UNIVERSITY OF CAPE COAST

ACCESS TO TOURISM FACILITIES BY PERSONS WITH DISABILITIES

IN THE ACCRA METROPOLIS

AMA AMPONSAA BIRCH FREEMAN

2015

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THE ACCRA METROPOLIS

BY

AMA AMPONSAA BIRCH FREEMAN

THESIS SUBMITTED TO THE DEPARTMENT OF HOSPITALITY AND
TOURISM MANAGEMENT OF THE FACULTY OF SOCIAL SCIENCES OF
THE COLLEGE OF HUMANITIES AND LEGAL STUDIES, UNIVERSITY
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DECEMBER 2015

DECLARATION

Candidate's Declaration

I hereby declare that this thesis is the result of my own original work and that no part of it has been presented for another degree in this university or elsewhere.

Candidate's Signature: …………………………… Date:………………………

Name: Ama Amponsaa Birch Freeman.

Supervisors' Declaration

We hereby declare that the preparation and presentation of the thesis were supervised in accordance with the guidelines on supervision of the thesis laid down by the University of Cape Coast.

Principal Supervisor's Signature: ………………… Date:………………………

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Co-Supervisor's Signature: ……………………… Date:………………………

Name: Dr. Ishmael Mensah**.**

ABSTRACT

Persons with disability (PWDs) have been excluded from various activities including tourism due to the inability to provide facilities that meet their needs. Yet, Ghana's Disability Act of 2006 orders the involvement of PWDs in social, political, economic, creative or recreational activities. The main objective was to examine the accessibility of tourism facilities to PWDs in the Accra Metropolis, focusing on the physically challenged, visually and the hearing/speech impaired.

The research was conducted using a non-experimental design supported by an interpretivist philosophy. The purposive sampling method was employed for service providers, and the snowball sampling for PWDs. Data was collected through the use of interviews and focus group discussions (FGD). In all, 16 service providers and one physically challenged key informant were interviewed. Also, four FGD's were conducted consisting of five tour guides, 12 visually impaired, 12 hearing impaired and 11 physically challenged. Narratives were used for the analyses, by classifying transcribed data into themes based content.

Among the major findings of the study were that the physically challenged faced physical access challenges, the hearing/speech impaired faced communication access needs and the visually impaired experienced visual access needs. The main problem preventing access to facilities was the poor attitude of service providers towards PWDs, and their inability to handle them, which translates to bias. It is recommended that service providers should get specific training on how to handle PWDs and conduct accessibility audits to make their facility disable-friendly.

ACKNOWLEDGEMENTS

DEDICATION

To the Ghana Federation of the Disabled especially, all persons with

disability who reside in Accra Metropolis.

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LIST OF ACRONYMS

AMA	Accra Metropolitan Assembly
ADA	American Disability Act
DDA	Discrimination Disability Act
GAB	Ghana Association of the Blind
GBU	Ghana Blind Union
GAPA	Ghana Association of Persons with Albinism
GSPD	Ghana Society of the Physically Disabled
GDP	Gross Domestic Product
GFD	Ghana Federation of the Disabled
GNAD	Ghana National Association for the Deaf
GSB	Ghana Society for the Blind
GSS	Ghana Statistical Service
FGD	Focus Group Discussion
ICF	International Classification of Functioning, Disability and Health
KIA	Kotoka International Airport
MDGs	Millennium Development Goals
MEHSOG	Mental Health Society of Ghana
MSPCA	Morning Star Physically Challenged Association
PWDs	Persons with Disabilities
STC	Intercity State Transport Company Coaches Limited
TORGAG	Tour Guides Association of Ghana
UAE	United Arab Emirates

UN   United Nations

UNCRPD   United Nations Convention on the Rights of Persons with Disability

UNWTO   United Nations World Tourism Organisation

WHO   World Health Organisation

WTO   World Tourism Organisation

WTTC   World Travel and Tourism Council

CHAPTER ONE

INTRODUCTION

Background to the Study

Globally, the disabled population is growing. The United Nations World Health Organisation (2012) estimates that the disabled population has grown from 10 percent of the world's population in 1970 to 15 percent in 2007. Despite this growth, consumers with disabilities remain underserved by the global tourism industry (Eichhorn & Buhalis, 2007). However, society's attitude towards disability is changing as disability has become a topic at the centre of political and social agenda, with more legislation promoting equal opportunities (Goodall, Pottinger, Dixon, & Russell, 2004).

Accessibility for the disabled has become a human rights issue and has been documented by the United Nations (U.N.) Convention on the Rights of People with Disabilities (United Nations, 2006). The convention underscores the need for both developing and developed countries to protect the rights of persons with disabilities (PWDs) and promote their participation in the civil, political, economic, social and cultural spheres by giving them equal opportunities. It also argues for a "universal design" which refers to programmes, services, environments and products which shall not exclude PWDs where necessary.

In the case of Ghana, the Persons with Disability Act (Act 715) enacted in 2006 argues for the need for PWDs to be involved in social,

political, economic, creative or recreational activities. It also advocates that PWDs should have access to public places, public services and suggests punitive action against anyone who violates the Act. PWDs are referred to as "those who are unable or restricted in the performance of specific tasks/activities due to loss of function of some part of the body as a result of impairment or malfunction" (Ghana Statistical Service, 2012:305).

Tourism, as defined by Mathieson and Wall (1982:1), is "the temporary movement of people to destinations outside their normal place of work and residence, the activities undertaken during their stay in those destinations, and the facilities created to cater for their needs". As a result, the industry delivers travel experiences through the provision of a wide range of services and the use of facilities which include attractions, recreation, entertainment, tour and travel intermediaries, accommodation, food, special event services, and transportation services. Access to these tourism facilities and services by PWDs is a critical issue for several reasons.

Firstly, the very definition of tourism implies movement of people from one place to another to partake in some kind of non-work related activity. It involves mobility and accessibility to a facility or service which could pose some barriers for PWDs especially those with mobility disabilities and sight impairments. Despite PWDs holding the same tourism desires and needs as other social groups, they are usually excluded from leisure activities due to a number of barriers (Figueredo, Eusebio & Kastenholz, 2012). These barriers can be categorised into four: physical, attitudinal, communication and

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information barriers (Darcy, 1998; Eichhorn & Buhalis, 2007; Smith, 1987). The whole tourism journey begins from the pre-travel stage through the actual travel phase to the post-travel stage, within which the customer would have particular information and access needs; which would have to be met to deliver tourism products and services (Eichhorn *et al*., 2008). It is therefore important that the tourism industry designs and promotes products and experiences which are accessible to this market to suit the needs of tourists with disabilities (Figueredo *et. al*., 2012).

Secondly, the U. N. Millennium Development Goals (2009) stipulates that cities planning for a sustainable future need to integrate all elements of accessibility into their plans to achieve their purposes. Sustainability has been one of the main focus of Ghana's National Tourism Development Plans (1996-2010 & 2013 -2027), which coincides with the Millennium Development Goals (MDG 7). Specifically, one of the tourism development objectives for 1996-2010 was to develop a variety of quality facilities and services to satisfy the needs of the various tourist markets. As a member of both the UN and World Tourism Organisation (WTO), it is paramount for Ghana to get actively engaged in improving access to its tourism services and facilities for PWDs.

Thirdly, access to tourism by PWDs offers a substantial economic opportunity. According to Darcy *et al.* (2010), tourism providers have stereotyped PWDs as a market segment that has less disposable income; this has led to government tourism marketing authorities shirking their responsibility of providing equal access to tourism information and destination

experiences for PWDs. Consequently, this assertion is reinforced by industry but challenged by consumer research. For example, a study in 2009 by the English Tourism Council (2010) revealed about 11 percent of those who participated in domestic tourism in England had a disability or long-term health condition and this market segment stayed longer and spent more, contributing over £2 billion each year along with their travelling companions.

Prior studies further demonstrate that an average of $13.6 billion is spent annually on travel by Americans with reduced mobility or disability (Harris Interactive Market Research, 2006). Other studies estimate that as far back in 1998, 3.7 million trips per year were taken by the physically disabled and they spent approximately 472 million Australian dollars (Tourism Queensland, 2002). Furthermore, research conducted in Australia suggested that persons with physical disability, on the average, travelled with three to five people for day or overnight trips with either family or friends (Darcy, 1998). In this light, access to tourism for the disabled should be seen as an opportunity rather than an obligation.

Furthermore, estimates by WHO (2011) suggest that by the year 2050, 20 percent of the world population will be over 60 years old, while one-fifth will be over 80 years old. This implies that there will be a substantial increase in the number of people with disabilities. This market segment has huge amounts of discretionary income, has more free time on their hands, is willing to spend a portion on leisure activities and travel overseas. (Sangpikul, 2008). For example, as far back as 1999, international senior travellers who visited

Thailand generated an approximate equivalent of US$ 1.22 billion or about 19 percent of its national revenue in that year (Thai Farmers Research Centre, 1999). In Ghana, Biritwum *et al.* (2001) have also reported that prevalence of disabilities is increasing with age. These aforementioned demonstrate a growing importance of tourism for the disabled and, hence, the need to improve access in order to accommodate their needs as it makes economic sense.

Though 'Accessible Tourism' has been popularised in recent years the concept dates as far back as 1948 when the UN General Assembly adopted and announced the Universal Declaration of Human Rights, affirming that all had the right to freedom of movement (article 13) and the right to rest and leisure (Article 24). Accessible tourism refers to activities linked to making travel more available and enjoyable to the disabled tourist, such as installing ramps for those in wheelchairs. This extends to the concept of "universal design", in order to facilitate design and activity planning that all people can benefit from. Darcy and Dickson (2009) posit that accessible tourism ensures that persons with disabilities function on their own with dignity in their quest to enjoy tourism products, services and environments which are universally designed. This includes those travelling with children in prams as well as seniors.

Tourism contributes significantly to Ghana's economy by generating foreign exchange and contributing to the country's GDP. The World Travel and Tourism Council (WTTC) reports that the total contribution of travel and tourism to Ghana's GDP in 2012 was GH¢4,120.7million; approximately six

percent of the GDP. Tourism is thus, a major source of income for a developing country like Ghana. However, it appears the country has not realised that improving access to its services and facilities could open up the market for a wider range of potential tourists, leading to increased revenue.

Ease of access is necessary because of disabled citizen's rights to participate equally in society. There is the need to address the creation of universally designed environments that can cater for families with young children, people with temporary disabilities, and the increasing ageing population (UNWTO, 2013). To this effect, there must be accessibility throughout the tourism chain which is all sites, services and activities. This includes tourism destination management, tourism information and advertising, modes of transport and stations, urban and architectural environments, accommodation, food service and conventions, cultural activities like museums, theatres, cinemas, plus other tourism events and activities (UNWTO, 2013). There is no doubt however, that disabled tourists face various challenges in their quest to travel and patronise tourism services.

Statement of the Problem

The number of PWDs across the world is estimated to be about one billion people worldwide, approximately 15 percent of the global population, of which 80 percent are in developing countries. Disability rates are increasing due to the ageing population and chronic health diseases (WHO, 2011). According to the European Disability Forum (2013) there are 80 million

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Europeans with disabilities; which is over 15percent of the European population. Subsequently one in every four Europeans has a family member with a disability. The Disabled World (2014) further suggest that about 350 to 500 people worldwide become amputees each day due to landmines while going about their daily chores such as farming. In addition, people living with disability in Africa are growing due to factors such as violence, HIV/AIDS, birth defects, malnutrition, population growth, ageing population, environmental degradation, injuries at home, work and accidents on the road. Richards *et al*. (2010) also argued that despite the various types of disabilities across the world, research in disability is still neglected.

In Ghana, according to the 2010 population and housing census, 737, 743 of the population are disabled, representing three percent of the total population (Ghana Statistical Service, 2012). Despite the Persons with Disability Act (Act 715) of 2006, which states that owners of public places must "make the place accessible to and available for use by persons with disability", this has not been adhered to. Consequently, there are many tourism facilities in Accra which are not easily accessible to PWDs. This has led to social exclusion of PWDs in tourism despite their growing economic importance to tourism globally. For example, PWDs account for 11percent of Australia's overall tourism expenditure and some 8.2 million overnight trips (Tourism Victoria, 2013). Ghana has failed to tap into this economic benefit as PWDs continue to be neglected in the development of tourism. Similarly, this area of interest seems to have escaped the attention of tourism researchers in

Ghana. Previous studies on tourists with disabilities have concentrated on accessibility factors such as reducing travel constraints as well as increasing satisfaction of PWDs in western countries (Cavinato & Cuckovich, 1992; Darcy, 1998 & Smith, 1987) to the neglect of developing countries like Ghana.

In Ghana, studies on disability have largely focused on attitudes towards PWDs in the social and health aspects of Ghana (Slikker, 2009; Awoyera, 2011). Others have examined the participation of the hearing impaired in the tourism industry and the benefits they derived from tourism (e.g. Braimah-Bogobley, 2005). Unfortunately, research on access to tourism facilities in Ghana by people with various disabilities has been neglected. Yet PWDs are a diverse group with different experiences, needs, views and nature of disabilities (Burns et al., 2009; Figueiredo *et al*., 2012). It is therefore important to examine the accessibility of tourism facilities and services by people with different forms of disabilities.

Research Questions

Specifically, the study aims to answer the following research questions:

(i)   How accessible are tourism facilities to PWDs?

(ii)   What are the needs of PWDs with regard to using tourism facilities?

(iii)   How aware and prepared are service providers in helping PWDs gain access to and use tourism facilities?

(iv)   What recommendations can be made for tourism facilities in the country to be disable-friendly?

Objectives of the Study

The main objective of this study is to examine the accessibility of tourism facilities to PWDs. Specifically, the study seeks to:

(i)   Explore the accessibility of tourism facilities to PWDs;

(ii)   Ascertain the needs of PWDs with regard to using tourism facilities;

(iii)   Explore the awareness and preparedness of service providers to assist PWDs gain access to and use tourism facilities; and

(iv)   Recommend ways to make tourism facilities disable-friendly.

Significance of the Study

Ghana's 1992 constitution, section 12 (2) makes provision for equal rights for all including PWDs but, to a large extent, PWDs have been excluded from tourism activities. Subsequently the Ghana Disability Act of 2006 makes provision for inclusion of PWDs in recreation by suggesting punitive action for service providers, who fail to put in place the necessary facilities to make the service or facility available and accessible to PWDs. The research therefore, seeks to investigate the accessibility of tourism facilities and how best the needs of PWDs can be factored into the construction of such facilities and provision service offerings.

It is hoped that this would provide a viable input for tourism policy makers. An analysis of the needs of PWDs and problems they face when participating in tourism would help tourism providers meet the needs of PWDs

and provide better services. This will in turn help reduce the problems and barriers confronted by PWDs when accessing tourism facilities. It will help create awareness to service providers regarding the diverse PWDs available and their various access requirements.

There is no doubt that not many studies have been conducted on the participation of PWDs in tourism regarding the physically challenged, followed by the visually impaired. However, comparative studies on three diverse groups: the physically challenged, visually impaired and hearing impaired have been under-studied. The outcome of the study would provide information to help supplement existing literature on tourism and disability issues in the country. Finally, it will help identify other research areas for future investigation.

Delimitations

This study will focus on domestic tourists with mobility impairment (Physical disabilities) sight and hearing impairment. Due to time constraints international tourists with disabilities, domestic tourist with intellectual, emotional and behavioural disabilities could not be interviewed. Finally, the study was restricted to PWDs who reside in the Accra metropolis.

Limitations

Focus groups and few face-to-face interviews were conducted due to the exploratory nature of the study. As a result, the sample size was not large

as only a few respondents could be interviewed and only a few participants could participate in the focus group discussions. Also, due to the qualitative nature of the research there could be some subjectivity, rather than the quantitative research method which is more objective.

Definitions of Terms

Accessibility: Degree to which people who have physical limitations can reach, enter and use a facility and its surrounding area (s) (American National Standard A 117.1-1986).

Impairment: any loss or abnormality of psychological, physiological, or anatomical structure or function. Examples of impairment include: blindness, deafness, loss of sight in an eye, paralysis of a limb, amputation of a limb; mental retardation, partial sight, loss of speech and mutism (WHO, 1980).

Disability: restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being (WHO, 1980).

Handicapped: disadvantage for a given individual, resulting from an impairment or disability, that limits or prevents the fulfilment of a role that is normal (depending on age, sex and social and cultural factors) for that individual (WHO, 1980).

Physically challenged/Mobility Impaired or disabled: A person who has difficulty moving around either temporarily or due to their physique, physical

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condition or impairment and as a result must move around with the aid of a cane crutches or in a wheel chair (Keroul, 1995).

A person with disability/ A disabled person/ A handicapped person: all persons who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, hinders their full and effective participation in society on an equal basis with others (UN, 2006: 4).

Universal Design: Refers to the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design (UN, 2006: 4).

Organisation of the Study

The study is organised into five chapters. Chapter one focuses on the background to the study including statement of the problem, objectives of the study, significance of the study, scope and delimitation of the study and terms and definitions. Chapter two reviews the related literature by providing a critical analyses and the theoretical framework used. It also evaluates various perspectives on accessibility for PWDs in tourism development and the problems they face, barriers to leisure and issues on service providers and the disabled. Chapter three gives a general overview of the study area, and presents the methods and techniques applied during the research period as well as their limitations.

Chapters four present the data analysis as well as discussions and findings. An analysis of views of PWDS and service providers in the study

area is offered. Chapter five provides the summary, recommendations and conclusions. The chapter also identifies areas for further study and draws the lessons learnt from the study. An appendix consisting of notes, additional information and pictures are enclosed at the end of the work.

Summary

This chapter has laid the foundation for the study. It has introduced the research problem, the objectives of the study and the significance of the study. The delimitations and limitations have been briefly stated as well as the terms and definitions given, with the chapter organisations outlined. On these grounds the study shall now proceed to the review of related literature.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

Introduction

Disability has been a concern of society dating back from the times of the ancient Greeks and Romans who saw a deformed offspring as inferior, and thus should be kept away from society (Barker, Wright, Meyerson & Gonick, 1953). In recent years, however, tourism researchers, policy makers, and practitioners have come to the realisation that accessible tourism could be developed as a strategic tool to increase a destination's competitive advantage (Kastenholz, Eusebio, Figueiredo, & Lima, 2012). Accessible tourism denotes disabled tourist's ability to function individually when using tourism facilities at every stage of their travel experience. This is echoed by the UNWTO Secretary-General who pointed out that "accessible tourism does not only benefit persons with disabilities or special needs; it benefits us all" (UNWTO, 2013:1). This chapter seeks to provide a review of related literature by conceptualising disability, leisure, recreation and the concept of accessible tourism. The chapter also discusses barriers to participation of the disabled in tourism, and the role of tourism service providers in accessible tourism.

Concept of Disability

Disability as a concept is problematic, as it can be defined in numerous ways which could lead to contradictory meanings. Different studies have

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provided different operational meanings (Gronvik, 2009). The WHO (1980) defines impairment as "any loss or abnormality of psychological, physiological or anatomical structure or function. Disability is defined as "any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being" (WHO, 1980:142). The definition of Disability by the WHO (1980) distinguishes between impairment and disability through classification. Consequently, the definition stresses the inability or restricted ability to engage in activities effectively. Disability could affect participation in tourism and other social activities. Figueiredo, Eusebio and Kastenholz (2012) affirm this assertion that the WHO's definition constitute a limitation of restriction which leads to exclusion from some activities like tourism. This presupposes that anyone can be classified as disabled at any point in time whenever one is unable to perform an activity; such as climbing the Kakum canopy walkway due to fear of height or something trivial, such as a temporary swollen leg.

Also, disability has been defined in various ways at different places in the world, which has affected the treatment of PWDs in the tourism context (Buhalis & Darcy, 2011). Blichfeldt and Nicolaisen (2011) also argue that disability is an umbrella term which spans various impairments, restrictions in participation and limitations in activities. Bisschoff and Breedt (2012) are also of the view that the term "disabled People" includes a variety of persons with diverse levels of ability and different travel requirements. In this light, persons with disability are not a homogenous group but come in various forms, with

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different needs and requirements, which Burns *et al*. (2009) describe as a diverse and heterogeneous category.

The WHO (2012) disability report identifies people with disability to be traditionally classified into four main types, namely physical, hearing, visual and intellectual impairments. The less traditional disabilities include people who have difficulty functioning due to a wide range of health conditions such as chronic diseases, severe mental disorders, multiple sclerosis and old age. Table 1.0 below briefly describes the main types of impairments and the areas of difficulties known.

The International Classification of Functioning, Disability and Health (ICF) set by the WHO (2002) classifies disability into three as impairment, activity limitations and participation restrictions. Implacably disability is seen as a health condition which needs medical attention due to loss and lack of ability (Oliver, 1990). Albrecht *et al*. (2001) view impairment as a physical fact and disability as a 'social construct'. They further explain that environments without ramps turn impairment into a disability; because lack of mobility is impairment. In agreement, Burchardt (2003) sees disability as a social and economic disadvantage which is a result of society failing to meet the needs of PWDs rather than the result of the impairment. Therefore, constructed environments with barriers make people disabled.

Table 1: Dimensions of Disability

Type of Impairment	Description	Areas of Difficulties
Mobility/Physical	Varying levels of physical mobility restrictions, affecting legs, feet, back, neck, arms and hands	- Physical and motor tasks - independent movements - performing basic life functions
Vision/hearing	Capacity to see is limited or absent. Completely deaf or hard in hearing	Difficulties with: - performing tasks requiring clear vision - written communication - understanding information presented visually - performing tasks requiring sharp hearing - understanding auditory presented information
Communication	Limited, impaired or delayed capacities to use expressive and /or	- general speech capabilities - problems with conveying, understanding or using spoken, written, or symbolic

Table 1 continued

	receptive language	• language
Intellectual/ Mental	Lifelong illnesses that result in a behavioural disorder	Difficulty with: • learning • adaptive behaviour • understanding abstract concepts • cognitive functioning • sensory, motor and speech skills • basic life function
Hidden	Variety of illnesses	Problems with: • heart and blood pressure or circulation • breathing • stomach, liver or kidney • controlling the level of sugar in the blood (diabetes) • central nervous systems (epilepsy)

Source: Buhalis and Darcy (2011).

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On the other hand, disability is described as a cross cultural phenomenon, as it is available in all human culture (Scheer & Groce, 1988). However; PWDs still face considerable prejudice which excludes them and determines the level of access in society (Jaeger & Bowman, 2005). Mensah, Williams, Attah-Ankamah and Mjomba (2008) agree with this assertion that PWDs face various forms of discrimination which prevent them from asserting their rights. Accordingly, Passikoff (1985) found out that the stigmatisation of PWDS varies depending on the disability. He notes that those with mental disabilities are most stigmatized whilst those with mobility impairment are less stigmatized. However, blindness and deafness are less stigmatisedthan mobility impairment. The least stigmatised are those unseen disabilities associated with higher status such as heart disease, ulcer and arthritis.

Jaeger and Bowman (2005) argue that due to prejudice, previously PWDs were referred to as lame, crippled, retarded, defective and handicapped (derived from 'cap in hand' meaning begging). They also argue that the term 'person with disability' places importance on the person, while 'disabled person' places emphasis on the disability. It is therefore important the deaf are referred to as hearing impaired, the blind, visually impaired and the crippled, physically challenged. This is due to a shift toward using a more humane way of describing a person's condition.

Generally, how people response to PWDs, can be seen in three ways: indifference, frightened or patronizing (Maloff & Wood, 1988). According to the Deputy Minister of Gender, Children and Social Protection (GCSP),

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Ghana, like many African countries, is taking steps to address bias against disability as it is deeply rooted in our belief system, which has negative connotations (Daily Graphic, August 2013). Agbenyega (2003) and Avoke (1997) indicate that in Ghana, disability is seen as a result of witchcraft, sorcery, 'juju' and magic. Mawutor *et al*. (1998) also agree that disability is seen as a sin which is invoked upon a family by the gods or ancestors for certain offences committed. This negative reaction could lead to a frightened or patronizing response which may affect services offered by tourism organisations.

Recently, society has become more accommodating of PWDs due to the increase in their numbers overtime and the advancement of medical technology, which has improved their quality of life. Burnett and Pallab (1996) point out that the improved portrayal of PWDs by the media has greatly influenced society's acceptance of PWDs. This can be likened to the case of Ghana as recent media hypes on PWDs have created awareness of the need to build facilities which are accessible to PWDs. It has also fostered the need to accept PWDs and include them in all activities including tourism, leisure and recreation.

Disability, Leisure and Recreation

Leiper (1979) suggested that 'the tourist industry consists of all those firms, organisations and facilities which are intended to serve the specific needs and wants of tourists' (Cited in Cooper *et. al,* 1993, p. 5). However, for

tourism to take place, there must be leisure time to allow a stay away from home (Cooper, et al., 1993).

The word 'leisure' is derived from the Latin word 'licere' which implies both choice (licence to do something) and constraint (regulated). This refers to leisure as freedom which originates from the ancient Romans who had free time for leisure activities (Haywood, Kew, Bramham, Spink, Capenherhurst & Henry, 1995). Leisure however, is defined in various ways based on its purpose or function. Gunter (1987) conceptualised leisure as a subjective experience which focuses on the mind-set rather than the distinct activity. Generally, leisure is considered as time left after work, including travel to and from work, sleep and all household chores are done (Hayward, 2004). Leisure time could be put to different uses including travel and tourism. The Dictionary of Travel, Tourism and Hospitality define recreation as 'activity undertaken during leisure, which include travel and tourism, with distinctions such as indoor/outdoor, home-based/away from home, active/passive recreation (Medlik, 1995, p. 211).

Hayward (2004) argues that both active and passive leisure take place in various facilities like leisure centres, restaurants, cinemas, clubs, hotels and parks. Invariably, facilities are where leisure activities are carried out and organisations offer products and services to their clients. A study conducted in Poland by Bergier, Bergier and Kubinska (2010) showed that sixty-nine percent disabled persons sampled left their place of abode in order to relax and take part in various forms of recreational activities. These activities included

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trekking, cycling, sailing and scenic travels; while leisure time was used for reading, listening to music, using the internet, gardening and doing a hobby. Kastenholz *et al*. (2012) found out that disabled individuals engaged in passive leisure through visits to the beach, museum, theatre, cultural attractions and picnics with family or friends. However, they desired to participate in active leisure such as horse riding, hiking, cross-country rides, paintball and gastronomy workshops.

Similar studies conducted in Portugal by Figuerdo *et al*. (2012) showed that more than 50 percent of PWDs participated in picnics, visiting historic centres, museums, theatre, exhibitions, and entertainment facilities in a group for recreational. However, their most desired recreational activities were health and wellness treatment as well as cross country rides. According to Poria, Reichel and Brandt (2012) a few visually impaired tourists visit art museums contrary to what most people think. By touching exhibits such as sculptors visually impaired tourists feel a sense of inclusion in museums although they are limited with regard to visual art.

Ultimately, the advancement of rapid and efficient transport systems has contributed greatly to the development of leisure and recreation. According to Frigden (1996) the most important development in travel during the industrial age occurred in transportation. He argued that with the widespread ownership of cars, availability of cruise ships, trains, airlines and paid holidays made it possible for the masses to have free time to participate in leisure and tourism.

According to Achalu (1992) in Nigeria people view recreation in a positive light as it is imbided in general lifestyle irrespective of age, sex, profession, or ethnic background. He adds that PWDs participation in recreational activities helps to integrate them into society, in turn reducing isolation and stigma. Research has shown that PWDs derive a lot of benefit from outdoor leisure activities; with recreation presenting psychological and social value to PWDs (Freudenberg & Arlinghaus, 2010). Consequently, they put forth the need to pay academic attention to nature based on outdoor recreational fishing by people with physical challenges. Heywood *et al.* (2002) discovered that a number of organisations realised that leisure activities have important healing, therapeutic, recreational and psychological benefits as well as increase PWDs self-esteem, social skills and lead to social integration.

Studies by Anderson et al. (1997) and McAvoy *et al.* (2006) affirm that people with physical disabilities feel a higher sense of achievement, personal growth and enhanced relation to others when participating in outdoor recreation compared to people without physical disabilities. Gunter (1987) perceived intrinsic satisfaction as the source of pleasure from an activity. Undoubtedly, there is a positive relationship between involvement in leisure and satisfaction.

In contrast, Kim and Xinran (2013) note that although leisure and recreation help reduce pressure and demand on families with a disabled member, in reality, such families are usually excluded from leisure services and activities. Freudenberg and Arlinghaus (2010) also agree that PWDs are

constrained to a greater extent, which reduces their involvement in leisure activity to less than desired levels. Also, Bisschoff and Breedt (2012) found out that a lot of disabled people wish to travel but they are constrained by poor information and negative experiences. Earlier studies by Cavinato and Cuckovich (1992) showed that the main reason that people fail to participate in public leisure activities was the lack of awareness. Snyman (2000) also notes that PWDs have similar needs with regard to travel and recreation, it is therefore important that government and service providers put in enough effort to provide their needs (Cited in Bisschoff & Breedt, 2012). However, it must be noted that travel needs of PWDs entail special services which go beyond laws made by a government (Cavinato & Cuckovich, 1992). This is because travel and tourism transcends borders as the PWDs have to deal with the different challenges that come with international travel.

Sherrill (2004) discovered that barriers to active leisure include lack of money, lack of transportation, inadequate equipment or facilities, lack of desired activity, lack of time, a lack of specific skills, insufficient support groups and inappropriate behaviours that diminish peer acceptance in an activity setting.

However, Kattiyapornpong and Miller (2009) note that although structural constraints may affect the type of leisure activity people partake in, it does not stop them from taking part in leisure altogether. Freudenberg and Arlinghaus (2010) concluded that PWDs see risk and insecurity as a greater issue compared to people without disability when taking part in outdoor

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recreational activities. There is no doubt that there is a risk factor when participating in any kind of leisure activity whether outdoor or indoor; however, the ability to gain access to participate in leisure is paramount.

Concept of Accessible Tourism

Accessible tourism is an academic discipline which is developing (Buhalis & Darcy, 2011). According to Eichhorn and Buhalis (2011) accessibility is not consistently defined as it has different meanings across various sectors and countries; making it difficult to enforce standards for accessibility. They further assert that the words 'access' and 'accessibility' mean different things to different people, although often used interchangeably. Cavinato and Cuckovich (1992) explain that the words 'disabled and accessible' have no single accepted definitions leading to inconsistencies in services offered. Accessible tourism allows people with access requirements such as those with mobility, vision, hearing and intellectual impairments to function on their own with respect and fairness; while receiving universal tourism products and services within conducive environments (Darcy & Dickson, 2009).

Darcy et al. (2010) explain that the core of accessible tourism is the concept of universal design. Buhalis *et al*. (2012) put forward that accessible tourism can be achieved through universal design, by meeting the heterogeneous access requirements needed by PWDs. The main objective of universal design is to extend the concept of continuous pathways and barrier-

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free environments in recognition of the link between disability, ageing and the variety of people's ability over their lifetime (Buhalis and Darcy, 2011). The Centre for Universal Design (2003) defines universal design as the design of environments and products which can be used by everyone as much as possible; without the need to adapt or create a specialised design. From the definition seven principles that facilitate access are determined as flexibility in use, equitable use, simple and intuitive use, perceptible information, tolerance of error, low physical effort, size and space for approach and use (Centre for Universal Design, 2009). Consequentially, the universal design concept argues that accessible designed facilities have specified codes or standards that benefit mainly the physically challenged. However, the universal design concept targets all manner of people and applies to all buildings.

Accessible tourism recognises that the tourist experience should encompass the following: the type of disability/dimension of access (physical, hearing, sight, cognitive and others); level of support needs of the individual; the socio economic circumstances of the tourist; and previous tourism experiences (Buhalis, Darcy & Ambrose, 2012: 3). Darcy (1998) points out that disability is a multifaceted concept whereby each aspect has its own access requirements; which is significantly different from the other. In agreement, Darcy et al. (2010) confirmed that the recognition of the various dimension of access has fuelled the need to provide access requirements such as ramps, tactile ground surface indicators, and way-finding signage to enable PWDs participation in tourism. Thus, it recognises the diverse nature of PWDs and

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their diverse needs. Table 2 shows examples of inclusive and universal practice which ensures the three types of disabilities discussed in the research have a facilitating environment. It gives a breakdown of access requirements of each type of disability that promotes their independence; which is the core of accessible tourism.

Table 2: Support Facilities Needed by People with Different Disabilities

Physical	Hearing	Vision
Continuous pathway	Telephone Typewriters (TTYs)	Ground surface indicators; Audio signals
Circulation Space	Hearing loops	Alternative formats e.g. large text, Braille, audio
Specialist Equipment	Captioning	Area for guide dogs
Low floor buses	Sign Language interpreters	Sensory trails
Customer service attitude	Customer service attitude	Customer service attitude
Way-finding system	Way-finding systems	Way-finding systems
Information systems	Information systems	Information systems

Source: Adapted from Darcy (2006) and Buhalis and Darcy (2011).

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Table 2 illustrates the needed support facilities needed by the physically challenged, hearing impaired and visually impaired. For example, the physically challenged need continuous pathways in order to move their wheelchairs without encountering barriers. The hearing impaired also need telephone typewriters in order to communicate with hotel frontline staff. Additionally, the visually impaired would need audio signals or ground surface indicators to assist them know where they are going.

Invariably living with a disability could pose distinct challenges which may affect participation in activities such as tourism as it involves the use of physical, mental and social capabilities (Yau *et al*., 2004). Unfortunately, disabling environments may adversely affect the PWDs ability to be fully involved.

Barriers to Participation of Persons with Disabilities in Tourism

The barriers to participation in Tourism by PWDs have been addressed by a number of authors (Darcy, 1998; Darcy 2002; Smith, 1987; Takeda & Card, 2002). Barriers refer to hindrances faced when taking part in or attempting to participate in tourism; while constraints are factors that affect a person's ability to travel for a particular trip (McGuire, 1984). Smith (1987) identified three main types of barriers as intrinsic, environmental and interactive barriers. The intrinsic barriers are related to the PWDs own lack of knowledge of tourism opportunities, social ineffectiveness, physical and psychological dependency. Environmental barriers include attitudinal,

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architectural, ecological, transportation, rules and regulation barriers; while interactive barriers consist of skills challenge incongruities and communication barriers.

Darcy (1998) on the other hand, identified specific barriers to tourism faced by PWDs as accommodation, general wheelchair access, inaccurate/non-existent information, inaccessible transport, inaccessible toilets, inaccessible attractions, and disability specific problems, lack of parking, poor service provider awareness/education and special equipment. In addition, the major constraints he identified were accessibility of accommodation, accessibility at destination, accessibility of attractions, lack of accurate information and difficulty of pre-planning preparations. Other constraints were the additional costs of attendants and economic in the sense that the PWD had limited income to travel.

Various authors have also noted that inaccessible environments present the main barrier to PWDs participating in tourism (Chen, 2004; Darcy, 1998; Goodall, Pottinger, Dixon & Russell, 2004; Israeli, 2002; Murrey & Spraot, 1990; Smith, 1987; Takeda & Card, 2002; Yates, 2007; Yau *et. al*., 2004;). Murrey and Sproat (1990) found out that physical barriers make it difficult to gain access to a facility. Darcy (1998) also notes that poor physical access is the main issue for PWDs with regard to tourism. This is because if PWDs do not get access to transport, buildings and other infrastructure, they will be excluded from tourism and other societal activities which is their fundamental human right.

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Mensah *et al*. (2008) note that one of the greatest challenges of giving equal opportunity and integration of PWDs in the Ghanaian Society is the physical and built environment. They further indicated that assessing a building may not be the actual barrier, but the inability of PWDs to gain access to the service within the building is the problem. According to Murrey and Sproat (1990) a repeat travel of a PWD is dependent on the first tourism experience. Consequentially, the more severe the impairment the more restricted the choice and or experience of the PWDs compared to the non-disabled tourist (Goodall *et al*., 2004). Yau *et al*. (2004) note that PWDs have more to consider and face more challenges prior to and during their trip compared to others. This is because they face a lot of obstacles that limit their full participation in tourism from planning the trip, booking accommodation to the activities at the destination.

Although progress has been made over the years in reducing architectural barriers which has improved accessibility, inaccessible areas and attractions still exist (Turco, Stumbo & Garncarz, 1998). Yau *et al*. (2004) agree that over the past twenty years, progress has been made removing obstacles in the physical environment. Cavinato and Cuckovich (1992) argue that with regard to transportation progress has been made in reducing barriers. However, Darcy (1998) and Yates (2007) disagree that inaccessible public transport is still a constraint. He suggests that PWDs face restricted choice of transport especially with regards to airlines which are poorly designed; limits their freedom and provides inappropriate toilets. Darcy (1998) adds to this

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assertion that PWDS are sometimes forced to restrict their travel to areas which they can drive to in their private cars. This is due to discomfort in long haul flights and inability of public transport to link between accommodation and attractions. This has implications for the tourism and hospitality sector and it impacts on visitor satisfaction.

Eichhorn and Buhalis (2011) are of the view that barriers need to be identified before they can be eliminated. Eliminating these barriers will help gain access to tourism facilities, and create travel and tourism opportunities for both PWDs as well as the general populace.

Cavinato and Cuckovich (1992) also note that PWDs travel decision and choice is mainly controlled by: (1) the available information specific to accessibility; and (2) the constraints faced by the nature of the disability. In contrast, Isreali (2002) suggests differences in tourist behaviour in that PWDs evaluate a tourist site in a different manner compared to tourists without disabilities. He examined the relative significance of accessibility features for the mobility-impaired tourist and concluded that an able-bodied tourist can make a trade-off between different features of a site. However, PWDs are unable to make that trade-off where those attributes support accessibility.

Constraints and barriers faced by PWD undertaking a tourism journey are identified to go through the following stages:

- Underlying social and cultural constraints;

- Travel planning information;

- Transportation barriers;

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- Accessible accommodation; and

- The destination experience (Darcy, 2002).

It must be noted that although it is necessary to have physical and planning information access in the tourism industry, barriers to access are complex (Eichhorn & Buhalis, 2011). The elimination of barriers to access cannot be effective unless there is the facilitation of user-friendly environments and people are empowered to take advantage of these environments (Yau, McKercher & Parker, 2004). Accordingly, there is the need to dismantle all barriers so that the whole tourism system will work together to meet the needs of PWDs to access all tourism environments, and eliminate all negative attitudes.

It is argued, that change to the physical environment will not produce benefits to PWDs (Smith 1987) if the vital factor of communicating information is missing (Eichhorn *et al*., 2008). Darcy (2002) argues that an important step to overcoming barriers is the provision of accurate accessible information. Cavinato and Cuckovich (1992) agree that the most reliable way to open up tourism opportunities for PWDs is reliable information. Conclusively lack of accurate information could be stated as a major barrier to PWDs' participation in tourism.

Murray (2002) states that irrespective of inaccessible environments being a barrier to participation people's attitude is the main barrier for accessing leisure opportunities. Darcy (2003) agrees that it is easier to change the physical environment than the attitude of people. Adu-Gyamerah (2013)

noted that parliament in Ghana expressed worry about existence of cultural practices and inherent attitudes which had led to the exclusion of PWDs in many aspects of life. This goes a long way to show that legislatures and service providers are open to discussions regarding the social exclusion of PWDs. However, they are reluctant to put measures and facilities in place to include PWDs in activities which reflect their poor attitude toward PWDs.

Miller and Kirk (2002) have argued that there is a gap with regard to the quality of service offered to PWDs compared to other tourists due to lack of understanding by service providers in the United Kingdom (UK). Cavinato and Cuckovich (1992) explain that because travel agents have limited background in working with PWDs; they do not fully understand their needs and may overlook some critical trip planning detail. They argue that most travel agents do not have comprehensive information needed to plan trips for PWDs especially, regarding ground and air transportation. Daniels, Rodgers and Wiggins (2005) add that travel personnel and tourism site managers are usually inadequately prepared to assist tourists with disabilities, especially when they lack full training and information. Staff training is therefore, crucial to how PWDs are treated, as staff who have not encountered any, are unsure of the appropriate manner to deal with them (Darcy & Pegg, 2011).

Yau et al. (2004) have argued that travelling with a disability is more than an access issue; as it brings about unique challenges which can impact on participation in activities such as tourism. Research has shown that the major threat faced by the hotel industry is ignorance of its responsibility towards

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PWDs under the disability law (Darcy & Pegg, 2011). Although the American Disability Act (ADA) of 1990 was the first to be instituted, most hotels and restaurants in America that claim to offer accessible services are in fact not fully accessible to PWDs. This leads to inconsistencies in services offered to PWDs in hotel chains. Bisschoff and Breedt (2012) confirm this assertion that South African hotel rooms do not always meet accessibility codes. This is because hotel owners generally do not understand the different challenges faced by PWDs visiting hotels.

In contrast, Darcy and Pegg (2011) argue that although accessible premises are important, a customer's need cannot be fully met when the staff is ill prepared to provide appropriate customer service. Consequently, Morris (2014) observes that lack of appropriate hotel facilities suggest that hotel operators are not focused on the disable market as a source of profit. He further notes that ambiguity in the United Arab Emirates' (UAE) current disability law makes it unclear the specific special requirements needed and the penalties to be meted out in the event of non-compliance. Similarly, the Ghana Disability Act (2006) contains a lot of loopholes which makes it difficult to enforce the rights of PWDs, as well as protect them from exclusion (Aryeetey & Addy, 2013). For example, the Ghana Disability Law is silent on discrimination against women with disability; therefore excluding the gender dimension. It does not also cater for payment of compensation for non-compliance when service providers fail to provide the needed disability facilities and support.

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However, Takeda and Card (2002) indicate that U.S. travel agencies and tour operators are obliged to include PWDs in their tours and ensure that their services meet the needs and expectations of that segment. This is because the ADA makes it clear that travel services are public accommodation and services are forbidden from refuting full and equal access of services to people based on disability. In the same light the Disability Discrimination Act 1995 (DDA1995) of the UK puts the responsibility on the service provider 'to remove, alter or avoid any physical feature that makes it impossible or unreasonably difficult for a disabled person to access that provider's service" (Goodall *et al*., 2004, p.347). They argue that in complying with the DDA 1995 tourism service providers operating heritage properties are faced with the uncertainty of what is reasonable adjustment, while conserving heritage sites.

Unfortunately, Darcy and Pegg (2011) note that accommodation managers are clueless about the need to advertise accessible rooms in their facility to gain competitive advantage to attract PWD business groups. Eichhorn *et al*. (2008) found out that most establishments deal with PWD enquiries on a case by case basis instead of developing a system approach to disseminate information on accessibility. Darcy (1998) found that managers do not provide intermediaries with information regarding accessibility. Also, travel agents' advice PWDs to organise their own trips and accommodation (Mckercher *et al*., 2003). This suggests unwillingness to organise trips for PWDs as well as ignorance with regards to getting information and meeting the needs of PWDs.

Goodall *et al*. (2004) identified barriers that prevent or limit PWDs from visiting historic places from the view point of service providers. Barriers they listed which are exclusive to service providers include lack of awareness of the needs of PWDs and what can be done to improve easy access. This is due to inadequate availability of information, communication difficulties and attitudes of personnel. Another barrier is the perception that making changes or adaptations to the facility to allow access to the PWD would be high. Also, service providers perceive that they will have compliance problems with other legislations which may conflict with the disability act. These include general planning controls, health and safety regulations and other building regulations. That is to say that although service providers have a role to play to ensure PWDs gain access to their facility; ignorance and fear of the unknown limits them in widening their market base.

The Role of Tourism Service Providers in Providing Access for Persons with Disabilities

Service providers play a pertinent role in ensuring that PWDs are cared for when they visit tourism and hospitality facilities. It is therefore important that they have some knowledge of accessibility issues. Garcia-Caro, Waal and Buhalis (2012) suggest that in order to provide quality services for PWDs, the provision of accessible tourism facilities should go with suitable customer care, since the absence of both will lead to an unsatisfied customer, which could ruin the whole tourism experience. Darcy (1998) suggests that government play the

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role of providing legislation and policy framework that guide tourism service providers to provide PWDs with access and develop access standards. However, PWD organisations need to play their role by providing government and service providers the opportunity to publicize access and marketing information.

Generally, not much attention has been paid to the involvement of government in the accessible tourism sector regarding their role in tourism management and planning (Darcy *et al*., 2012). In Ghana, with regard to government involvement in accessible tourism, the main initiative has been drafting the Disability Bill. Generally, government's role has been the provision of infrastructure, initiating policies, marketing the country's tourism and supporting the private sector. The United Nations Convention on the Rights of Persons with Disability (UNCRPD, 2006) has emphasised the tourism sector's obligation to ensure PWDs have the right to enjoy leisure, sports and tourism just like everyone. The UNCRPD (2006) places the onus on state parties to guide public and private sectors to make tourism accessible to all with the UNWTO (2013) emphasising accessibility throughout the tourism chain.

Despite government's involvement in tourism it is mainly initiated by the private sector, with the tour operator playing the role of ensuring that all aspects of the holiday journey is successfully addressed (Wright, 2012). Takeda and Card (2002) think that it is the obligation of tour operators and travel agencies to include PWDs in their tours as well as meet their

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expectations and needs through the provision of services. Wright (2012) has found that the tour operator serves as the coordinator who normally puts together international travel arrangements, booking the flight, accommodation, transportation and leisure activities, and that the tour operator's role includes ensuring the booking of suitable travel insurance, mobility aids such as wheelchair, specialist nurse service and appropriate seats on the flight.

A study by Poria *et al.* (2012) indicate that blind tourist expect flight attendants to assist them identify gadgets, packaged food on the flight as well as safety information. In previous years' research conducted in Europe, Laidler (2007) concluded that it is the responsibility of the airport not the airline staff to meet the needs of the mobility impaired by assisting them to visit the toilet at the departure lounge. However, airline staff are not allowed to assist PWDs on a flight to the toilet due to health and safety reasons. Able (2008) also noted that it is the duty of airports to help disabled passengers from arrival, through to embarkation and luggage collection and not the airline's responsibility. Additionally, on arrival a representative should meet the PWD and with accessible transport.

Takeda and Card (2002) suggest that tour operators and travel agents should, firstly, collaborate with accommodation, transport, attraction and restaurant service providers to promote accessible tourism to a bigger market. Secondly, tour operators and travel should ensure that information on accessibility of the travel destination and facilities to be visited are available on their website. Thirdly, tour operators and travel agents should make it their

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duty to implement needs assessments for their target market through evaluation forms issued to PWDs. Fourthly, tour operators and travel agencies should encourage service providers to train their staff to be sensitive towards the needs of PWDs as well as make their facility accessible.

Israeli (2002) investigated the relative importance of accessibility factors required by mobility impaired tourists compared to the non-disabled at tourism sites in Israel. He argued that from an operational view, managers need to focus their attention on significant factors and improve the performance of attraction sites, because if the disabled tourist evaluates a site through a non-compensatory approach, once he realises that certain aspects of the site are inaccessible, he will abandon the trip. The able tourist, however, uses the compensatory to trade-off one aspect against the other. In effect, it is important to communicate through various marketing and promotion media that the facility can serve the needs of PWDs.

With regard to the property in which tourism activities take place, such as world heritage sites, and other historic environments, disability laws place the responsibility on the service provider to ensure that any physical feature that makes it difficult or impossible for PWDs to access the service is improved, altered or removed (Goodall *et. al*., 2004). Poria, *et al.* (2012) discovered that blind tourists who visit museums expect the museum authorities to provide a small model of the museum layout which they can touch. This would help them to locate elevators, rest rooms, touchable sculptors and other service areas to increase accessibility. This implies that

alterations and additions to buildings are costs that should be borne by the service provider and could be passed on to PWDs and other customers who use the facility. Poria *et al*. (2012) also emphasised that blind tourists do not expect service providers to be overly helpful or protective; as this affects the PWDs' self-esteem and invades their privacy. Therefore, service providers should make it their duty to treat PWDs with dignity and not as invalids although their safety may be a concern.

Darcy and Pegg (2011) identified the importance of accommodation managers assisting PWDS in all aspects of safety and emergency matters such as fire outbreaks. However, the onus lies on the mobility, hearing and visually impaired to communicate their disability and specific needs when booking accommodation. Darcy and Pegg (2011) also recommend that the service provider must take the responsibility of marketing their accessible rooms to the public as a competitive advantage through detailed information literature. Visually impaired tourists also feel it is the duty of hotel service providers to include floor numbers in braille in elevators and on hotel doors (Poria *et al*., 2012). They also recommend that housekeepers reposition rooms in their original state after cleaning so that the blind can easily find their way. With regard to restaurants, the physically challenged expect personnel to provide them with appropriate seating facilities, while the hearing impaired expects accessible menus and barrier-free communication (Horn, 2012). Visually impaired clients expect personnel to read the menu to them and show them how the table is set (Poria *et al*. 2012).

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Theoretical Framework for the Study

Generally, the main barrier that prevents PWDs from gaining access to tourism facilities is the attitude of tourism personnel and society as a whole. Considering all the theories discussed Pearn's (2011) continuum representing societal treatment of PWDs was chosen as the model that best illustrates attitudinal barriers.

The framework was developed in relation to heritage sites but can be applied to other tourism facilities. Pearn's (2011) framework explains that following the passing of the UK 1995 DDA; society is making a shift from a non-inclusive approach to one that involves a disability related legislature which compels society to enable greater autonomy among PWDs. This approach enforces a barrier-free society which ensures PWDs do not only get access to but also within building and treated as equal beings. However, there is some flexibility and tolerance within every law specifically, regarding heritage sites which may provide disabled citizens very little autonomy.

From the diagram the state of autonomy will determine whether the PWD is partially included or totally excluded. The blocks at the top of the diagram represent the independent variables while; the bottom blocks are the dependent variables. A full autonomy within a totally barrier-free society represents a society in which there is full access to heritage site facilities and all types of PWDs are given equal respect and dignity just as the able-bodied. In this situation there is no prejudice against PWDs and all barriers are

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removed. PWDs are not taken through alternative routes when accessing the heritage site.

Where there is very little autonomy for disabled citizens there is some subtle prejudice and not all types of PWD needs and access facilities are provided. Therefore, there will be partial inclusiveness in which some quarters of society remain underserved. In a non-inclusive society, PWDs are regarded in a negative light as an ailment or a lesser human being. As a result, PWDs are excluded from activities and no special provision is made for disabled citizens making it difficult for them to use heritage sites.

The framework can be related to the situation in Ghana as a society where the disabled citizen has very little autonomy. However, depending on the type of disability no special provision may be made or they could be partially included. The theoretical framework is illustrated in figure 1 below.
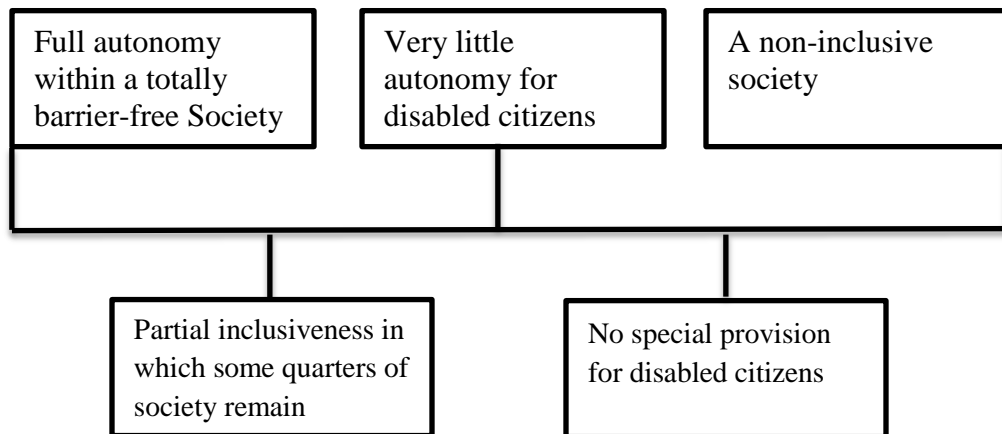
Figure 1: Continuum Representing Opposing Societal Treatment of People with Disabilities.

Source: Adapted from Pearn (2011).

Summary

In a nutshell, PWDs face some element of risk when participating in tourism as it involves moving from a familiar place to unknown environment (Yau *et al*., 2004). This chapter has discussed the concept of disability, leisure, recreation and accessibility. It has delved into barriers to participation of PWDs in tourism activities and given an insight into the role of service providers in accessible tourism. It also provides a theoretical framework and highlights some gaps in the existing literature which deserves the attention of researchers. The next chapter will focus on research methodology.

CHAPTER THREE

RESEARCH METHODOLOGY

Introduction

This chapter gives an overview of the research area and the target population. The chapter explains the methods used, including the research philosophy, design and scope, research instrument, data collection procedures, limitations and experiences as well as the data analyses techniques used. The research methods employed aimed at providing an understanding of the fieldwork analyses in a social context.

Study Area

The study was conducted in the Accra Metropolis which is situated in the Greater Accra Region of Ghana. Accra the capital city, is referred to as the gateway to Ghana. It is the smallest of the 10 administrative regions yet, the most densely populated (Government of Ghana official Portal, 2014). According to the 2010 Housing and Population Census, the Accra Metropolis accounts for 1,848,614 of the total population (Ghana Statistical Service, 2012). It is the second most densely populated metropolis after Kumasi.

Historically, Accra Metropolitan Assembly (AMA) began as a Town Council, established by the Town Council Ordinance of 1894, following the introduction of Native Authorities by the colonial government in 1878. Accra was declared a city on the 28th of June, 1961, and became the Accra City

Council. In August 1964 the Accra City Council was merged with Tema to become the Accra-Tema City Council, which is currently, the country's commercial and industrial hub (Ministry of Lands and Natural Resources, 2014).

The Accra Metropolis houses the country's main Airport; Kotoka International Airport, which is about 12 kilometres from the city centre. It is home to historic buildings and museums such as Christainsborg Castle, the Kwame Nkrumah Mausoleum, National Museum, DuBois Memorial Centre for Pan-African Culture and the Independence Square. It also houses the Centre for National Culture, the Accra International Conference Centre and the Ministry of Tourism, Culture and Creative Arts. It is endowed with vast stretches of popular beaches of the Atlantic coast such as La Pleasure Beach and Kokrobite Beach. It also boasts of various restaurants, hotels, night clubs and leisure centres. Additionally, the University of Ghana is situated 14km north of Accra and the Tema Harbour 30km from the Accra Metropolis (Ghana Tourism, 2008). These make the Accra Metropolis a unique tourist destination.

The Accra Metropolis covers an area of 173 sq. km, with its south boundary, which is the Gulf of Guinea, stretching from "Gbegbeyese" to "La". It shares a boundary with the "Ledzokuku-Krowor" Assembly in the East, with Ga East and Ga West on the Northern and Western frontiers and the Ga South Districts (Ministry of Lands and Natural Resources, 2014). Below is the map showing the area.

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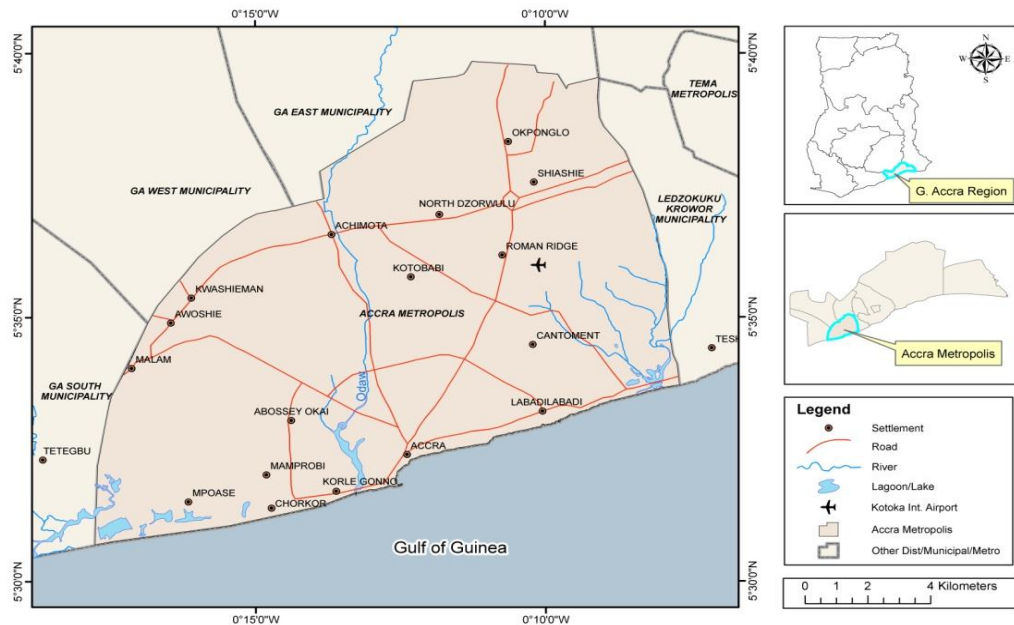
Figure 2: Map of study area; the Accra Metropolis.

Source: Cartography Unit, Department of Geography & Regional Planning,

University of Cape Coast (2013)

As the national capital, most associations and societies have their headquarters located in the Accra Metropolis. These include the various tourism and hospitality associations as well as disability associations.

Disability Associations in the Accra Metropolis

Disability associations date as far back as 1951 when the Ghana Society for the Blind (GSB) was formed to seek the general welfare of the blind and the visually impaired. Additionally, the Ghana Association of the Blind (GAB) was formed in 1963for skills mobilisation and development. The Ghana National Association for the Deaf (GNAD) was also established in

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1968. Also, the Ghana Society of the Physically Disabled (GSPD) was formed in 1980.

However, it was not until 1987 that the Ghana Federation of the Disabled (GFD) was established as a national umbrella organisation of PWDs with its Head Quarters in Accra. There are currently seven Disability Associations under the GFD. Its current members comprise GSPD, Ghana Blind Union (GBU), GNAD and Inclusion Ghana (IG a union of organisations championing the course of persons with learning and intellectual disability). Others are Ghana Association of Persons with Albinism, (GAPA), Mental Health Society of Ghana (MEHSOG) and Share Care Ghana (a group of people with neuro- immunological diseases and with autoimmune conditions).

The aim of GFD is to create awareness about PWD stabilities and promote equal opportunities for PWDs through advocacy. Also, they aim at promoting access to services, activities, information and documentation. They have also been pushing for gender equality and human rights of PWDs which is enshrined in the 1992 Constitution. The Federation was instrumental in advocating for the Disability Act 715 of 2006, and the inclusion of the needs of PWDs in the 2004 election (GFD, 2013). Despite the various advocacy campaigns carried out by the GFD, not much energy has been focused on research concerning PWDS and their various needs.

Research Philosophy

The study is centred on the interpretivist approach to research which is based on understanding the real construction of concepts and meanings within actual settings used by social actors (Gephart, 2004). Interpretive researchers define reality by trying to describe and understand participants' situations through their verbal and non-verbal actions. Accordingly, the wide acceptance has been due to the fact that qualitative research gives rich in-depth knowledge from various points of view (Dwyer, 2012).

Using the interpretive approach, the researcher conducted the study using an interview guide to obtain the qualitative data. The qualitative method was used due to the nature of the research problem, the uncertainty surrounding the research topic and the researcher's theoretical lens (Howcroft & Trauth, 2005).

Research Design

Research design according to Yin (2003) is the logical sequence that links the empirical data to the study's original research questions and ultimately to its conclusions. Basically, the research design guides the researcher during the process of collecting data, analysing and interpreting the data collected; which eventually allows the researcher to draw conclusions about the relationship between the variables under investigation (Nachmias & Nachmias, 1992). In social science, there are three types of research design: which are exploratory, descriptive and explanatory (Babbie, 2013).

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The research design adopted for the present research is the exploratory approach. This is because the exploratory approach deals with emerging field of interest which has not been widely examined and the qualitative method uses a flexible approach to gather information (Boeije & Hodkinson, 2009). Accessible tourism is an emerging field of study which has not be extensively researched in Ghana. Therefore, the exploratory approach was deemed the most appropriate to use.

Popular methods of exploratory research include literature searches, depth interviews, focus groups and case analyses. The research relied on library research such as reviewing available literature and informal depth interviews. The depth interviews were used to draw knowledge and experience from those with information applicable to the problem or opportunity at hand. Focus group discussions (FGDs) were employed for the three disability types namely physically challenged, hearing and visually impaired. This is because focus groups generate discussions among participants especially, those from different demographic backgrounds, who may have varied interests and roles regarding the phenomenon being studied (Patton, 2002). Also, the focus groups can be used where the researcher believes that the interaction among participants will give voice to the excluded or marginalized and enrich the data. Additionally, the use of FGDs and the participatory approach is a means of understanding views, attitudes and opinions relevant to qualitative methods.

According to Easterby-Smith *et al* (2002, p. 1) qualitative research methods "concentrate on exploring in much greater depth, the nature and

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origins of people's view points, or the reasons for, and consequences of, the choice of corporate performance criteria". It is thus a research method that tends to find out about society and interpret them. Also, qualitative research is subjective, tending to be more political and yet flexible, (Silverman, 2000). Hence, giving interviewees the chance to express their views freely which gives the researcher the ability to paint a picture for the reader with the data collected.

Sources of Data

Primary data was collected through the use of interviews from service providers and focus group discussions for people with disabilities in the Accra Metropolis. Secondary information was obtained from published and unpublished documented material such as text books, journal articles, internet, magazine articles and government/international publications. For example, general information on the various types of disabilities, their travel trends and statistics was extracted from WHO, Tourism Victoria, English Tourism Council, Harris Market Research and WTO.

Additionally, email correspondence from a key informant, and follow up telephone interviews was employed. Records of some service providers and 2010 Population and Housing Census of Ghana Statistical Service (2010) were also considered. The researcher also monitored speeches of government officials and tourism development projects carried out by NGO's and service providers through television, radio, newspapers and the internet.

Population and Sampling Size

The target population comprised the hearing/speech impaired, the visually impaired and physically challenged who had general meetings within the month of April in Accra Metropolis. It also included some service providers from hotels, restaurants, attractions, transport companies and a mall/leisure centre which had been visited by the PWDs who participated in the survey. The three types of disabilities were chosen because according to the 2010 Population and Housing Census of Ghana Statistical Service, they represent the highest percentage of persons with disability in the Greater Accra Region. In all about 42 percent constituted visually impaired, approximately 24 percent hearing/speech impaired and about 23 percent physically challenged, and the remaining 11 percent other types of disabilities (GSS, 2010).

According to GSS (2012) there are 103,939 PWDs in Greater Accra, however, sampling all these PWDs would have been a herculean task. The researcher selected three different disability associations through recommendation from the Ghana Federation of the Disabled and some PWDs encountered. These were the Morning Star Physically Challenged Association (MSPCA), Ghana Blind Union and Church of Christ Deaf Ministry, Circle Branch. Service providers were purposively chosen based on PWD visits or use of their facility. However, a three star, one star and two star hotels were selected and for restaurants a chopbar, fast food joint and a full service restaurant were selected. Due to the exploratory nature of the research, once saturation point was reached interviews were abandoned.

In all, the study involved 60 participants due to time constrain, lack of interpreters and difficulty in locating PWDs as well as some service providers. Responses from three of the interviewees could not be used for the analysis due to poor sound quality and inability of frontline staff to answer key questions. In all, four FGDs were conducted consisting of three disability associations and one service provider. The FGD for the visually impaired consisted of 12, physically challenged was 11and hearing/speech impaired was 12.

The FGD for the Tour Guides Association, on the other hand, consisted of five people who were all frontline staff. The FGD for tour guides was conducted during their monthly meeting held for all tour guides in Accra. Those who had previously conducted tours with PWDs where purposely selected for the FGD. The FGD for the hearing impaired were assembled after their Sunday church service. The physically challenged and visually impaired were assembled during their monthly scheduled meetings. Table 3 below is the summary of the respondents sampled.

The individual interviews on the other hand consisted of 17 individuals who comprised of 16 service providers and one physically challenged key informant. The 16 service providers consisted of respondents from hotels, restaurants, museums, transportation and the mall. Respondents for the hotel consisted of three managers, one supervisor and one frontline staff. For the restaurant, the respondents were one manager and two supervisors. The museum consisted of a manager and a supervisor while transportation was one

manager, one supervisor and one frontline staff. The mall consisted of two supervisors and one supervisor for the beach. The key informant was the Advocacy Officer for PWDs.

Table 3: Summary of Sampled Respondents

Category of Respondents	Sample Procedure	Total
Interviews		
Hotels	Purposive Sampling	5
Restaurants	Purposive Sampling	3
Museums	Purposive Sampling	2
Transportation	Purposive Sampling	3
Mall	Purposive Sampling	2
Beach	Purposive Sampling	1
Key Informant	Purposive Sampling	1
Subtotal		17
Focus Group Discussion		
Tour guides	Purposive Sampling	5
Hearing Impaired	Snowball Sampling	12
Physically Challenged	Snowball Sampling	11
Visually Impaired	Snowball Sampling	12
Subtotal		40
Grand total		57

Source: Field survey (2014)

Sampling Technique

Non-probability sampling procedures were employed for the study. The purposive sampling technique was used targeting managers and supervisors of hotels, restaurants, mall/leisure, attractions, transport and tour guides. With the PWDs the researcher adopted the snowball sampling technique. The PWDs were contacted through GFD networks and personal referrals from PWDs who work at the Accra Rehabilitation Centre. However, for convenience the first 12 PWDs who attended the meeting were used for each FGD.

The purposive sampling also referred to as judgmental sampling was employed in selecting service providers that the researcher felt would be relevant to the research topic. The relevance of service providers was decided based on PWDs experiences at the mentioned facilities. With purposive sampling, the judgment of the researcher is of prime importance instead of getting a probable sample (Sarantakos, 1998). Between two to five respondents were each selected from the category of facility that offers tourism services.

Snowball sampling is a technique whereby the researcher starts with a few available respondents and asks them to recommend others who meet the research criteria and agree to participate in the research (Sarantakos, 1998). This type of sampling is used when the population is difficult to find or unknown. Considering that the address system in Ghana is poor and data on residents is non-existent, the snowball sampling approach for PWDs was considered as most appropriate. This is because it would have been difficult to

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find PWDs who had participated in tourism. As a result, FGDs were arranged through personal referrals and PWD networks; who informed members to attend the monthly association meetings and church during the data collection period. The convenience technique was useful due to time constraints. Hence, first 12 PWDs participated in the FGD.

Data Collection Instrument

The survey method which conforms to interpretivist approach of interviews was used to collect the information. The unstandardized interviews were mainly used for the service providers and group discussions for the PWDs and tour guides. The interviews and group discussions were aimed at getting the respondents to express their views regarding the research topic.

Basically, open ended questions were employed. This proved to be very useful as the interviews allowed the interviewees to speak freely allowing the researcher to add questions and probe. This allowed the researcher to understand the PWDs and Service Providers better. It also helped to uncover the interviewees' views and gave them the freedom to express. As Patton puts it 'we interview people to find out from them those things we cannot directly observe' (2002, p. 340).

The FGD consisted of 20 questions while interview guide consisted of 11 questions which are attached as appendix I and II respectively. The instruments were chosen based on literature reviewed and in line with the research objectives. The FGD for PWDs centered on four main areas. The first

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area of concern was whether PWDs had partaken in any tourism activity for leisure or recreation and whether the facility visited was accessible. Specifically, the accessibility of attractions, hotels, restaurants, transportation and access to information was sought. Secondly, travel requirements and specific needs of PWDs regarding attractions, hotels, restaurants and transportation was indicated. Thirdly, the guide for the group discussion centered on ability of service providers to handle PWDs, meet their specific needs and the ability of the facility to meet satisfaction level. Fourthly, the guide solicited for suggestions to improve facilities to suit needs of PWDs and remove all barriers.

The interview guide for service providers (Appendix 11) consists of four main areas. Firstly, the guide catered for the awareness of the different types of PWDs that visit the facility and their various needs. Secondly, the subsequent questions focused on the adaptation of the tourism facility to meet the peculiar needs of PWDs, the type of training given to staff to serve the needs of PWDs and ability to give the needed accessibility information. Thirdly, service providers were asked their plans to make their facility accessible to meet the moratorium on the Disability Act which ends on 2016. Also, their ability to provide specific access facilities and equipment for the various PWDs was sought. Fourthly, problems encountered while handling PWDs and suggestions to make the tourism facility disable friendly and improve tourism in general was asked.

Reconnaissance Survey

Considering the exploratory nature of the study the researcher did a reconnaissance survey. An email was sent to the GFD with the research topic and research questions. Upon receiving a response, a follow up phone call was made to their Advocacy Officer who assured the researcher that excursions were organised for the various disabled associations as well as conferences. A reconnaissance survey was then conducted on 26th October, 2013 with the Society for the Physically Challenged, Accra Metropolitan Assembly (AMA) Branch during their monthly meeting time. This was a FGD which consisted of 11 participants (7 females and 4 males), held at the Accra Rehabilitation centre.

Additionally, an interview was held with the President of TORGAG to ascertain if any tour guides had an experience with international tourists with disabilities. It was revealed that a few tour guides had received some international PWDs tourists. This helped to gain insight into the questions to ask the service providers and prepare an interview guide for the fieldwork. Initially, the researcher wanted to interview only tour guides to represent the views of service providers using an FGD guide for the study. However, to create diversity hotel, restaurant, attraction, and transportation operators were included to create a balance of views.

Pre-Testing of Instrument

Additionally, on the 2nd of November, 2013 the interview guide was pre-tested on one male visually impaired student and one female hearing and speech impaired PWDs at the Accra Rehabilitation centre. People with different disabilities and gender were chosen to create a balance in the responses and to ensure that the questions brought out the various needs of the three types of disabilities regarding the use of tourism facilities. After the pre-testing, concerns raised by the various respondents were taken into consideration and the relevant modifications made to the instruments before the actual fieldwork was done. To ensure that those who took part in the pre-test did not take part in the actual study, different associations from other constituencies of Accra were selected with the aid of staff of GFD and a few PWDs.

Data Collection Procedures

Field work was conducted over a two-and-a-half-week period in various suburbs of Accra Metropolis. This was done from 1st April to 19th April, 2014. Both walk-in and pre-book arrangements were made to seek permission to conduct interviews and FGDs.

Interviews were conducted between 9.00am and 5.00pm each day. This time frame was adhered to in order to maximise time and ensure service providers and tourists were interviewed during working hours. In-depth interviews and FGDs lasted between 30 minutes to 2 hours. One record

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assistant assisted with the FGD. All interviews were recorded, played back and transcribed, then re-played to fill in any gaps left. Where the information was not clear, respondents were called on the telephone to seek clarification and the data corrected.

Before each FGD with PWDs began, participants were informed about the topic to be discussed and their consent sought before any discussion begun. With the FDG for tour guides, the researcher sought permission from the TORGAG president to attend the monthly tour guides meeting and purposely selected guides who had encountered PWD tourists only. Interviews with service providers were mainly walk-in with only a few pre-arranged.

However, all service providers were purposively selected. On arrival the researcher requested for the manager of the facility and sought permission to interview the most appropriate staff and briefed the manager about the topic. Three managers requested for the interview guide prior to scheduling an interview. All interviews were conducted by the researcher in a face to face manner. FGDs were conducted with the researcher as the moderator while an assistant took their personal details. Information on interviewees is shown as appendix 111.

Problems Encountered on the Field

Due to the scattered locations of participants in FGDs as well as the length of time needed to conduct interviews, only a few interviews could be conducted in one day. Generally, a maximum of four interviews were

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conducted in a day. The researcher had to take breaks in between as well as drive to different locations for the interviews.

The major problem was time and financial constraints. Travelling from Takoradi to Accra involved money so the researcher had to make maximum use of the time available. This meant keeping to a strict plan and working within a strict time frame, while in Accra. As a result, the researcher could not meet the target of 80 interviewees. On a few occasions the researcher had to travel to Accra again to collect extra information. Also two follow up interviews had to be done by telephone to seek clarification on previous interviews done. Additionally, the researcher had to pay to enter one attraction.

Secondly, with some of the PWDs the researcher had to translate the questions into the local dialect. There were a few cases where the PWDs responded in 'Ga' a dialect spoken by the indigenes of Accra. Since the researcher could not speak the 'Ga' language she had to ask for assistance.

Thirdly, there was a communication gap between the researcher and the hearing impaired. This was a major problem as sometimes the translator misinterpreted the interview questions and the PWDs gave answers which were not reflective of the intended questions. In such cases the questions had to be asked in different ways for them to understand it which made the interview last longer than expected. Specifically, the blind did not fully understand what tourism was so the researcher had to educate them before the interview could begin. This proved a bit challenging as the interview could not begin if the topic was not understood clearly.

Fourthly, some interviews were conducted in noisy environments, such as the restaurants where loud music was played or the transport stations. These venues proved challenging as customers kept walking in and out of the premises and kept interrupting the interviews. The recorder had to take notes at certain times instead of recording the interview due to interruptions and noise. Some interviews could not be transcribed because they were not clear enough.

Fifthly, two service providers did not want the interview recorded for fear of being played on air or used for a different purpose. This proved time consuming as the researcher had to take notes instead of recording. Generally, interviewing restaurant operators was a herculean task as they found it difficult to focus because they were in a hurry to serve customers. Despite the constraints and challenges, participants were receptive and co-operative.

Ethical Issues

The Concise Oxford English Dictionary (2004) refers to ethics as the moral principles which influences one's conduct. This implies that what is termed ethical is what a society determines as right or wrong. In the same vein social science is guided by the ethical principles of informed consent, anonymity and confidentiality.

Firstly, the researcher ensured that respondents were informed about the recording of the interview and their consent taken. Two service providers refused to take part in the survey. Also, two respondents did not grant

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permission for their interview to be recorded so detailed notes were taken with their consent. All recordings shall be deleted after one year to ensure third parties do not get access to it. Additionally, all transcribed interviews shall be destroyed after two years.

Secondly, anonymity was ensured in that respondents' identity shall not be revealed in the research. As a result, respondents' names and tourism facilities visited are not mentioned in the research. In the event where respondent names had to be mentioned, pseudonyms were used in the analyses and discussions. There was the need for confidentiality to protect the rights of respondents' and avoid sharing information given to third parties.

Babbie (2013) explains that social research involves an intrusion into people's lives and requires people revealing their personal information to strangers. It is therefore important that participation is voluntary and respondents are told about the nature of the research and its resultant effects. In other words, participants should know the likely risks involved in participating in the research. Guided by these principles the researcher ensured that participants were fully aware of what the research was about and given the chance to accept or refuse to participate. Getting the full corporation of respondents was paramount as responses given assisted in analysing the empirical data.

Data Analyses

Data analyses involve the processing and conversion of raw data into statements that are meaningful (Sarantakos, 1988). Due to the qualitative nature of the research the use of statistical measurements was minimal as narratives were used.

To analyse the information, the data collected was transcribed from audio into text and the manuscript edited, doing away with all typographical errors. Manuscripts were read through a second time and where there were gaps, respondents were called for clarification. When analysing the data, the researcher looked for recurrent patterns, such as similar answers given by respondents and reduced the data. This was done by summarising responses given, coding and categorising them. This helped to know the relevant emerging themes and categorised according to the objectives of the research. The data was then organised around the themes using narrative text which included quotations from respondents, tables and charts. The data was then interpreted by making meaning out of the data and drawing conclusions pertaining to the research questions. Trends were then discovered and various lessons learnt which helped develop the views for further research.

Summary

The chapter centred on methods used for the study and the data collection procedures. It focused on the study area, research philosophy and design, sources of data, population, sampling techniques, preliminary study

and the data collection procedure. Limitation to the study was looked at, ethical issues and finally, described the data analyses used. The next chapter deals with the results and discussions of the study.

CHAPTER FOUR

RESULTS AND DISCUSSION

Introduction

This chapter presents the results and discussions of the study. The discussions and analysis are based on the research questions for this study and follows a within case and across case comparison of the various responses by PWDs, managers and supervisors involved in the study. The analysis is done within the discourse of life and narrative which helps explain the process people experience and recount their life experiences (Ricoeur, 1984). A summary of the empirical findings from the respondents is presented at the end of the discussions.

Socio Demographic Characteristics of Participants

The socio-demographic characteristics of participants considered were gender, age, marital status, educational attainment, employment status and type of disability. Out of the 36 participants selected for the study, more than half (63.9%) were males and about 36% were female. Only approximately 11% of the participants were under 30 years with about 61% between the ages of 30 and 50, and approximately 28% representing those over 50 years. Basically, more than half of the participants were in their middle ages. With regard to the marital status 50% were single, while the married represented 36% with 14% representing divorcees, widowed and those separated.

Generally, with regard to educational attainment most of the participants had some formal education. Only about 8% had no formal education and approximately 17% had attained tertiary education. From the results the majority of respondents had attained secondary education which represented around 69%.

With regards to employment status, the majority of the participants were self-employed (61.1%) while about 22% were employees of other companies. Out of the participants approximately 17% were unemployed, retirees or students. As more than half of the participants were self-employed, it implies that they do not need to wait for their annual leave before participating in tourism, but are free to travel as and when they wish. Table 4 below shows the socio-demographic characteristics of the PWDs.

Table 4: Socio-Demographic Characteristics of Study Participants (PWDs)

Characteristics	Frequency	Percentage (%)
Gender		
Male	23	63.9
Female	13	36.1
Total	36	100.0
Age		
Under 30	4	11.1
30 – 50	22	61.1
Over 50	10	27.8
Total	36	100.0
Marital Status		
Single	18	50.0
Married	13	36.0
Divorced/widow/separated	5	14.0
Total	36	100.0
Educational attainment		
No formal education	3	8.3
Basic	2	5.6
Secondary	25	69.4
Tertiary	6	16.7
Total	36	100.0
Employment Status		
Employee	8	22.2
Self employed	22	61.1

Table 4 continued

Unemployed	6	16.7
Total	36	100.0
Type of disability		
Physical	12	33.3
Hearing	12	33.3
Visual	12	33.4
Total	36	100.0

Source: Field data (2014)

Accessibility of Tourism Facilities to Persons with Disabilities

PWDs are a diverse group of people with significantly different access requirements when it comes to the use of tourism facilities (Burns et al., 2009; Darcy, 1998; Darcy et al., 2010 & Figueiredo *et al*., 2012). Results from the study indicated that the physically challenged generally have difficulty accessing tourism facilities due to physical barriers, although access is easier where there are ramps, rails and lifts. The visually impaired on the other hand mainly encountered staff attitudinal problems such as unfriendly and impatient staff, which hinder them from getting access to the services offered due to their inability to see things and perform basic tasks. The hearing impaired had easy access to tourism facilities, but had difficulty locating facilities as a result of their inability to access vital information through oral communication.

The various types of PWDs had different access requirements since they are a heterogeneous and not a homogeneous group. To participate in

tourism PWDs need to gain access to tourism facilities. In order to get to a facility, the PWD must embark on the journey from his home to the destination. This could involve going to the roadside to pick public transport which could lead to various challenges. It is therefore pertinent to look at the various access requirements of PWDs regarding tourism facilities. Accessibility of facilities by PWDs is looked at in terms of physical, communication, visual access and attitudinal barriers with regard to transportation, attractions, restaurants, and accommodation.

Physical Access

Gaining access to a tourism facility could be a daunting task for some PWDs depending on the degree of their mobility requirements. PWDs require longer periods to plan ahead prior to taking a trip as they have more things to consider than the able bodied person. They need to consider the whole journey right from their home to the destination and back, bearing in mind all obstacles. The results indicated that the physically challenged face five types of difficulties when accessing tourism facilities namely road/highway access, vehicle access, structural/environmental access, lack of assistive devices/equipment, and lack of suitable attendants.

Access to the road/highway was a major challenge to all the physically challenged respondents as it served as a major barrier to travelling on their own. Respondents complained especially about the highway which posed as a

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danger due to speeding cars and the lack of ramps for wheelchair users. One respondent lamented that;

> *The M1, Tetteh Quarshie-Mallam road even the case is in court now. There are six overpasses for the non-disabled and not a single ramp for PWDs. If, I'm supposed to go to a particular tourist centre from my house, I cannot cross from one side to the other; how do I go?* (R22, Physically challenged).

From the response, inaccessible roads are a constraint which could limit the physically challenged from gaining access to tourism facilities. Although previous studies have not pointed out roads and highways as constraints, it re-echoes the point made by Yau *et al* (2004) that PWDs have more to consider and face more challenges prior to and during the trip compared to the abled. Furthermore, sidewalks and subways are virtually non-existent on most roads in Ghana. Where these exist traders sell their wares on them; which makes it difficult for wheelchair and assistive device users to gain access and this hinders their journey.

Inaccessible vehicles was another challenge which hindered the physically challenged from gaining access to tourism facilities. They faced various challenges when getting onto public transport including getting over the obstacle of climbing stairs, not getting a holding compartment for their wheelchairs and no demarcated seating area for wheelchair users. Most of them lamented the nature of buses in frustration.

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> *How can you climb the stairs onto the bus? In Europe when you board the bus, they have access for the wheelchairs; even with clutches you can easily board the bus without stairs. Here, it is a problem* (R29, Physically challenged).

The above discussion confirms Yates (2007) and Darcy's (1998) argument that PWDs face restricted choice of transport when traveling. However, Darcy's assertion that PWDs are forced or restricted to travel to areas which they can drive to in their private cars does not fully apply to the Ghanaian context. They are rather restricted to travel in hired public transport or taxis instead of their private cars. Consequentially, the use of the 'trotro' which is the preferred means of public transportation in Ghana is highly restrictive and inconvenient especially for the wheelchair user. This is because it does not have any storage facility; movement within the 'trotro' is restricted and it tends to stop at only specific places. This is summed up by the physically challenged respondents.

> *Because we don't have our own car, and trotro and buses will not go to where we are going, since they have their route, we have to take a taxi* (R31, physically challenged).

> *If we are going in a group we charter a bus. Because we have chartered they have time to fold our wheelchair and our entire luggage*(24, physically challenged).

Obviously the choice of transportation could determine how far PWDs can travel to participate in tourism activities. However, physical access to a

facility is of high importance to the physically challenged as the way the structure is built and the environment would determine its accessibility. Some of the physically challenged lamented that their efforts to gain access to attractions, restaurants hotels and other tourism facilities proved futile due to their inaccessible environments. One female physically challenged expressed disappointment at her inability to experience the Kakum Canopy Walkway due to its physical structure. Another also expressed his frustration with the difficulty of gaining access to the beach because of its sandy nature.

> *I went to Kakum forest, but I could not climb it because I wear an artificial leg, so it was a waste of time. Everyone climbed it except me, when we got to the car park everyone got down and left me. I was left alone while everyone went on the canopy walkway. I was willing to go but everyone discouraged me because of the stairs; especially the guides which was disheartening. All these discourage us; at least places meant for entertainment should have facilities that will help PWDs.*(R23, physically challenged).

> *Just imagine going to Labadi beach or Kokrobite, you get down from the car and you have your wheelchair in the car but, when you alight how are you going to move your wheelchair in the sand?*(R25, physically challenged).

Invariably there was the need for improved access to attractions to make the experience delightful. In the same light, access to restaurants was equally challenging to the physically challenged. Inaccessible pathways

leading to restaurants and inappropriate fittings and fixtures within and around the sitting area made restaurants inaccessible. Difficulty in gaining access to some facilities to order food thwarted the experience of some PWDs.

I experienced something at Las Palmas when I went to eat? It's like the quality control board (SIC) *does not check the type of floor tiles used in these facilities so they import anything from China. Because service providers can bribe the quality control board they use sub-standard fittings and fixtures to build facilities and they are passed. Sometimes too your wheelchair cannot easily fit into the restaurant table so you cannot eat comfortably.* (R25 physically challenged).

Generally I don't go to places that have a lot of stairs. I remember I went to a restaurant with my siblings near Aburi Gardens, and we wanted to have breakfast. However, because I could not climb the stairs; we had to look for another restaurant which was more accessible. If there were rails, I could manage by holding on to climb so it was difficult and I just couldn't do it (R33 physically challenged).

Most hotels which offered restaurant services too had access issues. Responses regarding hotel access were no different from restaurants or attractions. Generally, the entrances to hotels were quite inaccessible due to the nature of the building. Some physically challenged narrated that:

The hotels have to use rough tiles for their floors so that we will not slip when we use clutches. I went to Golden Tulip with a man, he slipped and fell. (R29, physically challenged).

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Golden Tulip and other places use glass doors. When they use the glass door the security should come out and not sit inside so that we can know that someone is designated to open the door, so we don't attempt to open the door (R23, physically challenged).

From the responses it is evident that specific access barriers hindered accessibility for PWDs. These included lack of ramps, clear pathways, badly designed doors, hand railings, and slippery floor tiles. Lack of access to tourism facilities leads to discouragement of PWDs from visiting tourism facilities and hence, lost revenue. One physically challenged indicated her decision not to visit an attraction because of her past experience.

I was discouraged from going to Boti Falls because of the experience I had at Kakum (R23, physically challenged).

This reflects the findings of Bisschoff and Breedt (2012) that a lot of disabled people wish to travel but they are constrained by poor information and negative experiences. Other factors that prevents the physically challenged from gaining access to facilities are the lack of assistive devices/equipment, and suitable attendants or guides. Assistive devices and equipment may include the provision of wheelchairs, powered bikes, elevators, cable lifts, disabled toilets and rooms. Trained waiters, attendants and tour guides who can handle the physically challenged would also help with accessibility.

Despite all the challenges, a few attractions managed to provide some accessible facilities. Additionally, a few places offered good services with

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disable friendly environments. These were however, modern facilities like Accra Mall and Accra International Conference Centre.

> *The first time I went to Accra Mall, we parked the car at the normal parking space. When I got down and was approaching the entrance the security told me to ask the driver to bring the car to the disabled parking space. That was the only time I had seen a place marked for the disabled. The layout of the mall is flat and easy for a wheelchair user to manoeuvre without any assistance. Also, the entrance is accessible with no staircases within the mall. That place is disable-friendly (*R26, Physically challenged).

> *Most places have normal toilets. I saw one indicated at Accra Conference Centre, but I did not enter so I can't tell if it meets the requirements. Yes there are stairs and access for the disabled. I was directed to use the back door which was easily accessible* (R23 physically challenged).

> *At Dynasty Chinese Restaurant, Osu the entrance door is on the same level as the car park, there is not even one step. When I went there it was very easy for me, also they let me sit very close to the door so I was very happy. However a place like the National Theatre has a lot of stairs* (33, physically challenged).

In sum it can be said that Mensah *et al*. (2008)'s finding that accessing a building may not be the actual barrier in the Ghanaian society, but the inability of the PWD to gain access to the service within the building is the

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problem. As a result, access to tourism facilities is not met due to service providers' inability to create an enabling environment for PWDs.

Invariably although PWDs face challenges when it comes to gaining access to a facility especially with regard to the physically challenged, communication barriers create a gap which makes it relatively difficult to gain access to a facility.

Communication Access

Communication barrier was another variable that the hearing impaired was considerably different compared to the physically challenged and the visually impaired. The inability to communicate with the service provider served as a challenge to reaching destinations and requesting for services. Communication barriers detected from the responses were information access and access to interpreters.

With regard to transportation, access to information was required to determine location of bus stations, arrival and departure times, the various bus stops, the destination of the bus, the bus fare as well as any other information regarding change of travel route. A respondent complained about lack of information on bus fares which caused undue delay and made transportation inaccessible.

> *Sometimes I go to the station to buy a ticket to board a bus but by the*
> *time I manage to explain myself with sign language and writing, then*
> *finally purchase a ticket the bus would have left and I don't even know*

what to do with the ticket I have purchased (R48, hearing/speech impaired).

Lack of destination boards and directional signs made it difficult to locate cars and buses going to travel destinations.

Sometimes I have to write the name of the town on a paper to the driver so that I will be directed to the right car going to my destination. So sometimes they may guess and show me the wrong way (R54, hearing/speech impaired).

Inability to gain information regarding transport led to the hiring of taxis or buses which was not cost effective.

As we have difficulty with communication, maybe I will pick a dropping and sit by the driver and direct him (R56, hearing impaired).

Respondents expressed the lack of sign language interpreters as a hindrance to accessing attractions, as this was necessary to understand the tour guides. They also mentioned the need to have detailed written information to make up for the lack of interpreters. As a result, the hearing/speech impaired's inability to communicate prevented them from fully benefitting from services offered.

There was no interpreter at Cape Coast Castle so I was not fully satisfied because some of the information I needed could not be accessed. There was some information I could read but I could not understand what the tour guide was saying because he could not use the sign language (R56, hearing impaired).

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Additionally, accessibility problems experienced in restaurants included lack of menus, menus that were not detailed enough and personnel that lacked sign language training.

First I have to find out the amount before I buy because; I need to know what change I will get. Some restaurants have a menu which is easy because you can point at the one you want. Places that do not have a menu, you have to struggle to choose the food and even paying is a problem (R50, hearing/speech impaired).

The most tasking place for the speech/hearing impaired to purchase food was the chop bar or buffet type food service as prices were not displayed however, where prices were fully displayed the communication gap was closed.

I went to a restaurant in Osu, Papaye where I didn't have a problem. Also Big Ben, Odo Rice, Mr. Biggs, the restaurant opposite Golden Tulip. They all had menus pasted on a board or in a booklet (R53, speech/hearing impaired).

Hotel access issues also included inability to provide visible hotel room prices, clearly labelled menus, visible directional signs and sign language interpreters.

Who do you contact when you get to the hotel? Who do you contact when you want to go here or there? We ask for the price of the food, cost of sleeping there; everything we wanted we had to write it down or sometimes use text messaging (R50, Hearing impaired).

I find it difficult to communicate and check into a hotel in Ghana, but when I went to Australia I didn't have to communicate much. Everything was clearly written so I didn't have to ask whether there was beer in the fridge or whatever I needed in my room. Everything, directions, menu was written so I didn't need an interpreter, I didn't need much communication (R49, speech/hearing impaired).

From the above response it is obvious that the hearing impaired is always confronted with the reality of getting access to information that will facilitate the use of tourism facilities. The inability of tourism staff to communicate in the sign language compounds the whole situation which makes tourism facilities inaccessible to them.

Visual Access

Access to tourism facilities for the visually impaired was mainly physical/environmental; access to audio announcements, specialised guides access and access to braille information and miniature objects. The responses suggested that obstacles along travel routes could make it difficult to gain access to tourism facilities especially bus terminals.

Most of the lorry stations are not accessible; I mean it is not smooth for the blind, which is a big obstacle. When you are entering the yard it should be clear so that you can move straight with no gutters (R35, Visually impaired).

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Our gutters too are not covered and they are very deep. The last time I fell in a gutter when going to a bus station (R34, visually impaired).

Apart from obstacles along travel routes and bus terminals which makes them inaccessible' roads and highways tend to be inaccessible to the visually impaired due to how they were built. Lack of underground passes and obstacle free sidewalks makes them inaccessible to the visually impaired as they cannot cross the road on their own.

The Minister said the M1 was accessible to the disabled but it didn't meet our needs. Look at somebody with a wheel chair climbing the stairs, there's a bridge. They could have done an underground pass (R44, visually impaired).

It is not friendly for the disabled when there are cars coming (R38, visually impaired).

Besides inaccessible roads, lack of specialised tour guides at attraction sites gave a feeling of exclusion as they failed to give detailed descriptions of attractions or warn them of obstructions in the pathways. The visually impaired complained about the lack of miniature objects to feel so they could get a better idea of items displayed at the attraction. This made them feel excluded from partaking in tourism.

We had to take our own guides along. When we went to the castle, you know because we are blind, we could not see what was there. We had to climb stairs; they will only tell us this was the room where they put the men. We saw, we were feeling so many things inside the room, then

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they brought us down to what they say is the last gate; from there you go to the sea (R38 visually impaired).

I went to Aburi Gardens and it was accessible in a way that there were no blocks. When I say blocks I mean stones that will block our way when walking or some holes, port holes were not there. The place was just smooth and nice; it was accessible and orderly. They showed us a lot of plants. However, we required assistance when we were about to stage our programme (R37 visually impaired).

Additionally, hotels and restaurants generally had structural barriers but the main problem was the attitude of staff who were not trained to deal with the visually impaired. Respondents complained of staff failing to educate them about the position of the food placed before them.

When you place the food in front of the blind you need to tell him where the food is placed as well as the spoon and fork so he doesn't feel useless so normally we take our own guides. This means I will pay double (R35, Visually impaired).

However, the main problem all PWDs faced which made facilities inaccessible was the poor attitude of staff towards them and their inability to handle PWDs.

Attitudinal Barriers

Poor attitude of staff is manifested through bias towards PWDs and the inability of staff to see beyond the disability. Most staff were impatient with

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the PWDs and failed to recognise their special needs; which made it difficult for them to use such facilities. However, PWDs need the help of family, friends and other people in society to embark on a journey to participate in tourism. The different types of PWDs had their peculiar challenges but, all three types faced staff attitudinal problems which were the major barrier to gaining access to tourism facilities. One major problem was the attitude of drivers and their mates (conductors) and this was crucial to facilitate travel.

> *Some of the drivers are very impatient. When you are being careful when boarding the bus, they shout on you and tell you to hurry up. They don't care about your sight* (R40, visually, impaired).

> *If you are a wheel chair user and you want to take the trotro, the mate will not have time for you, unless you come across a mate who has compassion. He has to take his time and help you, then fold your wheel chair. And where is he going to put the wheelchair?* (R26, physically challenged).

> *Sometimes too the way the driver or the mate behaves towards us if you write on a paper and show to them; they will ignore you and attend to the other people* (R53, hearing/speech impaired).

Poor attitude of drivers and mates was tantamount to discrimination against PWDs as service providers treated PWDs as beggars.

> *Because we cannot talk that's why I think they don't mind us. Well, that is why we write on the paper. The way they behave, they'll tell you I*

don't know, I don't know ask another person (R47, hearing/speech impaired).

*Well I think maybe they think we are coming to beg (*R55 hearing/speech impaired).

To avoid attitudinal barriers which prevents them from gaining access to public transport facilities; most physically challenged preferred to hire taxis for short trips within their places of residence or charter buses for tours outside their places of residence.

That is if you don't want to go through stress, you will take a taxi. (R23; physically challenged).

If we are going in a group, we charter a bus. When we charter a bus, they have time because we have chartered, they have time to fold our wheelchair and our entire luggage (R24; physically challenged).

Others preferred to avoid public transport totally due to the, generally poor attitude of drivers and their 'mates' toward them which made them feel unwanted and uncomfortable.

Even Ghanaians too don't want us around; when you sit in the public transport they don't want you touching them (R36, visually impaired).

The poor attitude of service providers is not only manifest in the transport sector but transcend the hospitality industry. The issue of being labelled beggars was evident in restaurants too as lamented by all three types of PWDs.

We have a problem with restaurants but because you are buying they can't treat you anyhow (R30, physically challenged).

The main negative perception at restaurants is that the staff thinks we can't pay for our food (R44, visually impaired).

Because of my disability they didn't think I could pay. Their reaction was you are deaf what are you coming to do here. (R54, speech/hearing impaired).

I went to a restaurant in Labone, I sat there for quite a long time but they refused to serve me. Eventually, I complained to their supervisor. Although she apologised on their behalf, I refused to eat there because the waiters thought I could not pay for the food (R22, physically challenged).

The above response corresponds to Darcy et al. (2010), findings that tourism providers have stereotyped PWDs as a market segment that has less disposable income. However, his findings do not reveal that service providers totally ignore PWDs because they believe they are absolutely incapable of paying for services rendered to them. However, a PWD recounted how she was warmly received and offered preferential treatment by facilities operated by 'white' people.

There are some places that when I visited, I got special treatment. For example, when I was young I visited places like Rex Cinema which did not charge me a fee. They also made sure I sat in a comfortable place. Globe Cinema too was the same, when I got there they would usher me

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to a good seat. Hmm but these were managed by white men (R33, physically challenged).

I also visited two restaurants which were run by white men and they ensured I got a good place to sit. They also ensured I sat where it was not too far from the door, so I would not struggle when coming out after eating. Yes one was Osu, Regal Chinese Restaurant (R33, physically challenged).

From the above response it can be inferred that with the right training and attitude, restaurant service providers can make their facilities accessible to PWDs and gain some income from them.

Also, all three types of PWDs found the attitude of hotel staff unacceptable and felt they should be treated more like other human beings. They felt the major problem with the hotels, was the attitude of staff which really dampen their spirit. They felt front line staff needed to have time for them.

When we go for programmes because of the attitude of staff we take our own personal guides to assist us, but under normal circumstances all hotels have servers, but we don't use them (R35, visually impaired).

There are a lot of issues regarding accessibility even when you get to a hotel sometimes the look on the Security Man's face kills your spirit. You know he is not willing to attend to you because of the fact that you are using clutches or a wheelchair. Sometimes they make you feel as if you are not part of the human race (R29, physically challenged).

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PWDs also expressed the sense of feeling out of place and unwelcome when visiting attractions although access to attractions and other tourism facilities is paramount to getting a total experience.

Sometimes when you go to the beach, they will even ask you what you are doing out in your condition. They will ask you why you don't prefer to stay at home instead of creating problems for others as if you are not a human being (R30, physically challenged).

Due to the lack of knowledge and information service providers are not able to provide the facilities or services needed by PWDs. As a result, PWDs do not get to fully enjoy the service office by the facility as they are unable to get access to certain tourism facilities

In a nutshell for tourism to be accessible to all PWDs physical, communication and attitudinal barriers need to be eliminated to ensure that all tourism facilities are universally designed to meet the diverse needs of all PWDs.

Needs of Persons with Disabilities with Regard to Using Tourism Facilities

The needs of PWDs regarding access to and use of tourism facilities have not been fully met in the Accra Metropolis. This is mainly because most facilities were built without taking into consideration the needs of PWDs, neither have service providers been trained to meet their needs. Although the various PWDs have different needs, when it comes to the attitude of service providers their needs are the same. They all want to be treated in a friendly

manner and with patience as they have special needs. Also, they all need trained staff who can deal with their peculiar situation.

However, each type of disability has some specific needs: the visually impaired need bus stops to be announced on buses to them, while the hearing impaired need the bus stops written visually. The physically challenged on the other hand need a low bus floor to be able to get on with a wheelchair or with the aid of crutches. For purposes of comparison the specific needs of PWDs are categorised according to types of disability.

Needs of the Visually Impaired

The needs of the visually impaired are intrinsic needs which have to do with their senses. Their basic need is to have specially trained service providers who can understand their peculiar need. They need tour guides who can give detailed description in order to get a mental picture of their surroundings and attractions visited. Most of all they need service providers who are patient and friendly. Additionally, they would like to be treated with dignity and expect service providers to do away with pre-conceived notions and myths about PWDs that really do not exist. One visually impaired who visited Cape Coast Castle was of the view that, service providers at attractions need to be trained to understand the blind, to be able to deal with their specific needs.

> *Not blind people, the tour guides should be educated to give better*
> *descriptions for us to appreciate it. When he is educated about the in*

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and out of a blind person such a person will do well. The workers there should be trained to be friendly to the disabled because many people think when you are disabled and you touch me you will get the disease. This makes it difficult for the workers to come close to us but blindness is not contagious. (R41, visually impaired).

In the same vein bus conductors could be trained to handle special needs passengers. It was necessary that the various stops were announced so that at any point in time they would know their location and the most appropriate place to alight from the bus as indicated by one visually impaired.

I have not experienced this but I'm told in some parts of the world they have some facilities that in buses and trains which announces the stops. For example, our trotro mates can announce the next bus stops to draw our attention, when they just say bus stop we don't know which one; they need to mention the name of the place (R41, visually impaired).

Another issue with transportation is getting easy access to tickets and the layout of the station itself. The visually impaired expressed their frustration with the inability of service providers to ensure pathways were clear and free of obstacles as well as ensuring easy access to tickets.

The authorities should endeavour that the stations are accessible to us and we can easily move about. The ticketing aspect should be looked at too. Getting a ticket with your own money at the station can be frustrating because once they see you are a PWD they assume you cannot pay (R35, visually impaired).

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Generally, the visually impaired need direction as they cannot see so communicating verbally to them is paramount. They also need to be treated equally like other customers not as second class customers or invalids.

> *First of all, they can lead us to our seat then, ask us what they can do for us, and we will tell them what we are after. But immediately you enter they will not even come to you, they will think you are a disabled you are in for alms.* (R44, visually impaired).

Invariably, the biggest challenge is the attitude of service providers not the non-availability of facilities. This could lead to PWDs paying more than they should as recounted by one visually impaired.

> *Because of this negative attitude, you see to serve the blind you must talk to them. When you place the food in front of the blind you need to tell him where the food is placed as well as the spoon and fork so he doesn't feel useless so normally we take our own guides. This means I will pay double* (R35, visually impaired).

The above response coincides with Poria *et al.* (2012) findings that blind clients expected personnel to read the menu to them and show them how the table is set. Although they did not confirm extra cost, it is important that service providers inform the visually impaired about the service provided so they can help themselves rather than depend on others which may cost them an extra fee.

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They also expressed the need for service providers to give them adequate information in the form of detailed descriptions of attractions in order to appreciate and get a mental picture of what is at the attraction.

For example, when we went to Cape Coast, the tour guide over there, when he was briefing us about the history of the Castle we could tell that he knew what he was talking about. But when he finished with the history and was taking us round then we realised that we were lacking seriously. Because we went there at least for sightseeing, we should be able to appreciate whatever we touched; just as when you look at it with your eyes you can see. That is how we appreciate; do you get it? (R35, visually impaired).

There was also the need to have miniature objects so that objects could be felt to get a mental picture. This was important as the visually impaired visualise things by touching and from vivid descriptions given by tour guides.

Needs of the Hearing/Speech Impaired

In the same vein the hearing impaired complained about the fact that service providers are not trained to serve PWDs or meet their communication needs.

One way is that they should educate tourism operators about the problems deaf people face in communicating so that they will also be aware of the needs that the deaf have when it comes to tourism. They should make provision for the deaf people (R54, speech/hearing impaired).

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The hearing impaired too complained about non-availability of visual destination boards on buses and various stops, which make it difficult to meet their communication needs.

> *We think that because of the communication barrier everywhere that the car is going the destination should be pasted; so that we would know where the car is going to.* (R50, speech/hearing impaired).

> *Also with regards to taking public transport when you are in the car where to get down is a problem. To tell the driver or the mate is a problem* (R56, speech/hearing impaired).

The inability to meet the communication needs of the speech/hearing impaired when using public transport compels them to resort to writing. This may not be useful as they could be misdirected and are forced to depend on others. The provision of directional signs could prove useful as indicated by one speech/hearing impaired.

> *First, I have to resort to writing on paper to buy a ticket from STC or VIP. When I arrive at the station I will text a friend to meet me since asking for directions can be misleading. The second issue is mates should also write to inform us about the stops so that we will know where to stop. The deaf people should sit behind or near the driver so that they can call the attention of the driver when they want to alight. They should have visual directions, then priority seats for special needs close to the driver. (*54. Hearing impaired).

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Another issue is access to tickets which needs to be addressed. The hearing impaired also mentioned that no trained person could assist them at K.I.A. They took their own interpreter but had the needed facility on the flight which was owned by a foreign country.

> *We took along a hearing person who understood sign language to help us check-in at K.I.A. When we got onto the plane however, they had a screen with an interpreter who was signing all the information that we needed to know. Well, it was a white person* (R49, speech/hearing impaired).

According to the PWDs services at hotels, attractions and restaurants too could not fully meet their needs as most service providers failed to incorporate PWDs when putting up the structures or when putting the tour package together. Again some respondents recalled better access to facilities outside Ghana.

> *I find it difficult to communicate and check into a hotel in Ghana, but when I went to Australia I didn't have to communicate much. Everything was clearly written so I didn't have to ask whether there was beer in the fridge or whatever I needed in my room. Everything, directions, menu was written so I didn't need an interpreter, I didn't need much communication* (R49, speech/hearing impaired).

Another need was for interpreters and for information to be boldly written for those who can read. They also require text messaging on phones to

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communicate and flash lights to alert them when someone was knocking on the room door of a hotel.

> *I was satisfied, I didn't have any problem. However, when the interpreter was not there I was not satisfied because the information that I needed could not be accessed* (R51, Speech/Hearing impaired).

> *For example, if a deaf person is in a hotel room and you knock on the door he can't hear; but if when you press a bell and light flashes, we will know someone is at the door* (R54, Speech/Hearing impaired).

> *Firstly, I show my ID that I am hearing impaired then they note my room number, and I collect the receptionist's phone number so I can text and they bring me whatever I need. However, sometimes the hearing people don't know how to send text messages so it becomes a problem* (R54, Speech/Hearing impaired).

From the responses meeting the communication needs of the hearing impaired was simple making information accessible to them. However, where the person was an illiterate communication becomes a huge issue.

Needs of the Physically Challenged

Basically, the needs of the physically challenged were, providing assistive devices, adapting physical structures to meet their peculiar need and the provision of specialised/friendly personal. They argued that service providers were well trained but refused to do the right thing and therefore failed to meet their needs.

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Madam they are well trained but they refuse to do the right thing. The bible says he who knows the right thing but fails to do it sins. The problems occur because they fail to do the right thing (R26, physically challenged).

Regarding transportation, the physically challenged believed disable-friendly buses provided in developed countries could equally be provided in Ghana. They indicated the need for buses that can be lowered for easy wheelchair access.

If you go to advanced countries some of the buses have a lift that will lift anyone who cannot climb onto the bus; some tilt sideways so it is lowered for easy access. Some get close to a platform which is on the same level on which you are standing which makes it easy to board the bus. Others have a ramp behind which gives easy access without any assistance. In Ghana, maybe in thirty years we will get there. (R22, physically challenged).

Apart from the need for low floor buses, there was the need to make for storage of wheelchairs or allocation of space on the bus for wheelchairs users to sit so they can be comfortable throughout the journey.

The mate has to take his time and help you, then fold your wheel chair. And where is he going to put the wheelchair? (R26, physically challenged).

Concerning airports there was the need for requisite training to assist PWDs to check-in, board or disembark from aircrafts. There was also the need

for assistive devices like wheelchairs and a lift to carry the physically challenged onto the aircraft. A physically challenged recounts his frustration at Kotoka International Airport (KIA).

> *People who manage these points of entry are not oriented with the needed skills and knowledge to actually provide services for PWDs. Even getting me on board the aircraft was a problem. In South Africa, it was completely different; the trained staff run shifts throughout the day. Before the aircraft landed the staff were informed and they came to meet me. They didn't wait for everybody to get down before they come to say oh 'ontuminsi'* (R22, physically challenged).

Able (2008) noted that it is the duty of airports to help disabled passengers from arrival, through to embarkation and luggage collection; as well as meet the PWD on arrival.

With regard to attractions the needs were for user-friendly paths for the physically challenged and provision of assistive devices such as motor powered bikes or tricycles and crutches for their easy movement. Powered motorbikes were especially useful on difficult terrains such as beaches and trekking paths.

> *They should be able to build pathways that are wide not narrow ones. They should not build very steep ramps it should be a slow rise ramp so that it is not difficult to climb with a wheelchair. With that we can easily use our crutches to climb on our own. Also, the beaches should build special paths for PWDs. Additionally; they should have motor*

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bikes that PWDs can use on the beach so that they can also see everything and participate in all things too. We will be happy to pay for that facility. Also, places like Accra Mall and a lot of places have slippery floors which is another problem (33, physically challenged).

Sometimes after swimming in the sea you don't want sand on your feet so you could use the pavement, you understand what I mean. So if they create that pavement the physically challenged can use the wheelchair or the clutches (R29, physically challenged).

Another need was the preference for automatic doors at hotels and restaurants accompanied with ramps and railings at the entrance so the physically challenged do not fall.

When glass doors are used, the security should come out and not sit inside so that we can know that someone is designated to open the door and don't attempt to open it. They could have doors with sensors so that it will open on its own once it senses a shadow (R24, physically challenged).

The need for assistive equipment, disabled toilets, bathrooms, appropriate seating in restaurants was also implied. Darcy's (1988) findings show that some physically challenged will not travel if they do not get access to needed equipment at their destination. Invariably providing that equipment could be employed as a marketing strategy and an opportunity to hire that equipment. Respondents also expressed the need to allow taxis onto premises

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for easy access. This would especially be useful for the physically challenged and the visually impaired to make the walking distance shorter and safer.

> *First is the movement we were talking about, also even places where taxis are not allowed there should be an exemption for the physically challenged* (R30, physically challenged).

One respondent who served as a spokesman for PWDs also added some specific needs of the visually and hearing impaired. He indicated the need for braille embossed doors and vibrator alarms for the visually and hearing impaired respectively.

> *They can easily put embossment on hotel doors for the visually impaired. The embossment will be in the form of Braille so they will know the door number of their room. Also, a vibrator can be put by the bed of the hearing impaired which can be operated from the reception and triggered when there is fire or any form of danger* (R22, physically challenged).

The vibrator could serve safety needs for both the PWD and the service provider and the embossed door will grant the visually impaired independence to move around on their own.

Considering the various needs of PWDs, they encounter different problems when using tourism facilities. However, regarding staff attitude, they all need friendly and patient staff who can pay attention to their peculiar needs. The negative aspect could be reduced to make their tourism experience

manageable where service providers take their needs into consideration. A summary of the needs of PWDs can be found in the table 5 below.

Table 5: Needs of Persons with Disabilities

Visually Impaired	Physically Challenged	Hearing/Speech Impaired
Special trained guides	Special trained guides	Sign language interpreters
Patience/friendly service providers	Patience/friendly service providers	Patience/friendly service providers
Rough/Clear pathways	Rough/clear pathways	Directional signs
Braille menu	Wheelchairs/tricycle/ powered motors	Detailed menu/visible menu
Evenly spaced steps	Lift/ramp/rail	Text messaging systems
Audio/ verbal announcement on buses	Low floor buses	Visual announcement on buses
Embossed room numbers on doors	Automatic doors	Warning lights/vibrator alarms in rooms

Source: Field data (2014).

Awareness and Preparedness of Service Providers to Assist Persons with Disabilities Gain Access to and Use Tourism Facilities.

Awareness of Service Providers about the different types of Persons with Disabilities

Ghana's Disability Act (2006) guarantees PWDs the right to social activities (Section 1) which includes the right to creative or recreational

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activities. It was therefore pertinent to find out if mainly supervisors and managers were aware of the visits of PWDs to their facility; and the type of disabilities available in order to serve their needs. It was also important to find out if service providers knew about the Disability Act of 2006 and had made the necessary preparations to meet the ten-year moratorium to make their facilities disabled friendly.

Service providers' responses for PWDs visit to their facilities were quite similar. In response, almost 86% of the service providers indicated that visits by PWDs were rare and about 14% responded that PWDs used their facility most of the time. PWDs mostly patronised transport as is expected for work and other various activities. However, one hotel which had the right attitude towards staff because the owner was a patron of a disabled society usually hosted PWD workshops and conferences. Also, one local restaurant which had friendly staff and an alternative user-friendly seating area usually had the patronage of PWDs. The frequency of visits by PWDs to tourism facilities is listed in table 6 below.

Table 6: Frequency of Persons with Disabilities Visits to Facility

Frequency	Respondents (R)
Not Often/Rarely/Hardly/ Once in a while	(R)1,2,5,6,7,8,9,10,11,13,14,15,16,17,18,19,20,21
Most of the time	(R) 3, 4, 12

Source: Field survey (2014)

Although majority responded that they don't often receive PWDs in their facility, no proper records of disabled visitors were kept except for hotels

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who recorded only PWDs who booked reservations to sleep overnight. Hotel managers indicated lack of record keeping on PWDs who did not sleep overnight.

> *Hardly, once in a while, because for example, throughout the whole of 2013, we had only one person for the record who lodged here. Perhaps the disabled don't want to go through the stress of travelling. The Ghanaian disabled either come here for lunch or dinner or breakfast or for an event so we put them on a tricycle either way you call it, and then roll them in to have their dinner or lunch or whatever it is and then they go back.* (Manager, Hotel B).

> *It's not often basically, in a day we have approximately about 1700 to 1800 people walking through the mall a day. Both entrances and even at the food court we have foot counters. Out of that probably in a day we'll see two or maximum five people who are disabled. (Manager, Mall)*

> *Not regular, once in a while. Yes, but we have even employed them. We have some hearing and speaking impaired working here (Manager, Restaurant C)*

> *Yes, most of the time, early in the morning when the disabled are going to work they board the bus (Manager, Transport A).*

From the responses most Managers estimated the number of disabled visitors based on those they had seen in their facility. This could imply that a number of disabled go unnoticed especially; the hearing or speech impaired

who visit with assistants. Also, once records of PWDs who visit facilities are not kept daily by frontline staff their visits may be down played. Additionally, the response of the manager of hotel B confirms the assertion of Yau *et al.* (2004) that PWDs have more to consider and face more challenges prior to and during their trip compared to others. This is stressed in the response that perhaps the disabled don't want to go through the stress of travelling.

It was also important to find out if managers and supervisors knew about the various types of PWDs in order to meet their accessibility needs. From the responses 20 out of the 21 service providers had had visits from the physically challenged. Fourteen had seen the visually impaired in their facility before while 8 had seen the hearing impaired. Only one had sighted a visit from the mentally challenged. Table 7 below illustrates the type of disability that has been seen by managers/supervisors in their facilities.

Table 7: Type of Disability

Type	Respondents (R)
Physically challenged	(R)1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,21
Visually Impaired	(R) 1,2,3,4,5,7,8,11,12,14,15,16,20,21
Hearing/Speech Impaired	(R) 3,5,8,9,11,14,15,16
Mentally challenged	(R) 3

Source: Field survey (2014)

It was obvious that most service providers considered the physically challenged as more of a disability than the other types of PWDs. Surprisingly

one manager didn't think that PWDs included the visually impaired and another thought the hearing impaired should not be considered as a disability.

Most of the time we get those in the wheel chair and those with the crutches but especially those in the wheelchair. And the blind people, but do you classify them as disabled? (Manager, Transport A).

The hearing impaired I don't know what special facilities they will require because usually err the person doesn't have to hear in the room to be able to sleep on the bed or take his bath or go to the washroom. The only thing is about being able to communicate and if the person is not blind, then the person will be able to write (Manager, Hotel B).

Clearly, service providers had little knowledge about the different type of disabilities and majority did not know about the Disability Act. In all16 (76.2%) respondents were not fully aware of the Disability Act (2006). Five (23.8%) respondents however, had heard it mentioned in the media. All 21 respondents acknowledged that they needed to be educated about the Disability Act of 2006 and what is expected of them. All respondents however were not aware of the ten-year moratorium which would expire in 2016. However; most of them indicated their commitment to meet the needs of PWDs.

Didn't know 2016 was the deadline, so we'll have to be compliant and try to provide all facilities needed. (R1, Manager, Hotel).

I heard it once but we need education. We will do whatever, government asks, we don't want to violate anything concerning government (R11, Restaurant Manager).

The above responses showed that service providers were not in the position to make their facilities accessible. Despite their lack of preparedness, service providers claimed they were committed to making their facility accessible to PWDs.

Preparedness to Help Persons with Disabilities Gain Access to Tourism Facilities

Considering the fact that the Ghana Disability Act of 2006 would come into force in 2016 it was prudent to find out whether service providers had put in the necessary measures to help PWDs gain access to their facility. From the responses most service providers were not adequately prepared; at best some effort had been made to meet some of the needs of the physically challenged.

Availability of Accessible Facilities

Almost all the service providers had classified PWDs as a homogeneous group. Generally, some preparation had been made for the physically challenged with most of them providing a ramp at their entrance and a rail in some cases. No provision had been made for the hearing impaired as they were not seen to have any physical disability. Invariably service providers had no idea what preparation they could make for the blind and hearing impaired but felt disabled rooms, clear pathways and ramps could also serve the needs of the blind.

In assessing the availability of accessible facilities of the 21 service providers interviewed it was obvious that a wakeup call was needed. Generally, provision for the speech/hearing impaired was more or less none-existent. Out of the 21 service providers interviewed only two had hired the hearing/speech impaired as full time staff who worked as a car park attendant and kitchen assistants. However, none had hired the services of sign language interpreters so had to resort to writing and basic signs when encountered with the speech/hearing impaired. Also none had text phones available for communication to the speech/hearing impaired. Alert systems were also not available but at least all the facilities had visible signage directing customers to the various departments in their facility. Only one facility had a directional map at its entrance but had been dismantled due to renovation work. Also, all 21 service providers had made no provision for braille facilities for the visually impaired. Braille menus were not available at restaurants and braille history was unavailable at attractions.

Some provision was however, made for the physically challenged. Three service providers had disabled toilets, 8 had access ramps, 9 had clear pathways, and 8 had hand rails. Additionally, 3 had disabled rooms, 2 had lifts/elevator, 2 had wheelchairs and one had clearly marked disabled car parks. Most respondents believed that providing a ramp at the entrance of their facilities meant their facilities met the needs of PWDs as indicated by one hotel manager:

We try to meet their needs by providing ramps on the ground floor and wheelchair at our other branch (Manager, Hotel C).

All indications showed that service providers gave priority to the physically challenged and not the visually or hearing/speech impaired; as investment in facilities were geared towards the physically challenged.

There is a lift, an elevator if you are disabled, that takes you to the cinema instead of using the staircase. Secondly, there is a clearly demarcated area for a disabled car park which is close to the entrances of the mall so you don't need to park further away. We also have specific washrooms for disabled persons. (R13, Officer, Mall).

It was obvious that service providers were not prepared and had failed to meet the needs of PWDs because they did not understand their needs. Miller and Kirk (2002) attributed the gap regarding quality of service offered to PWDs compared to other clients to lack of understanding. It was clear that service providers had not planned for the visually and speech/hearing impaired. Although they had planned for the physically challenged they did not understand their needs.

Most of them could not give definite time-lines of when their facilities would be accessible or efforts being put in place; as 2016 approaches for all to make their facility accessible. Only one respondent gave a time-line for providing disabled facilities although its implementation could not be guaranteed. The response showed they had at least considered PWDs to some extent.

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Yes, but we are in the process of doing all this. It's in our five-year plan. It has taken effect but you know blacks the way we do our things, it's very slow. We live in a society where it's difficult to get things done at the appropriate time or meet targets set, it will take time. For my institution honestly, I won't say we have passion for disabled people (R4, Manager, transport).

Basically, it seems service providers are more interested in complying with government rules to avoid prosecution rather than a genuine reason to meet the needs of this niche market. This is evident in the inability of service providers to train their staff on how to handle PWDs.

Special Needs Training

Staff training is key to the running of all institutions as the human resource is the greatest asset of every organisation. Almost all respondents showed lack of commitment to meet the needs of PWDs as all providers had made it a point to give customer service training to their staff. However, special needs' training was not a priority. To make up for the gap in training most service providers responses were;

We use our initiative (R9, Security Supervisor).

Not at all, we just use our imagination and what we know best (R8, Officer, Museum).

We received good customer care training because security is broad, so we learn all including safety (Supervisor, Mall).

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Although service providers claimed they were keen to adapt to meet the needs of PWDs; only two managers and one frontline staff representing 14.3% had been trained to handle the physically challenged. None of the respondents had been trained to meet the needs of the visually or hearing/speech impaired.

No, it's a professional area but we give them orientation on how to aid and how to be accessible to help, but professionally I have worked with the physically challenged in therapy as I have a BSc in Physical Education (R7, Manager, Hotel).

Yes I worked in a hospital, a rehab so in a way I have a little idea of how to deal with the disabled; especially with those in wheel chairs. Yes I have trained them (R1, Manager, Hotel).

From responses it is not surprising that most service providers believed they if they helped the physically challenged overcome barriers by carrying them, they had done their job. One Manager felt accessibility and training were no issues but rather disability was an internal problem and not the service providers' problem.

It's not because of access, you know sometimes they struggle before entering the car so even coming down is a problem. It's their own problem, it's not the company and I believe it's their problem.

In some cases the findings showed that service providers felt bad when they were compelled to personally carry PWDs onto buses or upstairs. However, they had little choice if the client insisted on participating despite their lack of training.

You can imagine, a tour guide carrying the person on his back to the canopy walkway. What about if the person doesn't have two feet are you going to carry him on the walkway? (R 23, tour guide).

This was certainly not the best practice and PWDs felt degraded when treated as cargo but very little could be done as almost all buses and attraction sites in Ghana are not disabled friendly. Generally, most improvised facilities to suit the needs of PWDs. To make up for the inhumane treatment meted out to PWDs some service providers had to sometimes give free services to make up.

The buses are not created with platforms for the disabled, but now they are given priority not to pay when they board (R 4, Transport Manager).

It must be noted that giving free services to PWDs is not a policy but done at the discretion of managers and a case by case situation. Basically, most managers did not see creating access for PWDs as a business opportunity but more of a social service.

Creating Access to Information

Ensuring that the customer knows the products and services you have to offer is a critical aspect in business. It was thus, important that service providers market their facility as accessible where the facility was available. It was however, surprising that service providers had not provided information

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regarding accessibility on their brochures and on websites, even if they had disabled rooms or offer some specialised service.

> *Err it is not pronounced (in brochure or website) but we are disable-friendly. I think it's a critical omission in our communication that should be captured. It is silent; I don't know why such an important thing should be missing* (R6, hotel manager).

> *No we don't have a brochure or website but it is in our plan* (R9, beach supervisor).

> *We have a website for general customer service and information* (R4, transport manager).

Responses from hotel managers corresponded with Darcy and Pegg's (2011) findings that accommodation managers do not know that they need to advertise accessible rooms. Additionally, the researcher found out that transport and heritage facilities too failed to advertise their facilities which were accessible to PWDs. They preferred a case by case basis as found out by Eichorn *et al*. (2008). Only one service provider responded that the hotel had information on facilities which could be accessed by PWDs on their website.

> *Yes, our website has information on everything about us for PWDs* (R3, Officer, Hotel).

Overall, service providers believed the onus lied on the PWDs to reveal their conditions to the service provider when making a reservation so that they could make adequate provisions instead of the service providers being

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prepared all the time. However, whoever makes the reservation should make it a point to ask the customer if s/he needs some special facilities.

> *The customer makes a booking and does not even sometimes know the participants coming and on the 'D' Day, that there are two disabled. When a customer does not provide certain information; we cannot provide the needed service and even get staffs on board.* (R7, hotel manager).

It can be inferred that although service providers do their best to adapt to needs of PWDs it is not enough. They need to go a step further by upgrading their facility to meet the needs of the various PWDs as they have different requirements.

> *As part of customer service we don't just take bookings, we ask any vegetarian, physically challenged? Yet we have a little problem in terms of our construction because we have stairs instead of ramps. We are working towards that to modify our facility; we need to* (R7, hotel manager).

From responses it is not surprising that most service providers believed they had somehow met disabled needs when they have a ramp or wheelchair pathway as mainly the physically challenged are seen as disabled. Meeting the needs of the visually and hearing/speech impaired is rarely considered.

Suggestions for Disable-Friendly Facilities

The respondents were asked to recommend ways that facilities and tourism in general can be made user-friendly for PWDS. The responses were classified into, provision of disabled facilities, education of service providers, government enforcement of laws, awareness creation, PWD advocacy, and others.

A significant number of respondents recommended that service providers should provide the needed facilities for the disabled to make their services user-friendly. Some of the suggestions included the provision of buses that can be lowered, disabled parking spaces, ramps, rails, lifts, conducive pathways, disabled toilets and bathrooms for the physically challenged. Other suggestions included the provision of room fixtures at hand level, braille menus, braille versions of history of museums, miniature artefacts and relics for visually impaired. Also, there were suggestions to make available directional signs or maps of facilities, sign language interpreters, text phones and alert systems for the hearing impaired.

> *I think we need to get a lift for the physically challenged so they can mingle with those eating upstairs. We have to get a lift for customers because that one is easy and then we have to get special tables for wheelchair users. As for the ramp we have it already but you can also advice.* (R11, Restaurant Manager).

Also, some respondents suggested that education of service providers and the general public was key to making facilities user-friendly. This they believed

could be done through the media and the various government institutions. Specifically, Ghana Tourism Authority (GTA) should train hospitality, tourism and leisure providers on how to handle PWDs and the facilities that should be provided by facilities. Most importantly, service providers should be educated about the Disability Act and its implications for service providers.

We need education and most of these moratoriums should be more or less communicated to all tourism facilities for us to know what our responsibilities are to PWDs so that we can also put measures in place to incorporate them into what we do in the park. That is what I think because if we don't have the information they will be more or less neglected. (R5, Museum curator).

Other respondents suggested that government should enforce the law. Respondents suggested that GTA should ensure that service providers meet all PWD requirements before they are issued with a licence. Additionally, the department of Social welfare should see to it that service provider's meet the needs of PWDs. PWDs suggested that service providers should be prosecuted for excluding PWDs in their building plans and for PWD accidents due to inappropriate facilities.

Again I'll go back to the Act, which should be enforced and the Ministry and Ghana Tourism Authority should sensitise service providers like the tour operators and the attractions. The Ghana Tourism Authority who licences some of these facilities should ensure they are disable-friendly before they give licences to the service

providers. If facilities have the appropriate bus nobody will carry them like cargo. If attractions have ramps, we can easily wheel in the physically challenged. (R13, tour guide).

In Asian countries such as China when a minister of tourism is nominated; if something goes wrong in the sector and people die or are injured either he will be sacked or hanged. However, in Ghana the government can defend the Minister in that sector. What happens is that the Minister will be moved to another sector so they will still take us for granted. If the Head of the Quality Control Board (SIC) is punished because a PWD was injured due to the use of staircases because a facilities built was not disable-friendly things would change (R27, physically challenged).

Furthermore, awareness creation through promotions and discounts or free offers for PWDs was recommended by respondents. One suggested that service providers should advertise the disabled facilities they offer through public relations, their brochures and websites to promote their facility to PWDs. Three suggested they promote their facility through free and discounted use of their facility and offer promotions to suit all types of PWDs. Another also suggested service providers should organise leisure activities such as beach volley to create awareness of PWD participation in tourism to attract them.

Maybe proper promotion by indicating it in our brochure, I think we can have proper promotions that suit each type of PWD to attract them

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to the tourism facilities. Also the public should be educated on how to handle them (R10, restaurant supervisor/secretary).

Lastly, others suggested that PWDs need to advocate that service providers make their facilities user-friendly. Others also felt PWDs need to sue institutions to force them to comply and the Ministry of Tourism, culture and Creative Arts should set the example by making its offices accessible to PWDS. Finally, a holistic approach should be taken where the whole chain is user-friendly with planners and engineers bearing PWDs in mind when building facilities.

I also think in Ghana we don't pay particular attention to the disabled. Most of the facilities don't even think about the disabled when they are putting up buildings. It is disheartening when you are with the PWD and get to a facility and they have to stay behind while the able people go which is not fair. I think even the disabled association are not up to it because they have to sue the institutions so they will wake up to. The planners and the engineers are up to the task but they have cut them out. If you look at this building we are in if I were disabled, I couldn't climb the staircase. (R17, Tour guide).

The Ministers are normally on the fourth floor and there is no lift. If you are going to see the Minister of tourism in your wheel chair how can you get there? Can you call her to come down? She won't come, she will never, never come. Who are you to call the Minister to come and see you the physically challenged on the ground floor because you

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can't get to her because of your wheel chair? (R32, physically challenged).

Proposed Framework for Understanding Access to Tourism by Persons with Disabilities

To conclude the analyses and discussions a framework for understanding access to tourism by PWDs is illustrated in figure 3 below. The framework shows the difficulties faced and access needs of the three types of PWDs when participating in tourism services. To participate in tourism all types of PWDs need to overcome certain barriers.

First, they need to overcome attitudinal barriers which spread across all types of PWDs. This comes from society that is, family, friends, and others who assist them to embark on the journey, employees of establishments, including tourism. Overcoming attitudinal barriers is key to participating in tourism, especially, tourism personnel.

Secondly, they have to access the facility and overcome some barriers based on their access difficulty due to the type of disability. Thirdly, once the barrier is overcome, certain needs must be met to be able to fully participate in tourism through the provision of those needs by the tourism service elements/ industry for full participation.

Tourism Service Elements/ Industry	Accommodation Restaurants Attractions Transportation

Access Needs	**Physical** Specially trained staff Patient/Friendly staff Rough/clear paths Wheelchair/motor Lift/rail/ramp Low floor bus Automatic doors	**Hearing/Speech** Sign Interpreters Patient/Friendly staff Directional sign/Map Detailed/Visible Menu Text Messaging Visual announcement Warning light/ vibrator alarm	**Visual** Specially trained staff Patient/Friendly staff Rough/clear paths Braille Menu Evenly spaced steps Audio/Verbal announcement Embossed room numbers

Access Difficulties	**Physical** Road/Highway Vehicle Structural/Environ-mental Assistive Devices Suitable Attendants	**Communication** Information Interpreter	**Visual** Structural/Environ-mental Audio-Announcements Specialised Guides Braille Information Miniature objects

Attitudinal Barriers

Impatient staff   Unfriendly/uncaring staff   Discrimination   Stereotyping

Family   Friends   Other people in society

Types of Disabilities	**Persons with Disability** Physically challenged Hearing/Speech Impaired Visually Impaired

Figure 3: A Proposed Framework for Understanding Access to Tourism by PWDs

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Summary

In sum this chapter has summarised the profile and the demographic characteristics of PWDs. It has also discussed the accessibility of tourism facilities by PWDs and the various needs of different types of PWDs. It has also discussed the awareness and preparedness of service providers to help PWDs gain access to their facility. The chapter also proposed a framework for understanding access to tourism by PWDs. Finally, it suggested ways to make facilities more disabled-friendly. We shall now proceed to the conclusions.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

The study has provided insights into accessible tourism for PWDs. It did not only focus on one disability but three kinds of disabilities. This chapter provides the summary, conclusions and recommendations of the study. It summarises the main findings, draws conclusions based on the findings and makes recommendations in relation to creating access for persons with disabilities in tourism facilities in general. Additionally, suggestions for further research regarding access to tourism by persons with disability are made.

Summary

The main objective of the study was to examine the accessibility of tourism facilities to PWDs in Accra metropolis. Specifically, the study sought to:

1. Explore the accessibility of tourism facilities to PWDs.

2. Ascertain the needs of PWDs with regard to using tourism facilities.

3. Explore the awareness and preparedness of service providers to assist PWDs gain access to and use tourism facilities.

4. Recommend ways to make facilities more disable-friendly.

Theoretical framework that guided the study was Pearn (2011) continuum representing opposing societal treatment of PWDs. Other theories

that guided the study relate to access barriers and constraints that limit PWDs from participating in tourism (McGuire, 1984; Smith, 1987, Darcy, 1998; Eichhorn & Buhalis, 2007). Also, the diverse nature and needs of PWDs (Buhalis, Darcy & Ambrose, 2012) and ability of service providers to meet diverse needs of PWDs (Burns et al., 2009; Figueiredo *et al*., 2012). The frameworks elucidated on several aspects that determine access to tourism by persons with disability.

Based on exploratory design, interviews and FGDs were used for the data collection. In all 16 service providers and one physically challenged key informant were interviewed. In addition, four FGD's were conducted consisting of five tour guides, 12 visually impaired, 12 hearing impaired and 11 physically challenged. Out of the interviews and FGDs conducted only three could not be used due to poor sound quality and inability of interviewees to answer the set questions.

The qualitative data collected was transcribed from audio to text and edited. Responses were summarized, coded and categorized manually into relevant themes in line with the objectives set. Content analysis with narrative texts and quotations from respondents were used to make meaning out of the data and draw conclusions pertaining to the research.

Main Findings

The PWDs main reason for not being able to access tourism was the poor attitude of service providers which was manifested through bias towards

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PWDs. As a result, PWDs were not considered in the building of facilities hence, the lack of facilities for PWDs in the tourism industry.

Generally, the physically challenged experienced physical access issues regarding road/highway, vehicle, structural/environmental access, lack of assistive devices/equipment and suitable attendants. Their specific needs included specially trained guides, friendly/patient service providers, rough/clear pathways, wheelchair/powered motor bikes, automatic doors, low floor buses, lifts, ramps and handrails.

The hearing/speech impaired on the other hand faced communication access problems in connection with gaining access to information and interpreters at tourism facilities. As a result, their inability to communicate with service providers, served as a challenge to reaching their destinations and participating in tourism activities. Regarding the use of tourism facilities, they needed sign language interpreters, friendly/patient service providers, directional signs, detailed/visible menus at restaurants, text messaging systems, visual announcements on buses then, warning lights and vibrator alarms in hotel rooms.

The visually impaired on the other hand faced visual access challenges which were mainly physical/environmental, lack of access to audio announcements, specialised guides, and provision of braille information and miniature objects that can be touched to get a general idea of tourism artefacts, relics at attractions. The visually impaired needed specially trained guides to give them detailed descriptions, friendly/patient service providers, audio/verbal

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announcements on buses, braille menus in restaurants, clear pathways, evenly spaced steps and embossed room numbers on doors at hotels.

With regard to Service providers, from the responses about 76% were not fully aware of the Disability Act of 2006. However, nearly 24% had heard it mentioned in the media. Majority of the service providers considered the physically challenged as more of a disability than the other types of PWDs.

Regarding preparedness all service providers had made no provision for the visually and speech/hearing impaired, they merely improvised to accommodate them. However, some provision had been made for the physically challenged. In all, about 14% had trained frontline staff to handle the physically challenged, while none had trained staff to handle the visually and speech/hearing impaired. Only one (4.7%) service provider had information on their website regarding provision of services for PWDs.

Lastly, respondents' suggestions for disable-friendly facilities included the provision of disabled friendly facilities, education of service providers, government enforcing disability and discrimination laws, awareness creation, PWD advocacy and a holistic approach involving all sectors related to tourism.

Conclusions

From the findings it can be concluded that the three types of PWDs are heterogeneous in nature with different needs and should not be treated as a homogenous group. Their access challenges are multi-dimensional ranging from road, transport, attractions, restaurants, hospitality facilities and service

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delivery. However, all PWDs needed service providers to treat them with dignity despite their disability.

In general, the PWD market has been largely ignored in Accra Metropolis due to lack of knowledge and awareness on the part of service providers, with regard to the different types of PWDs. Conclusively, service providers failed to provide facilities needed by PWDs because they lacked information and knowledge about PWDs and the Disability Act of 2006.

Consequently, the main barrier to accessing tourism facilities was the attitude of service providers towards PWDs and their inability to handle them. As a result, PWDs were sometimes discriminated against and treated as beggars and persons with little dignity. This relates to Pearn's (2011) continuum representing very little autonomy for the disabled on a whole. It shows that it is very difficult for PWDs have full autonomy within a barrier-free society.

When the findings are compared to Pearn's (2011) continuum it can be inferred that with regard to hearing/speech impaired no special provision has been made for them. The blind are in between as certain provision like the rail and ramp made for the physically challenged may be useful to them. The physically challenged are partially included through the provision of ramp, rail and lifts and disabled toilets and room in some cases. Currently, we can infer that service providers' attitude towards PWDs in Accra positions PWDs in-between a non-inclusive society and one in which they have very little autonomy.

Invariably PWDs are unable to gain access to tourism and hospitality services within buildings because service providers' fail to create an enabling environment for them. As a result, the fundamental human rights of PWDs to freedom of movement, rest and leisure is violated as they are excluded from tourism activities. It is therefore prudent that service providers incorporate all types of PWDs into the planning phase of their facility.

Conclusively, where PWDs were treated with dignity and respect they felt their needs had been met even if the facilities they needed were not available. Therefore, all PWDs needed to be treated with dignity and respect as human beings. Fundamentally, access to information was necessary for PWDs to fully experience tourism facilities. These include access to interpreters, special tour guides, braille facilities and information regarding availability of access facilities on tourism company websites to help PWDs plan their trip.

Recommendations

To improve access to tourism facilities for PWDs, firstly, the Ghana Tourism Authority should conduct an accessibility audit to find out if tourism facilities are accessible or not. In other words, the GTA should include availability of disable-friendly facilities as criteria for issuing licenses to tourism facilities. This would ensure enforcement so that PWDs can fully patronise tourism facilities.

Secondly, information should be accessible to all PWDs, even information to the general public should be accessible in Braille form and also

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sign language especially at tourism information centres. This will enable PWDs to fully participate in tourism and take informed decision when planning to visit a tourism facility. This will help curb the situation whereby PWDs travel to attraction sites and facilities but are unable to partake in activities or access services. This is because PWDs felt cheated when they paid for services they could not access especially regarding tourism attractions that involves traveling as indicated in the reconnaissance study.

We saw Canaan but we could not enter. (R61, Physically Challenged).

Thirdly, service providers should be trained on how to handle all types of PWDs so they can be treated with dignity and not as 'cargo'. Also they should collaborate with PWD associations so they know the peculiar needs of the different PWDs. They should be able to interpret for persons with hearing impairment, give detailed descriptions to those with visual impairment and assist the physically challenged to move about safely and with dignity. This will help PWDs to participate fully in tourism without feeling left out. If this is done PWDs would enjoy going to tourist sites. All facilities should have assistive devices for the physically challenged, text messaging systems for hearing impaired and audio announcers for the visually impaired.

Suggestions for Further Studies

Since meaning is subjective and differs from person to person, researchers may wish to carry out a similar research in other metropolis outside Accra using quantitative research. This is because tourism for PWDs is a

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relatively new area in Ghana, also using quantitative research will help cover a larger sample size for a comparative study. Also, research could be carried out on transportation, road/highway and tourism for PWDs with a focus on speech/hearing impaired. There is also the need to research into employment of PWDs in tourism and hospitality facilities. Subsequently, PWDs felt their needs had not been met and service providers felt they needed education on how to handle and provide for PWDs. This will help bridge the gap and provide tourism for all.

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APPENDIX I

FGD GUIDE FOR PERSONS WITH DISABILITIES

Access to Tourism Facilities by Persons with Disability in Accra Metropolis

I will be grateful if you would kindly participate in this study by taking part in this FGD/interview by responding to a few questions. This may take between 30 minutes to two hours. The study is being undertaken for a Master of Philosophy in Tourism Management at the University of Cape Coast. This is exclusively for academic purposes and your anonymity and confidentiality is assured. I would like to seek your permission to record the interview but be assured that the conversation shall be deleted after the required period.

Date of interview:

Place of Interview:

Group Size:

Group interviewed:

Length of time:

1. Do you partake in any tourism activity for leisure or recreation?

2. Which activities have you participated in?

3. Could you easily gain access to those leisure facilities?

4. What were the problems you encountered?

5. Have you visited any tourist attraction in Accra or any other region?

6. Which places did you visit?

7. How accessible were the attraction?

8. Do you have specific travel requirements regarding attractions?
   (pathway, ramps, signs, audio, rails, assistance, special guide, wheel
   chair)

9. Would you recommend those places to a PWD or travel there again and
   why?

10. What pushes you to travel for leisure tourism?

11. Do you find available transportation for travel suitable to your needs?

12. What is your view on the accessibility of hotels for PWDs?

13. Do you have specific needs requirement regarding hotels?

14. How accessible are restaurants for PWDs?

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15. How do you access information regarding tourism?

16. Would you say tourism service providers are well trained to handle

    PWDs? Give reasons.

17. Are you satisfied with the current level of services and facilities offered

    by the tourism and hospitality industry?

18. Do you have any fears towards using tourism facilities?

19. What specific barriers do you encounter when participating in tourism?

20. What suggestions can you make towards improving the situation?

APPENDIX II

INTERVIEW GUIDE FOR SERVICE PROVIDERS

Date of interview:

Place of Interview:

Individual/Group interviewed:

Length of time:

1. How often do you have Person with disability (PWD) visiting your facility? (Visually, hearing, physically impaired)

2. What type of disability did they have?

3. Are your facilities/services adapted to the needs and peculiar requirements of all PWDs?

4. Are you/your staff well trained to serve the needs of PWDs?

5. Are you able to give the needed information when asked about the accessibility of your facilities/services?

6. Do your brochures point out products that are accessible to PWDs? If yes, which ones. If no, why not?

7. What plans do you have in making your service/facility accessible to PWDs considering the fact that the moratorium on the Disability Act ends in 2016 when all facilities are required to be accessible?

8. Do you have interpreters (sign language), access ramps/paths, rails, disabled toilets, visible signs, hearing aids, text phones/email access,

vibrating alarm clocks/alert systems, trained PWD assistants and other required PWD facilities?

9. What problems have you encountered regarding clients with disabilities?

10. What do you think can be done to make these services/facilities more user-friendly to PWDs?

11. What do you suggest in general can be done to improve tourism facilities for PWDs?

APPENDIX III

Information on Participants

Face to Face Interviews with Service Providers

No.	Date of Interview	Age	Gender	Occupation	Educational Level	Type of Disability	Marital Status	Place of Interview
1	3/4/2014	39	Female	Assistant Hotel Manager	Degree	N/A	Single	Tesano
2	3/4/2014	33	Female	House Keeper	Diploma	N/A	Single	Tesano
3	3/4/2014	32	Male	Finance Officer	Degree	N/A	Married	Tesano
4	4/4/2014	36	Male	Traffic Operations Manager	Degree	N/A	Married	Accra Central
5	4/4/2014	38	Male	Curator	Degree	N/A	Married	Accra Central
6	2/4/2014	34	Male	Assistant Sales & Marketing Manager	Degree	N/A	Single	Airport
7	5/4/2014	42	Male	Events Manager	Degree	N/A	Married	Ridge
8	5/4/2014	57	Male	Chief Schools Education Officer	Diploma	N/A	Married	Adabraka
9	18/4/2014	35	Male	Security Supervisor	Degree	N/A	Married	La
10	18/4/2014	25	Female	Secretary /Supervisor	Degree	N/A	Single	Ring Road, Osu
11	18/4/2014	56	Female	Human Resource Manager	Degree	N/A	Married	Spintex Road
12	19/4/2014	33	Female	Supervisor	Secondary	N/A	Single	Madina
13	19/4/2014	35	Male	Finance Officer	Secondary	N/A	Married	Tetteh Quarshie

Information on Service Providers

No.	Date of Interview	Age	Gender	Occupation	Educational Level	Type of Disability	Marital Status	Place of Interview
Face-to-face interviews								
14	19/4/2014	38	Male	Patrol Senior Supervisor	Secondary	N/A	Married	Tetteh Quarshie
15	4/4/2014	34	Male	Loader	Primary	N/A	Married	Ring road west, Circle
16	4/4/2014	38	Female	Supervisor	Degree	N/A	Married	Ring road west, Circle
Tour guides Association of Ghana (TORGAG) - Focus Group								
17	5/4/2014	33	Male	Tour Guide	Secondary	N/A	Single	Hotcatt
18	5/4/2014	51	Male	Tour guide	Diploma	N/A	Single	Hotcatt
19	5/4/2014	62	Male	Tour Guide	Diploma	N/A	Married	Hotcatt
20	5/4/2014	41	Female	Tour Guide	Degree	N/A	Separated	Hotcatt
21	5/4/2014	67	Male	Tour Guide /Operator	Degree	N/A	Separated	Hotcatt

Information on PWDs (Physically Challenged)

No.	Date of Interview	Age	Gender	Occupation	Educational Level	Type of Disability	Marital Status	Place of Interview
Face-To-Face Interview								
22	1/4/2014	46	Male	Advocacy Officer	Degree	Physically Challenged	Married	Adabraka
Morning Star Physically Challenged Association - Focus Group								
23	3/4/2014	40	Female	Petty Trader	Secondary	Physically Challenged	Widowed	Lapaz
24	3/4/2014	46	Male	Unemployed	Primary	Physically Challenged	Single	Lapaz
25	3/4/2014	32	Male	Trader	Secondary	Physically Challenged	Single	Lapaz
26	3/4/2014	25	Male	Apprentice	Secondary	Physically Challenged	Single	Lapaz
27	3/4/2014	24	Male	Factory Hand	Secondary	Physically Challenged	Single	Lapaz
28	3/4/2014	42	Female	Seamstress	Secondary	Physically Challenged	Single	Lapaz
29	3/4/2014	39	Male	Teacher	Secondary	Physically Challenged	Married	Lapaz
30	3/4/2014	38	Female	Hairdresser	Secondary	Physically challenged	Single	Lapaz
31	3/4/2014	42	Male	Trader	Secondary	Physically Challenged	Divorced	Lapaz
32	3/4/2014	34	Male	Trader	Secondary	Physically Challenged	Married	Lapaz
33	3/4/2014	52	Female	Petty Trader	Secondary	Physically Challenged	Widowed	Lapaz

Information on Interviewees (Ghana Blind Union) - Focus Group

No.	Date of Interview	Age	Gender	Occupation	Educational Level	Type of Disability	Marital Status	Place of Interview
34	5/4/2014	58	Female	Trader	Secondary	Visually Impaired	Separated	Adabraka
35	5/4/2014	34	Male	Social worker	Degree	Visually Impaired	Married	Adabraka
36	5/4/2014	45	Female	Trader	Secondary	Visually Impaired	Single	Adabraka
37	5/4/2014	47	Male	Mechanic	Secondary	Visually Impaired	Married	Adabraka
38	5/4/2014	48	Male	Technician	Secondary	Visually Impaired	Married	Adabraka
39	5/4/2014	55	Female	Pensioner	Secondary	Visually Impaired	Single	Adabraka
40	5/4/2014	58	Female	Artisan	Illiterate	Visually Impaired	Separated	Adabraka
41	5/4/2014	84	Male	Pensioner	Secondary	Visually Impaired	Single	Adabraka
42	5/4/2014	50	Male	Unemployed	Illiterate	Visually Impaired	Married	Adabraka
43	5/4/2014	60	Male	Miller	Secondary	Visually Impaired	Single	Adabraka
44	5/4/2014	45	Male	Trader	Secondary	Visually Impaired	Single	Adabraka
45	5/4/2014	60	Female	Unemployed	Illiterate	Visually Impaired	Single	Adabraka

Information on Interviewees (hearing Impaired) - Focus Group

No.	Date of Interview	Age	Gender	Occupation	Educational Level	Type of Disability	Marital Status	Place of Interview
46	6/4/2014	53	Male	Artist	Secondary	Deaf	Single	Church of Christ, Circle Branch
47	6/4/2014	30	Male	Student	Diploma	Deaf	Single	Church of Christ, Circle Branch
48	6/4/2014	39	Male	Artist	Secondary	Deaf	Married	Church of Christ, Circle Branch
49	6/4/2014	50	Male	Trader	Diploma	Deaf	Married	Church of Christ, Circle Branch
50	6/4/2014	28	Female	Teacher	Diploma	Deaf	Single	Church of Christ, Circle Branch
51	6/4/2014	45	Female	Trader	Secondary	Deaf	Single	Church of Christ, Circle Branch
52	6/4/2014	56	Male	Artisan	Secondary	Deaf	Married	Church of Christ, Circle Branch
53	6/4/2014	43	Male	Teacher	Secondary	Deaf	Married	Church of Christ, Circle Branch
54	6/4/2014	28	Male	Social Worker	Diploma	Deaf	Single	Church of Christ, Circle Branch
55	6/4/2014	51	Female	Baker	Secondary	Deaf	Single	Church of Christ, Circle Branch
56	6/4/2014	50	Female	Baker	Secondary	Deaf	Married	Church of Christ, Circle Branch
57	6/4/2014	42	Male	Auto-sprayer	Secondary	Deaf	Married	Church of Christ, Circle Branch

Reconnaissance Survey

Information on Interviewees (Society for Physically Challenged) – Focus Group

No.	Date of Interview	Age	Gender	Occupation	Educational Level	Type of Disability	Marital Status	Place of Interview
58	26/10/2013	34	Male	Receptionist	Secondary	Physically Challenged	Married	Adabraka
59	26/10/2013	42	Male	Factory Hand	Primary	Physically Challenged	Single	Adabraka
60	26/10/2013	45	Female	Factory Hand	Primary	Physically Challenged	Single	Adabraka
61	26/10/2013	18	Male	Student	Secondary	Physically Challenged	Single	Adabraka
62	26/10/2013	37	Female	Trader	Secondary	Physically Challenged	Single	Adabraka
63	26/10/2013	41	Female	Hairdresser	Illiterate	Physically Challenged	Married	Adabraka
64	26/10/2013	58	Female	Receptionist	Secondary	Physically Challenged	Single	Adabraka
65	26/10/2013	68	Female	Trader	Secondary	Physically Challenged	Widowed	Adabraka
66	26/10/2013	35	Female	Trader	Secondary	Physically Challenged	Single	Adabraka
67	26/10/2013	38	Male	Unemployed	Secondary	Physically Challenged	Single	Adabraka
68	26/10/2013	38	Female	Seamstress	Secondary	Physically Challenged	Single	Adabraka

Pre-test

Information on Interviewees

No.	Date of Interview	Age	Gender	Occupation	Educational Level	Type of Disability	Marital Status	Place of Interview
Face-to-face Interviews								
69	2/11/2013	19	Male	Student	Secondary	Visually Impaired	Single	Adabraka
70	2/11/2013	25	Female	Service Personnel	Diploma	Deaf	Single	Adabraka
71	2/11/2013	67	Male	Tour guide	Degree	N/A	Divorced	Ridge
Face-to-face Interviews								
72	3/11/2013	42	male	Officer	Degree	Physically challenged	Married	Adabraka

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APPENDIX 1V: VARIOUS TOURISM FACILITIES IN ACCRA METROPOLIS

Various Unsuitable Facilities in Accra Metropolis

Encased relics with no information in accessible to visually & hearing impaired

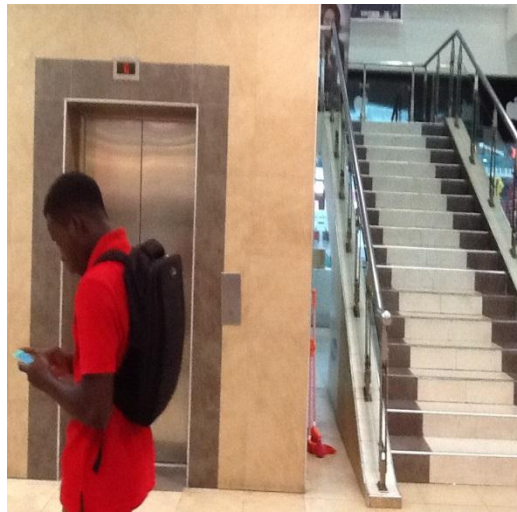Stairs on bus reducing physically challenged access to transportation

Unsuitable highway overpass for physically challenged and visually impaired

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Various Disable-Friendly Facilities in Accra Metropolis

Suitable disable parking

Suitable lift to meet PWD needs

Detailed menu suitable for speech/hearing impaired

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Low bed suitable for PWDs

Suitable disabled toilets for the visually impaired and physically challenged

Suitable ramps for physically challenged