

LINK BETWEEN DESIGN BARRIERS AROUND SEATING FACILITIES AND ATTITUDINAL BARRIERS IN BUS TERMINI LOCATED IN THE WESTERN PART OF KENYA

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The western part of Kenya has the highest prevalence of physical disability. In addition to this, more than half of special schools for learners with physical disability are located herein. Bus termini are therefore obligatory points of passage for this segment. This study sought to establish whether there exists a link between attitudinal barriers and design barriers. More specifically, the design of seating facilities in bus termini located in the western part of Kenya was evaluated with a view to establishing whether learners with physical disability experienced attitudinal barriers when they made use of the seating facilities. A cross sectional survey targeting 317 learners with physical disability was carried out in bus termini located in the western part of Kenya (Kisumu, Bungoma, Kendu Bay and Kakamega). The study established that across the four termini, the respondents experienced the following design barriers around seating facilities: inappropriate seat heights, obstacles around seats, high kerbs around seats and makeshift seating facilities. While navigating over these barriers, the learners pointed out that they were recipients of the following attitudinal barriers: inferiority, pity, hero worship, spread effect and backlash.

Keywords: Bus terminus, accessibility, disability, design barriers, attitudinal barriers

Introduction

Ease of access to bus termini by disabled and non-disabled people is influenced directly by circulation paths, prevailing attitudes and amenities located therein these three components. To adequately capture the interplay of these components, the Systems Approach presents a platform where these three components can be viewed as subsystems. The focus of this paper was on how inaccessibility of seating facilities had a direct impact on the attitudes which non-disabled users displayed towards their non-disabled counterparts. More specifically, the study focused on prevailing attitudes around seating facilities in bus termini.

Laszlo and Krippner (1998) note that during instances when a systems analysis of a problem or situation is being performed, a researcher should start from the problem. Once manifestations of the problem have been identified and described, then the researcher can proceed inward to the sub-systems and outward to the environment. It is through design practice and processes that discovering methods for anticipating complex system behaviour becomes possible (Cham & Johnson, 2007). The effect of attitudinal barriers can be explained by the adaptation level theory which is grounded in environmental psychology. This theory focuses on the interrelation between the environment

and human behaviour. Environmental psychology encompasses theory, research and practice aimed at making the built environment more humane (Gifford, Steg, & Reser, 2011). In the case of termini therefore, the presence of attitudinal barriers in termini has a direct impact on the perception of learners with physical disability (LwPD) on bus termini. The presence of negative attitudes in termini pass out a message that these spaces were designed only for non-disabled people.

A system which reacts to its environment in such a way as to improve its functioning and achievement is called an adaptive system. Adaptation enables users of a system to meet threats in the physical environment (Murdick, Ross & Claggett, 1984). By extension, the design of the sub systems of termini had an effect on the safety, independence and mobility of LwPD. Poor design enhanced spatial exclusion since the spaces passed non-verbal cues that those who could not fit in the spaces were not welcome. Conversely, Universal Design (UD) provided an avenue for provision of accessible built environments.

In the critical disability studies literature, UD has gained theoretical attention under the banner of "universal access" (Hamraie, 2013). Critical Theory argues for social inclusion by providing a voice to the oppressed. While the beginnings of UD catered



for people with diminished abilities such as physical impairment, retardation, advanced age and pregnancy, the current trend provides for the needs of the majority (D'souza, 2004).

Moser and Uzzell (2003) clarify further that the environment is not a silent witness to human actions but is an integral part of human actions. Since the physical environment is a source of sensory information, the presence of undesirable qualities in the environment lead to overload and stress since human beings will adapt to a certain level of environmental stimulation (Gifford et al., 2011). Adaptation level theory explains further that the presence of negative stimuli leads to overload and stress, and by extension the presence of the negative barriers leads to formation of stigma.

Purpose of the Study

To establish the attitudinal barriers prevalent around seating facilities in bus termini located in the western part of Kenya.

Research Methodology

The study was conducted through a cross sectional survey design. The population of LwPD who made use of the bus termini in the study area was 1,525 from which 317 respondents were sampled. The distribution of the respondents was such that 14% evalu-

Table 1

Attitudes around Seating Facilities in Bungoma Terminus

Attitudinal Barrier	Not Experienced	Barrier Experienced	Total
Inferiority	14.2%	19.6%	33.8%
Pity	9.8%	24%	33.8%
Hero Worship	10.1%	23.7%	33.8%
Spread Effect	21.5%	12.3%	33.8%
Backlash	18.6%	21.5%	33.8%

Within Bungoma terminus, respondents experienced more than one attitudinal barrier during instances when they used seating facilities. Slightly more than half of the respondents were recipients of inferiority (19.6%), three quarters of the respondents were recipients of pity (24%), three quarters of the respondents

ated Kakamega terminus, 34% evaluated Bungoma terminus, 26% evaluated Kendu Bay terminus, while 26% evaluated Kisumu terminus. Data was collected through the use of questionnaires and non- participant observation.

Findings

Attitudes around Seating Facilities

This study established that seating facilities in the four bus termini had numerous barriers ranging from inappropriate seat heights, obstacles around seats, high kerbs around seats and the presence of makeshift seating facilities which were made of sticks. During instances respondents attempted to utilize seats in the study area, they experienced both the design barriers highlighted above. In addition to the design barriers, respondents confirmed that they were recipients of attitudinal barriers. The attitudinal barriers highlighted by the respondents included inferiority, pity, stereotypes, backlash and ignorance. Presented in the sections following is a breakdown on specific attitudinal barriers present in the study area. Respondents who terminated their trip at Bungoma terminus were 33.8%. Table 1 presents the occurrence and distribution of the various barriers experienced by these respondents.

were recipients of hero worship (23.7%), half were recipients of spread effect (12.3%), while slightly less than three quarters were recipients of backlash (21.5%).

The trend of responses also confirms that the most common barrier in Bungoma terminus was pity

(24%), while the least common barrier was spread effect (12.3%). Table 2 presents the occurrence and distribution of the various barriers experienced by

respondents who terminated their trip in Kisumu bus terminus.

Table 2

Attitudes around Seating Facilities in Kisumu Terminus

Attitudinal Barrier	Not Experienced	Barrier Experienced	Total
Inferiority	10.7%	15.5%	26.2%
Pity	7.3%	18.9%	26.2%
Hero Worship	7.9%	18.3%	26.2%
Spread Effect	16.7%	9.5%	26.2%
Backlash	12.6%	13.6%	26.2%

Around seating facilities in Kisumu terminus, the distribution of attitudinal barriers was such that the most common barrier was pity (18.9%), followed by hero worship (18.3%), then inferiority (15.5%), Backlash (13.6%), then spread effect (9.5%). The trend of responses also confirms that respondents experienced more than one attitudinal barrier during instances when they used the seats. Within Kisumu terminus, respondents experienced more than one attitudinal barrier during instances when they used the seating facilities.

More than half of the respondents were recipients of inferiority (15.5%), three quarters of the respondents were recipients of pity (18.9%), three quarters of the respondents were recipients of hero worship (18.3%), a quarter were recipients of spread effect (9.5%), while slightly half were recipients of backlash (21.5%). Respondents who terminated their trip at Kendu Bay terminus were 26.5%. Table 3 presents the occurrence and distribution of the various barriers experienced by these respondents.

Table 3

Attitudes around Seating Facilities in Kendu Bay Terminus

Attitudinal Barrier	Not Experienced	Barrier Experienced	Total
Inferiority	6.3%	20.2%	26.5%
Pity	0.6%	25.9%	26.5%
Hero Worship	4.7%	21.8%	26.5%
Spread Effect	2.8%	23.7%	26.5%
Backlash	5%	21.5%	26.5%

In Kendu Bay terminus, the distribution of attitudinal barriers was such that 25.9% experienced pity 23.7%, experienced spread effect, 21.8% experienced hero worship, 21.5% experienced backlash, while 20.2% experienced inferiority. The trend of responses confirms that most respondents making use of Kendu Bay terminus were recipients of more than one attitudinal barrier. The most common barrier was pity (25.9%), while the least common barrier was inferiority (20.2).

Within Kendu Bay terminus, respondents experienced more than one attitudinal barrier during instances when they used the seating facilities. More than three quarters were recipients of inferiority (20.2%), almost all of the respondents were recipients of pity (25.9%), more than three quarters of the respondents were recipients of hero worship (21.8%), more than three quarters were recipients of



spread effect (23.7%), while more than three quarters were recipients of backlash (21.5%). Respondents who terminated their trip at Kakamega terminus were 13.6%.

Table 4

Attitudes around Seating Facilities in Kakamega Terminus

Attitudinal Barrier	Not Experienced	Barrier Experienced	Total
Inferiority	4.4%	9.2%	13.6%
Pity	0.6%	13%	13.6%
Hero Worship	3.8%	9.8%	13.6%
Spread Effect	0.6%	13%	13.6%
Backlash	3.5%	10.1%	13.6%

Respondents making use of Kakamega terminus were 13.6% of which more than three quarters experienced attitudinal barriers (10.1%). The respondents who did not experience any barriers were 3.5%. The distribution of barriers in Kakamega terminus was such that: recipients of pity and spread effect were 13% respectively. This means that almost all users of Kakamega terminus experienced these two barriers. Three quarters of respondents who used this terminus were recipients of hero worship (9.8%) and inferiority (9.2%).

Within Kakamega terminus, respondents experienced more than one attitudinal barrier during instances when they used the seating facilities. More than three quarters were recipients of inferiority (9.2%), almost all of the respondents were recipients of pity (13%), more than three quarters of the respondents were recipients of hero worship (9.8%), almost all were recipients of spread effect (13%), while more than three quarters were recipients of backlash (10.1%).

The marginal position of socially excluded groups, including disabled people, is sustained and reproduced by regarding the ways in which groups in society are positioned in relation to each other and how these positions are maintained through power relations. One key practice in the reproduction of positions of power are cultural ideologies which suggest that current social relations are common-sense and natural (rather than constructed and negotiable); that the lifestyles, practices, minds and bodies of non-disabled people are the 'norm' and those of disabled people are deviant and undesirable (Anderson & Kitchin, 2000).

In this light therefore, when society views disability as deviance, people with disabilities are often

Table 4 presents the occurrence and distribution of the various barriers experienced by these respondents.

seen as deviant and harmful to society leading to negative emotions such as disgust, alienation or fear. The behaviour associated with this view of disability leads to segregation and denial of basic civil and human rights, thereby creating a major barrier to access to goods and services in the community (Mental Disability Law Reporter, 1980; Reiter & Nelson-Bryen, 2013). Anderson and Kitchin (2000) explain further labels such as 'invalid', 'cripple', 'spastic', 'handicapped' and 'retarded' all imply both a functional loss and a lack of worth and perpetuate and legitimate offensive responses by non-disabled people including horror, fear, anxiety, hostility, distrust, pity, over-protection and patronizing behaviour. Within the study area, therefore it seems that non-disabled users coming into contact with LwPD have a negative view of LwPD.

A comparison of the types of attitudinal barriers experienced based on gender of respondents has been presented in table 5. A comparison across the study area amongst respondents who always experienced barriers reveals the following: respondents who experienced inferiority were 25.6%, respondents who experienced pity were 54.6%, respondents who experienced backlash were 36%, respondents who experienced spread effect were 40.7%, while respondents who experienced hero worship were 51.1%. Within this category, significantly high responses were reported by respondents who experienced pity (54.6%), hero worship (51.1%) and spread effect (40.7%).

The respondents who experienced inferiority sometimes (38.2%) reported a higher occurrence

than those who always experienced inferiority (25.6%). More females (19.9%) experienced inferiority sometimes when compared to their male counterparts who experienced inferiority sometimes (18.3%). Further, the respondents who always experienced pity (54.6%) were more than those who experienced pity sometimes (27.1%). More female respondents reported that they experienced pity always (30%) when compared to their male counterparts (24.6%). Respondents who always experienced backlash (36%) were more than those who experienced backlash sometimes (24.3%). Females who always experienced backlash (20.2%) were more than their male counterparts (15.8%).

Respondents who always experienced spread effect (40.7%) were more than those who experienced spread effect sometimes (17.7%). Female respondents who always experienced spread effect (20.5%) were slightly more than their male counterparts (20.2%). Amongst the respondents who experienced hero worship, the trend of responses is such that those who always experienced this barrier (51.1%) were more than those who sometimes experienced this barrier

(22.4%). The trend or responses reveals that most of the respondents always experienced hero worship, spread effect, backlash and pity. Across the attitudinal barriers, female respondents reported the highest incidences of the highlighted barriers.

These findings are in line with the study conducted by Thompson, Fisher, Purcal, Deeming, & Sawrikar (2014) who established that community attitudes towards specific groups of people with disability indicates that women seem to be more disadvantaged than men. Groce and Kett (2014) affirm further that females are usually more disadvantaged than their male counterparts since a cultural bias against women exists in most cultures. A further complication is that traditional beliefs and prejudices held by people further leads to marginalization. Such marginalization compounds the discrimination already encountered because of an individual's disability. Young women with disabilities in such populations are at even greater disadvantage (Groce & Kett, 2014).

Table 5

Occurrence of Attitudes Based on Gender

Gender	Attitudinal Barrier	Experienced Sometimes	Always Experienced
Females	Inferiority	19.9%	14.8%
Males		18.3%	11.4%
Total		38.2%	25.6%
Females	Pity	14.5%	30.0%
Males		12.6%	24.6%
Total		27.1%	54.6%
Females	Backlash	12.0%	20.2%
Males		12.3%	15.8%
Total		24.3%	36.0%
Females	Spread Effect	7.9%	20.5%
Males		9.8%	20.2%
Total		17.7%	40.7%
Females	Hero Worship	11.4%	25.6%
Males		11.0%	24.9%
Total		22.4%	51.1%

This study further affirms the view held by Bosire (2013) who notes that Kenya as a country has not done well based on the principles dignity, equality and inclusion of PwD since the Kenyan culture is particularly discriminatory against people with disabilities. To

deal with the abundance of attitudinal barriers in the western part of Kenya, Groce and Kett (2014) propose that there is need to lobby and advocate for the implementation of the UNCRPD and to challenge the negative attitudes which perpetuate the exclusion of



disabled persons. Through the UN Convention on the Rights of Persons with Disabilities (UNCRPD), participating governments were urged to ban discriminatory practices and instead promote equal participation in public life and personal mobility (United Nations, 2006).

Since the convention holds that all human rights are universal, indivisible, interdependent and interrelated, state parties were required to take appropriate measure to ensure that disabled persons have access to the physical environment and other facilities open to the public (United Nations, 2006). Implementation of the requirements of the UNCRPD will help ensure that attitudinal barriers are eliminated from the society since members of the society will be sensitized that disability is not inability. Indeed, implementation of this convention provides a platform for coming up against cultural bias which views disability as imperfection or evidence of the displeasure of the “gods”.

Mugo (2014) clarifies further that persons with disabilities are entitled to a barrier-free and disability-friendly environment. In the provision of such an environment, Groce and Kett (2014) propose that members of society should acknowledge that girls and young women with disabilities can be at very high risk of abuse and exploitation. Awareness around their vulnerability should be raised; laws to protect them should be reinforced, while support efforts should be put in place to empower them so that they can speak out for themselves. This study on attitudinal barriers in the western part of Kenya brought to the light the fact that it is not only females who are recipients of attitudinal barriers. Their male counterparts also experience the same barriers to a significant degree. Corrective mechanisms should therefore target all the sexes and not just females.

Looking at culture in a holistic way one can see why attitudes are closely linked to social norms and structures, to the artefacts, and to the technical aids of a society. For example, the attitude towards persons with disabilities is exhibited in pictures, in movies, on television, in literature and other media. People with

disabilities are depicted as objects of pity, as “useless eaters” and societal burdens, or as ordinary human beings (Reiter & Nelson-Bryen, 2013). In addition to the contribution of culture, a lack of awareness can lead to attitudinal barriers, which in turn leads to diminished choice and control of PwD over activities which are difficult to participate in (Office for Disability Issues, 2010).

Dixon (1983) explains further that disabled persons are stigmatized by the existing culture today. This study has established that in the four termini which extend across the study area, physical disability is viewed by some members of the public as a deviance. In turn, the physically disabled learners across the study area are viewed as deviant and harmful to society. This view explains the existence of attitudinal barriers such as fear, ignorance and stereotypes which have been explained at length in the sections preceding. On the other hand, there is a section of society across the four termini which view disability as an imperfection, hence the existence of attitudes like fear.

Thompson et al. (2014) note that younger people, those who were better educated, and those who had regular contact with people with disability tended to have more positive attitudes. In fact, knowledge and familiarity were the factors most likely to lead to full respect and inclusion consistent with disability rights principles. A report by the Office for Disability Issues (2010) notes further that there is need to raise public awareness on disability issues, especially among staff providing goods and services, thereby contributing to the removal of attitudinal barriers.

Reaction to Attitudinal Barriers

In the study area, respondents reacted differently to attitudinal barriers. Some respondents felt ashamed, while others exuded self-esteem in the face of attitudinal barriers. Table 6 presents the reaction of respondents to various attitudinal barriers in the study area.

Table 6

Reaction to Inferiority

	Ashamed	Self Esteem	Total
Not experienced	10.1%	25.6%	35.6%
Experienced Sometimes	9.8%	28.4%	38.2%
Always Experienced	8.5%	17.7%	25.6%
Total	28.4%	71.6%	100.0%

Amongst the respondents who experienced inferiority sometimes (38.2%), a quarter felt ashamed (9.8%) while three quarters (28.4%) exuded self-esteem in the face of inferiority. Amongst the respondents who always experienced inferiority (25.6%), 8.5% felt ashamed, while 17.7% experienced self-esteem in the face of inferiority. Amongst the respondents who experienced inferiority, a quarter felt ashamed while three quarters exuded confidence in the face of the barrier.

Table 7

Reaction to Pity

	Ashamed	Self Esteem	Total
Pity not experienced	5.7%	12.6%	18.3%
Pity experienced sometimes	8.5%	18.6%	27.1%
Pity always experienced	14.2%	40.4%	54.6%
Total	28.4%	71.6%	100.0%

Amongst respondents who experienced pity sometimes, more than three quarters (18.6%) exuded self-esteem in the face of the barrier, while 8.5% felt ashamed in the face of this barrier. Amongst respondents, who always experienced pity, more than three quarters of the respondents (40.4%) exuded self-esteem, while 14.2% felt ashamed in the face of this barrier. Amongst respondents who experienced pity sometimes, more than double (18.6%) exuded confidence in the face of the barrier when compared to the percentage which were ashamed. Amongst respondents who always experienced pity, a slightly less than

riars. Amongst respondents who always experienced inferiority, double the percentage (17.7%) exuded confidence when compared to the percentage who felt ashamed (8.5%). The trend of the responses confirms that despite the fact that inferiority existed in the study area, most of the respondents did not let this barrier affect them negatively. Table 7 presents the reaction of respondents to pity.

a quarter (14.2%) felt ashamed while more than three quarters (40.4%) exuded self-esteem in the face of the barrier. Table 8 presents results on reaction of LwPD to hero worship.



Table 8

Reaction to Hero Worship

	Ashamed	Self Esteem	Total
Hero Worship not experienced	10.4%	16.1%	26.5%
Hero Worship experienced sometimes	5%	17.4%	22.4%
Hero Worship always experienced	12.9%	38.2%	51.1%
Total	28.4%	71.6%	100.0%

Almost all the respondents who experienced hero worship sometimes exuded self-esteem in the face of this barrier (17.4%), while 5% felt ashamed. Amongst respondents who always experienced hero worship, slightly more than three quarters exuded self-esteem in the face of the barrier (38.2%), while 12.9% felt ashamed in the face of hero worship. More than three quarters of respondents who experienced hero worship sometimes exuded confidence (17.4%) in

the face of this barrier when compared to those who felt ashamed (5%). More than two thirds of respondents who always experienced hero worship (38.2%) exuded confidence in the face of this barrier, while slightly less than a third of respondents who always experienced hero worship (12.9%) felt ashamed.

Reaction to spread effect has been presented in Table 9.

Table 9

Reaction to Spread Effect

	Ashamed	Self Esteem	Total
Spread Effect not experienced	13.2%	28.4%	41.6%
Spread Effect experienced sometimes	4.4%	13.2%	17.7%
Spread Effect always experienced	10.7%	30%	40.7%
Total	28.4%	71.6%	100.0%

The distribution of responses across the study area is such that slightly more than two thirds of respondents exuded self-esteem in the face of spread effect (71.6%), while 28.4% felt ashamed. Amongst respondents who experienced spread effect sometimes,

more than three quarters (13.2%) exuded self-esteem, while 4.4% felt ashamed. Amongst respondents who always experienced spread effect, two thirds (30%) exuded self-esteem, while 10.7% felt ashamed. Table 10 presents the reaction of LwPD to backlash.

Table 10

Reaction to Backlash

	Ashamed	Self Esteem	Total
Backlash not experienced	11.4%	28.4%	39.7%
Backlash experienced sometimes	6%	18.3%	24.3%
Backlash always experienced	11%	24.9%	36%
Total	28.4%	71.6%	100.0%

Almost all of the respondents who experienced backlash sometimes (18.3%) exuded confidence in the face of backlash, while 6 % felt ashamed. Amongst respondents who always experienced backlash, more than three quarters (24.9 %) exuded self-esteem, while 11% felt ashamed. Amongst respondents who experienced backlash sometimes, a third (6%) felt ashamed while two thirds (18.3%) exuded confidence in the face of attitudinal barriers. Amongst respondents who always experienced backlash slightly less than half (11%) felt ashamed while more than half (24.9%) exuded confidence in the face of attitudinal barriers. A presentation of the ages of the respondents has been outlined in Table 11.

Within the study area, learners either felt ashamed or exuded self-esteem in the face of attitudinal barriers. Respondents who were fearful were 28.4%, while 71.6% exuded self-esteem. Females aged between 11- 13 years were 18.3% of which, a higher percentage exuded confidence (15.5%) when compared to the ones who felt ashamed (2.8%). Male respondents aged 11-13 years were 16.1% of which, a higher

percentage exuded confidence (12.9%) when compared to the ones who felt ashamed (3.2%). Females aged between 14-16 years were 29% of which, a higher percentage exuded confidence (20.5%) when compared to the ones who felt ashamed (8.5%). Male respondents aged 14- 16 years were 25.9% of which, a higher percentage exuded confidence (18%) when compared to the ones who felt ashamed (7.9%).

Females aged between 17-19 years were 3.5% of which, a higher percentage felt ashamed (1.9%) when compared to the ones who exuded confidence (1.6%). Male respondents aged 17-19 years were 7.2% of which, a higher percentage exuded confidence (4.1%) when compared to the ones who felt ashamed (3.1%). Across the age categories, the trend of responses reveals that the percentage of males who felt ashamed in the face of attitudinal barriers was higher than females amongst respondents aged 11-13 years and those aged 14-16 years. However, amongst respondents aged 17-19 years, females who felt ashamed in the face of attitudinal barriers were more than the males.

Table 11

Reaction of Learners to Attitudinal Barriers Depending on Age and Gender

Reaction to Barrier	Age and Gender of Respondents						Total
	Females	Males	Females	Males	Females	Males	
	11-13	11-13	14-16	14-16	17-19	17-19	
Ashamed	2.8%	3.2%	8.5%	7.9%	1.9%	4.1%	28.4%
Self Esteem	15.5%	12.9%	20.5%	18.0%	1.6%	3.1%	71.6%
Total	18.3%	16.1%	29.0%	25.9%	3.5%	7.2%	100%

The variation in the reaction of students to attitudinal barriers can be explained by a report from the Office for Disability Issues (2010) which suggests that those who had acquired an impairment recently tended to feel disempowered and hence that they had less choice and control. Those who had acquired impairment longer ago had longer to adjust to their new situation and sometimes demonstrated greater confidence about how they could exercise choice and control.

Globally, one of the greatest impediments to youth with disabilities is stigma, which leads to social isolation and discrimination. Societal discrimination and negative attitudes arise from misconceptions, stereotypes and folklore linking disability to punishment

for past sins, misfortune or witchcraft. Community members who hold such a view may distance themselves from children and adults with disabilities and limit or prohibit their participation in community life. Understanding and addressing stigma is a critical step to improving the lives of all PwDs (Groce & Kett, 2014).

Despite the existence of legislation advocating for the rights of PwDs, research has established that the real issue behind the presence of design barriers is the disability insensitive attitude of society. Indeed, stringent law can do very little unless there is a change in the mind-set of people and a willingness to accept and respect disabled people (We Care Film



Fest, 2010). This study established that although legislation governing the rights of PwD, attitudinal barriers existed in the study area. Once members of the society accept and respect PwD, then attitudinal barriers will be done away with.

Conclusion

The presence of inaccessible seating facilities acted as a basis for non-disabled members of the society to exhibit attitudinal barriers around seating facilities. There exists therefore a link between design barriers and attitudinal barriers in the study area.

Recommendation

The design of seats in bus termini should embrace a Universal Design Approach so as to ensure that these facilities are accessible to all. In addition to this, County Governments in the western part of Kenya should engage in civic education so as to educate the populace to eliminate their bias against persons with disabilities.

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