KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY

KUMASI, GHANA

COLLEGE OF HEALTH SCIENCES

SCHOOL OF MEDICAL SCIENCES

DEPARTMENT OF COMMUNITY HEALTH

Accessibility to Tourism by Persons with Disabilities in the Ashanti Region of Ghana

By

Susanna Aggrey Mensah

JUNE, 2015

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A Thesis submitted to the Department of Community Health, School of Medical Sciences, College of Health Sciences, Kwame Nkrumah University of Science and Technology, in partial fulfilment of the requirements for the degree of Master of Science Disability, Rehabilitation and Development

By

Susanna Aggrey Mensah

(PG7914312)

JUNE, 2015

DECLARATION

I hereby declare that this submission is my own work towards the awards of Master of Science Disability, Rehabilitation and Development and that, to the best of my knowledge, it contains no previously published work by another person, nor material which has been accepted for the award of any other degree of the University, except where due acknowledgment has been made in the text.

Susanna Aggrey Mensah (PG7914312)
Student name and ID

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Signature

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Date

Certified by:
Dr. Anthony K. Edusei
Supervisor

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Signature

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Date

Certified by:
Dr. Anthony K. Edusei
Head of Department

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Signature

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Date

ABSTRACT

Introduction: People continuously move from Europe, Asia, America, Africa and Australia to tour around the world leading to increased participation in tourism which brings individuals together. However, it appears persons with disabilities (PWDs) are underrepresented in the industry particularly in the Ghanaian tourism setting due to inaccessible tourism services and other provisions. Accessibility and participation of PWDs in tourism will, however, ensure a social inclusion of PWDs. The study aimed at assessing the accessibility to tourism for PWDs in Ashanti Region.

Methods: Across-sectional study using both qualitative and quantitative data collection methods was conducted with workers at tourist centres and Persons with Disabilities in the Ashanti region, Ghana. Both voice recorded interview and structured questionnaires were used in collecting data for the study. Results were generated through thematic analysis for qualitative data and descriptive statistics for quantitative data using SPSS version 20.

Results: The finding showed that although all participants have ever accessed tourism as consumers, they only paid occasional visit to tourist sites. The average expenditure on a single tourist visit was GHC 14.92 (equivalent of US$ 4.5), which majority (90.8%) said it comes from their personal income. This seems to put financial burden on PWDs who tried to access tourism services. The results further showed that PWDs faced barriers to facilities at tourist destinations since bath chairs, toilet raisers, wheel chair accessible vehicles, Braille format text and facility to climb walk ways were not available to ensure their access. Again, PWDs faced barriers to adapted tables and chairs. Some of the respondents (42.5%) therefore expressed dissatisfaction at the facilities and indicated that they depended on support from their care givers to access tourist services. Most (66.7%) of the

respondents faced barriers to structures. These barriers were as a result of providers' inability to factor the needs of PWDs into the design of such tourist sites.

Conclusion: Participants' suggestions in respect of the structures were that the drains should be covered; there should be proper walk-ways, ramps and elevators. Respondents again suggested that the Ghana Tourism Authority (GTA) should design specific disability-friendly tourist sites, and there should be a subsidy on gate fee for PWDs, whilst at the same time tourist workers should be given education and orientation on disability education.

Keywords: Persons with disabilities, tourist workers, barriers, accessibility.

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DEDICATION

This work is dedicated to my beloved parents Mr & Mrs Paul Kobina Mensah who have been my source of hope and inspiration in all these years, and to my siblings, Kwamina Kwegyir Mensah, Dr. Aba Kwegyirba Mensah and Paul Kobina Mensah Jr. for their moral and financial support throughout my programme.

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ABBREVIATIONS AND ACRONYMS

GDP-	Gross Domestic Product
PWDs-	Persons with Disabilities
WTO-	World Tourism Organisation
LDCs-	Less developed Countries
ADA-	Americans with Disabilities Act
DOT-	Department of Transportation
USA-	United States of America
GTA-	Ghana Tourism Authority
KNUST-	Kwame Nkrumah University of Science and Technology
GHC-	Ghana Cedi's
NGOs-	Non-governmental Organization
ISSER-	Institute of Statistical, Social & Economic Research
DOT-	Department of Transportation
UNESCO-	United Nations Educational, Scientific and Cultural Organization
ECHMP-	Elmina Cultural Heritage and Management Programme

CHAPTER ONE

INTRODUCTION

1.0 Background to the study

For many years, tourism has emerged from many circumstances such as the changing nature of the environment. It can originate from social, cultural and economic situation of a community or country. It has been found by research that, due to the differences in interest and benefits gained by different groups and organizations, tourism is defined from a perspective that fits into the benefit of individual agencies or organizations. What complicates the definition of tourism ranges from 'human feeling, emotions and desires, natural and cultural attractions, suppliers of transport, accommodation and other services such as government policy and regulatory frameworks'(Holden, 2008). Drawing from a national tourism marketing strategy in Ghana for the period 2009 to 2012, tourism is defined to:

> comprise the activities of persons travelling to and staying in places outside their usual environment, for a period of not more than one consecutive year, for leisure, business and other purposes not related to the exercise of an activity remunerated from within the place visited (Ghana Tourism, 2009).

In the 20th century globalized world, advancement in technology has contributed to the development of tourism. Barriers to tourism due to distance, lack of information and infrastructure have significantly reduced. Individuals can now travel either within or across borders of a country to a variety of tourist centres by vehicles, railways, aeroplanes and motors. Information technology in the 21st century has also contributed greatly to the growth of tourism. People can now have a search on the internet prior to their travel to have

information about flight, hotels, tourist site and other necessary information (Seth and Bhat, 2007; Holden, 2008).

In view of the above, the contribution of tourism to the world economy today cannot be overemphasized. Tourism is now ranked as second to the banking sector as one of the world largest industries contributing 9% to the world's GDP. (World Travel & Tourism Council, 2011, Neto, 2003). Statistics from United Nations Environment programme and World Tourism Organization in 2005 shows that, on average tourism accounts for more than 10% to the growth of the world economy making it one of the fastest growing industries around the world and generating income to poorest communities. It improves economies through income generating, investment, exports and employment. A recent world travel and tourism council data in 2011 shows that, either directly in tourism or related sectors, nearly 260 million jobs across the world are being supported by travel and tourism (Carbone & Yunis, 2005; World Travel & Tourism Council, 2011). Some studies (Bohdanowicz & Zientara, 2009) also conclude that tourism particularly hotel companies contribute significantly to the development of the destinations or communities.

According to national tourism marketing strategy in Ghana for 2009 to 2012, the sector was ranked as the fourth highest foreign exchange earner to gold, cocoa and remittance from Ghanaians abroad in 2008. Another relevant contribution is that, 234,679 jobs were directly or indirectly created in this same year by the sector (Ghana Tourism, 2009) .Despite the significant contribution to the economy, Persons with Disabilities (PWDs) are underrepresented in the sector as a result of inaccessible tourist sites. However, tourism can be used to create social inclusion in the society. Research has found that tourism directly brings individuals, families and other members in society together through their participation in the industry.

Disabled population can represent a huge and growing market in tourism and other businesses when there is an improved accessible tourist and business environment. Following the 2010 Ghana population census, 737,743 people representing 3% of Ghanaian population live with some form of disabilities. This population is expected to increase with a growth in the general population (Ghana Statistical Service, 2012). It is, however, important to point out that the disabled consumers can contribute significantly to the sector both as producers and beneficiaries. As a consumer behaviour, PWDs are seen as loyal and often become attached to places with good enough accessibility provisions(Westcott, 2004).

In an increasingly globalized world today, an awareness of the need to factor accessible tourism into decision making and policies needs significant attention. It is important that government and other stakeholders are encouraged to make it a priority to the sector's positive effect and find ways to mitigate the detrimental impacts. Therefore, this research aimed to inform policy makers towards appropriate intervention to accessible tourism for PWDs in the Ashanti region, Ghana and the world at large.

1.1 Problem Statement

In most society around the world, PWDs have been tagged with negative labels such as poverty, vulnerability and discrimination (Hoogeveen, 2005). This makes them perform poorly in all sectors of the society. In view of this, PWDs are seen as groups in Ghanaian society who perform worse towards socioeconomic development of the country(Inclusive Ghana Report, 2011). Tourism industry is no exemption to these sectors. However, prospects in tourism to individuals, local communities and the nation at large look outstanding.

A study on the role of tourism in poverty alleviation in Tanzania found that tourism is one of the important elements in alleviating poverty in low income communities (Luvanga and Shitundu, 2003). Despite this, contribution of PWDs who are tagged as being the poorest of the poor to the industry is not encouraging. As a job creating opportunity, participation by individuals with disabilities is low to make them independent economically and socially. Therefore, inaccessible tourist sites, lack of universal provisions, lack of tourism inclusive policy, discrimination and many others are major problems that make PWDs vulnerable in the Ghanaian tourism sector.

On the contrary, few individuals with disabilities who struggle to participate in tourism, however, receive less attention by the society. Social capital network including the media, opinion leaders, churches whose intervention could activate the society to improve the participation of PWDs in society seems to remain silence and unconcern. Therefore, the participation of PWDs in the Ghanaian tourism is limited to create social inclusion. This study aimed to inform policy planners towards accessible tourism to ensure PWDs participation in the tourism industry for social inclusion.

1.2 Research Questions

1. To what extent do persons with disabilities access tourism in Ashanti region?
2. What facilities exist to promote the participation of persons with disabilities in tourism in Ashanti region?
3. What structures need to be put into place to improve persons with disabilities access to tourism industry in Ashanti region?

1.3 General Objective

The purpose of this research is to examine the extent of access to tourism in Ashanti region for persons with disabilities. Most studies on tourism participation among PWDs only

focus on the experiences from a consumption perspective of PWDs without service providers. However, this study focuses both on service providers and PWDs experiences of accessibility.

1.4 Specific Objective

1. To examine the extent to which persons with disabilities access tourism in Ashanti region
2. To identify facilities that exists to promote the participation of persons with disabilities in tourism in Ashanti region
3. To examine structures that needs to be put into service to promote the participation of persons with disabilities in tourism industry in Ashanti region

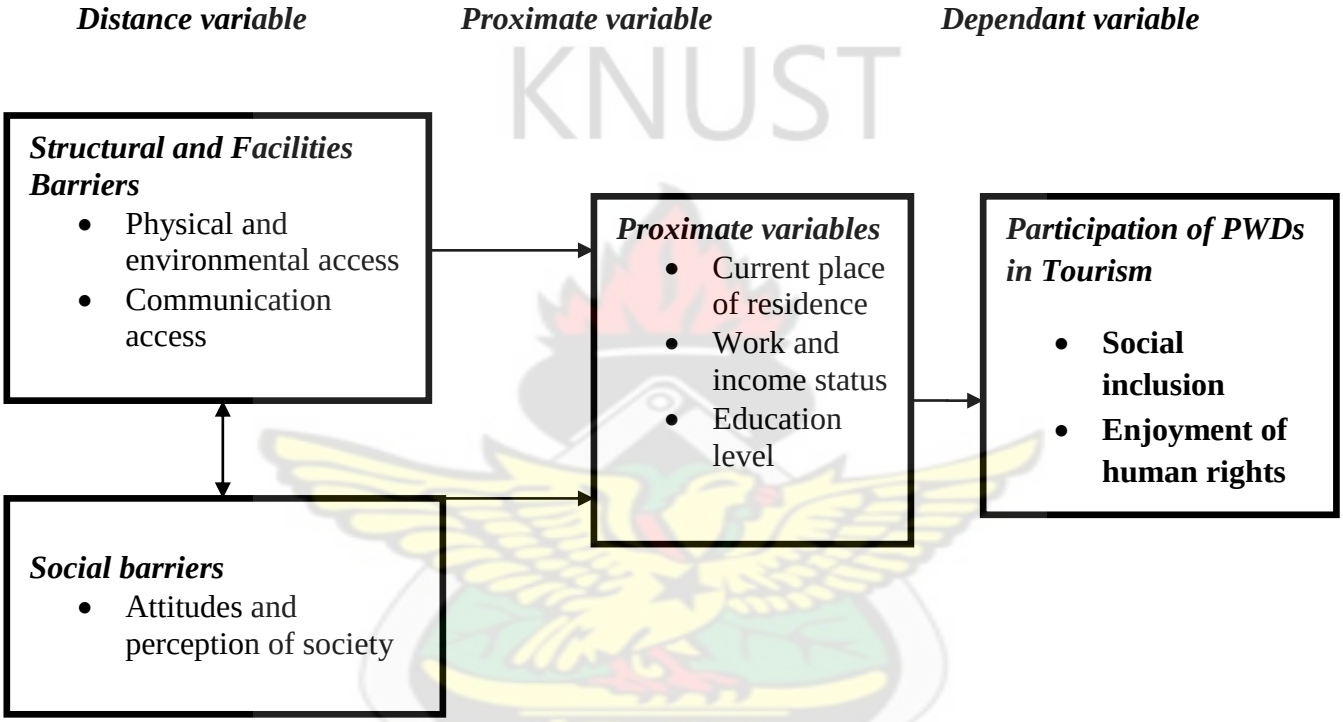
1.5 Justification of the Study

Over the past few years, accessibility has been the focus of many organizations around the world. It has therefore been incorporated into legislative documents of most international bodies like the United Nations and its agencies as a human right issue. The World Tourism Organization established in 2005, has as its objective to make tourism sustainable. In addition, the economic and social benefit of tourism can best be achieved through proper planning and managing coupled with accessible tourism environment where all persons can participate. For the Ghanaian tourism industry to achieve these targets, disability issues should be incorporated into the planning and managing of the industry. Information pertaining to accessible tourism to PWDs in the country needs to dramatically improve to provide basis for stakeholders to make informed decision. Information on structures and facilities to make tourism inclusive for PWDs to achieve sustainable tourism is, however, scanty. Therefore, recommendations that will be made at the end of the study will serve as a reference point to policy makers and all other stakeholders in improving access to tourism

for PWDs in Ashanti region, Ghana. Also, this research will assist in filling knowledge and literature gap on disability and tourism in Ghana.

1.6 Conceptual Framework

The study was designed and conducted within the conceptual framework illustrated in figure 1 below.



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The above conceptual framework is divided into different sections such as factors that prevent PWDs from accessing tourism both as consumers and producers (Independent variables), and final their accessibility as dependent variable. Structural variables like communication, physical structures and environment in combination with social variables like attitudes of the society may influence PWDs access to tourism. However, proximate variables like income status, educational level and closeness of tourist site to PWDs current place of residence may act as individual levels of barriers and immediate accessibility

barriers. On the contrary, structural variables and social variables may also influence each other as indicated on the diagram above.

1.7 Definition of terms

Social network: media, churches, NGO's

Accessibility: physical, financial and communication

Persons with disabilities: Visual impairment, physical impairment, speech impaired

1.8 Limitations of the study

Workers at tourism centres do not willingly and easily reveal information for fear of being discovered and made to face sanctions. However, the provision of a consent form to assure them of confidentiality and privacy made them agree to assist in the study. Also, PWDs are usually not willing to participate in studies because of the stigma attached to disability and their families. In view of this, PWDs refusal to participate in the study was a limiting factor to the study. When such persons refused to participate, the researcher proceeded by replacing him with another PWD.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter reviews literature from other published work. The literature review is organized per the objectives of the study. It however focuses on the conceptualization of tourism and also throws light on tourism in Ghana and the participation of PWDs in the sector. The literature review further explores literatures on facilities and structures to ensure access to tourism among PWDs. The write-up sections are as follows;

2.1 The conceptual, definition and nature of tourism

2.2 Tourism in Ghana

2.3 Participation of Persons with Disabilities in Tourism

2.4 Facilities and Structures to ensure access to tourism for PWD's

2.4.1 Accessibility in tourism

2.4.2 Indicators of Accessibility

2.4.3 Challenges to accessibility in tourism for persons with disabilities

2.1 The conceptual definition and nature of Tourism

In the olden days, the rich and most powerful in society engaged in travelling leaving the poor and vulnerable to stay in the house. Kings and merchants were the potential people to travel in society. They used chariots to travel leaving the kings men to travel by horses. Ordinary town folks however used to travel by foot. Most of these travellers moved with the aim of trading, religious purposes and investigating into nature; existence of most creatures. Example is Prince Siddhartha and Alexander the Great who wanted to find out where the sun originated from. Other people moved from place to place at different points in time as a result of climate change, tribal wars and also with the view of searching fertile

lands for Agriculture. The primary aim of these movements was the expansion of empire and search of good and peaceful life. Despite the movement from place to place, it was to a large extent not seen as tourism as it contradicts with how people understand tourism in today's world (Seth & Bhat, 2007).

From the 1950s, when international travel became available to the broad public, the number of travellers, globally, has been growing at an average rate of 7.1% per annum, reaching 657 million tourists in 1999. In the same period, the worldwide industry's income has been rising at an average rate of 12.2% per annum, reaching $455 billion in 1999 (W.T.O, 2002). This encouraging trend is not anticipated to slow down any time shortly. In terms of number of travellers, according to the World Tourism Organisation (WTO), the worldwide tourism business is projected to develop at an annual rate of more than 6% till 2020 (W.T.O, 2002). At the receiving end of the worldwide tourism market place Spain, the USA, France and Italy have the largest share of tourist influxes with a collective share of 30% of the worldwide tourism market. These nations have succeeded in distinguishing themselves as eye-catching destinations for the progressively refined worldwide tourists (Yasin et al., 2003).

Worldwide, the coastal and business travels are rising at advanced rates than the industry average owing. For example, the adventure-tourism section of the worldwide tourism market is increasing at an annual rate of 8% (Freire, 1998). In 1996, adventure-tourism accounted for about 15% of the entire tourism market in the USA. However, adventure-tourism is not unaccompanied; rural-tourism and eco-tourism are also increasing at rates higher than that of the industry average (Yasin et al.; 2003; Krippendorf, 1999).

Tourism has lately been given importance by the Ghanaian government. For the first period in Ghana's history, a government ministry in charge of tourism has been formed as well as

the creation of a five-year strategic tourism action plan (Ministry of Tourism & Modernisation of the Capital City 2003). Speeches by high-ranking government officials also highlight the importance of tourism to add to countrywide economic development, employment creation, wealth formation and poverty decline at national and community levels, and environmental conservation on a viable base (Kanter, 2006; Vinorkor, 2007; Saffu et al., 2008).

In China, the tourism businesses commenced in the 1920's (China National Tourism Administration, 2003). The travel agent services did not originate as an industry until China unlocked its door to the external world. Not until 1978 when China implemented the economic reform and open-door policy did the economic landscape of tourism start to be accepted by the Chinese government. With the chief objective of receiving foreign exchange, the government started to favour travel agencies as a relatively autonomous economic sector. 1978 marked the beginning of mercerization and quick expansion of the travel service business (Zhang, 2004).

Burtenshaw et al. (1991) contend that tourism development strives to create a "saleable tourism product" on one side and an "environment for existing and working" on the other. Growing tension between the environment and economic development requires viable development as a rational means to attain political, social and ecological constancy (Arthur & Mensah, 2006).

Numerous less developed countries (LDCs) now consider tourism as a significant and essential part of their economic development policies (Sinclair, 2003). In such cultures, tourism is observed as a solution for their delicate economies that are characterized by a shortage of development resources such as funding and expertise. These resources are desirable to raise the economic surplus, devoid of which these countries would be required

to rely exclusively on international aid to back their development efforts. Therefore the well-recognised profits of tourism are the normal reasons advanced for government backing for the segment (Dieke, 2003).

The paybacks are usually felt at two stages: macro or national and micro level. At the first level, tourism is projected to raise economic growth through foreign exchange earnings and an upsurge in state revenue and, at a second level, an enhancement in people's well-being in the regions of job creation, income distribution and well-adjusted regional development. In this respect tourism is labelled as an industry although it has no single production features or clear operational parameters. Tourism is multi-faceted and its economic aspect cannot happen without contributions of a social and environmental nature (Dieke, 2003).

As demand for tourism increases, it will bring with it not only prospects for connections with other sectors in the economy, but also concerns of a communal, cultural and environmental nature. These concerns, such as packed airports and urban traffic jamming, affect both the public and private segments. In these areas where tourism influences the country and society, there may well be clashes with competing demands for other areas of the economy, or with community interests in general(Dieke, 2003).

It is essential to reminisce that tourism is more than an economic action. It is a huge collaboration of people, demanding a varied range of services, amenities, and inputs that produce opportunities and challenges to host countries. It is essential to manage the development of the sector and to have clear rules to ensure that growth is well-matched with national and the sectors aims. Tourism has been critiqued for aggravating the problems of societies: the obliteration of social patterns, neo-colonialist associations of manipulation and reliance, inflationary pressure. (Dieke, 2003).

2.2 Tourism in Ghana

The trade history of Ghana can still be sensed in the many coastline cities where a total of 37 forts and castles were built before the year 1800. Nevertheless, some of these can be traced while others are in a depraved shape. The UNESCO identifies presently all castles and forts as world heritage sites. Moreover, there are many fascinating towns with a conjoint Ghanaian and European history that are significant cultural heritage sites for Ghana. The effect is to invigorate the built heritage and improve it to encourage heritage tourism, to cultivate cultural knowledge, strengthen civic pride and national identity, and to aid economic development (Arthur & Mensah, 2006).

Ghana's tourist business is focused mostly on attracting and caring for vacation or business tourists. The country produces very little leisure travel because of the largely truncated levels of disposable incomes(Arthur & Mensah, 2006).

The government of Ghana since 1987 has espoused and implemented measures directed at making the country an essential tourist destination. Under Ghana's "Vision2020" tourism was labelled as one of the "growth poles" to drive national economic growth to great levels. Promotional exercises intensified at national, regional and district levels in support of Ghana's 15-year Tourism Development Plan. Most publicity activities have taken the form of seminars and lectures and they are intended to alert the private sector and government agencies to recognise opportunities and programmes that are essential for the development of the tourism industry in Ghana (ISSER, 1998). The plan of the tourism sub-sector is to cultivate Ghana as a globally competitive tourist destination. The repercussion is that tourism must be buttressed by good hotel and restaurant services, telecommunication and a well-organized transportation system that meet global standards (Arthur & Mensah, 2006).

Consistent with the Ghana's 15-year Tourism Development Plan, a conceptual marketing strategy must target at developing and placing Ghana as a major African destination with outstanding cultural and environmental fascinations(Withers, 1995). According to Arthur & Mensah (2006), the emphasis of the Elmina Cultural Heritage and Management Programme (ECHMP) is on heritage tourism pursuing the African-American and European market segments, whose ancestral roots are found in Africa, in particular West Africa, and a return to their ancestral homeland could be an experience unequalled by other tourists' happenstances. It is against this experience that ECHMP was framed in order to defend the built heritage and to ensure its sustained role as an essential resource in economic development (Arthur & Mensah, 2006).

In Ghana, governments have already acknowledged not only the significance of tourism in economic development but also have played the leading role in the planning process. This role might be implemented through political preference or compulsion, or both. Many African countries (e.g. Ghana) have frail, sprouting tourism sectors, while other countries have strong, more developed tourism sectors. In the latter countries, much of the investment, administration and expansion in tourism are from private sector initiatives (Dieke, 2003).

Some detractors might contend that the problems in Ghana's tourism are closely connected to structural imbalances in its general development pattern. There are no clear policies for development in broad-spectrum or for tourism in particular, and tourism has not been incorporated with other economic sectors. As a result, whereas tourism development in some countries has been inadequate, in others it has been uninhibited and disproportionate. Administration of the tourism sector has been insufficient, which has contributed to a lack of productivity in many operations, and promotions prospects are meagre, with massive

dependence on expatriate staff. Above all, the major setback is insufficient training (Dieke, 2003).

It is therefore, possible to recognise a number of concerns concerning the development of tourism in Ghana. Addressing the concern areas is vital because the concerns are critical ingredients to make the most of tourism's contribution to Ghana's development. The concerns are of two kinds: those for the tourism business itself and concerns for Ghanaian governments (Dieke, 2003).

2.3 Participation of Persons with Disabilities in Tourism

Studies about the tourism experience of persons with disabilities (PWDs) first arose in the late 1970s and even in the late 1980s and early 1990s, researchers only "toyed with this subject" (McKercher et al., 2003). Nowadays, there are growing numbers of studies concentrating on the tourist experience of PWDs. A diligent examination of published research shows that the tourism and hospitality literature concentrates on three main subjects. Firstly, many studies centre on the features of persons with disabilities, who participate in the tourist experience, as well as on the economic potential of the persons with disabilities market(Israeli, 2002). Secondly, research attention fixated on legislation dealing with service delivery to persons with disabilities (Nidirect, 2005; Cook, 1991). Thirdly, tourism literature distinguishes persons with disabilities as a relegated and disfranchised group (Humberstone, 2004; Phillimore & Goodson, 2004; Swain et al., 2004). Reinvigorated by the feminist movement, which contends for the need to offer minority groups a voice in the public arena, lately, attention has turned to PWDs in the academic domain (McKercher et al., 2003; Poria et al., 2011) .

Recent studies highlight the need for further investigation into the travel experiences of PWDs. For example, Burnett & Baker (2001) assert that our knowledge about travellers

with disabilities solely "centres either on demographic or socioeconomic characteristics, with just a limited studies exploring business-related factors" remains accurate, particularly in the domain of hospitality where existing studies concentrate mainly on employees with disabilities, overlooking visitors with disabilities. For instance, Ingamells et al. (1991) examined discrimination against PWDs with respect to employment. Gröschl (2007) scrutinised the effects of human resource practices on the employment of PWDs and underlined the importance of an individual's aesthetic appearance throughout the service encounter; a concept considered in hospitality as well as in the service industry as a whole (Nickson et al., 2005). Ross (2004) pointed toward ethical subjects and the treatment of staff with disabilities inside the tourism and hospitality industries. Other studies centred on the effect of the ADA (Americans with Disabilities Act) on the hospitality business (Boyd Ohlin, 1993).

Other studies highlight accessibility issues. Nevertheless, many are graphic in nature and primarily focus on hotel accommodation and highlight the problems PWDs face. Hitherto, these studies tend not to deliberate the methods PWDs employ to meet these challenges. For instance, Chen (2005) specifies that a very high percentage of the population with disabilities used accommodation facilities throughout their travel. In her descriptive paper, she differentiates between diverse types of PWDs and their accommodation and lodging preferences; nonetheless, she does not illuminate the actual hotel experience. Ray and Ryder (2003) also relate to problems with accessing hotels. Nevertheless, they too desist from expounding on the actual hotel experience.Turco (1998) classify difficulties in reservation procedures for PWDs. They also contemplate the hotel room design, suggesting problems in fixture and appliance use for PWDs owing to the location and layout of certain room features (for instance, appliances that are positioned relatively high up). They also show that baths and tubs comprise a major difficulty for persons with disabilities.

Darcy & Daruwalla (1999) assert that hotels do not have adequate numbers of rooms suitable for PWDs. They mention numerous logistical factors, for example shower seats and modifiable beds that should be in a hotel room explicitly for wheelchair users. Other studies report on directions, codes of practice and guidelines that management should follow to provide PWDs improved service(Sall, 1995; Hancock, 1991). Mills et al. (2008) examined the accessibility of hospitality and tourism web sites for persons with visual impairments. Most papers on hotel tourists with disabilities centre on the hotel room's physical environment and practically ignore other hotel areas (such as restaurants and public spaces) as well as rudiments such as interaction with the hotel staff. Therefore, the impression provided is that PWDs by and large stay in their rooms and forego usage of other hotel facilities. Hence, encompassing hotel experiences of persons with disabilities have been almost ignored, and there is a need for an exploratory study, which delivers basic classification of the experiences (Poria et al., 2011).

The above-mentioned literature recognises several reasons for studying the tourist experience of PWDs. All delineated reasons are pertinent to the hospitality industry. The first stated reason is the economic potential of business (Chen, 2005). It seems that beyond the huge market size, the disabled market is characterized by a robust brand loyalty (Burnett & Baker, 2001; Denman & Clarkson, 1991; Ray & Ryder, 2003). An additional study motivation derives from data proposing that tourist activity is an essential dimension in the handling of PWDs (Prost, 1992). Furthermore, certain studies showed the indirect positive effect of attention to tourists with disabilities. Attempts to better serve the needs of PWDs resulted in enhancements in service provision for PWDs(Kaufman-Scarborough, 1998). Lastly, it is claimed by the authors that the tourism and hospitality businesses have a social responsibility to afford persons with disabilities with an acceptable service experience. This responsibility is especially pertinent, as travel has been recognized as an

important feature in the quality of life of persons with disabilities (Prost, 1992; Kinney, 1992). Chen (2005) said that it is the duty of governments to guarantee barrier-free tourism for PWDs. The hypothesis that travel is a social right meets with the method taken in the current study (Poria et al., 2011).

Accessible tourism is largely encouraged to make it easy for all persons to enjoy tourism experiences (Darcy & Dickson, 2009). The fundamental principle is captured within the view of human rights Buhalis et al. (2012), as postulated in the United Nations Convention on the Rights of People with Disabilities (Nations, 2006). The convention is steered by the following principles: dignity, independence, full and effective participation, reverence and recognition of disability as part of human variety, parity of opportunity, gender impartiality, and the rights of children (Wan, 2013).

2.4 Facilities and Structures to ensure access to tourism for PWDs

Disability is an issue at the vanguard of the social and political itinerary. Society's method is changing to focus on the annexation of disabled people and is personified in legislation to encourage equal opportunities, broadening participation and anti-discrimination policies. This method, founded on the social model of disability, looks at society and its operational environment as imposing restrictions that prevent disabled people from organising their lives in the same way as non-disabled persons (Goodall et al., 2004).

Disability is consequently the social and economic disadvantage occasioning from society's failure to react to the needs of disabled persons rather than a consequence of any deficiency on the part of a disabled person (Burchardt, 2003). Nevertheless, societal attitudes and particularly its built environment change only sluggishly. Disabled persons still face social segregation and suffer discrimination, in areas of discretionary consumption such as leisure and tourism. Heritage environments may also be principally hard to adapt to

allow inclusive access for disabled persons, either as independent guests or in a united group of family and friends.

2.4.1 Accessibility in tourism

Even as the prospect for disabled persons to relish the benefits of leisure travel has been improving as the hospitality and tourism business endeavours to increase accessibility to accommodations, transportation, and fascinations for this population, a disproportionately insignificant number of disabled individuals partake fully in mainstream tourism events (McKercher et al., 2003). Tourists with disabilities have distinct and sometimes personalised needs that must be accommodated. For example, compared to the broad travelling public, someone with disabilities can put more prominence on easy access or availability of hospitals when they select a vacation destination. Amongst the disabled population, variances in physical, mental or emotional conditions may lead to diverse needs, interests, and limitations for their travel activities. Wide-ranging special needs have to be carefully addressed if the hospitality and tourism industry plans to serve this market segment with excellence. A paper by Miller & Kirk (2002) explored how the United Kingdom's tourism business embraced the "access to all" standards stated in the 1995 Disability Discrimination Act and resolved that most tourism industry professionals do not comprehend the specific desires of customers with disabilities (Kim & Lehto, 2012).

Previous literature was mostly connected to the issues of apparent benefits or barriers of leisure travel and of physical availability (Shaw & Coles, 2004; Ray & Ryder, 2003). While such methods are important, they are also symptomatic of a rather limited research itinerary. The increasing prominence of servicing the disabled as a consumer segment has provoked a recent outpouring of academic attention on travellers with disabilities. The most current attention has turned to tourism experiences with precise industry constituents

and dimensions such as in-flight, museum, hotel, and restaurant experiences among persons with disabilities (Chang & Chen, 2011; Poria et al., 2009; Lovelock, 2010; Lazar, 2010). The specificity of experiences of the disabled populace and gaps in service and experience provision are clear areas that have drawn growing research probe (Kim & Lehto, 2012).

Tourism and transport denote two sides of the same management procedure, especially in tourism destinations characterised by a steady or a rising volume of visitor flows. Systematising accessibility and local traffic, augmenting public transports also through the application of novel solutions, encouraging alternative visitor routes, are just some of the most essential measures to manage demand, decrease traffic congestion and pollution and meet tourists' and residents' requests. To be operative, these strategies need a cohesive approach that syndicates tourism, transport and urban planning and including not only local public and private operators, but also all other organisations and mediators who contribute to the growth of the destination and to the development of tourism mobility (Manente et al., 2000).

The philosophies and practices of visitor management have been acquiring ever-increasing prominence in the last decade, especially in prevalent tourism destinations characterised by hefty tourist flows. Guaranteeing sustainable growth, and then limiting the dramatic burden of demand, requires the implementation of an assimilated set of strategies that combine tourism, transport and land-use connected measures (Manente et al., 2000).

The management of accessibility and mobility to and inside a tourism destination is one of the most essential management tools to control visitor flows, decrease traffic congestion and pollution and meet tourists' and residents' requests. These goals should be achieved by co-ordinated actions including public and private operators (Manente et al., 2000).

2.4.2 Indicators of accessibility for Persons with disabilities

Studies on tourists with disabilities are relatively constrained within the hospitality and tourism literature. The existing research has mostly addressed themes such as how disabilities influence travel behaviour (Takeda & Card, 2002), how to meet ADA specifications(Sherwyn et al., 2000), how best to train workers to serve PWDs (Kreismann & Palmer, 2001), the travel requirements and inspirations of the mobility-disabled (Ray & Ryder, 2003), and hindrances to travel by people with disabilities (McKercher et al., 2003; Kim & Lehto, 2012)

Recently, more prominence has been placed on tourism experiences in various sectors of the hospitality and tourism business. Flight experience, for instance, has been widely deliberated. Chang & Chen (2011) inspected disabled travellers' flight experiences and noted noteworthy gaps between perceived significance and satisfaction measures. The satisfaction level for both the moderate and severe impairment level clusters were lesser than for the minor impairment level group. In addition to airline experiences, equality in treatment and airline legislation compliance are some other ranges of investigation.Lazar (2010) for example, focused on airline compliance with Department of Transportation (DOT) guidelines requiring that people with disabilities not be discriminated against in the pricing of airline travel. The researchers placed 15 phone calls to each of the four (4) airlines in the US that had web reservation accessibility issues and identified fifteen cases of failing to conform to DOT regulations. Museums denote another specific sector in terms of the experiences of disabled travellers. Poria et al. (2009) explored barriers that Israelis with disabilities face while going to art museums using the in-depth personal interview method. Their research outcomes restated the importance of non-physical features of the museum environment such as staff attitude and interaction with other visitors. Those features were reported as major barricade to achieving a complete museum experience.

Lovelock (2010) research sheds light on the experiences of disabled persons in remote natural settings through the comparison of attitudes concerning the development of further motorized entrance to natural and wilderness areas amongst persons with mobility disabilities and able-bodied individuals. It was shown that while all respondents experienced access-related difficulties, the mobility-disability group met significantly more trials when travelling in wilderness areas. Richards et al. (2010) presented a critical examination of the tourism encounters of persons with vision impairments and identified a general absence of awareness with respect to the psychological impact of sight loss as a major subject for the hospitality service providers. Benjamin & Price (2006) case study scrutinized the perceived service quality of the application of a special scheme for the disabled. Their outcomes suggested that specialized services develop the perceived quality of services for the disabled, and that heeding to the voices of the disabled has been recognized as an essential step providing the disabled with pertinent services (Kim & Lehto, 2012).

A number of researchers have also examined leisure constraints by demographic features such as age and kinds of disabilities. One instance is the study of Sparrow & Mayne (1990), which examined the recreation patterns of 18-35 year-olds with intellectual disabilities. The research took note of numerous restraining factors, comprising restricted access to facilities and transportation services, financial constraints, distances to recreation locations, and attitudinal barriers. Wilhite and Keller (1992) examined the leisure association of older adults with developmental disabilities, and the utmost predominant leisure constraints reported in the paper were restricted access to transportation services, financial limitations, inadequate physical accessibility, and anxieties about their behaviour and discomfort in large public groups. Recently, Darcy (2010) scrutinized the relative importance of hotel room criteria by socio demographic variables and discovered that most

common criteria were considerably different across gender, age, country of birth, employment situation and highest level of education. Older women with disabilities acknowledged safety and security as the most significant criteria outside of the accessibility standards. Employment situation and level of education also had the maximum commonality for amenity components (Kim & Lehto, 2012).

2.4.3 Service dissatisfaction and complaining actions

Service dissatisfaction is commonly defined as a blunder, problem or mistake that occurs in the delivery of a service (Colgate & Norris, 2001). Service dissatisfactions can lead to negative word of mouth (Richins, 1983), displeasure and defection (Keaveney, 1995), and behaviours harmfully affecting the profitability of the company (Smith, 1987). Service dissatisfactions usually come from service differences (Hoffman & Bateson, 2010). Service dissatisfactions can occur within any element of service and its delivery, comprising problematic customers (Bailey, 1994), communication hitches (Bolfing, 1989), customers asked to wait (Laws, 1991), front-line employees and backroom support workers, equipment and information system errors and so on (Lewis & Clacher, 2001). Recently, Poria et al. (2011) noted that complications in the physical environment could cause bodily agony for wheelchair users when they travel by plane. Most of the service failures happened in the boarding and disembarking process (Kim & Lehto, 2012).

Researchers have endeavoured to conceptually classify the various service dissatisfactions. In their study of 700 service dissatisfactions occurrences from airlines, hotels, and restaurants, Bitner et al. (1990) classified service dissatisfaction into three themes; reactions to service delivery system failure, reactions to customer requests and needs and spontaneous and uninvited employee actions.

Service delivery system failures comprise of inaccessible service, slow service, and other core service failures. The second kind of service failures emphasise employee responses to individual client needs and special requests. The third type of service failure is concerned with spontaneous and uninvited employee behaviours, including the desecration of cultural norms. By embracing the research of Bitner et al. (1990), Chung & Hoffman (1998) considered service failure at a restaurant utilizing three failure categories: service delivery failure, explicit or implicit customer requests, and spontaneous and uninvited employee reactions. They found that product flaws, such as poorly prepared food, were recognised as the most common errors for the restaurant sector (Kim & Lehto, 2012).

Client response to a service failure is considered a complaint if the problem is ascribed to the company (Bateson & Hoffman, 1991). Customers complain when they have surpassed their zone of tolerance; thus, customers with comparatively high levels of dissatisfaction are most likely to complain compared to those with positive or neutral experiences. Consumer complaining behaviour, alternating from doing nothing to taking legal action, is usually considered to be a set of multiple responses (Singh, 1988). Complaint responses are generally considered to fall into two extensive categories: non-behavioural and behavioural (Landon, 1977). Behavioural responses consist of all or any customer action that carries an expression of dissatisfaction (Landon, 1977). Alternatively, when the customer fails to recall a dissatisfying incident and takes no action, it is measured to be a non-behavioural response (Day, 1981). Singh (1988) said that some people choose behavioural responses, for example complaining to a third party, using negative word-of-mouth or converting to a competitor (Goetzinger et al., 2006), while others elect non-behavioural responses in relatively parallel dissatisfying episodes. Hirschman (1970) recommended that dissatisfaction could provoke two active negative responses: exit and voice. Exit is "the intentional dissolution of an exchange relationship," while voice is the concrete

communication of the complaint to the service provider (Singh, 1988). Landon (1977) protracted the notion of "voice" further by articulating that voice can be complaining to the service provider, complaining to acquaintances (negative word-of-mouth) or complaining to third parties in order to help seek redress. Rogers et al. (1992) hypothesised consumer complaint behaviour options as alter future behaviour, secretive complaining (negative word-of-mouth), voice complaint (to commercial provider), third party interventions; and do nothing.

Customer dissatisfaction and customer complaint behaviour have received growing attention as customer complaints provide businesses with opportunities to improve their administration and marketing programs (Cheng & Lam, 2008). Nevertheless, ineffective treatment of customer complaints intensifies dissatisfaction and negatively impacts a marketer's status (Mattila, 2001). Thus, any loss of consumers due to a service failure should be of concern to companies, but such losses can also be regarded as an opportunity if dealt with properly. A recovery from a failure or complaint is believed to be more important than the service failure itself (Buttle & Burton, 2002). Earlier empirical research suggested that recovery gratification is strongly related to positive word-of-mouth (Maxham & Netemeyer, 2002), customer retention, and allegiance (Karatepe, 2006).

Online complaints serve as a foundation to inform hospitality and tourism industries about areas where customer hopes are not being met. The Internet provides a communication opportunity. Negative word-of-mouth activated by online complaints could be lethal to the hospitality and tourism business. While it is hard to identify the exact breadth and scope of online customer complaints, it is benign to assume that these complaints are widely accessible to most customers. Consequently, one cannot disregard the impact of complaints via online websites. Appraisal of tourists' dissatisfaction publicized through online

channels can be a valuable way to ascertain how to improve service and increase satisfaction levels by understanding why their consumers complain (Reiboldt, 2003).

2.4.4 Challenges to accessibility in tourism for PWDs

Notwithstanding the potential that exists to entice the market of those with disabilities, a study found that 60% of tourists with disabilities indicated that they had experienced physical obstacles, difficulties with customer service, or communication barriers when making their trips (Bi et al., 2007). Research also shows that customers with disability would like to travel further if the environment was barrier-free (Darcy, 2010; Ross, 2000). It is imperative to comprehend the barriers that guests with disabilities meet, in order to provide more accessible service and facilities to this probable market (Wan, 2013).

Studies on the leisure and tourism experiences of persons with disabilities first arose in the late 1970s. In the late 1980s and early 1990s, researchers only "toyed with this subject"(McKercher et al., 2003); with Smith's (1987) work being one of the rare papers published in a major tourism journal concerning the travel limitations experienced by people with disabilities (McKercher et al., 2003). Poria et al. (2011) abridged the three main areas concerning this market segment in hospitality and tourism works. These include:

- The characteristics of people with disabilities who participate in the tourist experience and the economic potential of this market.
- The statutes governing service provisions (Boyd Ohlin, 1993; Ostroff, 2010); and
- Encouraging the need to provide a voice in the public arena for marginal groups(Humberstone, 2004; Swain et al., 2004).

Current studies focus on the experiential features of persons with disabilities when engaging with diverse leisure and tourism services (Lee et al., 2012; Poria et al., 2009;

Small et al., 2012). There has been an increasing acknowledgment that there are socially constructed barriers which impede them from participating in tourism and leisure activities (Buhalis et al., 2012; Small et al., 2012). The socially constructed barriers are "a mixture of the unfriendly built environment, political structures, economic position and social attitudes that are met on a daily basis" (Small et al., 2012).

In the hotel sector, Darcy & Daruwalla, (1999) detected that in Australia frequently hotels did not have adequate numbers of rooms suited to customers with disabilities. Gavin (1998) found that many of these customers had distress in opening and using hotel room windows in the UK due to the physical effort needed. This was often aggravated by heavy doors and windows. Burnett & Baker, (2001) piloted studies in the USA and identified seven criteria that people with disabilities would modify to improve their stay in the future: Flooring surface with easy traction, motorized curtain pulls, wider passages, alter door direction to swing open, light switches positioned closer to the bed, phone located closer to the bed and smaller number furniture in the rooms.

With respect to travelling, McKercher et al., (2003) studied the perception of persons with disabilities towards the effectiveness of travel agents in Hong Kong and found that respondents believed that travel agents were largely lacking in catering for their needs. Two causes were recognised: structural and attitudinal. Travel agents were largely unaware of the needs of consumers with disabilities, which led to subtle or overt discrimination. Information given was inadequate and inaccurate due to the lack of knowledge of the particular needs of tourists with disabilities. Also, the financial truths of the retail travel sector in Hong Kong forced agents to seek high commissions and they were inclined to book packaged tours that might not be suitable for tourists with a disability(Wan, 2013).

Turco (1998)examined barriers to travel in Illinois (USA) for persons with disabilities and categorized barriers into four (4) areas; Attractions (e.g. location inaccessibility and entrance costs); Information sources (e.g. undependable sources of information about a destination and its accessibility); Transport (e.g. unreachable public transport services); and Accommodation (e.g. inaccessible rooms, obstructive appliances such as lamps and TVs and front-desk counters that were too high).

Small et al. (2012)surveyed the personified tourist experiences of 40 people in New South Wales and Western Australia (Australia) who were vision-impaired. They found that the quality of the tourist experience was connected to participants' feeling of inclusion or exclusion in terms of their access to information, direction-finding experiences, travelling with a guide dog, and the understanding and attitudes of others(Wan, 2013).

McKercher et al, (2003)piloted a study in Hong Kong and recognised five (5) different experience stages (personal, reconnection, analysis, physical journey, and implementation and recollection) in the process assumed by persons with disabilities in becoming travel-active. The research also recognised major barriers faced by these people during each stage. Such barriers comprised social attitudes to disabilities, an absence of specialist travel companies, an absence of safe environments, a lack of care givers, awkwardness of transportation facilities, added costs for care givers, and a narrow choice of facilities.

Also, Charbonneau (2006) recounted that many travellers with disabilities met financial barriers in travelling. This constraint stems from inadequate income and increasing prices of travel because of rising fuel, accommodation, meal and facility costs. Charbonneau (2006)found that 90% of French travellers with disabilities travelled more than 80 km from their home only once a year unless they had to visit family and/or friends or the cost was subsidized.

There are also papers on the flight experiences of PWDs. Poria et al. (2011)found that travellers with disabilities were faced with physical and social difficulties in boarding aircraft, alighting, and on board. Wheelchair users especially expressed how they started from what they described as physical torture and humiliation. The research suggested providing more preparation to crew members and airline employees on how to deal with this group of passengers. The study of McKercher et al. (2003) in Hong Kong also pronounced that wheelchair users often dehydrate themselves on long-haul flights to eschew using the toilets. Yates (2007) detected that airlines often damaged wheelchairs and therefore severely affected the vacations of persons with disabilities (Wan, 2013).

Finally, Poria et al. (2009)piloted in-depth interviews in Turkey with experts comprising doctors, managers of museums, and consumers with disabilities, and found that difficulties they had encountered were linked to the physical and human environments of a museum, covering staff attitudes and services, information and communication and the chances to mingle with other visitors.

2.4.5 People with disabilities in the role of consumers

Clients with visual impairments experience a host of difficulties in everyday life, comprising stairs, obstacles on the sidewalks, and restrictions imposed by mass transit. Such difficulties render a simple walk in city streets a never-ending task to persons with disabilities, and just like others, PWDs have needs that must be met through consumption(Ruddell & Shinew, 2006). That said, barriers to accessibility often obstruct their access to places of consumption (de Faria et al., 2012).

Society's lack of preparedness to deal with PWDs is particularly evident in retail purchase situations: rarely are trained salespeople available to attend to consumers with disabilities (Kaufman, 1995; Kaufman-Scarborough, 1998). PWDs want to be seen as potential

consumers when they enter a store(Baker et al., 2007). Regrettably, though, attendants often fail to notice PWDs as consumers. In Brazil, the legislation provides for treatment for PWDs and has established general standards and benchmarks for accessibility. Nonetheless, the country is still far from offering idyllic conditions for PWDs to be able to consume. In shopping malls, for instance, countless obstacles prevent PWDs from moving around and making purchases. PWDs even encountered barriers to consumption of information. The processing of visual information in advertising campaigns and on the internet, for instance, poses limitations for persons with low visual acuity (Kaufman–Scarborough, 2000), despite the fact that Internet interfaces and recent software to read computer screens are starting to ease consumption for PWDs (de Faria et al., 2012).

Burnett & Baker (2001) contend that the true inclusion in society of PWDs as consumers will only happen when they are given a voice to say what modifications must be implemented and how. Studies also show that investment in accessibility tends to satisfy both PWDs and consumers without disabilities alike. Accessibility, besides dealing with corporate social responsibility concerns(Jones et al., 2007), is also motivated by functional aspects(de Faria et al., 2012).

2.5 Chapter summary

The review of literature obviously disclosed that not much study has been conducted on the topic within the Ghanaian context. The review therefore found that, participation of PWDs in tourism will enhance potential business. Also, disabled markets are loyal towards their clients. Providing services for PWDs will enhance service provided to non-disable population improved.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This section considers the various techniques and methods that were used to collect and analysed data for this research. The major areas that were concerned for suitable completing of this study was the study area and target population, sampling techniques and sample size, data collection and analysis techniques.

3.1 Study methods and Design

Research methodology is a way to systematically solve a research problem (Kothari, 2004). This research work employed cross sectional study design with both qualitative and quantitative data collection methods to examine the accessibility to tourism for PWDs in Ashanti region. A cross-sectional survey was used since the time frame is limited and it would help the researcher to cover a larger number of respondents to participate in the study. This therefore confirmed what Levin (2006) revealed that, a cross sectional studies is applicable when the purpose of the study is descriptive.

3.2 Study Area

A preliminary survey conducted by the principal investigator showed that every form of tourism and its related activities such as social and culture, heritage, hotels, natural or ecology could be found in Ashanti region. In view of this, the target area of this study was restricted to Ashanti region. Again, the selected study area helped to facilitate the collection of the data within the limited stipulated time for the submission of the final work since the area is popularly known for its beautiful tourist activities.

3.2.1 Characteristics

Ashanti region is the most populous region in Ghana. According to the 2010 population census, the region recorded 4,010,054 representing 16.3% of the entire Ghanaian population of 24,658,823 people. The region is second to Greater Accra as the most urbanised region in the country. The region has a total of 21 districts and metropolis. Kumasi is the capital of the region taking a third of the region's population. The region is relatively dense populated of 148 per square kilometres (Ghana Statistical Services, 2012).

The region is known for its traditional activities as the heart of Ghanaian culture. The region is endowed with beautiful tourist destinations ranging from lakes and rivers, festivals and events, sports and leisure, wildlife and nature reserves and museums(Tourism Ghana, 2008). The tourism facilities in the region have made it a destination for recreation and opportunities for study and research (Kumasi Metropolitan Assembly, 2006)

Ashanti region is endowed with cultural tourism services including symbols, textiles, dressing, royalty, indigenous, architecture, food, artisan, music and hospitality. It has various heritage sites like Cultural centre, Kumasi Armed forces military museum, Obuasi Gold mines, Sword site, Craft villages (Pankrono and Anhwiaa) and Kejetia. The history behind the Asante kingdom has given the region historical site like Asantemanso forest at Kokofu, Manhyia Palace and Museum, Prempeh II Jubilee museum, Kumawu Township, Kokofu Anyinam (birth place of the first king of Ashanti), Ejisu Besease shrine, Adarko-Jachie shrine, Kentikrono shrine and Antoa shrine. Natural tourism destinations in the region include Lake Bosomtwe, Bobiri forest, Mframabuom caves, Owuabi bird sanctuary and Kumasi Zoo. Transport system, accommodation (home lodge, hotel, guest house, hostel) and Catering(restaurant).(CTB World Travel, 2012).

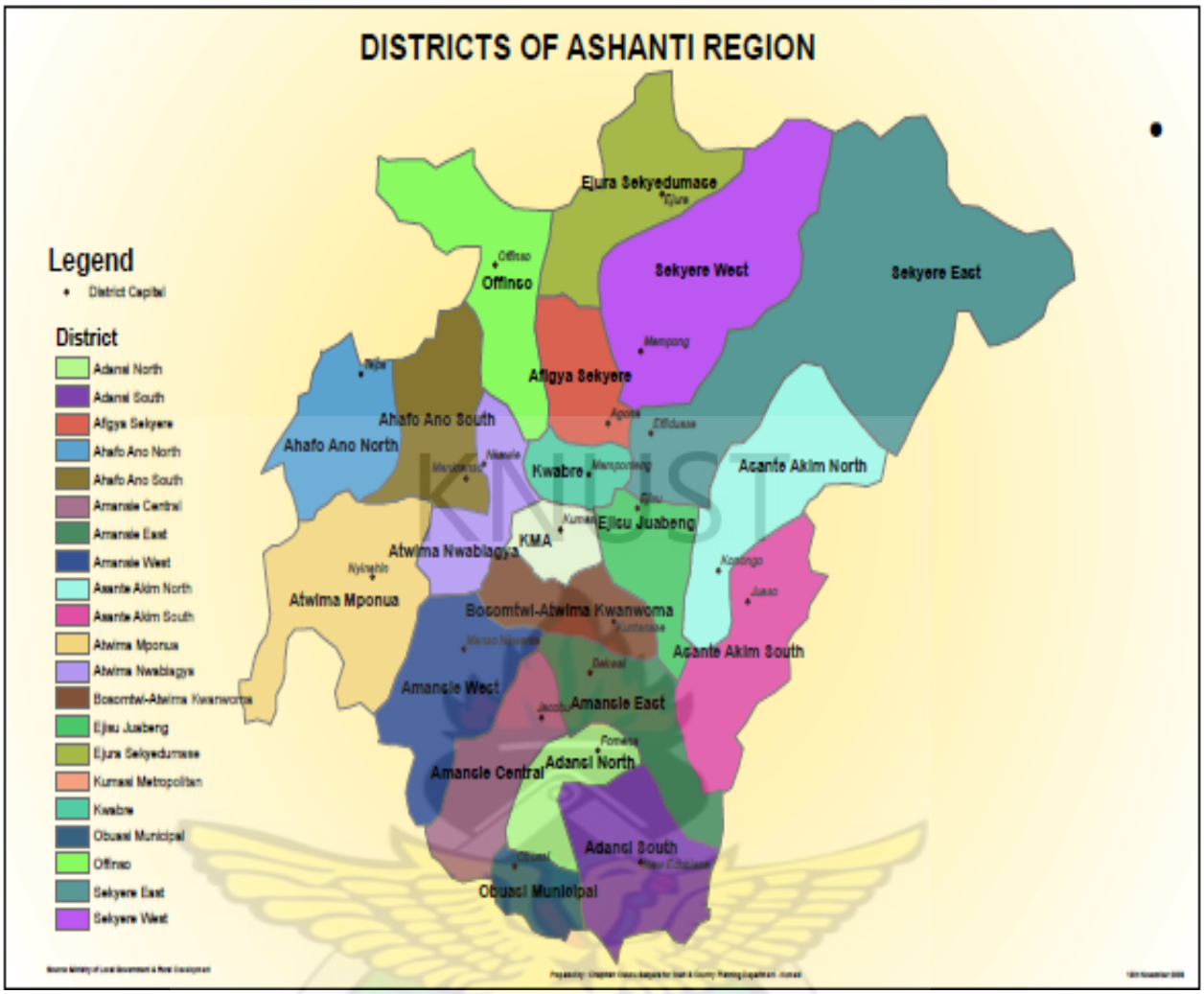

Figure 3.1: Map and Districts in Ashanti Region

(KMA, Town and Country Planning Department, 2010)

3.3 Study Population

The target population for this study comprised of diverse group of people with knowledge on tourism. It also included people with knowledge on disability related issues. In view of this, staffs at various tourism institutions and PWDs were considered as participants of the study. The sample frame that was used for the study was largely restricted to Ashanti region.

3.4 Sampling Techniques and Sample Size

The study used convenient sampling to select seven (7) workers at various tourist centres in Ashanti region. The selection of workers was limited to one per each tourist site. The tourist centres that were covered include Manhyia palace museum, Cultural centre, Ghana Armed forces museum, Prempeh II Jubilee museum, VIP bus terminal station (Transportation),Rex Mar Hotel (Hotel), all of Kumasi Metropolis and Bobiri forest and Butterfly sanctuary, Ejisu-Juaben district. This technique was adopted because respondents were readily available and convenient in the study site.

The study again used simple random sampling to select PWDs in three districts which were also randomly from Ashanti region. One hundred and twenty (120) PWDs were randomly selected from Kumasi Metropolis and two other districts including Atwima Nwabiagya and Sekyere South. Forty (40) PWDs were selected from each of the districts. The principal investigator and research assistant attended meetings of Ashanti regional branch of Ghana Blind Union (GBU) and Ghana Society for the Physically Disabled (GSPD) to help in the enrolment of respondents. Individuals who fell under these districts were made to pick from ballot box with papers written on them 'Yes' and 'No'. PWDs who picked 'Yes' in all the districts and consented to participate in the study were enrolled. Arrangements were therefore made with these respondents at places of their convenience for the administration of the questionnaire. In each of the three district capitals, leaders of these groups helped to locate participants for the study.

3.5 Inclusion and Exclusion criteria

The inclusion criteria for participant were individual workers at various tourism sites or centres in Ashanti region. PWDs who were included in the study met criteria such as being

found and accessed tourism services in the study area. Exclusion criteria included tourism workers and PWDs who are not found in the study area.

3.6 Data collection techniques and tools

This study used two methods of data collection. The first method was an in-depth interview which was conducted with workers at tourist sites. This helped to limit and make easier the analysis of responses. The interview followed an interview guide which was structured based on the study objectives.

The second method of data collection was a structured questionnaire which targeted individuals with disabilities who met the criteria as study participants. The researcher and his assistants read and explained the questions to participants when it became necessary.

3.7 Data Analysis Procedure

This research obtained two different sets of data with one being audio recorded data and the other being a written interview questionnaire. All information obtained was kept confidential. Only the principal investigator and project supervisor had access to the information. The field supervisor checked all information obtained from the respondents and ensured completeness and consistency.

The qualitative data obtained from the audio recorded information was transcribed into word document. The researcher performed Thematic Analysis to develop themes and sub-theme from the data. The Principal investigator read through the transcribed data for several times to identify emerging themes. All the common major and sub-themes themes that emerged were grouped base on the study objectives.

Furthermore, the second set of data obtained was coded and analyzed using SPSS software version 20. Descriptive statistics was used to present the quantitative data. The results were

presented by using percentages and frequencies in table forms. Also, graphs such as pie charts, histogram and bar charts were employed to present results of the study. In both the qualitative and quantitative data obtained the study first presented the demographic background information of the participants followed by the various objectives of the study.

3.8 Ethical Consideration

This study obtained ethical clearance from the Committee for Human Research and Publication, KNUST. The study was again approved by Ghana tourism Authority in Ashanti region to enable their workers participates in the study. A written informed consent form was given to participants to ensure the ethical conduct of the research. The consent form described the purpose of the study, the risks, benefits, and the voluntary nature of their participation. Therefore, the researcher initiated data collection until the consent was received at the beginning of the research project.

CHAPTER FOUR

RESULTS

4.0 Introduction

This chapter presents the results of the study involving 120 PWDs and seven (7) officials of tourism sites in the study area. It is presented per the objectives of the study. It is divided into two sections with part one focusing on the results from the questionnaires issued out and part two focusing on the interview report with staff at various tourist sites. The results are presented as frequencies and percentages in graphs and tables. It is followed with a narrative of the tables and the graphs.

Part 1: Results from quantitative data collection among PWDS

4.1 Demographic Information of respondents (PWDs)

Table 4.1 presents results on the demographic characteristics of respondents (PWDs) involved in the study. Sixty-two (62) respondents, representing 51.7% were physically challenged, whereas 58 respondents, representing 48.3% were blind. Most respondents in the study (66.7%) were male whiles 33.3% were females. Slightly more than a third (36.7%) was between the ages 31 – 40 years, whereas 30% fell within the age 21 – 30 years. Only 3 respondents, representing 2.5% were below 20 years, with 21.7% above 50 years. Christianity was recorded as the dominant religion (104; 86.7%), followed by Islamic (16; 13.3%) with no participant reporting traditional and other religion. Most (44.2%) of the respondents were single, whereas 25.3% were married, with 30% divorced. Senior High School graduates were dominant, followed by Junior High School (26; 21.7%), Tertiary level (25; 20.5%) and Primary level (20; 16.7%). Only one respondent reported other educational qualification such as professional certificate.

Most (37.5%) respondents were not engaged in any employment. However, 20% were working as civil servants, 16.7% as traders, and 7.5% as apprentices with only two (2) respondents representing 1.7% as farmers. About 16% however reported other forms of employment.

Table 4.1: Demographic Information of Respondents (PWDs)

Variables	*Characteristics*	*Frequency*	*Percentage*
Disability	▪ Physically Challenged	62	51.7
	▪ Blind	58	48.3
Gender	▪ Male	80	66.7
	▪ Female	40	33.3
Age	▪ ≤20	3	2.5
	▪ 21 – 30	36	30
	▪ 31 – 40	44	36.7
	▪ 41 – 50	11	9.2
	▪ > 50	26	21.7
Religion	▪ Christianity	104	86.7
	▪ Islamic	16	13.3
Marital status	▪ Married	31	25.8
	▪ Single	53	44.2
	▪ Divorce	36	30.0
Education	▪ Primary	20	16.7
	▪ JSS	26	21.7
	▪ SSS	38	31.7
	▪ Tertiary	25	20.8
	▪ Other	1	0.8
Employment	▪ None	45	37.5
	▪ Trading	20	16.7
	▪ Farming	2	1.7
	▪ Apprenticeship	9	7.5
	▪ Civil Servant	24	20.0
	▪ Other	20	16.7

Source: Field Data, 2014

4.2 The extent to which Persons with Disabilities participate in tourism

Table 4.2, figure 4.1, figure 4.2 and figure 4.3 demonstrate the extent to which PWDs participate in tourism. Responses indicate that, all respondents have ever accessed tourism before. Responses again indicate that almost all PWDs (99.2%) participated in tourism as consumers of the services. Only one respondent indicated that he participate as producer. The majority (60.8%) of respondents occasionally participated in tourism whereas 24.2% have yearly participation. However, only 5% have monthly participation with 10% citing that they do not regularly participate. Forty-two (42) respondents representing 35% travel 2 to 3 hours before they access tourism whereas 33.3% travel for about an hour to two to access tourism services. About 10%, however, travel for 15 to 30 minutes and 30 to 60 minutes respectively with 10.8% citing other time it takes them to reach tourism destinations.

The study elicited information on the amount respondents pay at tourism entrances. Most respondents (23.3%) paid below GHC 3.00 whereas 13.3% paid GHC 3.00 – 5.00. Six respondents representing 5% paid GHC 5.00 – 10.00, with only 2.5% paying above GHC 10.00. The majority (45.8%) spent below GHC 10.00 on a single round of tourism visit whereas 40% spent GHC 10.00 – 30.00. The average expenditure on a single tourist visit is, however, GHC 14.92. Also, 10% of respondents spent GHC 30.00 – 50.00 with only 4.2% with an expenditure of GHC 50.00 – 70.00. However, no respondents spent above GHC 70.00 on a single tourism visit.

As shown in figure 4.1, the sources of tourism destinations among respondents included National Parks (25%), Cultural centres (18.3%), Resorts (11.7%) and Hotels (8.3%). However, the majority, (36.7%) disclosed other sources of tourism destinations like Military Museum as presented on figure 4.1. Responses further indicate that the majority

(90.8%) of PWDs expenditure on tourism comes from their personal income with only 9.2% indicating they are sponsored by their family members.

The study again obtained information on PWDs' opinion on their expectations from Ghana Tourism Authority to improve their participation in tourism. The majority (49.2%) opined that subsidy should be made in gate fees for PWDs at tourism centres, whereas 40.8% suggested that GTA should design specific tourism centres that are disability friendly. Also, 10% were of the view that GTA should educate tourism staff and professionals on disability related issues.

Table 4.2: Participation of Persons with Disabilities in Ashanti Region in tourism

Variables	*Frequency*	*Percentage%*
Have you ever accessed tourism (n=120)		
▪ Yes	120	100.0
▪ No	-	-
Description of contribution to tourism (n=120)		
▪ Producer	1	8
▪ Consumer	119	99.2
How often do you access tourism (n=120)		
▪ Monthly	6	5.0
▪ Yearly	29	24.2
▪ Not regularly	12	10.0
▪ Occasional	73	60.8
Monthly income (n=120)		
▪ < GHC 100.00	46	38.3
▪ GHC 100.00 – GHC 200.00	17	14.2
▪ GHC 200.00 – 300.00	30	25
▪ GHC 300.00 – GHC 700.00	27	22.5
Time to tourism sites (n=120)		
▪ 15 – 30 minutes	12	10.0
▪ 30 – 60 minutes	13	10.8
▪ 1 – 2 hours	40	33.3
▪ 2 – 3 hours	42	35.0
▪ Other	13	10.8
Amount paid at tourism entrance (n=53)		
▪ Below GHC 3.00	28	23.3
▪ GHC 3.00 – 5.00	16	13.3
▪ GHC 5.00 – 10.00	6	5.0
▪ Above GHC 10.00	3	2.5
Expenditure on single tourism visits (n=120)		
▪ < GHC 10.00	55	45.8
▪ GHC 10.00 – 30.00	48	40.0
▪ GHC 30.00 – 50.00	12	10.0
▪ GHC 50.00 – 70.00	5	4.2

Source: Field Data, 2014

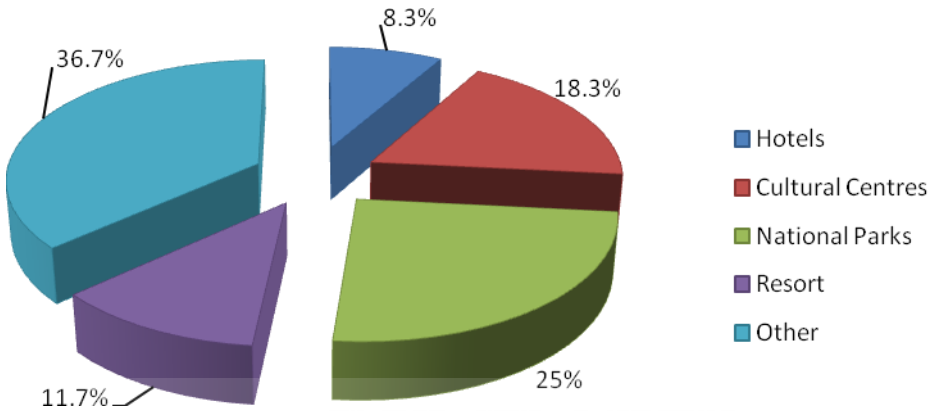

Figure 4.1: Sources of tourism sites

Source: Field Data, 2014

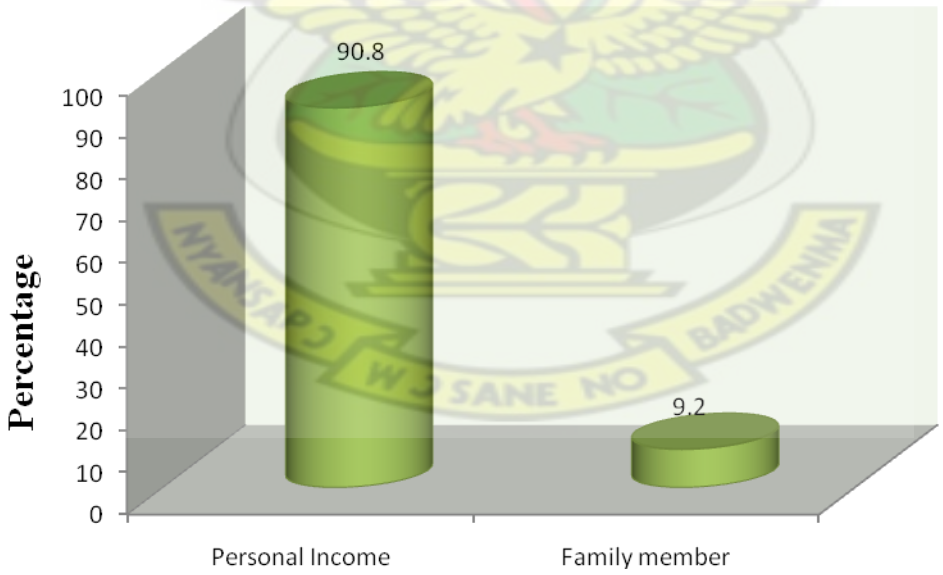

Figure 4.2: Source of payment for Tourism expenditure

Source: Field Data, 2014

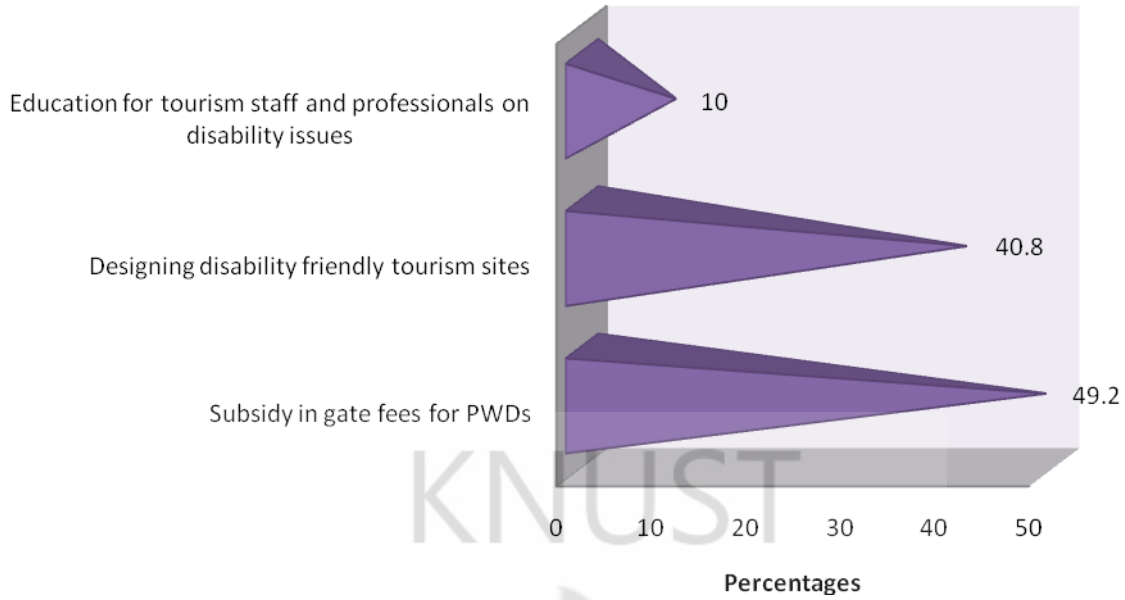

Figure 4.3: Expectations from Ghana Tourism Authority to improve PWDs participation in tourism

Source: Field Data, 2014

4.3 Facilities that exist to promote the Participation of PWDs in tourism

As shown in table 4.3, the majority (62.5%) of respondents faced barriers to facilities when they accessed tourism whereas 37.5% disclosed they did not face any barrier to facilities. Examples of such barriers as reported by respondents include lack of wheel chair accessible vehicles (16; 13.3%) and inability of PWDs to climb the walk ways (29; 24.2%). The majority (62.5%) of respondents, however, reported other barriers such as inaccessible rails. The majority (57.5%) of respondents confirmed that they do not have access to adapted toilet facilities in restaurants and public places at tourism destinations whereas 42.5% admit these facilities are accessible to them. Respondents further disclosed they receive assistant to access these toilet facilities from their caregivers (59: 49.2%) and professionals at tourism sites (50: 41.7%). Others respondents 11.0% indicated they receive assistant to these facilities from their fellow tourist visitors.

Furthermore, 55.5% of respondents did not have access to adapted tables and chairs in restaurants and bars at tourist sites, but 45.0% disclosed they do have access. The study also elicited information on which provisions were available to ensure access to facilities including bath chairs, toilet raisers, wheel chair accessible vehicles and Braille format text. Responses indicate that none of these facilities or others was available.

Figure 4.4 illustrates the opinions of PWDs on their satisfaction on the facilities at tourism destinations. Respondents' opinions were reported on a scale ranging from Very good, good, indecisive, bad and very bad. The majority (42.5%) of respondents were of the opinion that the facilities were bad, 21.7% believed it is very bad, 26.7% opined that it is good, whereas only 2.5% admitted very good with 6.7% saying indecisive.

Table 4.3: Facilities that exist to promote the Participation of PWDs in tourism

Variables	*Frequency*	*Percentage (%)*
Barrier(s) to facilities when PWDs accessed tourism (n=120)		
▪ Yes	75	62.5
▪ No	45	37.5
Examples of barriers faced when accessing tourism (n=120)		
▪ Lack of wheel chair accessible vehicles	16	13.3
▪ Inability to climb the walkway	29	24.2
▪ Other	75	62.5
Access to adapted toilet facilities in Restaurants and public places at tourism destinations (n=)		
▪ Yes	51	42.5
▪ No	69	57.5
Sources of assistant to access toilet facilities at tourism destinations (n=120)		
▪ Caregivers	59	49.2
▪ Tourism professionals	50	41.7
▪ Other	11	9.2
Access to adapted tables and chairs in restaurants and bars at tourist sites (n=120)		
▪ Yes	54	45
▪ No	66	55.5
Available provisions to ensure accessible tourism (n=120)		
▪ Bath chairs	-	-
▪ Toilet raisers	-	-
▪ Wheel chair accessible vehicles	-	-
▪ Braille format text	-	-
▪ None	120	100.0
▪ Other	-	-

Source: Field Data, 2014

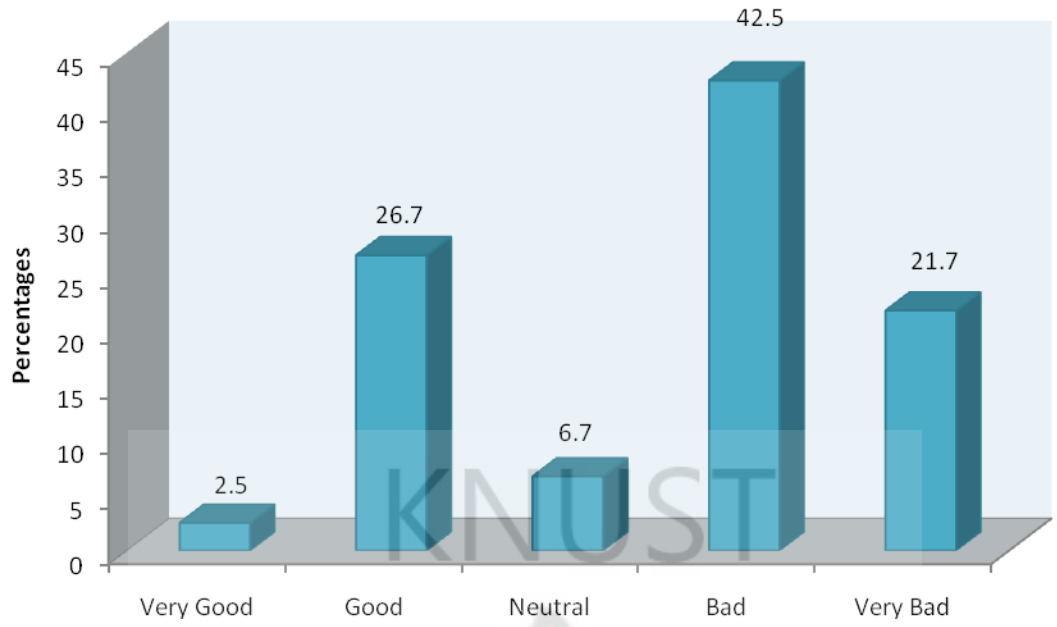

Figure 4.4: Respondents' opinions about the facilities available at tourism destinations

Source: Field Data, 2014

4.4 Structures to promote the accessibility to tourism for PWDs

The effective access to tourism services by PWDs needs structures that can be accessed by PWDs without reservation. This study found that the majority (66.7%) of respondents faced barriers to structures at tourism services including inaccessible environment (51.7%), absence of elevators (25.0%) and absence of ramps (9.2%). Other respondents (14.2%) reported barriers to structures including lack of good roads. Despite these barriers, the majority (59.2%) of respondents disclosed that tourism providers do not have professional staff dealing with matters of structural accessibility barriers. Again, 66.7% constituting the majority of respondents disclosed that they have consideration at tourism centres such that the majority (70.0%) of them receive consideration in the form of special assistant from tourism providers with few 15.5% indicating reduction in the price of tourism services. A rating by respondents was used to determine the level of PWDs' satisfaction of the services

offered them. The majority (66.7%) expressed general good services offered them whereas 15% expressed bad services.

The study further elicited information on provisions to structures needed to make tourism accessible to PWDs. The majority (27.5%) of respondents cited covered drains followed by proper walk-ways (25.8%), ramps (19.2%) and elevators (11.7%). Nineteen (19) PWDs representing 15.8% of respondents, however, suggested other provisions such as accessible toilet facilities, accessible structures which can accommodate wheelchair users and all disable individuals as shown in figure 4.4.

Table 4.4: Structures that need to be put into service to promote the accessibility to tourism for PWDs

Variables	*Frequency*	*Percentage(%)*
Faced any barrier to the structures at the tourism services(n=120)		
▪ Yes	80	66.7
▪ No	40	33.3
Type (s) of structural barrier (s) faced when PWDs accessed tourism services(n=120)		
▪ Inaccessible environment	62	51.7
▪ Absence of elevators	30	25.0
▪ Absence of Ramps	11	9.2
▪ Other	17	14.2
Access to professional staff dealing with structural accessibility issues(n=120)		
▪ Yes	49	40.8
▪ No	71	59.2
Consideration at the tourism centres(n=120)		
▪ Yes	80	66.7
▪ No	40	33.3
Form (s)of consideration do you receive at the tourism centres(n=110)		
▪ Special assistant from tourism providers	77	70
▪ Price reduction	17	15.5
▪ Other	16	14.5
Rating of the services offered to PWDs (n=120)		
▪ Very good	10	8.3
▪ Good	80	66.7
▪ Neutral	10	8.3
▪ Bad	18	15.0
▪ Very Bad	2	1.7

Source: Field Data, 2014

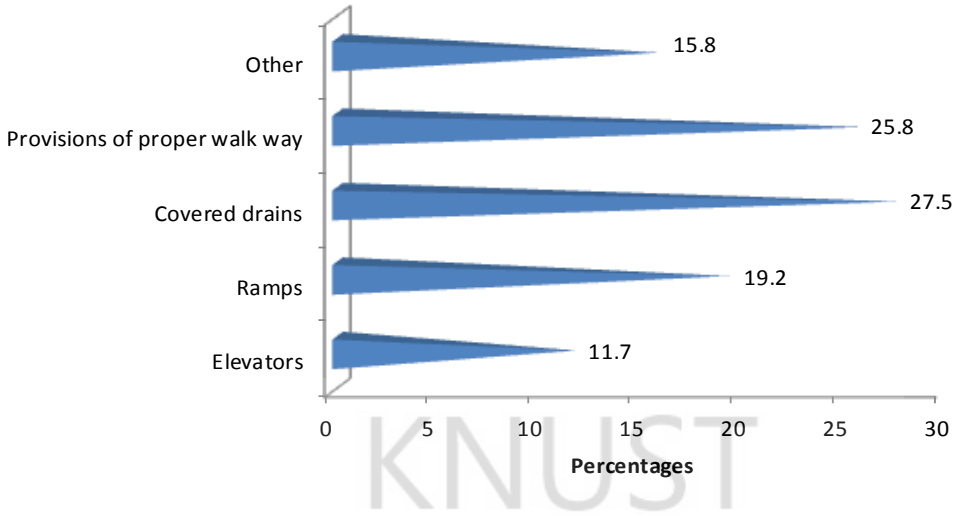

Figure 4.5: Provisions to structures needed to make tourism accessible

Source: Field Data, 2014

4.5 Results of Interview with Tourism workers

4.5.1 Background Information of Workers at various tourism destinations

Table 4.5 below presents the demographic information of seven (7) workers at various tourism destinations in the Ashanti region. Respondents' demographic information from the one-on-one face interview include age, gender, level of education, level of education, position held and marital status. Responses were gathered from five (5) males and two (2) females working in various tourism destinations in the Ashanti region. Five (5) out of the seven (7) professionals had tertiary education, with four having a first degree and one having second degree. Of the other two workers one had completed Junior High School and the other was a professional course holder. The lowest age among respondents was 28 years, with 55 years as the highest. The mean age was 41 years. Responses indicate that all the workers were married. The various positions they held at their working places included curator, director of operations, director, conductor, tourism guide, receptionist and cashier.

Table 4.5: Demographic characteristics of respondents at Tourist centres

Respondents	*Characteristics (age, gender, education, position, marital status)*	*Type of tourism services*
Interview one	o 38 years o Male o Tertiary o Senior Executive officer o Married	Ghana Armed Forces Museum
Interview two	o 45 years o Male o Tertiary level o Curator o Married	Manhyia Palace Museum (Cultural)
Interview three	o 34years o Male o Tertiary o Director of Operations o Married	Rex Mar Hotel (Hotel)
Interview four	o 46 years o Female o Professional course o Receptionist and Cashier o Married	Bobiri forest and Butterfly sanctuary (Natural)
Interview five	o 42 years o Male o Junior High School o Conductor o Married	VIP Buses (Transportation)
Interview six	o 55 years o Male o Master's Degree level o Director o Married	Cultural Centre (Culture)
Interview seven	o 28 years o Female o Tertiary o Tour guide o Married	Prempeh II Jubilee Museum

Source: Field Data, 2014

4.5.2 Themes from the interview

4.5.2.1 Participation in tourism by Persons with Disabilities

This section presents the views of tourism workers in the region on the participation of PWDs in the industry. Almost all tourism workers involved in the study confirmed that PWDs do not frequently visit the tourism centres. Only one worker at a hotel in the region, however, reported that in a typical month, four (4) PWDs access their hotel. Additionally, all the workers at various tourism centres in the region confirmed that the type of disability that visit the tourism centres are physically challenged, blind and the deaf. However, people who use clutches were the most mentioned groups. A senior executive member at a tourist centre in the region disclosed that;

"In fact, in a whole year, we normally receive few of them. In a month however, it is sometimes zero such that we do not receive any of them. In June, July and October where we have our peak level, we sometimes receive some of them from institutions or churches. It is very difficult for me to actually say one or two PWDs access our services because there is no consistency in that. We receive the visually impaired, the deaf and the physically challenged in our museum"

4.5.2.2 Accessibility to facilities and structures

Tourism workers involved in the study frequently expressed inaccessible tourism services for PWDs. They disclosed that tourism services as lacking facilities and structures that will enable PWDs access. Interestingly, most of the workers expressed that the tourist structures and environment are already built such that it did not factor PWDs in the establishment stage. This is how a curator at one of the tourist centres in the region expressed his concern:

"The museum is not accessible; probably we do not have facilities for PWDs because the building is a storey building. We normally assist them to the ground floor because the

museum does not have facilities for them, carrying them to the second floor is difficult. We take them through the items at the ground floor and then they watch the documentary. We also tell them what's at the second floor, the history and objects"

The workers further shared their views on the inaccessible nature of transport services for PWDs. At one of the natural tourist destinations in the region, a receptionist and cashier expressed that the natural tourist sites do not have accessible walk-ways because roads for vehicles to pass are not constructed in forest and other natural places. In the view of the cashier:

"Some of the disabled are not able to access the sites here especially the forest. This is because they cannot walk through the forest. Cars cannot be provided as a medium because there are no accessible roots into the forest. As a result they wait for the abled to go for and tour the forest. This month, there was a woman who came but could not tour the forest so she sat in a car and drove alongside the main road here just to have a view of the forest as well snapping pictures"

Similarly, a bus conductor at one of the tourist destinations in the region expressed that transportation is one of the major facilities that make tourism inaccessible to PWDs. The conductor expressed that:

"The physically challenged and visual impaired find it difficult in accessing the vehicles, we assist them in climbing the vehicles and even carry them. We have to ask permission or plead on behalf of them from those sitting in front or behind the driver to get up for them to sit. If the vehicle is full we asked them to join the other bus"

"The blind, deaf and those who uses wheelchair and clutches, the blind is been assisted in climbing the stairs and we allow them to touch and feel the objects. For the deaf is very

difficult in communicating with them because, we don't have sign language interpreter. Those using the wheelchair and clutches, we carry them in climbing the stairs. The museum doesn't have facilities for PWDs to enable them access tourism. These are the challenges that face when they are accessing the museum"

4.5.2.3 Provisions that needs to be put in place

Despite the interview schedule focus on accessibility to facilities for PWDs, professionals commented frequently about the challenges and general provisions that need to ensure accessible tourism. A worker from the transportation industry believes the company should purchase accessible vehicles which will encourage PWDs to hire for their visits and also ensure sign language interpreter is available at various stations to make communication easy. The next quotation highlights this issue.

"As I have already said the association needs to purchase buses that have enough space or walkway and have remote for PWDs in the buses. The company needs to employ sign language interpreters at the stations and the numbers on the seat should be in Braille text format. With all these provisions, I think it will encourage PWDs to participate in tourism by hiring our vehicles"

From the hotel, the workers believe that although all facilities are not accessible at the moment, officials are, however, of the view that banquets should be made accessible and also staff should provide all necessary assistant to satisfy PWDs. A director of operations at one of the tourist destinations in the region expressed that:

"Depending on the personal and peculiar problem the person has, there should be an access for them to the banquet. Secondly, we have to make sure that PWDs are satisfied depending on what facilities are available"

At the natural tourism destinations, professionals believe that canopy walk should be an option since vehicles cannot go round such places. The next quotation highlights this issue.

"I think the canopy walk would be suitable to improve the accessibility of the PWDs owing to the fact the routes into the forest are walking routes but not vehicle routes. We should do internal adverts so that Ghanaians would get to know this place. Foreigners are handed booklets just on arrival from the plane"

CHAPTER FIVE

DISCUSSION

5.0 Introduction

This chapter presents the discussions of the study. It involves the discussion of the findings of the study in relation to published literature on accessibility to tourism among Persons with Disabilities. It is outlined based on the objectives of the study.

5.1 Background characteristics of respondents

Finding revealed that the majority of respondents for this study were males. The questionnaire data had 66.7% males whereas the interview had 5 males with majority falling within the ages 41 to 50 years. The finding that males dominate in the study suggests that females have limited participation in research as they are mostly busy with the activities in the home. The mean age of the respondents was 36 years. Finding further disclosed that the majority of the study participants had Senior High School qualification with only 16.5% having primary education. Similarly, the study results indicated that most participants were singles (44.2%) and not employed (37.5%) in any sector of the economy. This findings is consistent with general assertion that PWDs in the Ghanaian society are generally less employed compared to non-disabled individuals as reported by (Ntibea, 2011). It also confirms the result by Ghana Statistical Services Ghana Statistical Service (2012) which recorded lower employment rate of disabled to non-disabled. The study again recorded higher Christianity dominant than Islamic. This suggests that the study area is an Akan dominant community as confirmed by GSS report in 2010. The finding suggested that physical disabled persons were dominant and implies that they are the group likely to access tourism services.

5.2 The extent to which Persons with Disabilities participate in tourism

The increasing rise in number of tourism participation among non-disabled population has no concurrent increase in PWDs participation in the industry. Service providers have the efforts, knowledge and commitment to ensure that PWDs have access to tourism opportunities. Tourism agencies, however, unintentionally may create barriers arising out of their practices, programmes and policies, facilities, rules and regulations that substantially affect PWDs (Stumbo & Pegg, 2005). Good travel agencies, however, can promote the participation of PWDs in the industry whereas poor performance can limit the participation of PWDs (McKercher et al., 2003). Participation of Persons with disabilities in tourism therefore, needs collective efforts by service providers to remove physical, social and economic barriers.

Results from the study showed that all respondents have ever accessed tourism before and as consumers of the services. However, they do not frequently participate in the industry as confirmed by most (60.8%) respondents who revealed that they occasionally participate in the tourism services. An interview with the workers at various tourism centres also attest to the fact that PWDs do not regularly participate in the industry. According to a study in Israel by Poria et al. (2011), individuals with disabilities have differences in experiences as they attempt to participate in tourism. These differences could be attributed to the type of accommodation that the PWDs require as reported by Chen (2005). The level of participation varies and depends on the disability and severity of disabled condition. The current findings could be attributed to the type of barriers that PWDs are confronted with as confirmed by Cameron et al. (2003) in a study that, many tourist sites experience barriers to participation by PWDs. Another study in Poland found that, although PWDs have significant amount of free time, yet they do not utilize it to participate in tourism. They only participate in tourism upon doctors' recommendations and having a friendly

groups who motivate and support them (Bergier et al., 2010). In Australia, research has found that PWDs have the same rate of travel during the daytime with non-disable population but have lower rate than non-disabled for overnight domestic and international travels (Darcy & Dickson, 2009).

The inability of PWDs to frequently participate in tourism could be attributed to the distance they travel to reach tourism destination as majority of respondents from the present study travel for 2 to 3 hours to tourism sites. Considering the amount paid at tourism entrances, Most PWDs (35%) pay less than GHC 3.00 to enter tourism sites and have an average expenditure of GHC 14.92 on single tourism visit, which mostly comes from personal income without support from any organization. However, with the majority earning below GHC 100.00, it may imply that the income levels of participants is relatively low to cover tourism visits. Financial burden could therefore, be a factor limiting PWDs participation in tourism. This confirms the finding by Cameron et al. (2003) that economic burden is a major constraint in tourism for PWDs than non-disabled. It again confirms similar findings in Hong Kong that the high commission charged by the retail travel sector were not suitable for tourist with disabilities(Wan, 2013). It, however, supports a recommendation made by Illinois State University that entry fee to tourism destination should be reduced for PWDs (Turco et al., 1998).

Results further demonstrated that destinations that were opted for tourist by the disabled in the Ashanti region included national parks, cultural centres, hotels and resorts. Other destinations included museums (example Ghana Armed Forces museum and Manhyia palace).These destinations are consistent with destinations that are chosen by disabled persons in the city of Galveston in Texas of United States as reported by (Sen and Mayfield, 2004).

Suggestions from participants to improve PWDs participation in tourism points out that, there should be specific tourism centres that are designed to make disability friendly. This will ensure that PWDs participate in tourism services. It confirms observation by some study that barrier-free tourism is an indicator for quality and competitive advantage for the industry. It will also help the sector to enjoy economic advantage and make tourism destinations more attractive to attract customers (Pühretmair, 2006; Pühretmair, 2004). This suggestion is consistent with the conclusion of Vignuda (2001) that, education and training on awareness on disability issues is a top consideration to promote PWDs participation in tourism. Similarly, most respondents suggested subsidy or reduction in gate fee price for PWDs at tourism destinations.

5.3 Facilities that exist to promote the Participation of PWDs in tourism

The facilities that exist to promote tourism may create barriers which adversely affect PWDs access. For instance, Chen (2005) specifies that a very high percentage of the population with disabilities used only accommodation facilities throughout their travel. They are unable to utilize other facilities that exist in hotels such as toilet, washrooms and restaurants. Darcy & Daruwalla (1999) assert that hotels do not have adequate numbers of rooms suitable for persons with disabilities. They mention numerous logistical factors, for example, shower seats and modifiable beds that should be in a hotel room explicitly for wheelchair users. Understanding, factors that prevent PWDs from utilizing facilities to access tourism is essential if tourism managers are to develop policies and programmes to improve accessibility to tourism in the Ashanti region for disabled visitors.

Barriers to facilities have been shown to be one of the major reasons why PWDs do not access tourism services. Findings from this study demonstrate that the majority, (62.5%) of respondents faced barrier to facilities when they accessed tourism. Examples of such

barriers include lack of wheelchair accessible vehicles and lack of facilities to assist PWDs to climb walkways. The interview with staff working at various tourist sites in the Ashanti Region also confirmed inaccessible facilities for PWDs who visited their destinations This is consistent with a study by Sparrow & Mayne (1990), which considered numerous restraining factors, comprising restricted access to facilities and transportation services, financial constraints, distances to recreation locations, and attitudinal barriers. This study again support findings by Sen & Mayfield (2004) and Turco et al. (1998) that touch many issues about the shortcoming of lodging facilities and transportation difficulties by disable person.

The difficulty in accessing toilet facilities was further seen in tourist as a result of their disability. The majority (57.5%) of respondents therefore, did not have access to adapted toilet facilities in restaurants and public places at tourism destinations. This finding corroborated previous study (Darcy, 2010) which reported similar barriers faced by PWDs. Despite the barriers, the majority turned on support from caregivers and tourism workers to access toilet facilities. These supports given by tourist workers confirms the assertion made by Takeda & Card (2002) that attractions and transportation staff displayed positive attitudes.

Some respondents also did not have access to adapted tables and chairs in restaurants and bars at tourist sites. Similar to this study results, a study conducted in United States by Takeda and Card (2002) found that, accommodations and eating-drinking establishment such as bars and restaurants were the least preferred environment for PWDs due to the inaccessible nature of facilities used. Responses again indicate that none of the provisions such as bath chairs, toilet raisers, wheel chair accessible vehicles and Braille format text were available to ensure easy access to tourism services. Majority, (42.5%) of respondents were of the opinion that the facilities were bad whereas 21.7% believes it is very bad.

5.4 Structures to promote the accessibility to tourism for PWDs

Tourism as a consumption commodity has the potential to ensure quality life among Persons with Disabilities. Such a person may enjoy much more life satisfaction when they access a varied tourist services(Card et al., 2006). Tourism services such as heritage and cultural centres, hotels and museum depends on the physical build environment. However, the physical environment at most tourist sites are not to date friendly for PWDs particularly in the developing world (Goodall et al., 2004) which is against the fundamental rights of the disabled population (Michopoulou et al., 2007).

Finding from the present study demonstrated that PWDs faced barriers to structures at tourist site including inaccessible environment, absence of elevators and ramps. This results is consistent with hotel experiences for PWDs in Israel as they access tourist sites(Poria et al., 2011).Responses from most of the staff working at various tourist sites in the Ashanti Region in the qualitative data expressed that the tourist structures and environment are already built such that it did not factor PWDs in the establishment stage. Examples of such tourism services include museums, and natural tourist destinations. Most of these services by nature demand walkways and not vehicles. This finding confirms several studies which revealed that tourism structures and environment remain inaccessible (Daniels et al., 2005; Burnett & Baker, 2001; Packer et al., 2007; Smith, 1987; Buhalis & Darcy, 2010). It also confirms the social model of disability such that it emphasizes the interaction between individuals and the environment.

Findings again revealed that there are no specific staffs dealing with issues of access to structures to PWDs as majority (59.2%) attest to this fact. However, at the tourist destinations, PWDs received some kind of consideration such as special assistant from tourist workers. There are specific provisions to structures that could assist to ensure

accessible tourism for PWDs. According to results from this study, a significant number of respondents disclosed provisions to improve access to tourism for PWD which include covered drains, provision for proper walk-ways, elevators and ramps. One service provider from the qualitative data suggested that canopy walk should be made available at most natural tourist destinations since vehicle cannot go round the places. Findings further suggested that despite barriers to structures faced by respondents, they expressed generally good services offered them as disclosed by 66.7%. This implies that workers at various tourist destinations are leading the crusade to provide quality services. Again, one worker from the interview data also confirmed that irrespective of how accessible structures and facilities are to PWDs, tourism providers should ensure that PWDs are satisfied with the services with all the supports they could. The finding from the present study is, however, contrary to the observation by Smith (1987) that barriers to tourist services may reduce the amount of leisure satisfaction. A related study that expressed low satisfaction from tourist services identified much information and communication barriers (McKercher et al., 2003).

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.0 Introduction

This chapter summarizes the major conclusions of the study and makes recommendations to improve the current situation of access to tourism for Persons with Disabilities (PWDs).It is divided into two sections; conclusion and recommendations.

6.1 Conclusion

6.1.1 The extent to which Persons with Disabilities participate in tourism

It can be concluded from the study that, although all participants have ever accessed tourism as consumers, they only paid occasional visit to tourist site. The average expenditure on a single tourist visit was GHC 14.92 which majority (90.8%) indicated comes from their personal income. To them this puts financial burden on PWDs accessing tourism services.

6.1.2 Facilities that exist to promote the Participation of PWDs in tourism

It was revealed from the study that PWDs in the Ashanti Region faced barriers to facilities at tourist destinations such as lack of bath chairs, toilet raisers, wheel chair accessible vehicles, Braille format text and facility to climb walk ways. Again, PWDs do not also have access adapted tables and chairs, and rather depend on their care-givers for support to access tourist services. Persons with Disabilities in the Ashanti Region admitted poor satisfaction on the facilities at tourist site.

6.1.3 Structures to promote the accessibility to tourism for PWDs

Conclusion can be made that Tourism structures and environment in the Ashanti Region were not accessible to PWDs and put barriers on such services. These barriers were as a

result of provider's inability to factor the needs of PWDs into the design of such tourist sites. Despite these barriers, PWDs receive some kind of consideration such as special assistant from tourist workers.

6.2 Recommendations

6.2.1 Ghana Tourism Authority/Government of Ghana/Other Stakeholders

- Ghana Tourism Authority should institute measures to ensure that facilities are accessible to Persons with Disability at all tourism destinations in the country. Also, efforts should be made to provide supportive services to ensure facilities at tourism destinations are accessible to be used jointly by persons with disability and those without disability.
- It is recommended that the Government of Ghana should re-visit existing regulations on accessibility issues to include tourism destinations so as to provide a more disability friendly tourism structures and environment that will be accessible. Efforts to monitor structures at various tourist sites to meet standards that can be accessed by all people without discrimination should be the top priority of Government and Ghana Tourism Authority. This is important as the participants suggested structured such as covered drains, proper walk-ways, ramps and elevators.
- It is again recommended that, subsidy on cost of tourism services should be provided to persons with disabilities since the income level was found to be low which has implication of financial burden on PWDs.
- The study further suggests to Ghana Tourism Authority that tourism staff and professionals should be educated on disability issues to equip them on how to manage PWDs who visits and benefit from their services.

6.2.2 Ashanti Region Tourist Authorities

- The study results shown that time and distance were a key influence on access to tourism among PWDs. Therefore, efforts should be made to make information available to PWDs to identify the type of tourism destinations that is near to their destinations.
- The tourism authorities in the region should carry out an unannounced monitoring and supervision to tourism sites to ensure that their facilities and services are accessible to all persons without discrimination.

6.2.3 Individual, Households and Community Level

- The study results showed that, PWDs do not regularly participate in tourism. Individual households are encouraged to embark on frequent visits to tourist sites together with their disabled family members. This could help PWDs increase PWDs participation in the industry and also help integrate them into the mainstream society.
- Churches, Educational Institutions and other organizations at community level should also factor the inclusion of PWDs when they organize visits to various tourism destinations.
- The disabled people organizations (DPO) as a group are also encouraged to have frequent visit to tourism sites to access their services.

6.2.4 NGOs/Other Stakeholders

- International or local NGOs that work for PWDs should also draw their attention to the need of tourism in creating social inclusion for PWDs. These organizations can support through providing financial support to Disabled People's Organization who attempt to organize tourism for its members. Also,

they can provide education for tourism staff on how to engage PWDs in their activities. The NGOs can also provide education to PWDs on the usefulness of engaging in tourism and how it can help them to be involved in the society.

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APPENDICES

APPENDIX A

KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY

SCHOOL OF MEDICAL SCIENCE

DEPARTMENT OF COMMUNITY HEALTH

CENTRE FOR DISABILITY AND REHABILITATION STUDIES

Introduction

Good morning/afternoon. I am a student at the School of Medical Sciences, Centre for Disability and Rehabilitation Studies, KNUST. I am conducting a research on: ***"ACCESSIBILITY TO TOURISM IN ASHANTI REGION FOR PWD's".*** *This survey is part of the efforts to improve the services offered to PWD's in the tourism industry. Your responses will remain confidential and will not be shared with anyone, except for reporting under tables and graphs*

	DEMOGRAPHIC CHARACTERISTICS	
1.	Community of Resident :…….	
2.	Gender 1. Male ☐ 2. Female	
3.	Age :……	
4.	Disability Type 1. Physically Disabled ☐ 2. Blind 3. Deaf 4. Speech Disorder 5. Wheel Chair Users 6. Other: Specify……..	
5.	What is your religion? 1. Christianity ☐ 2. Islamic 3. Traditional /spiritual 4. Other (specify)…….	

6.	What is your highest level of education? 1. None 2. Primary 3. JSS/Middle 3. SSS/Vocational 4. Tertiary 5. Others (specify)…….....	
7.	What is your Employment status? 1. Government/Civil servant 2. Trading 3. Farming 4. Apprenticeship/Craft 5. None 6. Other: Specify:	

	SECTION B: EXTENT TO WHICH PWD's PARTICIPATE IN TOURISM IN GHANA	
8.	Have you ever accessed tourism before? 1. Yes 2. No	
9.	If no, why do you not access tourism? 1. Cost of tourism 2. Distant to tourist site 3. Other: specify:	
10.	If yes, which one of the following best describes your involvement in tourism? 1. Producer 2. Consumer	
11.	Which type of tourism (s) do you access? Prompt by mentioning e.g. Natural, social, cultural etc. :.....	
12.	What is your commonest source of tourism services? 1. Hotels 2. Cultural centres 3. National parks 4. Resort 5. Other: specify:	
13.	How often do you access this tourism services?	

	1. Monthly 2. Yearly 3. Not regularly 4. Occassional **5.** Other**:** Specify.....	
14.	How much does it take you to walk or travel to access tourism services? 1. 15 minutes 2. 30 minutes 3. 45 minutes 4. 60 minutes 5. Other: Specify.....	
15.	Which one of the following best describes the amount you pay to access tourism services? 1. Under 10 cedis 2. GHC 10- 30 cedis 3. GHC 30 -50 cedis 4. GHC 50- 70 cedis 5. Over GHC 70	
	SECTION C: FACILITIES THAT EXISTS TO PROMOTE THE PARTICIPATION OF PWD's IN TOURISM	
16.	Have you ever faced any barrier(s) to facilities when you attempted to access tourism? 1. Yes 2. No	
17.	From 16, give example(s) of the barrier(s) that you face when you access tourism? :.....	
18.	How was this barrier resolved for you to access the services?	
19.	What facilities do you need to resolve these barriers? Prompt by mentioning .... 1. Interpretors	

	2. Assistive Listening devices 3. TV recorder 4. Readable signs 5. Braille format	

	SECTION D: STRUCTURES THAT NEED TO BE PUT INTO SERVICE TO PROMOTE THE ACCESSIBILITY TO TOURISM FOR PWD's	
20.	Have you faced any barrier to the structures at the tourism destinations? 1. Yes 2. No	
21.	What type (s) of structural barrier (s) did you face when you access tourism services? 1. Inaccessible environment 2. Absence of elevators 3. Absence of Ramps 4. Other: Specify:.....	
22.	Do you have any consideration at the tourism service setting? 1. Yes 2. No	
23.	What form of consideration do you receive at the toursim setting? 1. Assistant from staff 2. Price reduction 3. Other: Specify.....	
24.	What provisions to the structures do you need to make tourism accessible? :…… …….. …… ……	

THANK YOU!!!

INTERVIEW GUIDE

Introduction

Good morning/afternoon. I am a student at the School of Medical Sciences, Center for Disability and Rehabilitation Studies, KNUST. I am conduction a research on: ***"ACCESSIBILITY TO TOURISM IN ASHANTI REGION FOR PWD's".*** *This survey is part of the efforts to improve the services offered to PWD's in the tourism industry. Your responses will remain confidential and will not be shared with anyone, except for reporting under themes and sub-themes.*

This guide is meant to elicit the views of staff and officials in tourism industry.

A. STAFF AND OFFICIALS

Background Information

1. What is your name
2. Age
3. Gender
4. Level of education
5. Position in the industry
6. Marital status
7. What Area of residence
8. In a typical month, how many times do you come across or have a report on a PWD accessing tourism in Ashanti region, and what was the disability type?
9. In your opinion, to what extent are the needs of PWD met in respect of accessing tourism in Ashanti region?
10. What facilities do you have currently to enable PWD have access to tourism in Ashanti region?
11. What facilities do you need to ensure PWD have improved access to tourism?
12. What disability types have the likelihood to have access to tourist sites in Ashanti region, and what type of tourist destination or services? Please rank them
13. Please, how in your view can we encourage the participation of PWD in tourism in Ashanti region?
14. Do you have anything to add that I have not asked?

APPENDIX B

Participant Information Leaflet and Consent Form

<u>This leaflet must be given to all prospective participants to enable them know enough about the research before deciding to or not to participate</u>

Title of Research:

ACCESSIBILITY TO TOURISM IN ASHANTI REGION FOR PERSONS WITH DISABILITIES

Name(s) and affiliation(s) of researcher(s): This research is being conducted by Susanna Aggrey Mensah of the Community Health Department of KNUST.

Background (Please explain simply and briefly what the study is about):

For many years, tourism has emerged from many circumstances such as the changing nature of the environment. It can originate from social, cultural and economic situation of a community or country. In 20th century globalized world, advancement in technology has contributed to the development of tourism. Barriers to tourism due to distance, lack of information and infrastructure have significantly reduced. Individuals can now travel either within or across borders of a country to a variety of tourist centers by vehicles, railways, airplanes and motors. Information technology in the 21st century has also contributed greatly to the growth of tourism. According to national tourism marketing strategy in Ghana for 2009 to 2012, the sector was rank as fourth highest foreign exchange earner to gold, cocoa and remittance from Ghanaians abroad in 2008. Another relevant contribution is that, 234,679 jobs were directly or indirectly created in this same year by the sector (Ghana Tourism, 2009).

Despite this, persons with disabilities are underrepresented in the sector as a result of inaccessible tourist sites. Yet, tourism can be used to create social inclusion in society. Research has found that tourism directly brings individuals, families and other members in society together through their participation in the industry.

The economic and social benefit of tourism can best be achieved through proper planning, managing and accessible tourism environment where all persons can participate. For Ghanaian tourism industry to achieve these targets, disability issues should be incorporated into the planning and managing of the industry. Information pertaining to accessible tourism to PWD's in the country needs to dramatically improve to provide basis for stakeholders to make informed decision. Information on structures and facilities to make tourism inclusive for PWD's is however scanty.

Therefore, recommendation that will be made at the end of the study will serve as a reference point to policy makers and all other stakeholders in improving access to tourism for PWD's in Ghana

Purpose(s) of research:

To examine the extent of access to Tourism in Ashanti region for Persons with Disabilities

Procedure of the research, what shall be required of each participant and approximate total number of participants that would be involved in the research:

The target population for this study will comprise of Ghana Tourism Authority, Ashanti region branch of Ghana Federation of Disables and Persons with Disabilities in Ashanti region. This study will use two methods of data collection. The first method will be an in-depth interview which will be conducted with officials at tourism centres and officials at GFD. The recording interview will enrol ten (10) participants involving eight (8) tourism

staff and two (2) GFD officials. The interview will follow an interview guide which will be structured base on the variables developed under the objectives. I will read out the guide and explain it to you. I will therefore do voice recording in the process of the interview and later transcribe into word documents. You will only play the role of giving me your views and opinions per the interview guide.

The second method of data collection will be a written interview questionnaire to individuals with disabilities in the study area who meet the criteria as prospective study participants. The written interview questionnaires will involve fifty (50) PWDs. I will read and translate the questions to you when it becomes necessary. You will therefore give me answers per the questions I asked. However, when you accept to read and write the answers yourself, permission will be granted.

At the analysis face, the voice recording interview will be analyzed through coding to develop theme and sub-themes base on the objectives of the study. However, the questionnaire data will then be analyzed using Statistical Package for Social Sciences Software. Frequencies and percentages will be presented in tables and graphs forms which will follow a write-up description and discussions base on the findings of the study.

Risk(s):

There will be inconvenience to respondents because they are mostly busy and will have to make time for me as far as the administration of the research tools are concerned.

Benefit(s): The study will give baseline information about access to tourism for PWD's and this will help in policy planning

Confidentiality:

Information collected will be transcribed and no name will be recorded. Data collected cannot be linked to any one in anyway. No name or identifier will be used in any publication.

Voluntariness:

This study is voluntary. You may choose to be a part or not. No sanctions will apply.

Alternatives to participation:

If chosen not to participate in this research it will not affect you in anyway.

Withdrawal from the research: You may choose to withdraw from the research for which there will be no need to explain yourself.

Consequence of Withdrawal: There is no consequence for withdrawing from the research neither will there be any benefit or care lost.

Costs/Compensation: A cake of soap

Contacts: If you have any question concerning this study please do not hestitate to contact Miss Susanna Aggrey Mensah

The Office of the Chairman

Committee on Human Research and Publication Ethics

Kumasi

Tel: 03220 63248 or 020 5453785

CONSENT FORM

Statement of person obtaining informed consent:

I have fully explained this research to _____ and have given sufficient information about the study, including that on procedures, risks and benefits, to enable the prospective participant make an informed decision to or not to participate.

DATE: _____ NAME: _____

Statement of person giving consent:

I have read the information on this study/research or have had it translated into a language I understand. I have also talked it over with the interviewer to my satisfaction.

I understand that my participation is voluntary (not compulsory).

I know enough about the purpose, methods, risks and benefits of the research study to decide that I want to take part in it.

I understand that I may freely stop being part of this study at any time without having to explain myself.

I have received a copy of this information leaflet and consent form to keep for myself.

NAME:_____

DATE: _____ SIGNATURE/THUMB PRINT: _____

Statement of person witnessing consent (Process for Non-Literate Participants):

I _____ (Name of Witness) certify that information given to

_____ (Name of Participant), in the local language, is a true reflection of what l have read from the study Participant Information Leaflet, attached.

WITNESS' SIGNATURE (maintain if participant is non-literate): _____

MOTHER'S SIGNATURE (maintain if participant is under 18 years): _____

MOTHER'S NAME: _____

FATHER'S SIGNATURE (maintain if participant is under 18 years): _____

FATHER'S NAME: _____