines who has refused to be interviewed: (Egypt air; Qatar airways and Kuwait airways).

- The sales manager of the Egyptian privately-owned FSA: (Nile air).

Findings Analysis and Discussion

According to the data gathered from literature review and the findings of the field study, the questions of the research can be answered as the following:

Q1. How did the emergence of the LCCs change the ME airline market

In 2003, after the entry and success of Air Arabia, following that, launching a number of LCCs in the ME region; the airfares were generally decreased. Moreover, some FSAs could not compete on certain routes and stopped their operations in certain markets, e.g., Etihad airways and Emirates airlines that ceased their operations in Alexandria airport. On the other hand, despite that the general opinions revealed from the field study have confirmed the positive impacts of LCCs in terms of making travel affordable, opening new markets and creating job opportunities; some opinions have confirmed that LCCs' advent negatively affected the air travel quality of the aviation industry.

Concerning the market share of LCCs, they could create their market share in the ME airline market through targeting the migrant workers and price-sensitive segments. At the same time, the data revealed from the field study has confirmed that the LCCs attract price-sensitive business segment as well. Hence, LCCs could take a significant market share from FSAs. Generally, the proportion of the lost FSAs' market share differs according to the main segments targeted by the FSA; Qatar airways – for example – did not lose a significant market share after the entry of LCCs because the airline mainly targets the quality-interested passengers.

Q2. What are the competitive responses adopted by FSAs in the context of the competition with LCCs in the ME airline market?

Based on the field study, it was revealed that the Middle-Eastern FSAs face the LCCs' competition through launching LCC subsidiaries or acquiring high shares of LCCs – as the case of Egypt air and its subsidiary Air Cairo with a 60% share, or cease operations on unprofitable short-haul routes and focusing on operating long-haul routes – as the case of Emirates airlines and Etihad airways.

However, some FSAs maintain their high-quality service and their high airfares; since they do not consider LCCs as competitors – as the case of Qatar airways. Meanwhile, some FSAs try to offer lower airfares and compete directly with LCCs according to the destination and the season – as the case of Egypt air, Kuwait airways, and Nile air. In general, the majority of the Middle-Eastern FSAs

are members in global airline alliances in order to achieve high load factors on the long-haul routes. Furthermore, the privately-owned FSAs compete with LCCs only by offering low airfares and more frills.

Q3. What are the critical challenges that face LCCs in the ME airline market, and how they could overcome them?

It was concluded that LCCs in the ME face several critical challenges. The political and economic status in the ME region represents the main challenge for LCCs. For example, the national airlines of Yemen and Syria ceased their operations and many airlines went out of business – even in Egypt. On the other hand, the majority of the secondary airports in the ME are away from capitals; which threatens the LCCs' competitive advantage. In addition to that, the LCCs face governmental restrictions in the ME airline market, while the LCC subsidiaries do not face any restrictions – as the case of Air Cairo. These restrictions can be in the form of:

(a) higher airport taxes for the foreign airlines; (b) restricted licenses; (c) controlling airfares and the services offered on-board of the other airlines on routes operated out of primary airports (e.g., any airline willing to operate out of Cairo airport must introduce business class and offer free baggage allowance; free meals on-board with determining the minimum level of airfares that the airline can offer, further, if the airline is a foreign one, the use of the GDS system is a must); (d) closing the operations on certain routes, high protection of the primary airports; (e) giving financial subsidies or supporting fuel costs for the national FSAs; (f) making hidden bilateral agreements between some governments and ceasing specific routes to protect the national FSAs from incurring losses – especially in the high season (e.g. ceasing the route Alexandria-Dubai in the high season last year), and (g) launching an LCC subsidiary with privileges of the parent national FSA to compete with the other LCCs (e.g., Air Cairo that is owned by Egypt air with a 60 % share and the rest of share is owned by two of the national banks of Egypt).

However, the restrictions in the ME airline market differ from a market to another, the airline markets of Egypt, Saudi Arabia and Kuwait are the most restricted market, while the UAE is considered the less restricted airline market.

The LCCs in the ME airline market are trying to face these challenges through expansion the LCCs' operation. Some LCCs try to acquire shares in old airlines – as the case of Petra airlines that was acquired by Air Arabia in Jordan. While other LCCs try to launch subsidiaries – as the case of Air Arabia, or making the code-share agreements as the case between Nas air and Etihad airways to operate flights to the Far East.

Additionally, some LCCs introduce some frills and features of FSAs (e.g., Jazeera airways and Fly Dubai offer business class; Air Cairo offers free meals onboard; Jazeera airways offers free snakes onboard; Nas air, Air Cairo and Fly Dubai introduce GDS systems in their distribution strategies. Moreover, all the Middle-Eastern LCCs operate out of primary airports besides secondary airports. Generally, LCCs offer critical services for free according to the market they serve (e.g., all LCCs offer free baggage allowance in the Egyptian airline market). However, they depend all on travel agents along with online sales in their distribution strategies because of the lack of using a credit card).

Nevertheless, it is concluded that some LCCs gain governmental support due to being owned by the government (e.g., being owned by someone important in the royalty families in the ME (e.g., Fly Dubai, Nas air, Jazeera airways), or being a subsidiary to a national FSA (e.g., Air Cairo in the ME).

Conclusions and Recommendations

The research concluded that the success of LCCs in EU and the US has encouraged the penetration of this business model in the ME by launching Air Arabia in 2003; which has led to reshaping the ME airline market – mainly on short-haul routes – that was previously controlled by national FSAs, making air travel affordable for people who have not flown before and lowering the level of airfares in general. Moreover, LCCs have helped the economy of the countries by supporting tourism in the remote unknown regional tourist destinations close to secondary airports and opening new markets. However, the moderate level of living in the region, the high proportion of migrant workers – especially in the GCC market and high demand for Pilgrimage travel have helped LCCs to enter the market and achieve high profits.

Consequently, the competition between FSAs and LCCs has emerged in the ME airline market, some FSAs could not survive and went out of business. Meanwhile, the survival FSAs have followed different ways to compete with LCCs including, (a) restructuring the operation and marketing strategies; (b) acquiring shares of LCCs or making joint agreements with them to be used as a feeder traffic; (c) launching LCC subsidiaries to compete directly with LCCs, While keeping the high fares and quality of FSAs; (d) following the aggressive and anti-competitive strategies that lead to unfair competition and could get LCCs out of the market. However, despite the unstable political and economic status in the ME, besides the competition of LCCs; Qatar airways has been named the airline of the year – the third time in five years – at the 2015 Skytrax world airline awards in Paris; which confirms the airline's successful strategy of competing in the world generally and specifically in the ME airline market.

On the other hand, in the context of network expansion; some LCCs are looking forward to operating longer-haul routes through: (a) adopting the multi-hub strategy by launching subsidiaries or purchasing the old airlines in different markets (e.g., Air Arabia); (b) making joint agreements between LCCs in sharing maintenance and ground handling services (e.g., Nas air and Etihad airways). However, the Middle Eastern LCCs basically introduce a number of FSAs' features in the ME airline market in order to expand their market share.

Generally, the competitive environment in the ME is relatively restricted by the governmental supports to the national FSAs at the aim of protecting them from the competition with new entries through many ways. In addition to that, the unstable political and economic status in the ME region is the main challenge for LCCs and making the possibility to open the competition in the ME airline markets difficult in order to protect the national airlines from incurring losses, unlike the circumstances in EU; where are the economic development and relatively stable political status.

Moreover, the lack of appropriate infrastructure in the ME is considered another challenge for LCCs; since most of the secondary airports in the ME are away from capitals, e.g., there are no secondary airports close to Cairo, the capital of Egypt. Furthermore, the mentality of people in the ME forms another challenge for LCCs; some passengers need the critical services for free (e.g., free baggage allowance in the Egyptian market); they do not accept the idea of paying for these services to be obtained. Furthermore, there is a lack of online purchase and using credit cards; which drives LCCs to depend on travel agents besides their websites in the ME.

Anyhow, the research concluded that some LCCs gain governmental support due to being owned by the government or being a subsidiary to a national FSA. All in all, unlike Egypt, Saudi Arabia and Kuwait which are the most restricted markets; UAE and Beirut are considered the less restricted airline markets. Yet, Air Arabia is considered a strong competitor for both Middle-Eastern FSAs and the other LCCs. At the same time, Air Cairo is competing strongly in the ME with the support of the Egyptian government.

Concerning the future of LCCs in the ME airline market, the market is expected to remain restricted under the unstable political and economic circumstances. At the same time, the secondary airports will be opened for the competition. Consequently, the number of new entries from LCCs or low fares airlines would be increased in some markets in the ME. Moreover, on the long run, Egypt air could suffer from the risk of replacement by its LCC subsidiary, Air Cairo – as the case of the LCC subsidiary, proving that, the emerged competition between Egypt air and Air Cairo, while they are supposed to complete each other – not compete. The other scenario is that Air Cairo could suffer from losses as the airline offers full-services with low airfares and high operation costs.

Additionally, it is expected that all airlines would be hybrid airlines on the long run; since many LCCs are in their way to adopt the mixed model, whether in the world generally or in the ME specifically. Hence, they would be called as "Low Fare Airlines" rather than LCCs because they offer many free services and introduce many features of FSAs with low fares. The same would happen with the FSAs that compete directly with LCCs.

Based on the conclusions above, the research recommendations are the following:

(a) The Civil Aviation Ministries in the ME are supposed to focus on their main task in the ME airline market, assuring the fair competition in a way not restricts the airline markets to protect the national airlines. They should achieve the balance of not to open the market to reach over capacity and not to restrict the market to reach under-capacity. The competition should be more opened – even under the unstable economic and political circumstances in the ME region. Anyway, it is better for the national airlines to compete without protection from their governments in order to work efficiently and get rid of over-employment and bureaucracy.

(b) It is crucial to enhance the infrastructure in the ME. There is a need to expand the existent airports or establish new ones in order to face the full capacity that most of the airports have almost reached and to avoid a further over capacity on the long run. Moreover, secondary airports are better to be established close to the capitals – like the case in France or London – in order to avoid the long distance that the passenger should be crossed by to reach their final destinations if they are travelling with LCCs. However, the existing secondary airports in many countries in the ME need to be improved and more activated. These steps would not only benefit the LCCs' business; it would benefit the economy as well through activating tourism sector and business traffic.

(c) Any airline should strengthen its position in any airline market through maintaining its identity and maximizing the load factor without turning to be a hybrid airline; this is the key success for any type of airlines. Meanwhile, in the context of the competition between airlines – especially after the advent of LCCs; many airlines lost their identity and ended up to cease their operations and go out of business. Hence, although it is expected that the majority of airlines would turn to be hybrid in the future – whether the airline is an FSA or an LCC; this trend would make the airline lose its identity and competitive advantage:

- FSAs would make profits on the short run by turning to be hybrid; but on the long run, they would lose their reputation by lowering airfares and getting rid of the high service quality.

- Similarly, LCCs – on the long run – would lose their competitive advantage of offering low airfares based on cost cutting; since they could not offer the same low airfares when they are hybrid. As a result, they would lose their market share of migrant workers to the road travel again.

Furthermore, their market share of the price-sensitive passengers would turn to the original FSAs again. At the same time, they could not attract the high-yield segment; since this segment would prefer to travel on the high-quality FSA due to the close airfares.

(d) LCCs should always invest capital in improving their aircraft and maintenance in order to ensure the safety of the airlines and avoid any unexpected situations; sine many rivals claim that LCCs are unsafe airlines due to their low airfares, using this rumor to keep their market share in the context of the competition with LCCs. Hence, any accident that could happen to any airline would significantly affect the demand for the LCCs further more than FSAs.

(e) The Middle-Eastern LCCs could make a code-share agreement with other European or Asian LCCs in order to achieve high load factor, offer more destinations and indirectly compete with FSAs on the long-haul routes beyond the ME, while keeping their original business model.

(f) It is better for FSAs to focus on operating long-haul routes and ceasing operations on the unprofitable short-haul routes; maintaining their service quality and market share of loyal segments, along with attracting the high-yield passengers on the short-haul routes. However, if FSAs are interested in gaining profits from the price-sensitive segment, they could launch their LCC subsidiaries or set a code-share agreement with another LCC – which means achieving a high load factor for both airlines, taking into consideration the quality, safety and on-time performance of the LCC subsidiary or the LCC partner in order not to negatively affect the reputation of the FSA or the partner airline.

(g) Egypt air and Air Cairo should complete each other not compete; through letting Air Cairo operate more flights on short-haul routes, while Egypt air focuses on operating long-haul routes in order to avoid the risk of replacement by Air Cairo on the long run (as the case of Go and BA). At the same time, Air Cairo should clarify its business model to be called “Low Fare Airline” – not LCC; so that the airline could compete with appropriate airfares in order to avoid incurring losses.

(h) Finally, it is recommended for Air Arabia to continue its multi-hub strategy in the context of expanding the network and obtaining hubs in many countries in the ME region in order to serve more destinations directly. Moreover, it is better for Qatar airways to keep its differentiation strategy and adopt the displacement effect by offering relatively higher airfares and high-quality. On the other hand, it is better for the UAE government to keep handling the competition by letting Emirates airlines operate the long-haul routes, while Fly Dubai operate the short-haul routes, along with opening the airline market for competition.

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A COMPREHENSIVE PERSPECTIVE ON MEDICAL TOURISM CONTEXT AND CREATE A CONCEPTUAL FRAMEWORK

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Abstract

This study developed a theoretical structural model to examine the influence of motivational factor and perceived destination image in the perceived service quality and overall satisfaction of medical tourists who have travelled to a foreign country to obtain a medical treatment. The theory of motivation, perception was combined in this research. This study included customer perceptions based on motivational factor, destination image, quality, value, and satisfaction which occurred after the medical trips. This is a quantitative study and survey method is used to collect data. The instrument of this study is developed based on the review of previous literature. There were only 260 completed responses that met all the required criteria. After data collection was completed, the Statistical Package for Social Sciences (SPSS) and SPSS AMOS 22.0 will be used to analyze and interpret the result. The results show that there were positive impact of Destination Image and Motivational Factor on Perceived Value, and positive impact of Perceived Value on Overall Satisfaction. Once again, it can be confirmed that Destination Image has the strongest impact on Perceived Quality, illustrated by the highest standardized value of .473.

Key words: medical tourism, motivational factor, perceived destination image, perceived service quality

Introduction

Medical tourism as a niche has emerged from the rapid growth of what has become an industry, where people travel often long distances to overseas countries to obtain medical, dental and surgical care while simultaneously being holidaymakers, in a more conventional sense. Medical tourism is becoming an increasingly popular option for patients looking to access procedures (typically via out-of-pocket payment) that are seemingly unavailable to them in their home countries due to lack of affordability, lack of availability, and/or lengthy waiting lists, among other reasons (Ackerman, 2007). People wishing to access procedures such as cardiac, orthopedic, dental, and plastic surgeries are going to key destination countries known to provide care for international patients (Al-Hinai et.al, 2011). Medical tourism enables patients to quickly and conveniently receive medical services through travel, at lower prices and, oftentimes, at better quality than they could in their native countries. The reasons patients travel for treatment vary. For example, In Canada, people are frustrated by long waiting lines. In Great Britain, patients cannot wait for treatment by the National Health Service; nor can they afford to see a physician in private practice. (Allemanet.al, 2011)

Medical tourism combines medicine with tourism, encouraging patients to seek medical services while traveling for relaxation and leisure and have emerged as one of the fastest growing areas of academic research interest in both tourism and health studies (Balaban and Marano, 2010; Crooks et al., 2010; Underwood and Makadon, 2010;Whittaker, 2008). Smith and Puczko (2009) argue that health tourism is composed of medical tourism and wellness tourism, meaning that medical tourism is a subset of health tourism. Borman (2004) and Jonathan (1994) define health tourism as attracting tourists with the unique attractions of the destination combined with facilities for healthcare services. Connell (2006) points out that a distinction must be made between health tourism and medical tourism, whereby medical tourism is the correct term to use in cases in which medical interventions are required. Medical tourism involves not only going overseas for medical treatment, but also the search for destinations that have the most technical proficiency and which provide it at the most competitive prices (Augé, 1995). The degree of synthesis between medical services and tourism is also significant, in that medical tourism's fundamental characteristic is its combination of medical services and the tourism industry. As a result, the degree of synthesis between these two areas should be taken into consideration when defining medical tourism. However, some researchers in medical journals state that medical tourism includes only medical services, rather than tourism services (Bagheri, 2010). Within the health tourism arena, medical tourism is among the fastest growing sectors, and many countries are now making legal and practical plans to serve it reduced transportation costs, higher incomes, knowledge and technology transfer, and competitive prices all favor travel to distant countries for medical reasons. One of the fastest growing tourism markets in the world, medical tourism now generates US$60 billion in

business annually worldwide (Bell et.al, 2011), and the number of countries offering state-of the-art medical facilities and services to foreign tourists is on the increase. This international trade in medical services also has huge economic potential for the global economy (Bookman & Bookman, 2007), and medical tourism is emerging as a particularly lucrative sector for developing countries.

Many countries have seized the business opportunities that medical tourism offers. In 2005, for example, India, Malaysia, Singapore, and Thailand attracted more than two and a half million medical tourists (Brown, 2008). Colombia, Singapore, India, Thailand, Brunei, Cuba, Hong Kong, Hungary, Jordan, Lithuania, Malaysia, the Philippines, and the United Arab Emirates have emerged as major healthcare destinations, and Argentina, Bolivia, Brazil, Costa Rica, Mexico, and Turkey are also in the process of making themselves attractive such destinations, particularly in the area of cosmetic surgery (Buzinde, 2012). At present, Asia constitutes the most important medical tourism region. Horowitz and Rosenweig (2007) has summarized that major reasons for seeking medical tourism are (1) low cost, (2) avoid waiting lists, (3) procedure not available in home country, (4) tourism and vacations, (5) privacy and confidentiality. While people from less developed countries have often visited, and continue to visit, developed countries such as US and UK to avail of cutting –edge medical facilities and highly skilled physicians, this trend began to reverse in the 1990s and the term medical tourism came to refer to people from developed countries travelling to emerging economies with the intention of combining health care with holidaying. With the aging population demographic in developed countries that increases demand, and the shortage of trained doctors (Carrera andBridges , 2006), leading to increasing health care costs results in an unfulfilled demand for medical services, a gap occurs, one that several countries seek to fill. According to World Health Organization (WHO), in 2000, U.S. spent 13.2 percent of the GDP on its health care, by the 2007 this went up to 15.7 percent (WHO, 2010), and is estimated to be 19.3% by 2019. Asia, widely considered the region with the most potential in the world medical tourism market, generated $3.4 billion in revenue in 2007 through medical tourism. Asia's revenues have increased annually by more than 20%, and are expected to total $4.4 billion by 2012. In 2003, approximately 350,000 patients from industrialized nations traveled to less developed countries for healthcare. It is projected that 750,000 Americans will go offshore for medical care in 2007. Medical tourism in Asia is currently generating US$ 1.3 billion in revenue and is expected to grow to US$ 4.4 billion by 2012. In today's highly global competitive environment, a number of countries, such as Belarus, Latvia, Lithuania, Costa Rica, India, Malaysia, Singapore and Thailand, have responded to the opportunities offered by medical tourism to provide cross-border medical care for international visitors (Chee, 2010). In India Medical tourism is one of the fastest growing subsectors of its industries. Surgical procedures that can cost hundreds of thousands of dollars in the USA can be had at a fraction of the cost in India. The total healthcare market in India is expected to increase its contribution to GDP from 5.2 percent at present to 8.5 percent over the next ten years News from India Tourism Report (2010). Connell 2006 state that, India advertises itself as the global center of

medical tourism by offering everything from alternative Ayurveda therapy to coronary bypasses and cosmetic surgery. Travel companies in India are also cooperating with hospitals to facilitate travel by arranging phone consultations with doctors to help foreign patients save time and money once they get to India. Thailand has the longest history; it became notable as a destination for medical tourism as early as the 1970s when the medical tourism profession began to specialize in sex change operations; later they moved to cosmetic surgery. Medical tourism in Thailand is now a prosperous industry. In 2007, as many as 1.4 million visitors arrived in Thailand seeking medical care; the Health Ministry expects the number of medical tourists to surpass two million by 2012 Report from Airline & Travel News (2009). To build brands in the healthcare industry, leading hospitals in Thailand have spent the last decade striving to be the biggest and best in the world. They have recruited not only experienced doctors but also embraced foreign management expertise. Singapore, whose global reputation as a medical tourism center has sought to compete with Thailand. Most of the private hospitals in Singapore are participating in the medical tourism program; some of these hospitals have gained international health accreditation from the Joint Commission International (JCI) of the USA. The government has made various efforts to promote healthcare services for the benefit of the medical tourism industry. Malaysia is getting a reputation as one of the preferred locations for medical tourists on account of its excellent and efficient medical staff, as well as advanced healthcare and wellness facilities (Cohen, 2008). Dubai has just built Healthcare City in an attempt to capture the Middle Eastern market and divert it from Asia; the country also plans to include a branch of Harvard Medical School within the Healthcare City, which will make it one of the most prestigious foreign healthcare facilities outside of the west. The main medical treatments offered by Dubai include cochlear implants, diabetes treatments, orthopedics, cardiology, cosmetic surgery and lung treatments Report from medicaltourism.com (2012). Several countries in Central and South America also developed strong reputations for cosmetic and plastic surgery, bariatric procedures and dental care.

The medical tourism issue has been taken into consideration during recent years In Iran. The special position of Iran’s geographical location, its history of medical science and existence of expert medical and paramedical workforce, low costs and high quality of its health services, all could increase the importance of medical tourism in economic and medical fields in this country. Considering that the researches on medical tourism issue are sparse in Iran and this subject has a high position of importance, analyzing its current situation could be useful for making decisions about identification and improvement the areas which are in a high priority, reinforcement of this industry's potentials and finally, attracting more medical tourists. Nowadays, many Asian countries such as Iran, with a high potential for attracting medical tourism have sought to enter the market. Iran offers a wide range of state-of-the-art treatment, through an extensive network of highly-equipped hospitals, around 850 hospitals, and rehabilitation centers at reasonable costs. An analysis of the costs of the various procedures shows that treatment costs in Iran are much lower

as compared to the developed countries. Iran is also very cost competitive as compared to its regional competitors, including Jordan, Turkey, UAE, Saudi Arabia, and Bahrain as well as southeast Asian countries such as Thailand, Singapore, Malaysia, Philippines, and India. The unique combination of experience, facilities and natural resources is the key to success of the Iranian health care system. Apart from these, Iran also enjoys a unique range of competent medical staff. Medical specialists and sub-specialists in the country are highly-qualified professionals and are supported by well-trained paramedics and sophisticated medical equipment. The nursing service in Iran is also highly qualified. Further, the Iranian health care system is constantly supported by extensive medical research. Iran has a unique combination of healthy and pleasant climate, wonderful scenery, magnificent historical and cultural monuments as well as cutting edge technology and sophisticated medical equipment. Before the advent of medical tourism, as we know it today, Iran was known as a destination for treatment of Muslims, attracting thousands of visitors from Persian Gulf countries. Today, medical tourism in Iran is an emerging cluster aiming to provide world-class medical facilities by public-private partnership. While historical data on medical tourism is limited, according to the government, in 2007, there were over 50,000 non-resident patients. Iran has been assembling the various factor inputs necessary for thriving medical tourism cluster. Such factors can be broadly classified as: (1) suitable infrastructure, (2) nice environment, people and culture, and (3) government's key policy. In terms of human resources, Iran has highly competent medical practitioners. The country now has over 850 hospitals nationwide. Hospitals in Iran utilize modern technology. However, the use of modern medical technology, especially high-tech medical equipment, is centered primarily in big cities and private hospitals. Public hospitals do not get involved in medical tourism. In terms of international airports, further investments are needed to improve the quality of infrastructure. Iran has a healthy and pleasant climate, wonderful scenery, and unrivaled historical and cultural monuments. The country is rich in natural resources of spas and hot springs in different cities. This is complemented by internationally recognized warm hospitality of the Iranian people. However, there are some limitations, including: administrative “red tape” in issuing practicing licenses, very limited malpractice insurance and a lack of proficiency in English or other languages in the country. In 2012 Iran launched new plans to expand medical tourism in the region. The Health Tourism Iran hosted 200,000 health tourists in 2012, earning $1.5 billion, a figure more than double 2011. Last year, more than 4.5 million foreign tourists spent $9 billion in Iran and created jobs for 2.5 million people directly or indirectly. Iran’s Cultural Heritage, Handicrafts and Tourism Organization (ICHHTO), has conducted studies that suggest the best targets are Iraq, Afghanistan, Persian Gulf states, Central Asian nations and Iranians residing abroad.

The results of analysis of 240 articles related to medical tourism context reveal that since, lot of research about factors (motivations) affecting patient destination choice has been conducted. These researches presented a sporadic classification of motivations. Furthermore, some researches

focused on pull and push factor on destination choice behavior. (Grail Research, 2009; Ye et al. 2008; Hong et al. 2007; Ehrbeck, Guevara, & Mango, 2008; Marlowe & Sullivan, 2007; Conell, 2006; Deloitte, 2009; Forgione & Smith, 2007; Heung, Kucukusta, & Song, 2010; Ye et al. 2010; Leng, 2007; Howze, 2007; Garcia, 2005; Burkett, 2007; Kangas, 2007, Horowitz and Rosensweig, 2007; Gray and Poland, 2008; Lunt and Carrera, 2010; Balaban & Marano, 2010; Glinos et al. 2006; Connell, 2006; de Arellano, 2007; Turner, 2007; Hall, 2011; Dunn ,2007; Blesch, 2007; Palvia, 2007; Hudson, 2009; Bookman & Bookman, 2007; Steiner, 2010).

As above aforementioned, at the first, this research attempt to presenting a coherent classification of medical tourist motivations that divided those to three categories named: medical-orientation, tourism-orientation and religious-cultural orientation.

This study developed a theoretical structural model to examine the influence of motivational factor and perceived destination image in the perceived service quality and overall satisfaction of medical tourists who have travelled to a foreign country to obtain a medical treatment. The theory of motivation, perception was combined in this research. This study included customer perceptions based on motivational factor, destination image, quality, value, and satisfaction which occurred after the medical trips. The results show the appropriate measurement model form confirmatory factor analysis and structural model form structural equation modeling. In addition, causal linked between constructs presents some significant relationships among four constructs

Literature review, Conceptual framework and hypothesis

Medical Tourism

Medical tourism is not a new concept. In ancient times people travelled to various spas, hot springs, and rivers seeking cures and/or rejuvenation. Moreover, Medical tourism burst onto the global scene in the days of classical Greece when Greek pilgrims used to travel from various places throughout the Mediterranean to a small territory in the Saronic Gulf called Epidauria (Connell, 2006). The globalization of health care has given rise to a new form of tourism that is commonly known as health tourism. Within the health tourism arena, medical tourism is among the fastest growing sectors, and many countries are now making legal and practical plans to serve it (Connell, 2008). More recently, people from developing countries have travelled to developed countries seeking more sophisticated medical treatment. However, the contemporary trend is now in the opposite direction as an increasing number of patients from developed countries travel to developing countries to receive medical treatment. The medical tourism industry has been

estimated to be a $60 billion industry, and despite the global economic slowdown, is expected to grow at a rate of up to 35% in coming years. Furthermore, Medical tourism has been developing rapidly in many countries and regions such as India, Thailand, Singapore, and Taiwan. For example, in 2006, there were 410,000 medical tourists visiting Singapore, which generated around USD 900 million. Finally, The market for medical tourism is projected to explode from three quarter million travelers in 2007 to 23 million by 2017, at which time spending on medical tourism is expected to reach US$79.5 billion per year (Connell, 2011).

Bookman and Bookman (2007) identify three forms of medical tourism: invasive, diagnostic and lifestyle. Invasive treatments involve high-tech procedures performed by a specialist; diagnostic procedures encompass several types of tests such as blood screenings and electrocardiograms; and lifestyle includes wellness or recuperation treatments.

There is four mode model of medical tourism in USA.

Mode 1: Direct medical tourism. Consumers who use this mode are familiar with a foreign hospital and make their own arrangements for travel and medical treatment. This is the simplest and earliest mode of medical tourism.

Mode 2: Medical tourism arranged by medical tourism facilitators (MTFs). This mode represents consumers who use the services of agencies that specialize in locating suitable foreign hospitals and arranging treatment, transportation, and lodging during recuperation.

Mode 3: Medical tourism induced by US health plans or by US employers. As the availability of medical

care in foreign hospitals has become more widely recognized and in an effort to contain cost, some employers and insurance companies have started to provide incentives for covered employees to seek medical care outside the USA. Similarly, some managed-care health plans have included foreign hospitals on their lists of approved providers as a way to reduce costs.

Mode 4: Medical tourism encouraged by US healthcare providers (DHP). This is an extension of the common practice of hospitals outsourcing medical services. At the time of writing, there are only a small number of anecdotal instances of this occurring, but as more US hospitals partner with foreign hospitals, as after care is gaining its well-deserved attention in medical tourism, and as consumers become more accustomed to these partnerships, this mode may grow in importance. Some US healthcare providers with international presence are already sharing their management protocols with FHPs (H&HN, 2004).

The idea of traveling around the world for medical treatment has captured the attention of much of the academic press (Balaban and Marano, 2010; Bookman and Bookman, 2007; Connell, 2006). Regarding medical tourism, various definitions has been proposed (see table 1).

Table 1. Definitions Regarding medical tourism

Construct	definition	Source of definition
Medical tourism	As a niche industry within the tourism domain, medical tourism is generally understood to occur when people travel often long distances to overseas countries to obtain medical, dental and surgical care while simultaneously being holidaymakers, in a more conventional sense.	Connell, 2006
Medical tourism	Medical tourism' is commonly used to describe the practice of patients traveling outside of established cross-border care arrangements to access medical services abroad, which are typically paid for out-of-pocket.	Crooks, Kingsbury, Snyder, & Johnston, 2010 Ramirez de Arellano, 2007
Medical tourism	In its broadest conceptualization, medical tourism refers to travel with the express purpose of obtaining health services abroad	Ramirez de Arellano, 2007
Medical tourism	From a destination perspective, medical tourism can be defined as the offshore provision of medical services, in combination with other conventional tourism products, by leveraging a comparative cost advantage.	Awadzi and Panda, 2005 Percivil and Bridges, 2006
Medical tourism	Travel activity that involves a medical procedure or activities that promote the wellbeing of the tourist	Lee & Spisto, 2007
Medical tourism	Medical industry practitioners have defined medical tourism as the act of travelling beyond a home country to receive a health care treatment that is either less expensive or more accessible	Kim, Leong, Heob, Anderson, & Gaitz, 2009
Medical tourism	An economic activity that entails trade in services and represents the splicing of at least two sectors: medicine and tourism	Bookman & Bookman"s ,2007
Medical tourism	Set of activities in which a person travels often long distances or across the border, to avail medical services with direct or indirect engagement in leisure, business or other	Jagyasi, 2009

	purposes.	
Medical tourism	Defined medical tourism as travel for recovery, instead of travel for direct treatment	Hunter-Jones ,2005
Medical tourism	Medical tourism is understood as foreign travel for the purpose of seeking medical treatment with or without the consumption of tourism services	Balaban and Marano, 2010 Connell, 2006
Medical tourism	Described medical tourism as the activity of patients who go abroad to seek healthcare	Glinos and Baeten ,2006
	because of some relative disadvantage in their own national healthcare system	
Medical tourism	Residents seeking medical, dental, and cosmetic surgeries (both elective and non-elective) from healthcare providers outside their home countries.	Gan and Frederick 2011
Medical tourism	Medical tourism refers to travel for the purpose of obtaining medical services in a foreign country where medical technology is advanced as well as affordable, it also encompasses activities such as the intentional marketing of medical services and facilities to foreign patients	Bies & Zacharia, 2007
Medical tourism	Traveling to a destination in another country to receive medical, dental and surgical care because the destination enables better access to care, provides higher quality care or offers the same treatment at a more affordable price	Grail Research, 2009
Medical tourism	Medical tourism as tourism where a person chooses to seek disease prevention or treatment, or to enhance physical and psychological well-being in a country other than their own.	Hong, Lim, and Kim ,2007

Some Terms such as medical travel, medical tourism and health tourism are generally employed to conceptualize the meaning of traveling to another place for health care. For example, a recent study conducted by Ehrbeck et al. (2008) strictly defined medical travelers as people whose primary purpose in traveling is medical treatment in a foreign country. This definition eliminates the following classes of people: ordinary tourists who suddenly become sick; wellness tourists who travel for massages or acupuncture; expatriates who seek care in their country of residence; and patients who travel in largely contiguous geographical areas to the closest available care. Furthermore, Medical tourism has emerged from the broader notion of health tourism. Some

researchers have considered health and medical tourism as a combined phenomenon but with different emphases. Carrera and Bridges 2006, identify health tourism as the organized travel outside one's local environment for the maintenance, enhancement or restoration of an individual's well-being in mind and body. It encompasses medical tourism which is delimited to organized travel outside one's natural health care jurisdiction for the enhancement or restoration of the individual's health through medical intervention. Past research (Cook, 2010) has defined health tourism as the promotion by a tourist destination of its health facilities and services. While Bookman and Bookman (2007) suggested that in recent usage medical and health tourism both refer to the sale of high-tech medical care to foreigners.

Medical tourism programs are products where excellent medical service is combined with tourism and provided to foreign visitors, earning foreign revenue and developing related industries in addition to those normally developed by travel for leisure (Cormany and Baloglu , 2011). There are numerous definitions of tourists. For example authors as Gonzales, Brenzel and Sancho (2001) for instance, define medical tourists as people traveling to another country specifically to consume health care services, without even making reference to touristic activities. However, it is accepted that tourists are travellers who have travelled and stayed away from their home environment for 24 hours or more, and hence, have often utilized some form of accommodation facility. Those travellers who do not meet this 24 hour criterion are generally referred to as 'visitors'. For travellers that travel overseas for medical purposes, conceptually, they would meet the definition of a tourist. Since medical tourists are travelers whose main motivation for travel is for a specific purpose, medical tourists can be categorized as a group of special interest tourists, hence participating in a form of special interest tourism (Crooks et.al, 2011). Medical tourism does not refer to care given when one happens to have a health emergency while abroad, as intent is key: the patient must actually intend to go elsewhere for care. Engaging in tourist activities, such as recovering in resorts in destination countries, is a common part of the medical tourism experience (Dalstrom, 2012). Moreover, People who become ill or injured while traveling abroad and require hospital care are not thought to be medical tourists, nor are expatriates accessing care in the countries or regions in which they live.

As mentioned before and For the purpose of this paper For the purpose of this paper medical tourism will be defined using the Medical Tourism Association's definition: Medical Tourism is where people who live in one country travel to another country to receive medical, dental and surgical care while at the same time receiving equal to or greater care than they would have in their own country, and are traveling for medical care because of affordability, better access to care or a higher level of quality of care (Deloitte, 2009). With today‟s technologies, such as the Internet, mobiles (Smartphones), iPads, the marketplace of medical tourism has become reachable for patients anywhere in the world. King (2009) describes the marketplace as a location where buyers

and providers agree on a transaction to occur; medical tourism services can be reached by patients through alternative resources: through their own initiative and research on communication technologies (internet), or with the help of travel agencies which provide facilitators who select the most appropriate medical destinations. However, with today‟s technology, patients can learn about thousands of medical facilities and opportunities around the world, allowing them to make comparisons and choices based on the most efficient medical facilities that best suit their specific needs (Edelheit, 2008).

Definitions of Medical Tourism

Terms such as “medical travel,” “medical tourism,” “health tourism” and “patient mobility” are generally employed to conceptualize the meaning of traveling to another place for healthcare. For example, a recent study conducted by Ehrbeck et al. (2008) strictly defined medical travelers as people whose primary purpose in traveling is medical treatment in a foreign country. Past research (Ehrbeck et al, 2008) has defined health tourism as the promotion by a tourist destination of its health facilities and services. Laws (1996) asserted that health tourism means leisure away from home, with one of the purposes being to promote one’s state of health; similarly, Hall (2003, p. 274) defined health tourism as “a commercial phenomenon of industrial society which involves a person traveling overnight away from the normal home environment for the express benefit of maintaining or improving health.”

Medical tourism is not a new concept. In ancient times people travelled to various spas, hot springs, and rivers seeking cures and/or rejuvenation. More recently, people from developing countries have travelled to developed countries seeking more sophisticated medical treatment. However, the contemporary trend is now in the opposite direction as an increasing number of patients from developed countries travel to developing countries to receive medical treatment. Lee and Spisto (2007) have defined medical tourism in a simple context as a “travel activity that involves a medical procedure or activities that promote the well-being of the tourist”. The most appropriate definition for medical tourism, illustrated by Bookman and Bookman‟s (2007, p. 1) study, claims that it is “an economic activity that entails trade in services and represents the splicing of at least two sectors: medicine and tourism”. Jagyasi (2008) has defined the two terms “tourism” and “medical” individually in order to establish a suitable definition for medical tourism. In this sense, medical tourism can be defined as a “set of activities in which a person travels often long distances or across the border, to avail medical services with direct or indirect engagement in leisure, business or other purposes” (Erbe, 2011). Regarding medical tourism, various definitions have been proposed. Hunter-Jones (2005) defined medical tourism as travel for recovery, instead

of travel for direct treatment, while Bookman and Bookman (2007, p. 1) suggested that in recent usage medical and health tourism both refer to "the sale of high-tech medical care to foreigners." Some scholars have argued that medical tourism is understood as "foreign travel for the purpose of seeking medical treatment" (Gill and Singh, 2011), with or without the consumption of tourism services. Additionally, Hall (2011) suggested that, as of late, medical tourism belongs within the overall context of health tourism. The medical tourism can be defined as "traveling to a destination in another country to receive medical, dental and surgical care because the destination enables better access to care, provides higher quality care or offers the same treatment at a more affordable price".

Medical Tourism In Iran

Iran seems to be an ideal destination for health tourism. Affordability is another key factor bringing patients to Iran. Patients can undergo treatment, recover and enjoy a holiday in Iran for much less than what it would cost them for treatment in other countries. The medical service in Iran is cheap while the healthcare establishments are well equipped and professional. Currently 30,000 foreign patients who are most from the neighbor countries come to Iran to receive medical treatments. Medical Tourism in Iran has been patronized by tourists looking for critical medical treatment as well as by people in need of cosmetic and preventative care. (http://dreamofiran.com/dossiers/health-tourism-why-iran/). Thanks to its geographical position, the conditions in neighboring countries, economically reasonable prices and advanced medical facilities, Iran is gradually becoming a destination for Islamic and regional medical tourists. Hospitals in Iranian cities offer medical and health care services for foreign medical tourists, and for the Iranians who go to large cities from those parts of the country that lack such services. The existence of mineral fountains in many parts of the country, targets one market. Other markets include fertility treatment, stem cell treatment, dialysis, heart surgery, cosmetic surgery, and eye surgery. It also produces unique medicines such as the anti-AIDS drug IMOD, and other high-tech drugs.30, 000 medical tourists enter Iran annually, and economic surveys show that each medical tourist brings three times as much hard currency to the country than regular tourists. There are also some 200,000 health, wellness and spa tourists.

According to last statistics of statistical center of Iran about 120000 hospital bed and 4551 laboratories, 3042 rehabilitation center, 2293 radiology and imaging centers and 7601 pharmacy are providing health services in Iran. Medical tourism is not new phenomenon in the world as well as in Iran. In the past some people from neighbor countries especially from Arab countries of Persian Gulf came to Iran. In this area in the country, there are no exact statistics about medical

tourists came to the country but some resources indicated about 17500 patients came to Iran in 2005. The most popular procedures which are demanded include: advanced treatments of cardiac treatments and surgeries, cosmetic surgeries, productivity treatments, organ transplant (CHN news).The main reasons of coming patient to Iran are: quality of health services and low cost of treatments and drugs in comparison with other countries of the region (Middle East and Middle Asia), access to advanced and new medical procedures, equipment and qualified professionals and medical staff, similarity of culture and language in some regions of Iran with neighboring counties such as Iraq, Azerbaijan and lack of some medical procedures, equipment, medical professionals and health infrastructures in those countries combined with natural attractions, ancient and historical buildings in famous cities of Iran. Despite of these factors and existence of some legal factors such as the 4th and at present 5th program of economic, social, cultural development of Iran, medical tourism in Iran has not developed yet and some hospitals and medical and health centers individually are working in the area of importing patients from foreign countries and provide health services for them and some patients come to Iran in a traditional way.

Iran, located in the Middle East, is surrounded by Muslim countries such as Iraq, Afghanistan, Pakistan, Turkey, and Azerbaijan, to name a few. The majority of Iran's population is Muslim of the Shi'a sect. Many natural tourist attractions, historical and archeological sites with more than 7000 years of urban settlements, in addition to famous cities that have rich Islamic and pre-Islamic cultural backgrounds such as Isfahan, Shiraz and Yazd are located in Iran (Zendeh Del, 2001). Moreover, many sacred places for Shi'a Muslims termed "Imam Zadeh" are located throughout Iran (Ministry of Culture and Islamic Guidance, 2003). Some authors investigated medical tourism in Iran and the results of demographical characteristics of their study show that, all respondents were Muslim couples, of which 64.2% were Iraqi, 17.9% Afghan, 7.5% Pakistani and 10.4% were infertile couples from other countries. The majority were Shi'a (94%) and the remainder (6%) Sunni Muslims (three Pakistani and one Iraqi couple). A total of 82.1% of these couples entered Iran by land while the remaining 17.9% traveled by air. Only 6% of these couples encountered problems during their applications for a visa. Of couples, 71.6% rented houses during their treatment period, 16.4% of them stayed at hotels and the remaining 11.9% stayed with their Iranian resident friends or relatives. In addition, most Afghan couples mentioned that they were previously in Iran as social workers (11 out of 12). Finally, 32.8% of males and 49.2% of females had a high school diploma or below, whereas 67.2% of males and 50.8% of females were university graduates.

Motivational Factors

Having been identified in previous research, challenge in the tourism market is that motivation need to be understood by diverse perspectives of features (Gilmartin and White, 2010). Therefore, tourist motivation is an important factor in explaining tourist behavior in relation to destination choice, relating to the needs, goals, and preference of the tourists (Glinos et al, 2010). Extensive previous research has widely accepted that the analysis of motivations is based on the two dimensions of push and pull factors (Goodrich and Goodrich, 1987). Accordingly, "push factors" refer to intangible and intrinsic desires of human beings, including the desire for escape, novelty seeking, adventure seeking, rest and relaxation, health and fitness, and socialization (Gupta, 2008). While "push factors" are the socio-psychological needs that encourage an individual to travel, "pull factors" are considered as the external forces from the attributes that attract a person to a specific destination and establish the actual specific destination choice. From previous study, "pull factors" have been defined in terms of both tangible and intangible features such as natural and historical attractions, physical environment, infrastructure, food, people, sport and recreation facilities (Wilson, 2011). In another explanation, pull motivations have been described as factors influencing when, where and how people travel (Helble, 2011). On the other hand, the main pull factor that lead medical tourists to look for treatment in less developed countries is the low cost treatment. In addition, affordable air travel and favorable exchange rates are viewed as reasons that pull tourists travel out of their countries for medical treatment (Connell, 2006). In a report from UNESCAP (2007), other important pull factors include the emergence of the state-of-the-art medical facilities in developing countries and the aftercare which is equal in terms of quality. Study of Chen, Prebensen, and Huan (2008) revealed in their study that relaxation, pursuing multiple activities, recreation, and enjoying nature are primary factors of tourists' travel motivation to a wellness destination. Push and pull factors determine not only customer's decision to travel but also the choice of destination. Uysal and Jurowski (1994) concluded in their research that there is a relationship between push and pull factors. The push-pull model is also supported by other researchers (Herrick, 2007). The concept of push and pull factors has been characterized as relating to two separate decisions made at two separate points in time – one focusing on whether to go or not, the other on where to go. In contrast to this opinion, other researchers have supported that push and pull factors should not be viewed as being totally independent of each other but rather as being related to each other. While internal forces push people to travel away, external forces of the destination pull them to choose that particular (Heung and Kucukusta , 2010).

Perceived Destination Image

The definition of destination image refers to the impressions that a person has about a place, and this is composed of beliefs, ideas, and prejudices (Higginbotham,2011). This definition relates to an individual, while other definitions acknowledge that destination images can be shared by a group of people. The impression will help tourists consider whether the destination matches their mental image and recreational demands. The concept of destination image was evolved from an organic image, through an induced image, to a complex image (Hopkinset al., 2010). These image phases were connected to the functions of promotion, which are informative, persuasive, and remaining. According to Gunn (1972), organic images deal with tourists' impression of a destination without visiting the place, and induced images relate to an image influenced by directed information form the tourism organization. In another research of Echtner and Ritchie (1993), the concept of destination image should be composed of individual attributes' perceptions as well as holistic impressions of the place. Therefore, it is possible to say that destination image involves the images of the individual elements or attributes that contribute to the tourism experience of tourists (Horowitz and Rosensweig , 2008). A number of tourism researchers have studied about the destination image construct and its influence on tourists' behavior, the travel selection process, and travel satisfaction (Horton and Cole , 2011).

Perceived Service Quality

In the research field of tourism, the quality of opportunity or performance, and satisfaction and quality of experience are clearly distinguished (Hunter and Oultram, 2010). Quality of performance refers to the attribute of a service which is mainly controlled by service suppliers. Specifically, it is the output of medical service providers at the destination (Reisman, 2010). Therefore, evaluations of the service quality are based on tourists' perceptions of the service performance of the provider. In the past two decades, the theory and practice of service quality has attracted considerable attention from both theoretical and practical knowledge (Parry, 2008). Perceived quality is defined as the consumer' judgment about the superiority or excellence of a product the degree and direction of discrepancy between customers' perceptions and expectations (Inhorn and Patrizio, 2009). A measurement tool called SERVQUAL was developed by Parasuraman et al. (1985) in order to evaluate service quality (Pollard, 2010). A 22-item instrument represents five dimensions by which consumers evaluate service quality: tangibility, reliability, responsiveness, assurance, and empathy(Sengupta, 2011). Reliability is considered as the most important dimension which concerns whether the outcome of service delivery was as promised, while the other four dimensions refer to the process of service delivery (Jones, 2011). However, it was very

difficult to translate SERVQUAL to measure health care services due to the generic service quality dimensions. Hence, Jun, Peterson and Zsidisin (1998) narrowly focused on dimensions that are applicable to health care. The results of this study pointed out eleven dimensions: tangibles, reliability, responsiveness, competence, courtesy, communication, access, caring, patient outcomes, understanding patient, and collaboration (Thompson, 2011).

Overall Satisfaction

Previous literature has suggested that customer overall satisfaction with a hospitality experience is the sum of satisfaction with the individual elements or attributes f all the products and services that create the experience (Kangas, 2007). Therefore, when experiencing hospitality experiences, customers tend to form a set of independent impressions on each and compare those with the expectations of the same attributes. In a highly competitive market like medical tourism, sustainable competitive advantage is very important and dependent on the ability to deliver high service quality that will satisfy customers (Kangas, 2011). Customer satisfaction, in general, is a comparison between the expectation of value (before the purchase) and the perceived value (after the purchase). Baker and Crompton (2000) identified that satisfaction in tourism refers to the emotional state of tourists after exposure to the opportunity or experience. Since medical tourists are travelers who combine medical treatment and tourism together, Saiprasert (2011) suggested looking at the concept of “patient satisfaction” of health care industry. Linder-Pelz (1982) proposed five determinants of satisfaction in health care services: occurrences, value, expectations, interpersonal comparisons, and entitlement. In another study of Sitzia and Wood (1997), they classified four components of patient satisfaction in terms of accessibility, interpersonal aspects of care, technical aspects of care, and patient education/information. The result suggested that two strongest predictors of satisfaction were older age and better self-perceived health status at admission. The study of Thi, Briancon, Empereur, and Guillemin (2002) investigated seven satisfaction dimensions of in-patients receiving medical and surgical care from hospital. The seven dimensions are: admission, nursing and daily care, medical care, information, hospital environment and ancillary staff, overall quality of care and services, and recommendations (Veerasoontorn et al, 2011).

Hypothesis Development

Applying the push and pull factors deriving from the motivational attributes, the perceived quality of medical treatment experience can be measured (Knudsen, 2011). According to a research of Crooks et al (2010), push and pull factors incorporate service quality attributes of the medical service providers at the destination, along with the destination perception, process of travel and medical tourism experience as a whole. Therefore, the following hypothesis is proposed:

H1: Motivational factors have significant effect on the perceived quality of the medical treatment at the destination.

Previous researchers have studied the influence of destination image on tourists' behavior, the destination selection process, and travel satisfaction (Laugesen and Vargas-Bustamante, 2010). In the tourism and marketing literature, destination image is positively related to the service quality at a sport event (Lee et al, 2012). This view is also supported by Chen and Tsai (2007) and Lee et al. (2005). These researchers stated that tourists having a favorable destination image would perceive their onsite experiences (perceive service quality, perceived value) positively, which then lead to higher satisfaction levels. In another research of Kotler, Bowen, and Makens (1996), they proposed the following sequence: image, quality, satisfaction. In this case, destination image could affect the way customers perceive quality. Moreover, previous literature also pointed out that destination image positively influences perceived quality and satisfaction because it creates expectations that individuals form before the visit (Lefebvre, 2008).

Another research (Lunt and Carrera., 2010) has indicated the influence of tourism image on consumer behavior. This study examined the relationship between destination image and perceived quality and customers' satisfaction. The results supported the view that image of destination is a direct antecedent of perceived quality, and satisfaction. The following hypothesis is proposed based on the discussion of previous literature of destination image and perceived service quality:

H2. Medical tourists' perceived destination image positively influences their perceived service quality of medical treatment.

Perceived service quality has been considered to be one of the critical antecedents of both satisfaction (Martin, 2009) and perceived value (Mazzaschi, 2011). The theoretical justification for the connection between perceived quality, perceived value and satisfaction is taken from a coping framework of Bagozzi (1992), in which he suggested that initial service evaluations lead to emotional reactions, thus in turn, drive consumer behavior. Previous literature, which has adapted

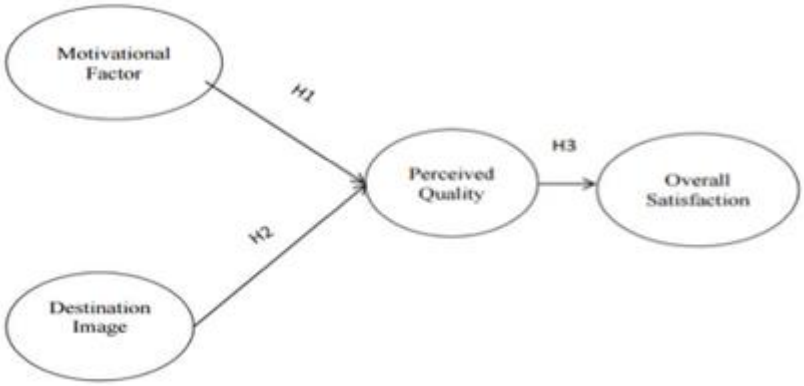
Bagozzi's framework to the service context, suggest that higher performance-oriented service quality and value appraisals precede satisfaction (Moghimehfar and Nasr-Esfahani, 2011). Bolton and Drew (1999) developed a model of customers' assessments of service quality and satisfaction by using customers of telephone service. The study concluded that perceived service quality has an important direct effect on service value assessment, hence, directly affects the overall satisfaction of customers. In another research of McDougall and Levesque (2000), they investigated the relationship between service quality, perceived value and customer satisfaction in different areas: restaurant, dentist, and auto service. The result revealed that service quality was the most important drivers of customer satisfaction. A major conclusion of this study was that both perceived value and perceived service quality attributes should be incorporated into customer satisfaction models to explain a more complete picture of drivers of satisfaction. Baker and Crompton (2000) focused their study on quality, satisfaction and behavioral intentions of tourists. In this research, quality was conceptualized as the attributes of a service which were controlled by suppliers, while satisfaction referred to tourists' emotional state after experiencing tourism activities. The hypothesis of perceived quality would have strong effect on satisfaction and behavioral intentions was confirmed with the results. Petrick (2004) examined the relationships between satisfaction, perceive value, and quality in predicting cruise passengers' behavioral intentions. The three constructs have been examined from three different perspectives to assess which one best explained customers' intentions to repurchase. The results showed that quality was the best predictor of behavioral intentions with cruise passengers. However, in this study, it was found out that there was a correlation between perceived quality and satisfaction. Lee, Graefe, and Burns (2004) conducted a research on service quality and satisfaction on forest visitors. The study concluded that service quality is an antecedent of satisfaction and satisfaction had a moderate effect on forest visitors' behavioral intention. In a study on health care customer satisfaction (NaRanong and NaRanong, 2011), researchers proposed a relationship among service quality, value, patient satisfaction and behavioral intention. 537 responses were collected from South Korea medical consumers to analyze the model. Between two observed constructs (service quality and value), service quality appeared to be a more important determinant of patient satisfaction than value. Results also revealed that both service quality and value had significant effect on repurchase intention while value was influenced by perceived quality.

Based on the previous literature discussed above, the following hypothesis is proposed:

H3. Medical tourists' perceived quality positively influences their overall satisfaction of medical treatment at the destination.

The conceptual model concluded all the above hypotheses is presented in figure 1 as below:

Figure 1. Conceptual model



METHODOLOGY

This is a quantitative study and survey method is used to collect data. The instrument of this study is developed based on the review of previous literature on motivational factors, perceived destination image, perceived service quality, perceived value and overall satisfaction. Survey questionnaire is used as main data gathering instrument to test the reliability and validity of the conceptual model and research hypotheses. In instrument development stage, the related studies are searched for building construct measurement. The questionnaire consisted of five sections. The first section of the questionnaire collected information regarding to behaviors of medical tourists. The questions in this section include reason and type of medical treatment seeking, sources of information, frequency of travelling for medical tourism, medical insurance coverage, the destination traveled to for medical treatment, alternative choice of destination if considered, travel arrangement and approximately time to spend on medical tourism. Respondents were required to answer the entire question that was appropriate to their circumstance. The second section gathered information related to motivation factors and destination image. In this section, respondents were asked to rate their agreement on the different attributes of push and pull factors, as well as the perceived destination image. The 5-point Likert-scale ranging from “strongly disagree” to “strongly agree” was used in this section.

Table 2. List of Motivational Factors and Perceived Destination Image Attributes

Motivational Factors and Perceived Destination Image Attributes	Construct
Waiting time for medical service	Push factor
Total cost of medical treatment	Push factor
Type of medical treatment that is not allowed	Push factor
Type of medical treatment not covered by medical insurance	Push factor
	Push factor
Privacy and confidentiality	Push factor
Opportunity for person who has limited or no medical insurance	Pull factor
	Pull factor
Ease of visa procedures	Pull factor
Recognized hospital/medical facility reputation	Pull factor
High standard level of medical staff	Pull factor
Recognized, positive reputation of physicians	Pull factor
Western experienced/trained physicians	Destination image
Ease of medical treatment arrangements	Destination image
A great place for relaxation after medical treatment	Destination image
Political stability	Destination image
Variety of existing tourist attractions for recuperating patients	Destination image
Opportunity to combine medical service with a vacation	Destination image
Tourism safety from crime and/or terrorist attack	Destination image
Ease of travel arrangements	Destination image
Ease of lodging arrangements	Destination image
Ease of transportation	Destination image
Friendliness and helpfulness of the local people	Destination image
No language barriers in travelling to your destination	Destination image
Ease of accessibility when travelling	

The third section explored respondents' perception of perceived quality of medical treatment after their medical tourism experience. The questions included medical and nonmedical related attributes such as hospital reputation and accreditation, physicians experience, medical services, medical equipment and amenities, hospital, appointment and reservation system, protection and liability. Participants were asked to rate attributes on a 5-point Likert scale with the anchors of 1 = "Strongly disagree" and 5 = "Strongly agree".

The following table lists the categorized attributes of the perceived quality of medical treatment.

Table 3. List of Perceived Service Quality Attributes

Perceived Quality of medical treatment Attributes	Construct
Process for setting up the medical appointment was simple and easy	Process
Medical records and information was easily assembled and transmitted	Process
Short waiting time for medical examination	Process
Physicians adequately explained condition, examination results, and medical process	People
Physicians allowed to ask questions, enough to clarify everything	People
Hospital/medical facility had a strong concern for patient safety	Protection
Hospital/medical facility valued and respected patients' privacy and confidentiality	Protection
Payment procedure was quick and simple	Price
Provided convenient transportation arrangements	Additional service
Language interpretation service arrangement was provided	Additional service
Effective coordination of arrangements between patient involved, hospital, third-party insurance companies, and/or other involved businesses	Additional service
Destination was a good place to relax after treatment	Additional service
Destination was a good place for a vacation	Additional service
Costs associated with medical treatment	Price

In the fourth section of the questionnaire, respondents were asked to measure attributes relating to overall satisfaction of medical treatment in the form of 5-point Likertscale. In the last section, the demographic information of the respondents was collected with the questions regarding to gender, age, marital status, occupation, annual income. This information was collected to fully understand the respondents' background, and to make comparisons among sample groups for further analysis.

Data collection

Online survey had been distributed to the participants via Qualtrics, an online survey research platform. This third-party data collection service looked for potential respondents that meet the criteria of the research: individuals must have been primarily living in their country at the time of

their medical trip, and they must have travelled to a foreign country to obtain medical procedures. At the end of the data collection period, out of 500 individuals that Qualtrics screened, there were 400 qualified for this study. However, there were only 260 completed responses that met all the required criteria. The sample included individuals who travelled abroad for medical treatment.

Table 4. Final Construct Measurement Scales

Construct	Measurement
MOTIVATIONAL FACTORS (MF)	
MF1	Shorter waiting time
MF2	Less expensive medical treatment
MF3	Type of medical treatment that is not allowed
MF4	Type of medical treatment not covered by medical insurance in your country
MF5	Ease of visa procedures
MF6	Political stability
DESTINATION IMAGE (DI)	
DI1	A great place for relaxation after medical treatment
DI2	Positive reputation as a tourist destination
DI3	Variety of existing tourist attractions for recuperating patients
DI4	Opportunity to combine medical service with a vacation
DI5	Preference of privacy and confidentiality
PERCEIVED QUALITY (PQ)	
PQ1	Short waiting time for medical examination form the physician
PQ2	The physicians adequately explained my condition, examination results, and medical process
PQ3	The medical facility valued and respected patients' privacy, confidentiality, and disclosure
PQ4	Provided assistance with financial arrangements, such as: advanced estimates for fees, deposits, and payments
PQ5	The payment procedure was quick and simple
PQ6	The physicians allowed me to ask many questions, enough to clarify everything
OVERALL SATISFACTION (OS)	
OS1	Overall, I was satisfied with my medical treatment during my trip abroad
OS2	Overall, I was satisfied with the hospital/medical facilities services during my trip abroad
OS3	Overall, I was satisfied with the hospitality services (lodging, transportation, dining, tourism services) during my trip abroad
OS4	Overall, I was satisfied with my medical trip abroad
OS5	Overall, I was satisfied with the destination I traveled to for medical treatment

Data collection

Online survey had been distributed to the participants via Qualtrics, an online survey research platform. This third-party data collection service looked for potential respondents that meet the criteria of the research: individuals must have been primarily living in their country at the time of their medical trip, and they must have travelled to a foreign country to obtain medical procedures.

At the end of the data collection period, out of 500 individuals that Qualtrics screened, there were 400 qualified for this study. However, there were only 260 completed responses that met all the required criteria. The sample included individuals who travelled abroad for medical treatment.

Data analysis techniques

After data collection was completed, the Statistical Package for Social Sciences (SPSS) and SPSS AMOS 22.0 will be used to analyze and interpret the result. Descriptive statistics were initially conducted to provide an overview of the respondents. Secondly, the reliability check (Cronbach Alpha) was applied to the data of the main survey in order to conduct a preliminary test of the validity and reliability of the scales to measure the conduct. Thirdly, CFA (Confirmatory Factor Analysis) is conducted. Finally, SEM (Structural Equation Modeling) is applied to test the relations between latent, observed variables, and hypotheses (Hoyle, 1995).

Result of descriptive statistics

This survey was fairly distributed to both gender. Out of 260 respondents, 55.8% were male (145) and 44.2% were female (115). The sample of this study comprised of six different age groups, which the majority were respondents from 26 to 35 years old (42.3%), followed by 22.3% of respondents between ages 36-45. The smallest number of this sample belongs to people in the age group of 56-65 (6.5%).Most of the respondents from this study were married (70%), 21.9% were single, and only 8.1% were divorced. Professional/technical was the most common occupational group in this sample with the highest percentage of 30.8%, followed by self-employed (18.8%), Government/military group had the lowest percentage of 1.9%.

Descriptive statistics of factors

The next two sections are going to give descriptive statistics of four factors of the proposed model to understand the relationship between independent variables and dependent variables.

Independent Variables

The descriptive show customers' perception about factors that influence on perceived quality of medical treatment and the overall satisfaction of the medical tourists. Between two factors, perceived destination image has a higher average mean value of 4.02 ranging from 3.88 to 4.13. The result shows that the motivational factor and destination image are relatively important to medical tourists when coming to choose a place for medical treatment. Between two independent variables (motivational factor and destination image), the average of destination image (4.02) is slightly higher than that of motivational factor (3.87); therefore, it is possible to say that customers might consider the factor of destination image more than motivation factor. Moreover, MF2 (less expensive price) has the highest mean (4.20) among all the variables, which means that customers perceived this factor as the most important one. In contrast, it is surprising that MF6 (political stability) received the lowest mean value among 260 medical tourists.

Dependent Variables

With the average mean value of 4.19, the result indicates a relatively important perception of medical tourists about the service quality at the destination. Respondents most agreed with factor PQ3 "value and respect patients' privacy, confidentiality, and disclosure", illustrated by the hight mean (4.30) among the group Participants were really satisfied with the medical procedures they received after the medical trip abroad. This can be explained by the extremely high mean value of all five factors (all higher than 4.0). Additionally, among five factors, OS1 "satisfied with medical treatment during the trip abroad" received the highest value. Therefore, it is possible to say that medical treatment is considered as the main purpose of the trip abroad and the most important factor when evaluating their satisfaction.

Confirmatory factor analysis (CFA)

the final result after running CFA is shown in the figure below:

Figure 2. Confirmatory Factor Analysis Result

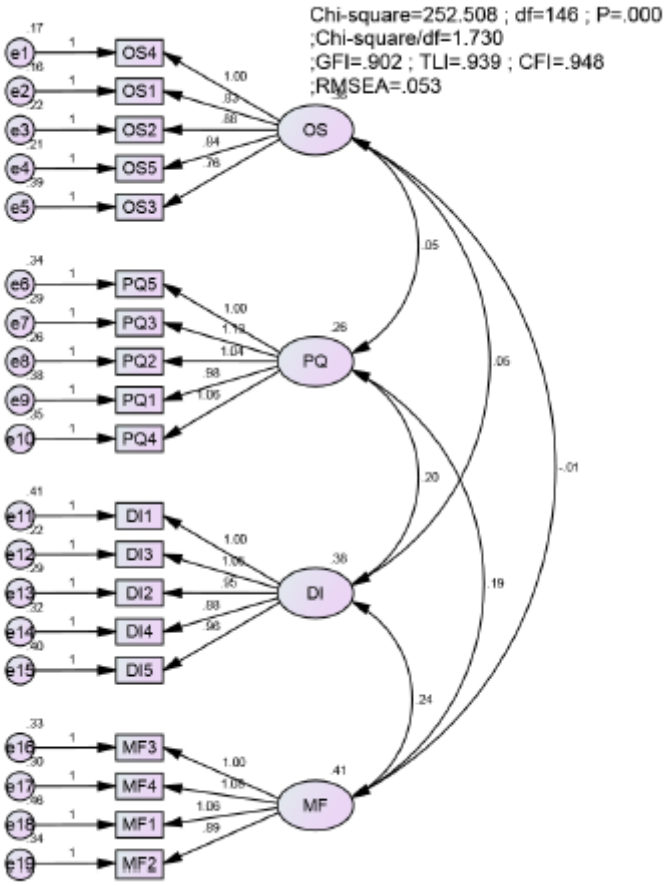


Table 5. Correlation

			Estimate
PQ	<-->	OS	.151
PQ	<-->	DI	**.641**
PQ	<-->	MF	.571
OS	<-->	DI	.137
OS	<-->	MF	-.033
DI	<-->	MF	.607

In order to create a model fit for the study, the CFA result value need to be compared with the threshold value mentioned above in Chapter 3. Base on the CFA result, all value is satisfied with the threshold.

Table 6. CFA result vs. threshold

Threshold	CFA Result
CFI>=0.9	CFI = 0.948
CMIN/df<=3	CMIN/df = 1.730
RMSEA<=0.08	RMSEA = 0.053
Standardize Regression Weights > 0.5	**All factors are greater than 0.5**

Final model

In the process of analyzing SEM, the first step was to assess the model fit using various measures-of-fit indices. The final SEM model was presented in the figure below.

Figure 3. Structural Equation Modeling Result

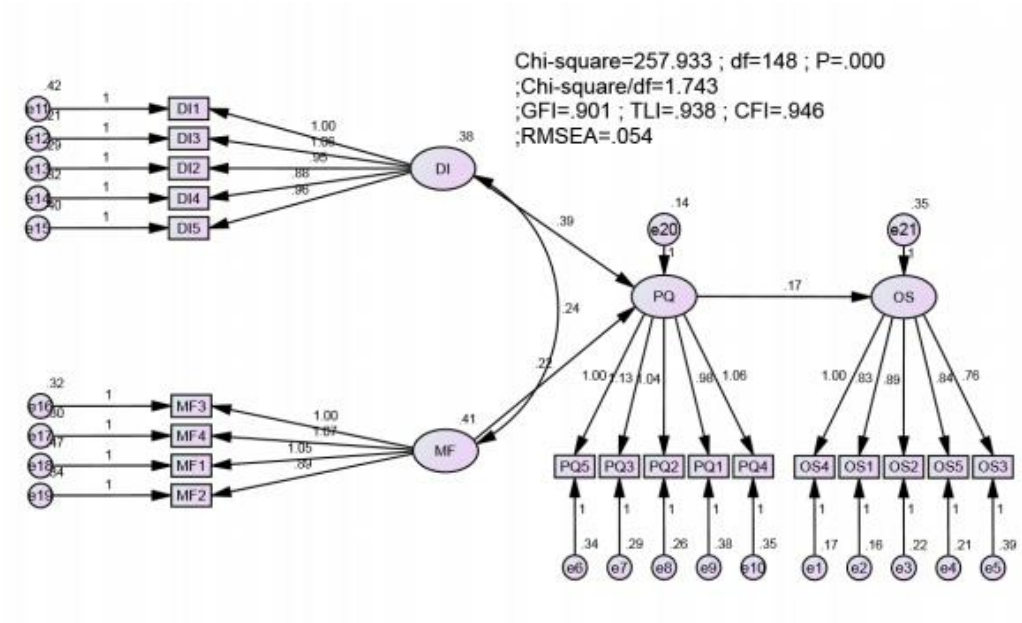


Table 7. Fit Statistics for Final Model

Model Fit Statistics					
Chi-Sq = 258	**df** = 148	**NFI** = 0.883	**CFI** = 0.946	**GFI** = 0.901	**RMSEA** = 0.054

According to the result from table 7, this model had a relatively good fit.

The regression weights table indicates that Destination Image, Motivational Factor have the p value smaller than 0.05. Therefore, we can conclude that these two factors have positive significantly impact on the Perceived Quality. Other than that, with a p value smaller than .05, Perceived Quality is proportionally positive influence factor towards Overall Satisfaction. It can also be concluded that with the estimate value of .373, Destination Image has the strongest influence on Perceived Quality, followed by the effect of Motivational Factor on Perceived Quality and Perceived Quality on Overall Satisfaction, illustrated by the regression weight estimated value of .224, .170.

Table 8. Regression Weights

			Estimate	S.E.	C.R.	P	Label
PQ	<---	DI	**.373**	.073	5.105	***	
PQ	<---	MF	**.224**	.071	3.163	.002	
OS	<---	PQ	**.170**	.085	1.994	.046	
PQ5	<---	PQ	1.000				
PQ3	<---	PQ	1.126	.117	9.628	***	
PQ2	<---	PQ	1.038	.109	9.526	***	
PQ1	<---	PQ	.979	.114	8.596	***	
PQ4	<---	PQ	1.062	.117	9.077	***	
OS4	<---	OS	1.000				
OS1	<---	OS	.833	.063	13.182	***	
OS2	<---	OS	.887	.071	12.491	***	
OS5	<---	OS	.838	.068	12.260	***	
OS3	<---	OS	.764	.081	9.460	***	
DI3	<---	DI	1.000				
DI1	<---	DI	.947	.083	11.365	***	
DI2	<---	DI	.902	.074	12.232	***	
DI4	<---	DI	.835	.073	11.445	***	
DI5	<---	DI	.908	.081	11.221	***	
MF3	<---	MF	1.000				
MF2	<---	MF	.889	.086	10.373	***	
MF4	<---	MF	1.072	.093	11.474	***	
MF1	<---	MF	1.051	.101	10.413	***	

The effect of the dependent variables on the independent variables in this research can also be explained by standardized regression weights. Standardized regression weights present the standardized estimate value of the impact of Destination Image and Motivational Factor on Perceived Quality and Overall Satisfaction. The standardized values are all positive, therefore, there were positive impact of Destination Image and Motivational Factor on Perceived Value, and positive impact of Perceived Value on Overall Satisfaction. Once again, it can be confirmed that Destination Image has the strongest impact on Perceived Quality, illustrated by the highest standardized value of .473.

Hypotheses results:

According to the results concluded from SEM, the proposed Hypotheses are answered as following:

Table 9. Hypotheses result

		Path Coef.	Standard Error	t-value	p-value	Results
H1	Motivational Factors -> Perceived Quality	0.224	0.071	3.163	0.002	Supported
H2	Destination Image -> Perceived Quality	0.373	0.073	5.105	<0.001	Supported
H3	Perceived Quality -> Overall Satisfaction	0.170	0.085	1.994	0.046	Supported

Model fit: χ^2= 258, d*f*= 148, NFI= .883, GFI= .901, TLI= .938, CFI= .946, RMSEA= .054

Discussion and conclusion

Hypothesis 1 proposed a relationship between motivational factors and customers ' perceived quality of medical treatment at the destination. The standardized path coefficient of the relationship between motivation factors and perceived quality was (p<.005) which indicated that motivation was a significant predictor of medical tourists' perceived quality. The results demonstrated that if customers were more likely to be motivated to go to the chosen destination,

they had a positive perception towards the quality of medical service providers at the destination. Hypothesis 2 suggested a positive influence of perceived destination image to perceived quality of the medical treatment at the destination. This hypothesized relationship was supported by the equivalent estimate of of 0.373 ($p<0.001$) showing that individuals with higher perception towards the image of the chosen destination tend to perceive higher quality of medical procedures at the medical facilities. In addition, compared to motivational factors, the perceived destination image has more significant impact on perceived quality with higher value of standardized path coefficient. This means that between two variables, destination image is a stronger predictor of medical tourists' perceived quality. Hypothesis 3 indicated that perceived quality positively influences medical tourists ' overall satisfaction at the medical destination. This proposed relationship was supported by the equivalent estimate of .170 ($p<.005$) showing that perceived quality significantly influenced customer's overall satisfaction. The result supported the notion that medical tourists with positive perception of service quality of medical facilities and chosen destination were more likely to be satisfied. There is no significant interaction effect between motivational factor and perceived destination image, only direct effects of independent variables on dependent variables were taken into consideration. The findings of this study reveals that shorter waiting time has the most significant impact on the motivation factors with medical tourists when choosing the destination. This result was also supported from previous literature (Connell, 2007; Ormond, 2011; Hall, 2011). Other than that, cost was also found as the main driver of medical tourists' motivational factor with a relatively high estimated value (0.748). Within the destination image factor, all five observed variables present a significant impact with high factor loadings, wherein the third item "variety of existing tourist attractions for recuperating patients" appears to be the most important. All the results were presented in the SEM model. While there is no significant correlation found between two independent variables, direct effects were pointed out between observed and latent variables in this study. Previous literature showed a strong relationship between motivational factor and perceived quality (Yoon & Uysal, 2005, Crooks et al., 2002). Tourists that are highly motivated to travel to the chosen destination might perceive the service quality higher that who are not. In terms of the relationship between destination image and perceived quality of medical tourists, the result indicated that destination image had a positively significant influence on perceived quality. Similarly, Bigne et al. (2001) concluded that destination image is a direct antecedent of perceived service quality. The finding of this study also supported the previous literature indicated that destination image creates a positive influence on perceived quality and satisfaction, because it forms expectations that individuals have before the trips (Phelps, 1986, Bigne et al, 2001). Previous literature indicated a strong impact of perceived service quality on overall customer satisfaction. The result of this study also supported that positive influence. When medical tourists perceived the high quality of medical staff, they are likely to be more satisfied with not only the provided service but also with the chosen destination itself.

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EXPLORING THE FEAR OF TRAVEL: STUDY REVEALING INTO TOURIST´ MINDS

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Abstract

Risk perception has received a lot of attention in the recent decades by tourism scholarship. The classical studies subject to quantitative-related methodologies points out that risk perception correlates to variables such as gender, income, class, nationality and education. Beyond this paradigm, we have launched to discuss the potential contribution given by the attachment theory to unravel the fascinating connection between fear, risk to travel and mourning. Since the goals of qualitative research are not the necessarily representative sampling but understanding the relevant issues, we believe that these three cases are enough to identify the relevant issues. Our hypothesis is that travel reluctance comes from a self caused by a previous rapid loss of a love-object.

Key Words: Risk, Travels, Fear, Tourism, Death

Introduction

Although millions of people travel from one to another point of the globe in quest of other landscapes, customs and cultures, there are many others who are restrained due to psychological impediments. Leisure travel is for them a real nightmare. The tourism industry is based on the development of secure technologies to ensure the safety of travelers. Risk perception theory gained attention in the onset of a new century (Kozak, Crotts, and Law, 2007; Korstanje, 2011a; 2011b). One of the main aspects of this research rests on the needs of understanding phobias, or extreme fear of travel, which often afflicts some potential travelers. Unfortunately the tourism literature has not explored this matter. Some of the relevant questions are: can travel agents have fear of travel? Who are travel avoiders? Is this a psychological attachment to figures of authority or a result of complacency? Is the experience a mechanism to diminish displaced anixieties?

Through this research note we have collected three biographies, using life history narratives. Two interviewees are males and the other is a female. They are 35 to 45 years old. They work in diverse sectors of tourism industry. The role of the ethnographer was not revealed to participants. They have been selected using the snowball method, from 45 interviews. Since the goals of qualitative research are not the necessarily representative sampling but understanding the relevant issues, we believe that these three cases are enough to identify the relevant issues. Our hypothesis is that travel reluctance comes from a self caused by a previous rapid loss of a love-object.

Conceptual discussion

The twenty-first century has brought changes that have shocked public opinion in industrialized nation such as virus outbreaks, natural disasters, and terrorist attacks. In view of that, the seminal studies of Roehl & Fesenmeier (1992) have been resurrected. Though tourism scholars had in the past devoted attention to the problem of risk (McCartney, 2008), the virulence of these new events affected international tourist destinations as never before. The communication of risk played a vital role to constructing plans to deter hazards that may hurt the industry (Hall, Timothy & Duval, 2003). Nevertheless, why some kinds of people are risk-seekers while others are risk-avoiders has not been addressed.

Psychology can contribute to explaining why some personalities or characters are sensible to risk while others are not. Most studies that explore the problem of risk today are based on the contributions of Stanley Plog (1973; 1991), who was financially supported by airline companies, to develop a model to understand the adaptive behavior of diverse personalities to flying. Plog's model personality is structured according to three key factors: attachment to territory, anxiety, and impotence. Along this continuum, Plog´s model establishes three personality types: allo-centric (oriented to know new customs and habits), mid-centric (the mixture of allo- and psycho-centric subtype) and psycho-centric which is based on a strong sense of ritualism and fear to unknown). Plog was widely criticized since his hypothesized outcomes have not been replicated in

other research (Hoxter Lee & Lester, 1988). Nonetheless his notion of anxiety associated with personality types represented a substantial advance in explaining diverse responses to risk. It is important not only to delineate the role of emotions in risk perception, but also in the organization of personality. Tolerance of uncertainty is a correlative variable that explains why some personalities become disorganized when they confront risk (Reisinger & Mavondo, 2005). Other studies have criticized the meaning of risk, which corresponds with a cognitive perceptual unit tied to emotions. Qualitative methods could help explain the psychology of risk (Larsen, 2009; Korstanje, 2011a; 2011b). In particular, interesting findings may come from the application of attachment theory.

Following the contributions of ethology, John Bowlby formulated a theory to describe the attachment of child with its mother. Starting from the premise that human beings develop reactions to contextual threat, Bowlby said it is important to understand how the first years of life of the child will determine its future behavior. Children need to receive support from their care-takers (parents) to regulate their internal emotional life. The success of this process depends on their future ability to explore the environment. Based on the substantial clinical evidence he found, Bowlby explained that if the child experiences a loss of the attachment figure during the first months of life, its sense of autonomy will be seriously impaired. As a result of this, the child will be reluctant to explore unknown objects and environments. Effects of early stage socialization persist during adulthood (Bowlby, 1960).

The Fear of Travelling.

Stories in this section are of real persons, whose names are changed to conceal their identities. We all feel fear at some moments of our lives, but this is nothing to what Charles reported feeling when flying. Charles is 45 years old and has two brothers. Son of a nurturing mother and absent father, he displays no serious pathologies. Within the tour agency where he works, he obeys his superiors and wants to make a good impression on them. He appears to be motivated by external goals and responds well challenges. Though Charles has developed a high tolerance for uncertainty, his greed leads to make bad business decisions. On one occasion he lost almost 100,000 dollars. Charles has been in positions privilege within the organization; he even served as chief executive officer for two years. He never entered the university. During childhood, he lived in the same neighborhood in a loving home. Consequently, his network of friends and neighbors is very strong. Life slapped in the face when his girl friend who succumbed to cancer at the age of 20. Charles never recovered from this traumatic event, and he became alcoholic for a while. Charles has a phobia of flying. This affected his performance as CEO because many overseas journeys had to be cancelled. His worries eae not related to the security of his family when is on vacations or holidays if the means of transport would be a bus or a car. His fears decline if he flies accompanied by another person. The frustration, according to Charles' account, is comes from the fact that his brothers love to travels on holidays no matter the kind of transport. Despite his success in business, various crises with his wife led him to think there was something wrong with his

personality. He wanted a recovery through psychological therapy, but at present has failed in all attempts.

In contrast to Charles, John has a bachelor's and doctorate in tourism. Considered as very intelligent by his colleagues and as having the ability to solve his own issues, John is reluctant to accept the viewpoint of his bosses. During his career he showed fewer problems in working with groups. Married with three children, he loves his wife and never ha a partnership conflict. Unlike Charles, John has lived in various neighborhoods, and created a solid network of friends. He is not praised or assessed positively by his superiors in the tourism agency where he works. Jonny has developed a high tolerance of uncertainty, but hates the administration's goals and objectives. He views the world as a dangerous place where one should be cautious in forming relationships. Positions of privilege and authority mean nothing to John, and neither the money nor career advancement are important to him. Unlike Charles, John hates to travel, no matter the distance, when his family remains at home. Experienced as separation anxiety rather than panic attacks of phobia, John suffers insomnia when gone for long periods far from home. Both he and Charles experienced a similar trauma: the loss of a loved one. John's father died when he was 20 years old in a domestic accident in the house. This traumatic event led him to take diverse drugs until 2009 when he ended a successful recovery process for drug abusers. Whereas for Charles travel by air is impossible, John does not feel the same. He is reluctant to travel alone or without his family regardless of the mode of transportation. When planning a vacation, John worries about the safety of his family but this sentiment does not detract from the enjoyment of leisure travels. Both John and Charles have experienced a faile mourning process over the loss of a love object, but their response differs. While Charles fears for himself, John worries about others.

In third case, Maria (35 years old) differs from Charles and John. She is a good employee in a leading tourist agency. As a brilliant student of economic sciences, her career was interrupted when she married. Maria, like Charles, had a nurturing mother. This type of maternal relationship stimulated her love for travel. One of her favorite activities in childhood was to go to the Buenos Aires domestic airport to see the airplanes take off where she was accompanied by her father. Despite her experience in planning travels for others, she has few experiences in visiting other cities or destinations. She has not traveled much in her life. Maria has developed a low tolerance for uncertainty and frustration. She started various psychological therapies to resolve the problem but without any result. In contrast to Charles, Maria does not consider flying a dangerous mode of transport, nor does she worry about her family when away from home. Though she aspires to positions of power and authority, she considers that the world is a beautiful place to live. Traumatic death has not determined her personality or character.

Conclusion

Persons adapt to their environment in diverse ways. Depending how these adaptations evolve, diverse models of behavior are moulded. We have collected three biographies which speak of the

inner life and the corresponding expectations about travel. Variables such as profession, education, age, gender, or residency have no direct correlation with fear of travel. One of the primary conclusions we found, is that profession is not a catalyst for risk. Tour operators who are familiar with the organization of travel may experience fear at the time they have to move. Although as we have discussed, this sentiment varies from panic to extreme worries, it is important not to lose the sight that the tolerance of uncertainty does not explain the issue. As the theory of attachment formulated by Bolwby put it, death or the loss of a love object as well as the way mourning is resolved, seem to show a strong correlation to risk perception. Maria has no fear of traveling since she has not experienced the trauma of relative´s death. The phobia of Charles and the separation anxiety of John are determined by early traumatic events. An interesting line of risk research is the connection between fear of traveling and trauma. In a way, impossible to precise for us now, the fear of traveling would work as a defense mechanism connected to the mourning process. Overly burdensome work and the achievement of goals seem not to be important factors explaining the fear of traveling.

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THE CRUISE INDUSTRY: PAST, PRESENT AND FUTURE

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ABSTRACT

The famous Titanic is one of the ancestors of cruise ships today, which houses fine dining areas, well-appointed staterooms, and other amenities needed by the passengers on-board. This makes a cruise a vacation not only an escapade to remember but also as an excellent option for a family holiday. Cruise ships can now cost more than a billion dollars, the voyage itself and the amenities, which can be found on-board, are all essential parts of the cruise experience. The rapid growth of cruising over the last twenty years in the travel and tourism industry prompted cruise lines to build modern ships that cater to the needs of a growing number of cruise passengers. It includes itineraries to transatlantic destinations, where engineers and sailors designed cruise ships that can survive different sea-related conditions. Since 2004, there are several cruise ships which have a carrying capacity of over 3,000 passengers and displacing over 100,000 tons. Modern ships are also considered much of a "floating Resort" with a complete staff in addition to the regular cruise ship crew. The cruise market is expected to continue to grow in the future especially in Asia. Cruise ships are getting bigger and offering more amenities while the cruise market is expanding with

cruise companies placing more focus on the cruise experience. This paper examines the cruise industry's past, present and future.

Key Words: Cruising, cruise-experience, market, trends

1 INTRODUCTION

Cruise Tourism is becoming an increasingly popular 'leisure choice' worldwide. The global cruise industry generates an estimated $38 billion a year in passenger expenditure and is the fastest growing sector of the tourism industry. Cruise tourism has experienced an important expansion over the past twenty years. Brida and Zapata (2010) reported an average annual growth rate of 7.4% in the number of worldwide cruise passengers taking cruises over the period 1990-2008. The participation of the cruise sector in the international number of tourists corresponds to approximately 2% and revenue of cruise corporations represents about 3% of the total international tourism receipts (Kester, 2002; Klein, 2005; Dowling, 2006). The World Tourism Organization stated that international tourist receipts in 2011 was US$1.030 trillion. International tourist arrivals grew by over 4% in 2011 to 983 million, according to the latest World Tourism Organization Barometer (UNWTO, 2011). With growth expected to continue in the next few years at a somewhat slower rate, international tourist arrivals in 2012 reached a historic 1.035 billion globally as emerging economies regained the lead over advanced economies, with Asia and the Pacific showing the strongest results, (UNWTO, 2013).

Cruising is now well established as one of the most service-intensive sectors in the world, with ever more incredible state-of-the-art vessels being built each year. 'Pampered in luxury" accurately describes the cruise experience. In the early days, casinos, shore excursions, port lectures, cruise conferences, shopping programs and spa services were non-existent. The sector has evolved from a very small part of the oceanic passenger industry into a complete and complex vacation business, including all the different sectors of the travel industry. Cruise tourism as we know it today, can be traced back to the beginning of the 1960s coinciding with the decline of transoceanic ship travel and the introduction of the first nonstop air travel between the USA and Europe. The 1970s and 1980s were a period of moderate growth, increasing from half a million passengers in 1970 to 1.4 million passengers in 1980 and 3.8 million passengers in 1990. In the 1990s this kind of leisure tourism reached Europe, Asia and Oceania and started a period of high growth. Over 19 million people took cruises during 2011 with North Americans representing about 61% of the worldwide cruise market but the European and Asian markets promise great possibilities of future growth, see Table 2.

The participation of the cruise sector in the international worldwide tourism corresponds to 1.6% of the total tourists and 1.9% of the total number of nights. Revenue of cruise corporations represents the 3% of the total international tourism receipts (Kester, 2002). For many destinations and in particular small Caribbean islands, cruises constitute more than 50% of the total of tourism arrivals providing jobs and generating important receipts through the services supplied by the port and expenditures of passengers and crew. It is expected that the cruise industry will continues to grow regardless of being perceived as a direct contender of sun, sea and sand stay-over tourism. Cruises have become resort-destinations in themselves and, viewed in this way the cruise sector is between the top ten destinations both in number of arrivals and receipts. According to Kester (2002), the average revenue per cruise trip is almost as high as the average receipts per international tourist arrivals. But the distribution of income from the cruise industry is not equitable. Most ports obtain small contributions from the use of the port as a cruise destination and cruise tourism provide few real jobs and business opportunities for local residents. Even though cruise tourism is an important segment of the tourism sector in the Caribbean, there is a lack of information regarding the real economic aspects of this activity. The economic, social, cultural and environmental impacts of cruise ship tourism have been studied very little. For this reason, many island destinations do not have the tools to establish strategies and policies to manage cruise tourism in an efficient manner.

While developments of the cruise business signify an extremely successful business model, the cruise sector also faces several significant challenges, such as an exceptionally competitive commercial environment, concerns about over-capacity and destination ability to cater for larger ships. Similarly, while destinations seek to embrace the industry's expansion, they also have to manage the often-diverse needs of communities at the same time as protecting the local environment and minimizing any costs associated with being a sustainable cruise destination (Lester & Weeden, 2004). Of further consideration here is the relationship between the number and size of vessels, with effective port planning and collaborative harbour expansion hugely important for managing cruise activity, especially in popular destinations (McCarthy, 2006). Moreover, the industry's continued investment in resort-style ships highlights the enclave nature of these leisure spaces (Wood, 2000), calling into question whether it is the ship or the destination that is important to passenger satisfaction. Indeed, while destinations are integral to the cruise concept and remain a prominent factor in consumer decision-making when selecting a cruise vacation (CLIA, 2008), it is argued by some that itineraries and ports of call are playing a reduced role in the overall consumer experience (Keynote, 2008).

2 The cruise ship

Cruises as we know them today are really only about 50 years old, but the tradition goes back more than a hundred years when passengers started booking travel on mail ships crossing the Atlantic. These cargo vessels evolved into the grand ocean liners, now the cruise lines are competing to have the newest, the best, the biggest, and the most exciting ships at sea, morphing them into massive floating resorts where the on-board experience is just as important as the ports themselves. The first transatlantic cruise took place in 1840, a record number of passengers lined up for the crossings from England to New York because the boats were faster than previous vessels. Those paying customers came to expect more comforts than the crew so the on-board amenities got an overhaul, including the addition of a cow to provide fresh milk daily. The first over-the-top luxury ship set off on its maiden voyage on April 10, 1912 with new features like a shipboard swimming pool, a la carte dining, a Parisian café, and a Turkish bath. Competition between the lines had become fierce, and the White Star Line sought to challenge Cunard, whose ships the Mauritania and Lusitania held the record for fastest Atlantic crossings. The Titanic and her sister Olympic trumped them in size and lavish amenities in first class, even featuring running hot water in some of its cabins. The modern cruise era was born when the first passenger jet took off from London heading to New York 1928, this caused a sharp decline in the popularity of Transatlantic cruising. Air travel was not only much faster, but also took on the glamour and prestige that had formerly been associated with ocean liners. By 1958 the ocean liners found a new purpose plying the Caribbean waters.

During 2010 nine cruise lines launched new ships that were all ordered before the recession. Norwegian Cruise debuted the Epic, which offer the first studio cabins for people traveling alone-without the onerous single-supplement fare add-on. The ship also have the Epic Plunge-a 7-deck tube waterslide, 20 restaurants, and an Ice Bar made of ice. Seabourn debuted the Sea Cloud Hussar, the largest masted sailing ship in the world. Cunard's Queen Elizabeth brought back the Art Deco décor of the grand old passenger ships of the 1920s to the 1940s. Princess, too, returned to the nostalgia of the grand passenger lines, offering Bon Voyage parties. For four hours before the ship's departure, passengers can bring friends and family on board for a tour and lunch. Generally, today cruise ships are designed with serious comfort in mind, so they have a lot of amenities and a lot of staff to oversee those amenities for cruise passengers. These thousands of passengers are spread out over the ship's multiple decks. Cabin size is typically 155 square feet to 250 square feet and contains a bed, side stand, closet, television, phone, small table and chair and bathroom. There are different types and size of cabins; suites with private balconies are more expensive.

Royal Caribbean's new Oasis of the Seas (2009) and sister ship Allure of the Seas (2011) are the largest, widest, tallest, most expensive cruise ships afloat. The $1.4 billion Oasis of the Seas, the world's biggest cruise ship of 2009, is a floating resort that eclipses the condo towers it sails past at

its new home, Port Everglades in southeast Florida. The 225,282-gross-ton ship has 16 passenger decks and can carry 6,292 passengers plus 2,165 crew. It has rock-climbing walls, a basketball court, FlowRider pools that simulate surfing, an ice skating rink, a carousel with hand-carved wooden animals, a shopping promenade lined with cafes and bars, cantilevered whirlpools overlooking the sea and a Central Park with 12,000 live plants and trees. An amphitheatre surrounds a deep-diving pool on the stern, where high-divers and synchronized swimmers perform. Passengers can harness themselves onto the "zip line" and soar across the ship above an open-air atrium nine decks high and lined with balconied cabins. One of its many bars, the Rising Tide, floats up and down between three decks, while a touring company performs the Broadway musical "Hairspray" in the 1,380-seat theatre.

When RMS Titanic sailed out of Southampton on April 10 1912, she was hailed as the world's most luxurious liner. Her state of the art features surpassed those of competing vessels, cementing White Star Line's status as Britain's finest shipping company. Yet like any industry, there have been some significant developments over the past nine decades. In fact, 2014 saw the launch of Royal Caribbean's Quantum of the Seas, a vessel that has been pegged as the world's first 'smartship.' Packed full of next generation technology from bow to stern, it offers passengers an at sea experience like never before. Despite a name that means 'gigantic' in Greek mythology and a reputation as 'the biggest ship ever built', Titanic was relatively modest in size compared to today's ultra-modern megaliners. Measuring 882 feet in length and weighing just over 46,000 tonnes, Titanic was a giant of her time. Yet today, Allure of the Seas blows her proportions out the water, measuring in at 1187 feet in length and a huge 225,000 tonnes in weight. Allure also towers above Titanic, clocking in at 236 feet spread across 19 decks. That's a huge 124 feet taller than the Eiffel Tower! In comparison, Titanic was 175 feet tall and housed just nine decks.

2.1 The Cruise market

Tourist cruises are a relatively modern activity, originating in the early 1960s in Miami, United States of America for cruises throughout the Caribbean. Their development coincided with a transformation of the transatlantic passenger business resulting from competition with the airline industry. The cruise line industry has been able to create a new market where none existed before. Since that time, North American and subsequently global demand for tourist cruises has been growing at a very strong pace, accounting for robust annual growth over more than 20 years, see Table 1. The strength of this subsector is reflected in the fact that the largest cruise lines now occupy the highest ranks of the tourism and leisure sector, as measured by shareholder capital and annual profits. The Caribbean is the world's largest cruise shipping market, representing over 42% of the worldwide annual cruise supply (FCCA, 2011).

Table 1 Worldwide Cruise Passengers Market

Year	North America	Europe	Asia & Rest of the World	Total Cruise Passengers	% Growth Worldwide
2000	4,364,470	1,947,780	901,750	7,214,000	22.94%
2002	5,882,000	2,162,500	605,500	8,650,000	19.91%
2004	6,328,300	2,824,200	1,307,500	10,460,000	20.92%
2006	7,263,630	3,241,620	1,500,750	12,006,000	14.78%
2008	9,546,295	4,260,330	1,972,375	15,779,000	31.43%
2010	11,144,705	4,973,670	2,302,625	18,421,000	16.74%
2012	11,616,000	6,284,000	2,160,000	20,060,000	8.90%
2014	12,632,000	6,570,000	2,354,000	21,556,000	7.46%

Source: Cruise Line International Association, Florida Caribbean Cruise Association
Cruise Market Watch

Given the state of the economy on a global scale, growth has slowed in the cruise sector as seen in Table 2. The number of cruise passengers worldwide has been increasing every year but at a slower pace since the downturn of the economy in 2008. The North American market in particular has seen much slower growth. Cruise tourism is a capital intensive industry and the strategic deployment of vessels is driven by the need to maximize yield year round. Augmented by the trend towards construction of larger vessels for carrying larger numbers of passengers and the imperative need to derive the economies of scale, it is estimated that at current cost levels, break even requires load factors of at least 80% and a strong reliance on the revenue from on-board activities, and the sale of shore excursion products. These trends require cruise lines to establish itineraries that appeal to a large population base. This is supported by the current strong focus on US market which accounts for 61% of the total cruise passengers worldwide, considerable growth opportunities exist within the US market because less than 4% of the population has ever taken a cruise. There are also opportunities for the expansion of the cruise market in Asia, China and India

in particular. Overall, less than 1% of the world population has ever taken a cruise. If this template is used when writing the paper, headers and footers will be set automatically.

2.2 The Cruise Passengers

The demographic of the cruise market have changed with the new demands of a rapidly evolving world and social network forcing cruise companies to be aware of the motivations of four consumer segments; Generation Y, Generation X, Baby Boomers and the Mature Generation. Over the last decade, the average age of cruise passengers has dropped of those potential customers of this service from North America, Europe and emerging Asian markets interested in spending their income in enjoying luxurious vacations. What was traditionally a market for an elite class, seniors and retirees with stable income, and newlyweds, has become a luxurious travel and holiday option available for the family market; mostly through the attraction of budget vacation holidays, with more and more people interested in this offer in a growing tide that underpin the optimism that the cruise industry will maintain an increasing occupancy rate and future profitability. Actual guests taking cruises tell the real story; the 25-39 age group are taking about 29% of the cruises. The 40-59 group take about 36% of the cruises while the 60 plus group take approximately 35% of cruises. 31% of cruisers are in the 20-39K income group, about 30% are in the 40-59K income bracket, 28% are in the 60-99K bracket while about 11% of cruise purchasers earn 100+K. Over one-half of the cruises purchased are in the 6-8 day range, just over one-third are in the 2-5 day cruise range with less than 10% in the 9-17 day range of cruises and only about 1% are in excess of 17 day cruises. Typical, cruise passengers travel in pairs, usually with spouses or significant other (80%), with a 29% (2008) of people travelling with kids under 18 years old (from 13% in 2002), and a 25% enjoying this sort of offer in the companionship of friends.

Sampling destination and geographical areas before visiting them on a future land-based vacation is one of the most influential aspects when choosing a cruise vacation aboard a cruise ship, and most cruise passengers frequently name the Caribbean, Alaska, Hawaii, Bahamas, Europe and the Mediterranean Sea as their favourite options in descending order. On a comparative basis versus other tourism categories, and whether a first-time or frequent cruiser, the cruise experience consistently receives top marks from customers on a wide range of important vacation attributes, with an increasing number of people indicating the intent to purchase a cruise. Cruise prospects recognized the high value of cruise vacations, and people who have already experienced this service consider it as providing the best value for their leisure money. The cruise industry for years has enjoyed a high percentage of customer satisfaction rating with about 97% of all cruisers rate their experience as "Satisfied" or "Extremely Satisfied." There is also a high level of repeat cruise

passengers, with around 55% of customers taking a cruise yearly, and around 30% interested in repeating the experience in the future.

2.3 The Future of the Cruise Industry

With some 360 cruise ships plying the international waters, competition remains fierce in the cruise industry. This means that cruise ships and their products are in a constant state of evolution. The following trends can be observed:

◊ Increasing embarkations from "close-to-home" ports:

The market is expected to see a marked increase in the number of ports playing an active role as embarkation terminals. This would imply that, in addition to the main cruise ports, the other domestic ports would also play supportive roles. This would make access more convenient and cheaper for tourists to drive instead of fly to the nearest port. For e.g. where Florida once reigned supreme as home port of choice, now more than 30 North American cities like Norfolk, Charleston, New Orleans, Galveston, Baltimore, Boston, Philadelphia and San Diego boast cruise ship embarkation terminals.

◊ Greater focus on family and family travel:

Cruise ships now carry millions of children each year. This has led to increasing focus on children in providing additional services and expansion of kids' facilities on cruise ships. For e.g. Holland America offers "kids only" shore excursions in Alaska that include treasure hunts, tram rides and hikes. The Disney Magic and Disney Wonder have all-new teen-dedicated spaces in addition to age specific programs for the very young and the pre-teens.

◊ Increase in river cruises:

The river cruise sector is growing by about 16% annually and is impressive with both number of passengers and yields, especially on the market in Germany – the unquestioned river vacation

travel market's leader. River cruise ticket sales are growing faster compared to ocean-going ship vacations. Passenger capacity on the main European rivers is also increasing, new operators emerge, the old one (world's largest river cruise lines) renovate regularly or expand their fleets by building larger, new-generation boats. More than half a million passengers (80% of them European; and 20% from North America) enjoy European river cruising vacations annually. On the China's Yangtse River, the number of international passengers is nearly 150,000, with new operators and new and bigger river ships being built each year. The list of the world's biggest river cruise lines includes AMA Waterways, Avalon Waterways, Viking, Uniworld, Grand Circle Travel, Tauck. Cruise passengers will participate on river cruises mainly in Europe, China, Southeast Asia, Russia, Ukraine and Egypt.

◊ Exotic locales and itineraries:

In response to passengers continued demand for more and more new places to visit, cruise lines are looking for new and exotic locales to woo their customers. This has resulted in an explosion in itineraries with the cruise-lines today vying with one another in offering exotic cruise destinations. Radisson Seven Seas Cruises visit remote islands in Micronesia and Husavik in Iceland, whale-watching capital of Europe. Crystal Cruises can take you to Ho Chi Minh City or Split, Croatia. Cunard's Queen Elizabeth 2 docks at the Canary Islands and Dakar, Senegal.

◊ Growing Variety of Ships:

While on the one hand several mega-resort style cruise ships carrying more than 2,000 passengers apiece have been launched, there is also a trend towards a wave of small ships limited to between 100 and 250 passengers, such as "exploration" cruise-ships with the capability of entering small coves or rivers, sleek vessels such as of the Windstar Cruises, and a number of other smaller and elite ships. Though the small new ships aren't very competitive in pricing, they're generally less expensive than the larger luxury ships whose standards they emulate. Thus, the trend is now moving towards a choice of tiny, small, medium-sized, large, and monstrous vessels in just about any reasonable price range.

◊ Growth in Drive Market Cruises:

Following 9/11 many cruise lines have adjusted their itineraries to allow more ships to depart from drive-friendly ports to accommodate travellers who prefer not to fly. This has enabled the cruise lines to tap into an eager market who'd rather drive over than fly before hopping aboard a ship.

◊ Boom in Theme Cruises:

Along with the expansion in itineraries has come a vastly greater schedule of activities at sea, almost always at no extra charge to the basic tariff. Movies have been joined by full-scale stage shows; ocean skeet shooting now takes a rear seat to spa-style aerobics and yoga meditation; and "theme" cruises extra heavy attention to styles of music, historical periods, food specialties, murder-mystery, square dancing, and lectures by athletes, chefs, poets, and inspirational psychologists are numbered in the dozens.

◊ China:

The number of cruise ships entering Chinese waters is rising and global players in the cruise sector are focusing on the country. The number of such vessels received at ports on the Chinese mainland increased from 223 in 2010 to 262 in 2011. China is at the primary stage of its cruise economy and is poised to enter the cruise line business building cruise ships within five years, thus owning cruise ship companies. China aims to become a cruise ship owner and operator, initially in its own waters and Southeast Asia. In time, Chinese cruise ships will operate globally and maybe even come to challenge the pervasive influence of the largely US-operated cruise ship companies. China is building homeports to provide comprehensive services, including berthing, replenishment and maintenance for large cruise liners. Several cities, including Shanghai, Tianjin, Xiamen and Qingdao, have been equipped with international homeports to attract major cruise liners to locate there for the long term, from China to India. The Asian market has cruise executives excited about the potential growth in business because of the rapidly growing middle class there, especially in China, Japan and India. The increase of cruisers there could provide new destinations for American cruisers.

◊ Asia:

Asia's region has become the "new world" of travel's biggest growth sector as is evidenced by its double-digit growth, more ships than ever before, and explosive investment in ports and destinations. With cruise lines hosting nearly 1.4 million Asian guests in 2014, a 34 per cent annual increase in just over the two years since 2012, the global cruise industry has recognized that Asia is quickly becoming a major international market in its own right.

◊ New destinations:

To attract repeat cruisers and lure first-timers, itineraries will grow. There are some 300 cruise ships in the world, and it's becoming more difficult to differentiate between them, especially the ships carrying 4,000 or more passengers. Itineraries are a way to do that. Places that destination developers are excited about include:

• The coast of west and central Africa, a spread across 20 countries from Mauritania to Namibia.

• The northeast coast of South America, plus the Amazon River across the continent to the Atlantic Ocean.

• The multitude of islands of Indonesia.

• Madagascar, the island off the south-eastern coast of Africa, has the world's most diverse flora and fauna.

3 Conclusion

When cruise passengers cruise ship pulls away from some exotic port, they wish for just a few more hours or even a second day to explore the art of Rome, the beaches of the Caribbean or the glaciers of Alaska. The cruise industry is as robust as ever despite the Costa Concordia disaster in January 2012 and subsequent troubles, including several norovirus outbreaks and the robbery of cruisers on a shore excursion outside Puerto Vallarta, Mexico. The Concordia grounding caused bookings to fall immediately, but the numbers are back. For consumers, cruise ships 2013 troubles may mean a continuation of two-for-one deals, free airfare and on-board credit. The cruise lines were beginning to eliminate those at the end of last year, anticipating a healthier economy and

more people back at work. Cruisers leaving from U.S. ports will find mostly Americans on-board, but that is changing with a more international market of passengers Britain, Germany and Australia. As American cruisers venture to other countries, beginning trips from European or Asian ports, the demographics of passengers have changed. Itineraries out of Barcelona will have more people from the United Kingdom and Spain. Asian ports will attract more Australians, and Brazilians, cruising's newest demographic superstars, embark from South American ports. The globalization of the passenger list is a good thing for cruisers looking for a more international experience. These passengers like sharing a dinner table with people from other countries. The cruise lines welcome the diversity, too, mostly because it means more people in the world are cruising. Perhaps, but as cruising grows globally, passengers seeking a broader connection with people around the world will enjoy the cruise experience even more. Rather than building brand-new vessels, Cruise lines are focusing more on improving their existing fleets with major refurbishments, better use of existing on-board spaces, telecommunications upgrades and renewed focus on humanity's age-old love affair with the sea, translating into more outdoor spaces on ships and expanded uses of deck space. Cruise lines are bringing more and more brand names on-board and updating their menus for the realities of 21st-century dining. And as the world seemingly gets smaller, look for more standardization across worldwide cruise companies and a more international passenger base. Cruise ships are getting bigger and offering more amenities while the cruise market is expanding with cruise companies placing more focus on the cruise experience.

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Cruise Market Watch: http://www.cruisemarketwatch.com

Florida Caribbean Cruise Association: http://www.f-cca.com

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