

What Makes Them Travel? A Psychological Perspective towards Accessible Tourism

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Abstract *This paper aims at to explore the perceptual factors that shapes the attitude of an impaired/disabled traveler towards accessible tourism and how that attitude does leads to willingness to travel. In order to achieve the objective of this study, the theoretical framework is tested using Structural Equation Modeling. The measurement scales are revised to meet the requirements of the study. Data is collected from 186 participants. This study supports the literature by establishing a direct relationship between the factors underpinning travelers' perception and attitude regarding accessible tourism, as well as travelers' attitudes and willingness to travel. However, Indian accessible tourism has not been studied from the standpoint of consumer behavior. The study emphasizes the importance of positive and negative elements in the creation of attitude about accessible tourism. It has been found that perceived risk and perceived price display a negative, but a significant effect on attitude towards accessible tourism. Perceived destination image and perceived value show a positive association with the attitude towards accessible tourism. Once an attitude towards accessible tourism is formed, the study concludes that impaired/disabled travellers are willing to travel to a particular destination.*

Keywords: Accessible Tourism, Tourist Perception, Attitude towards Accessible Tourism, Willingness to Travel

INTRODUCTION

Accessibility is a critical component of any ethical and long-term development strategy (United Nations, 2015). World Health Organization (2011) reports that approximately fifteen per cent of the global population is suffering from different disabilities. Disability rates are rising globally as a result of chronic illnesses, ageing, and other causes. According to the United Nations World Tourism Organization (UNWTO), accessibility to tourism-related venues, products, and services must be a core element of any sustainable and responsible policy (UNWTO, 2019).

Accessible tourism does not only apply to persons with disabilities; it applies to everyone, adults and children, persons with any form of physical condition or sickness, or even travellers with luggage or baby strollers (Darcy & Dickson, 2009). Physical accessibility to areas and infrastructures, financial accessibility or affordability, and

information availability are all examples of accessibility traits (Pühretmair, 2006). Inclusive tourism and equal opportunity for all is a quintessential requirement to change the perspective of tourism (Biddulph & Scheyvens, 2018). However, it is crucial to understand what an impaired tourist perceives about accessible tourism to reach this stage. This is necessary since the future will be heavily influenced by how destinations identify themselves to be modern, accessible, and economical at the same time (Costa, 2020).

The satisfaction derived from a product or service is directly related to the need fulfilment. Which service or product to buy further depends on how the product or service is perceived by the customer (Agyekum, 2015). Perception is considered a multidimensional process of selecting, organizing, and interpreting sensory stimulus to create a comprehensible image (Sánchez-Fernández & Iniesta-Bonillo, 2007). There is existing literature on what, why, and how various elements influence tourist travel behaviour (Khan et al., 2017; Kim et

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al., 2018; Wang et al., 2018), but little emphasis is placed on how it influences attitudes toward accessible tourism. The study aims to investigate what perceptual factors support or hinder travellers' attitudes about accessible tourism and whether they are eager to visit despite multiple constraints.

The study encompasses the role of four distinct perceptual factors, such as "perceived risk", "perceived price", "perceived destination image", and "perceived value", to recognize what perceptual factors determine the traveller's attitude towards accessible tourism and whether that attitude contributes to the willingness to travel. The subsequent section of the study sheds light on the relevant literature relevant to the research's different constructs, which assists in comprehension. The literature review is followed by a section on methodology, which outlines the study's design. The results of the data analysis and conclusions are presented at the end of the study. The research's limitations, as well as its scope and implications, are discussed in the end.

Why Accessible Tourism?

Accessible tourism embraces a "whole of life approach" to tourism, wherein proper attention is provided not only throughout the lifetime via the relation between ageing and impairment but also via altering embodiments over the lifetime. By offering products and services that exclude a portion of the community, the organization not just impacts its very own financial returns but is also socially ineffective by establishing facilities that cannot be utilized by the entire community (Darcy & Dickson, 2009; Darcy et al., 2010). A formal definition to the term accessible tourism given by Darcy and Dickson (2009) states that "accessible tourism enables people with access requirements, including mobility, vision, hearing and cognitive dimensions of access, to function independently and with equity and dignity through the delivery of universally designed tourism products, services and environments. This definition is inclusive of all people including those travelling with children in prams, people with disabilities and seniors" (p. 34).

The perception of lower return in accessible tourism stems from the notion that persons with disability have much less disposable income. This notion is used as a barrier to investment in accessible tourism, and this will continue to weigh until this prejudice is broken (Meskele et al., 2018). Nonetheless, according to the statistics, the market for accessible tourism is expanding, indicating that ignoring its possibilities is similar to ignoring profitable economic chances (Luiza, 2010). Based on the National Census of 2011, India had 104 million senior citizens and 26.81 million persons with disabilities. Since the official data is ten years old, the number is bound to go up. In 2018, 3.03 million tourists visited India, out of which 30 per cent were senior citizens (Kulkarni, 2020). The untapped accessible tourism

market offers tremendous potential growth opportunities for businesses engaged in the tourism industry. However, in reality, the picture is different. E.g. Kaziranga national park in Assam, India, reportedly has 4-5 per cent of the facilities required by a person with a disability or an impaired traveller (Baishya, 2018).

It is critical to recognize that accessible tourism is not a mandate but rather an opportunity. It helps all, resulting in a much more dynamic economy, greater experiences and much higher revenues. Impaired individuals travel more frequently during the off-season, often in groups, and likely return to a location where they feel at ease, making it beneficial for places to accommodate them specifically (Briggs, 2001). The Qutub Minar and Red Fort are two such examples, having received the Ministry of Tourism's prize for the most accessible monuments, demonstrating the success of access development programs (Lama, 2018).

REVIEW OF LITERATURE

Perceived Risk

Humans have a fundamental need for safety (Maslow, 1943). Decades later, Shin (2005) noted that the absence of risk is a requirement for tourism's effectiveness. However, tourism is an intangible service experienced differently by each individual; risk becomes an inevitable factor (Williams & Baláz, 2013). The literature characterizes perceived risk as individuals' perceptions of uncertainties and even the repercussions of purchasing a product or service (Dowling & Staelin, 1994; Saragi et al., 2021).

Studies have identified various risks perceived by tourists before or during their visits to a destination (Quintal et al., 2010; Yang & Nair, 2014; Emami & Ranjbarian, 2019). Physical risk is characterized as natural calamities, accidents, physical assault, or injuries sustained while engaging in specific activities (Cui et al., 2016). Physical risk can also refer to any medical condition (Rittichainuwat & Chakraborty, 2009) or criminal activity (Kozak, 2007) that occurs in a tourist site. Another risk perceived by tourist is social (Roehl & Fesenmaier, 1992). The probability that a tour will not satisfy other individuals expectations or that the individual's travel choice or experience will alter the tourist's impression of other people is referred to as social risk (Park & Tussyadiah, 2017). Roehl and Fesenmaier (1992) have perceived time as a risk factor. The prospect of a tour being extended or a particular choice taking forever is alluded to as time risk (Cui et al., 2016). Gallarza and Saura (2006) assert that four time-related elements contribute to perceived risk: "the cost of time planning and preparation", "the time spent on the return trip", "the cost of time losses" and "the time spent on the tour". Along with the above-described risks, there is a high likelihood of losing the funds

spent on a vacation or a tour not worth the money spent on it (Yang et al., 2017). Roehl and Fesenmaier (1992) regard this as a financial risk.

Perceived risk is significant for a tourist with an impairment (temporary or permanent) since the planning process for a vacation would be more of a feasibility study than obtaining information to make a choice (Stumbo & Pegg, 2005). Impaired tourists appear to rely their risk perceptions mainly on the knowledge they able to obtain and, to a smaller degree, knowledge gained from others, with little regard given to official danger warnings (Yang et al., 2010). Fraser (2017), in a study, found a majority of respondents reconsidering their decision upon gathering more information about the prospective risk associated with a destination. Since perceived risk has a negative association with the final purchase decision (Ariffin et al., 2018), the present study hypothesizes that:

H1: Perceived risk is negatively associated with the attitude towards accessible tourism.

Perceived Price

The perceived price is the price that a customer has defined. Customers evaluate price through subjective perceptions and refer to it as “expensive” or “cheap”. Consequently, the perceived price is not the actual monetary price of a product or service (Kashyap & Bojanic, 2000). Perceived price is characterized as the sum of two prices connected with the commodity. The first is the “monetary cost”, which is determined by the purchase price. The second is “non-monetary cost”, which is measured in terms of time invested as well as mental and physical effort expended (Iglesias & Guillen, 2002).

Price is a determining factor in buyer decision-making, and buyers can easily compare prices among companies; hence, businesses must apply a successful price-oriented strategy (Setiawan & Achyar, 2013). Cakici et al. (2019) concluded that individuals fundamentally determine what they will purchase and how much they would pay for a service depending on its pricing. So, according to Kotler and Armstrong (1996), price is “the nominal value charged to the customer to acquire products and to be benefited from the ownership or use of products”. The perceived price significantly impacts the monetary aspect of transaction utility; as the perceived price rises, the transaction utility value decreases (Kim et al., 2012). As a result, an increase in the price of one brand relative to the price of some other brand diminishes the worth of the purchase (Lichtenstein et al. 1993). A tourist’s attitude toward purchasing a trip package can be influenced by perceived price. Because tourist services are intangible, travellers assess the price’s reasonableness for the quality of a particular service, and

the perceived price is also strongly tied to customer value and intention to purchase (Gupta & Duggal, 2020; Chiang & Jang, 2007).

Companies in the tourism industry are always interested in knowing if tourists perceive prices and pricing fluctuations as appropriate or insufficient (Ryu & Han, 2010). Accordingly, customers’ perceptions about price have an impact on their service selection behavior. Customers frequently utilize pricing fairness as a clue when evaluating their service and product experiences and creating attitudes about the provider (Han & Kim, 2009). Individuals’ assessments of whether a company’s price is acceptable or unreasonable frequently lead to unfavourable choices about that firm (Han & Hyun, 2015). Thus, the study hypothesizes that:

H2: Perceived price is negatively associated with the attitude towards accessible tourism.

Perceived Destination Image

An overall image that a particular destination portrays is a perceived destination image (Gallarza et al., 2002). A theoretical definition given by Crompton (1979) defines *destination image* as “the sum of beliefs, ideas, and impressions that a person has of a destination” (p.18). Perceived destination image is a significant predictor of destination quality and satisfaction (Leung et al., 2011). This assertion is consistent with the findings of Baloglu and McCleary (1999). They argued that a tourist’s perception of a destination is crucial in their decision-making procedure, shaping subsequent travel behaviour, future travel intention, and purchasing patterns.

The perceptions of travellers and marketers of the characteristics or attractions accessible inside a destination are referred to as destination image, and it performs an integral part in the characterization, marketing and delivery of the destination’s product (Hallman et al., 2015). Following brand image, which is considered a combination of cognitive and affective components (Basaran, 2016), the destination image is also studied under the same umbrella. Gartner (1996) promotes the importance of the cognitive and affective components. The former pertains to factual information, whilst the latter alludes to emotions. The cognitive component of image is made up of beliefs and facts regarding a destination, concentrating on observable physical characteristics (Pike & Ryan, 2004). The affective image component reflects a person’s sentiments about a location (Stepchenkova & Li, 2012).

Studies have focused on how a destination image is formed. Culture is found to shape a traveller’s image regarding a destination (Frias et al., 2012). This finding is consistent with the findings of Sirgy and Su (2000) and Ryan and Cave

(2005), who identified that destination image might well vary between travellers from different countries premised on nationality/culture and the basis of conclusions drawn by perceptual maps focusing on various national clusters. Along with culture, the internet's extant use has helped shape destination image amongst several tourists (Wang et al., 2020). Social media and the internet function as proxy testing of a destination before purchasing or visiting that location (Xia et al., 2018). However, there remains a gap to understand how destination image affects the attitude of a tourist, particularly if that tourist faces an impairment. Liu et al. (2018) found that destination image does impact the attitude towards a particular location. However, the cultural aspect overpowered the relationship. Studies lack to identify how perceived destination image affects the attitude towards accessible tourism. Hence, the study hypothesizes:

H3: Perceived destination image is positively associated with the attitude towards accessible tourism.

Perceived Value

Value is determined as “evaluative judgment” (Holbrook, 1999), a “trade-off” between benefits and spending, or even an “interaction” between both the consumer and the product (Payne & Holt, 2001). According to Slater (1997), “the creation of customer value must be the reason for the firm's existence and certainly for its success” (p. 166). According to Boksberger et al. (2011), perceived value is a significant predictor of customers' perceptions of “benefits and sacrifices”, including price and quality. Value has been classified as “preferential”, “perceptual”, and “cognitive-affective” in the literature (Sánchez-Fernández & Iniesta-Bonillo, 2007).

While articulating the concept of perceived value, authors had opposing viewpoints. Some describe it as “unidimensional” (Dodds et al., 1991), others describe it as “multidimensional” (Ruiz et al., 2008). Although Monroe (1979) defines *perceived value* as “the ratio of perceived benefits to perceived sacrifices”, Zeithaml (1988) describes it as “a cognitive trade-off of sacrifices and benefits associated with consumption practices”. Irrespective of how scholars define this term, marketers may create an ecosystem to give higher value by becoming more aware of how travellers perceive their value from the purchase of services (Marbach et al., 2016). Perceived value is an essential factor in consumers' decisions to adopt new services since it has been demonstrated to influence existing and potential customers (Yang et al., 2016).

Perceived value will assess the value of a destination for a traveller based on the difference between the perceived advantages and expenses deriving from the location's offers (Pandža Bajs, 2015). Natural ecosystem, cultural and

historical heritage, and weather may be important drivers in determining value. Along with these elements, the quality of various services, the attitude of service providers, and their competence and friendliness can all have a significant impact (Tengberg et al., 2012; Zailani et al., 2016). Studies in the past have been conducted to understand how disabled tourists perceive the value of accessibility of a particular destination (Melian et al., 2016). However, no study has explored the role of perceived value in determining the attitude towards accessible tourism. To explore the gap, the study hypothesizes that:

H4: Perceived value is positively associated with the attitude towards accessible tourism.

Attitude towards Accessible Tourism

According to the “World Report on Disability”, published by WHO in 2011, approximately fifteen per cent of the world population had some form of disability. The latest figures are bound to be higher than what they were ten years ago. Disability is a multifaceted phenomenon, with each component having access requirements that range significantly from one another (Darcy, 2009). “Mobility”, “hearing”, “vision”, “cognitive/learning”, “mental health and sensitivities”, and “long-term health conditions” are all part of the multidimensional construct.

Accessible tourism is seen as a lower return market, with prejudice; all individuals with impairments have much less discretionary income and questioned consumer research (Healey, 2008; Pegg & Stumbo, 2008). The tourism industry is not viewed through the lens of “universal design”. According to Preiser and Ostroff (2001), once implemented, the orientation would assist many impaired individuals, mainly elderly persons, couples with prams, and tourist personnel who require suitable design for a wide range of work health & safety needs (Van Kham & Cho, 2016). This perceptual difference creates a hindrance between an impaired tourist and his travelling plans. An attitude shift toward accessible tourism is the need of the hour. To improve the accessibility experience, the sector must be conceptualized to promote development beyond the accessibility of being enabled to travel to a location through accessible transport infrastructure to genuinely experiencing it through accessible tourist experience enhancement (Darcy et al., 2010).

Perception is a subjective concept that differs depending on the consumer culture and time frame (Sánchez et al., 2006). The traveller may or may not rate one aspect of perception equally. It becomes even more crucial to remember that an impaired tourist uses a distinct decision-making approach to evaluate a destination than a non-impaired tourist (Israeli, 2002). Melian et al. (2016) found that impaired travellers

found more satisfaction from the perceived value of accessibility of a tourist destination, indirectly indicating purchase intention. Bindu and Devi (2016) highlighted the importance of educating the masses to make accessible tourism more inclusive and easier to access by an impaired traveller.

Willingness to Travel

The terms willingness to travel (buy) and purchase intention are often used interchangeably (Phau et al., 2009). The degree of effort necessary to execute behaviour determines the willingness to buy into the relationship between behaviour and attitude (Bagozzi et al., 1990). Individuals with impairments who wish to purchase a holiday must go through a process in the tourism industry. Accessibility is required for tourism sites, hotels, transportation, looking for tour details, and reserving or purchasing tickets (Özogul & Baran, 2016).

Darcy and Dickson (2009) conducted a survey in which 45 per cent of the respondents stated that the accessibility information is not factual or comprehensive. Impaired travellers inquire about their travel arrangements while keeping their specific needs in mind (Sari & Ünüvar, 2019). Impaired travellers need specific and extensive information

to reach a knowledgeable decision to travel to a destination. If the information is not provided for trip planning, the willingness to travel does not result in a purchasing decision (Natalia et al., 2019). Tecău et al. (2019) concluded that there is a lack of communication with impaired tourists, which causes considerable difficulties while attempting to avoid the barriers to travel. Such travellers do not feel supported in their purchase decision for a tourism product.

Researchers such as Yau et al. (2004) discovered that removing impediments to travel will boost participation rates. To be a traveller with any disability requires personal drive, an accurate assessment of one's skills, the ability to access reliable information, organizing the trip, and controlling oneself (Mahatme et al., 2020). Travelling is a significant act that communicates to others that a person with an impairment has recovered or begun to take control of their destiny and claim their future standard of living (Rembis, 2019). Thus, the study hypothesizes:

H5: Attitude towards accessible tourism is positively associated with the willingness to travel.

A framework is proposed, as indicated in Fig. 1, with theoretical backing taken from previous work. The conceptual model depicts a graphical depiction of the hypothesized relationships.

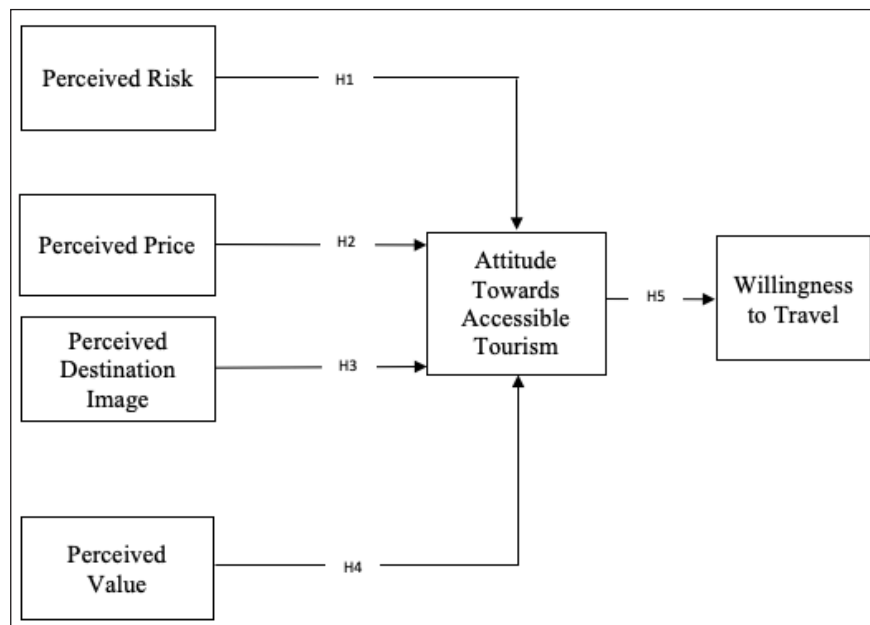


Fig. 1: Conceptual Framework

MEASUREMENT ITEMS

The computation of the constructs (Fig. 1) is done using a standardized scale from multiple sources. To stay consistent with the current study objective, minor changes were made to the measurement items. The items are evaluated using a 7-point Likert scale, with (1) being “Strongly Disagree” and

(7) being “Strongly Agree.” To assess various constructs, a minimum of three and a maximum of five statements have been used. Jun’s (2020) scale for “perceived risk” has been adopted. Gecti’s (2014) measurement scales are being used to assess “perceived price”. Tsotsou et al. (2010) measurement scale is employed for “perceived destination image”. The measurement scale for “perceived value”

developed by Kantamneni and Coulson (1996) is adopted. Allan's (2015) items are adopted for "Attitude Towards Accessible Tourism". For "Willingness to Travel," Bai et

al. (2008); Ramayah and Lee (2010) measure is used. A tabulated summary of the measurement items is shown in Table 1.

Table 1: Measurement Items

Construct	Items	Authors
Perceived Risk	1. I'm worried that the tour package would not fit the specifications posted on the internet. 2. I'm worried that purchasing tour package online may lead to monetary losses. 3. The idea of shopping online makes me anxious. 4. I'd be conceived of as naive by individuals whose views I respect if I shop online.	Jun (2020)
Perceived Price	1. Services that perform appropriately and reliably would have a higher value. 2. Aesthetic appeal in a product (destination) adds to its value. 3. Services purchased from a reputable brand would have a higher value. 4. Fairly priced services are going to have a higher value. 5. High-quality services would be of greater value.	Gecti (2014)
Perceived Destination Image	1. The destination boasts high-quality infrastructure (such as highways, airports, and utilities). 2. The destination provides good value for my vacation expenditures.. 3. I am planning a trip to this destination in the coming years.	Tsiotsou et al. (2010)
Perceived Value	1. The knowledge of the service provider gives me confidence in buying my preferred brand. 2. Satisfaction with prior experiences gives me confidence in buying my preferred brand. 3. Service provider performance gives me trust in buying from my preferred brand. 4. Older the service provider/brand, the more the value.	Kantamneni and Coulson (1996)
Attitude Towards Accessible Tourism	1. Traveling has demands that are above my capacity. 2. I am afraid about getting injured when traveling. 3. My medical condition necessitates the use of assistive tools. 4. My inability to freely move is hampered by a lack of physical competence.	Allan (2015)
Willingness to Travel	1. It is highly probable that I will travel in the coming months. 2. I intend to continue traveling in the future. 3. I tell my friends to purchase travel package.	Bai et al. (2008); Ramayah and Lee (2010)

SAMPLE AND DATA COLLECTION

A pilot study on a sample size of 30 respondents has been conducted to ensure that the respondents would easily understand the final questionnaire. This aided in the elimination of certain measurement items as well as the adjustment of ambiguous items. The study tries to identify what perceptual factors help or hinder the attitude formation towards accessible tourism. Likewise, the respondents selected for the study suffer from at least one physical impairment. As defined by the Massachusetts Department of Elementary and Secondary Education (2006), physical impairment is "the physical capacity to move, coordinate actions, or perform physical activities is significantly limited, impaired, or delayed and is exhibited by difficulties in one

or more of the following areas: physical and motor tasks; independent movement; performing basic life functions".

The data has been collected using a purposive sampling technique. For this purpose, government approved tour operators were approached. The top 20 tour operators listed on the Indian Association of Tour Operators (IATO) were selected. Past four years, details of tourists or groups were asked from them who have listed any impairment or disability while booking the package. From those 20 tour operators, a list of 235 travellers, who were suitable for the study, was prepared. Online channels (Google forms and WhatsApp messages) were used to reach the respondents. With a response rate of 79 per cent, 186 questionnaires were found suitable for the final study. The category of impairment and/or disability is listed in Table 2, along with other respondents' demographic details.

Table 2: Demographic Profile

Descriptors		Frequency	Percentage
Impairment/Disability	Permanent Disability	39	21
	Expecting Mothers	13	7
	Above 60 years	74	40
	Child below 3 years	60	32
Employment Status	Paid Employment	125	67
	Self Employed	61	33
Marital Status	Married	162	87
	Unmarried	19	10
	Divorced/Separated	5	3
Education Level	Higher Secondary	32	17
	Graduate	73	39
	Post Graduate	75	40
	Others	6	4

RESULTS AND ANALYSIS

To analyze the data, established methodologies and processes are applied. SPSS (24) is used for Exploratory Factor Analysis (EFA). This is followed by Confirmatory Factor Analysis (CFA) for confirmation before the path analysis is performed in AMOS (20).

Reliability Analysis

In the analysis, each measurement item, as well as the construct, is tested for reliability (Fornell & Lacker, 1981). Cronbach alpha (α) is used to calculate the construct's reliability (Nunnally, 1978). Squared Multiple Correlation (SMC) is used to assess the item's reliability (Bagozzi & Yi, 1988). Both required values are determined to be greater than the thresholds of 0.7 (Table 4) and 0.3 (Table 3). As a result, the reliability coefficients are appropriate for any further statistical analysis.

Table 3: Factor Extraction Results

Construct	Items	Mean	Std. Dev.	Factor Loading	SMC
Perceived Risk	PR 1	4.56	1.621	.732	.616
	PR 2	4.42	1.584	.818	.763
	PR 3	4.64	1.640	.703	.880
	PR 4	4.80	1.680	.671	.617
Perceived Price	PP1	4.66	1.451	.816	.757
	PP 2	5.10	1.378	.674	.514
	PP 3	4.48	1.500	.754	.640
	PP 4	4.69	1.551	.792	.671
	PP 5	4.55	1.700	.788	.717
Perceived Destination Image	PDI 1	4.52	1.498	.760	.646
	PDI 2	5.94	1.521	.794	.642
	PDI 3	5.14	1.540	.754	.655
Perceived Value	PV 1	4.99	1.498	.757	.674
	PV 2	4.41	1.523	.784	.688
	PV 3	4.96	1.473	.718	.563
	PV 4	4.53	1.377	.739	.697
Attitude Towards Accessible Tourism	ATAT 1	5.73	1.518	.700	.728
	ATAT 2	4.66	1.445	.714	.534
	ATAT 3	4.58	1.418	.666	.432
	ATAT 4	5.07	1.495	.698	.540
Willingness to Travel	WT 1	4.87	1.514	.851	.754
	WT 2	4.32	1.538	.751	.506
	WT 3	5.48	1.288	.783	.608

Exploratory Factor Analysis

Before exploring the factors, it is critical to evaluate the appropriateness and suitability of the data. The “Kaiser-Meyer-Olkin (KMO) sampling adequacy” and “Bartlett’s sphericity test” are employed for this. A significant KMO value (0.902) is computed, as it exceeds the 0.60 cut-off value (Kaiser & Rice, 1974). The result of Bartlett’s test is also significant (0.000) and less than the desired value of 0.05. Table 4 displays the results. As a result, the variables are not correlated.

Table 4: KMO and Bartlett’s Test

Kaiser-Meyer-Olkin (KMO) Measure of sampling adequacy		0.902
Bartlett’s Test of Sphericity	Approx. Chi-Square	4864.211
	df	251
	Sig.	0.000

For the execution of factor analysis, the SPSS (24) program employed principal component analysis (PCA) with varimax rotation. Six factors, totaling 23 items, are extracted using one or more eigenvalues. These six factors account for 80.284 percent of the total variance. As shown in Table 3, the factor loading is more than 0.50, indicating that perhaps the data is suitable for factor analysis (Stewart, 1981). Table 3 also includes mean and standard deviation data. EFA is used to validate the fundamental structure of the measurement items employed in the analysis.

Confirmatory Factor Analysis

Confirmatory Factor Analysis is performed on AMOS (20) to assess the measurement model’s adequacy as well as dimensionality. The CFA is relevant to all six constructs: perceived risk, perceived price, perceived destination image, perceived value, attitude toward accessible tourism, and willingness to travel.

Validity

Three conditions must be met before establishing convergent validity. The first is that commonalities should be greater than 0.5. Second, Squared Multiple Correlation (SMC) should be greater than 0.5. Finally, the Composite Reliability (CR) and Average Variance Explained (AVE) values should be more than 0.7 and 0.5, respectively (Hair et al., 2012). As shown in Table 3, the factor loading and SMC values are significantly more than 0.5. CR and AVE are significantly above acceptable bounds, indicating that significant convergent validity is conveyed, as seen in Table 5.

The measuring model’s discriminant validity is evaluated by comparing the correlation between variables with the square root of the AVE (Fornell & Larcker, 1981). For any validity concerns to be addressed, the diagonal value, which is the square root of the average variance explained, must be greater than the non-diagonal value, which is the correlation between constructs (Kesharwani & Tiwari, 2011). It assures that the variables used in the study are distinct.

Table 5: Validity Measurement Index

	Alpha	CR	AVE	PR	PP	PDI	PV	ATAT	WTT
Threshold	>0.7	>.07	>0.5						
PR	.926	.933	.757	.866					
PP	.909	.922	.713	.513	.869				
PDI	.906	.907	.724	.183	.129	.847			
PV	.872	.905	.717	.649	.529	.108	.841		
ATAT	.907	.888	.734	.256	.064	.341	.208	.853	
WTT	.886	.912	.741	.376	.284	.324	.487	.436	.857

*Note: PR = Perceived Risk; PP = Perceived Price; PDI = Perceived Destination Image; PV = Perceived Value; ATAT = Attitude towards Accessible Tourism; WTT = Willingness to Travel.

Overall Model Fit

Table 6 displays the model fit indices for the measurement model. The key model statistics for the measurement model represent all of the latent factors being modelled concurrently, with CMIN (χ^2) = 265.789, Degree of freedom (df) = 215, CMIN/df (χ^2 /df) = 1.236, $p < 0.05$, goodness-of-fit indices (GFI, AGFI, NFI, IFI, CFI), and badness of fit measurement

indices (RMR, RMSEA). The goodness-of-fit measurement indices show that there is indeed a high confirmation of unidimensionality all throughout measurement model (Byrne, 2013), whereas the badness-of-fit measurement indices show the disparity in the model fit. The current analysis is consistent with the guidelines for assessing model fit stated by Boomsma (2000), McDonald and Ho (2002), and Schreiber (2008).

Table 6: Model Fit Indices

Model Fit	Cut-off Criteria	Measurement Model Statistics
CMIN	--	256.698
DF	--	251
CMIN/Df	≥ 4	1.022
GFI	$\geq .9$	0.913
AGFI	$\geq .8$	0.910
IFI	$\geq .9$	0.981
NFI	$\geq .9$	0.939
CFI	$\geq .9$	0.981
RMR	$\leq .1$	0.078
RMSEA	≤ 0.08	0.018

Path Coefficients

Following the study of psychometric properties, the structural model is evaluated using AMOS (20). As shown in

Table 7, the statistics indicate that all hypotheses are statistically significant because the p-value is lower than 0.05.

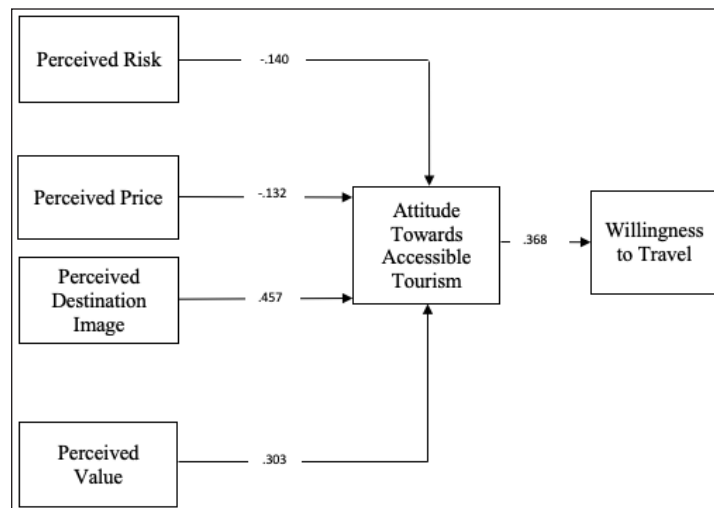
Table 7: Hypothesis Testing Result

Hypothesis Number	Hypothesized Relationships	Path Estimates	t-Statistics	Result
H1	PR→ATAT	-.140	-3.278(.001)	Supported
H2	PP→ATAT	-.132	-2.668(.008)	Supported
H3	PDI→ATAT	.457	10.287***	Supported
H4	PV→ATAT	.303	4.550***	Supported
H5	ATAT→WTT	.368	6.419***	Supported

Notes: *p<0.05; **p<0.01; ***p<0.005.

Table 7 shows that the relationship between perceived risk and attitude toward accessible tourism is negative but significant (H1: $\beta = -.140$; $p < 0.005$). Perceived price, like perceived risk, has a significantly negative relationship with attitude toward accessible tourism (H2: $\beta = -.132$; $p < 0.005$). The remaining two associations between factors influencing travelers' perceptions and attitude toward accessible tourism are found to be favorable and statistically significant. The relationship between Perceived Destination Image and

attitude toward accessible tourism is empirically supported, as demonstrated in Table 7 (H3: $\beta = .457$; $p < 0.05$). Moving on, it is discovered that perceived value is positively related with attitude toward accessible tourism (H4: $\beta = .303$; $p < 0.05$). Lastly, the analysis completes the empirical results by demonstrating a positive relationship between attitude toward accessible tourism and willingness to travel (H5: $\beta = .368$; $p < 0.005$). Fig. 2 depicts a graphical illustration of path coefficients.

**Fig. 2: Path Coefficients**

CONCLUSION

The study aims to gain knowledge of the traveller's attitude toward accessible tourism. Using previous research (Fraser, 2017; Han & Hyun, 2015; Liu et al., 2018; Melian et al., 2016), four factors are determined that affect the tourist's attitude toward accessible tourism. This study provides insight into these factors by dividing the analysis into two sections; first, factors positively/negatively driving travellers' attitudes toward accessible tourism are examined. The next stage is to see whether the attitude translates into a willingness to travel. The study's conceptual framework (Fig. 2) displays the validation of all hypotheses.

The study found a negative relationship between perceived risk and attitude towards accessible tourism. The analysis highlights that an impaired or disabled traveller perceives risk, and it acts as a hindrance in establishing a positive attitude towards accessible tourism. The present research concurs with Ariffin et al. (2018) and Fraser (2017). The majority of the respondents travelled with help and were skeptical about the information provided by the tour operators. Moreover, Indian travel destinations are not considered accessible or are not built according to the universal design (Nigam, 2021). Thus, such travellers assume more risk towards accessible tourism.

Along with risk, perceived price is also found to negatively impact the traveller's attitude towards accessible tourism. Aligning with the findings of Han and Hyun (2015), the present research found that if the price is not perceived to be fair, it is unlikely that a traveller will develop a positive attitude towards accessible tourism. Travellers who require extra care or special equipment to travel often perceive the price to be higher. Since their requirements are more than an average traveller, they believe that the overall price will increase exponentially.

Unlike perceived risk and price, perceived destination image positively affects the attitude towards accessible tourism in the study. This result aligns with the findings of Liu et al. (2018). Since the sample group of this study required special care and infrastructure to accommodate them, a destination having such facilities certainly helps in building a better image. Moreover, if the tour justifies the price the traveller is paying, it helps in enhancing the image of that destination. This acts as a motivator for the traveller to visit a destination and recommend it to others. Along with the destination image, the knowledge and expertise of the service provider enhance the confidence amongst the travellers (Zailani et al., 2016). This helps develop a positive perceived value, which acts as a motivator for developing an attitude towards accessible tourism. Additionally, the study has reported that the travellers booking their tour from an old/experienced service provider finds the tour valuable.

In order to understand how or what factors constitute an impaired/disabled traveller's perception, the study reports that perceived destination image and perceived value are found to be significant factors. That being said, perceived risk and perceived price, which negatively influences perception, cannot be ignored. However, once an attitude towards accessible tourism is formed, the study found that such travellers are highly likely to travel. Even though the respondents agree that travelling for them is challenging, the risk of injury is high, special equipment or tools are required, yet they are willing to travel. Travelling not only gives such tourist a break from their challenging daily life task, it further instils an enthusiasm to explore the unseen and feel accepted by others.

MANAGERIAL IMPLICATIONS

This study gives a snapshot of what perceptual factors act as drivers in building a positive attitude towards accessible tourism. Along with positive factors, the study highlights the role of two opposing factors that might pose problems in developing a positive attitude. Brands and tour operators need to be wary of these factors. Tour operators need to build on providing a positive image and overall value while selling a tour package. To further improve on this, managerial staff should collaborate with the government agencies, such as the ministry of tourism and the ministry of social justice and empowerment, to build more inclusive destinations or tourists spots. Brands along with the government should focus on building destinations with a universal design in mind. This makes impaired/disabled travellers feel more inclusive and accepted. Tour operators must work on reducing the risk perception associated with impaired/disabled travellers. Social media campaigns can be put to use to encourage such travellers to pursue their dream of travelling to a particular destination. Furthermore, this study found that price often acts as a hindrance, so brands or tour operators must focus on creating personalized packages which are easy on the pocket but still delivers an exhilarating experience to such travellers.

LIMITATIONS AND FUTURE SCOPE

The current study concentrated solely on the aspects that influence traveller perception, namely perceived risk, perceived price, perceived destination image, and perceived value. There is still scope to study more about other personal, psychological, or cultural factors, such as personality, learning, or the influence of social groups, which can provide a more diverse knowledge of what drives and pushes accessible tourism in the correct direction. The geographical limitation cannot be ignored in this study. The study pertains to the capital of India, i.e. Delhi. Travellers from other regions of the country were not included in this

study. Future study can be conducted in phases and compiled later, which will give a more generalized result. A reciprocal study can be conducted in future to understand once the tour package is bought, how is dissonance, if any, handled by travelers.

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