

Towards an inclusive society in Ghana: An analysis of challenges persons with disabilities face in participating in tourism in the Ashanti region

Susan Aggrey Mensah

Kwame Nkrumah University of Science and Technology

Eric Badu

Kwame Nkrumah University of Science and Technology

Maxwell Peprah Opoku

Kwame Nkrumah University of Science and Technology

Abstract

Participation in tourism brings individuals, families and communities together, making it an important social inclusion strategy. Negative perceptions about persons with disabilities could make it difficult for them to access public places. Therefore, this study served to examine tourism challenges for persons with disabilities (PwDs) in the Ashanti region of Ghana. A cross sectional study with quantitative data collection was conducted with PwDs. Structured questionnaires were administered to 120 PwDs using a convenience sampling technique. Descriptive statistics were explored using SPSS version 20. The study found that PwDs faced barriers to facilities and structures at tourist destinations. The barriers to tourism included lack of income, negative attitudes of the public and physical barriers such as a lack of adapted toilet facilities, tables and chairs, inaccessible routes for wheel chair users, inability to climb walkways and an absence of canopy walk-ways. The study supports the evidence of challenges faced by PwDs at tourism destinations. Redesigning and resourcing tourism facilities to be more PwD friendly could remove barriers faced by PwDs in tourism, creating greater social inclusion for this population.

Keywords: tourism, persons with disabilities, participation, accessibility, inclusion

Advancements in technology have contributed to the development of tourism. For instance, barriers to tourism due to distance, lack of information and infrastructure have significantly reduced (Seth & Bhat, 2007; Takeda & Card, 2002). Individuals can now travel either within or across borders of a country to a variety of tourist centres by vehicles, railways, airplanes and motor vehicles. Information technology century has also contributed greatly to the growth of tourism (Pühretmair, 2004). People can now search the internet prior to their travel to access information about flight, hotels, tourist sites and other necessary information (Holden, 2008; Seth & Bhat, 2007). In an increasingly globalized world, an awareness of the need to prioritize accessible tourism in decision making and policy development requires significant attention. It is acknowledged that the African government and other stakeholders are encouraged to prioritize greater access within the sector and find ways to mitigate some of the potential barriers to engagement.

In Africa, governments have acknowledged the significance of tourism in economic development and played the leading role in making tourist facilities accessible to all people. For instance, a study on the role of tourism in Tanzania found that tourism is one of the most

Corresponding Author: Maxwell PeprahOpoku (abizep4@yahoo.com)

important elements in alleviating poverty in low income communities (Luvanga & Shitundu, 2003). Similarly, in Ghana, from 2009 to 2012, the tourism sector was ranked as the fourth highest foreign exchange earner after gold, cocoa and remittance from Ghanaians abroad in 2008 (Ghana Tourism, 2009). Another relevant contribution is that 234,679 jobs were directly or indirectly created in this same year within the sector (Ghana Tourism, 2009).

Due to its significance to economic development, the government of Ghana has espoused and implemented measures directed at making the country an essential tourist destination since 1987. Under Ghana's "Vision2020", tourism was identified as one of the "growth poles" to drive national economic growth to greater 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 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 meets global standards (Arthur & Mensah, 2006).

The management of accessibility to, and mobility inside, a tourism destination is one of the most essential management tools to control visitor flows, decrease traffic congestion and pollution and meet tourist and resident requests (Manente, Minghetti & Celotto, 2000). Tourists with disabilities have distinct and sometimes personalized needs that must be accommodated. For example, compared to the broad travelling public, someone with a disability may place more prominence on easy access or availability of hospitals when they select a vacation destination (Burchardt, 2003). 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 adequately. Miller and Kirk (2002) explored how the United Kingdom's tourism business embraced the "access to all" standards identified 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).

Notwithstanding the potential that exists to entice the market for those with disabilities, it has been found that there are challenges that restrict the participation of PwDs in accessing tourist facilities (Open Doors Organization, 2005). Darcy and 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 (Darcy & Daruwalla, 1999). Other studies report on directions, codes of practice and guidelines that management should follow to provide PwDs improved service (Hancock, 1991; Sall, 1995). In the hotel sector, Darcy and Daruwalla (1999) detected that many hotels in Australia did not have adequate numbers of rooms suited to customers with disabilities. Darcy (2010) examined the leisure association of developmental disabilities, and the predominant leisure constraints reported were as follows: restricted access to transportation services, financial limitations, inadequate physical accessibility, and anxieties about the individual's behaviour and discomfort in large public groups. Also, Charbonneau (2006) recounted that many travellers with disabilities in France met financial barriers in travelling. This constraint stemmed from inadequate income and increasing prices of travel because of rising fuel, accommodation, meal and facility costs.

Tourism can be used to promote social inclusion, but persons with disabilities are underrepresented in Africa's tourism sector as a result of inaccessible tourist sites. Tourism directly brings individuals, families and other members in society together through their participation in the industry (Arthur & Mensah, 2006). Excluding people with disability from

the tourism industry is consequently a state of 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 attitudinal change and built environment reforms are slow. Disabled persons still face social segregation and 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. It is imperative to examine the barriers that persons with disabilities are likely to meet in the Ashanti region with regards to tourism, in order to highlight the need for the provision of more accessible services and facilities.

Method

Study design and setting

This study employed a cross-sectional survey with quantitative methods of data collection to examine the major challenges confronting PwDs as they participate in tourism. The target population for this study comprised PwDs in the Ashanti Region of Ghana. The study area is characterized by numerous tourism activities relating to society and culture, heritage, hotels, natural settings and ecological interest. It is the most populous region in Ghana. The 2010 population and housing census found that the region accommodates a resident population of 4 million, representing 16.3% of the entire Ghanaian population. The region is second to Greater Accra as the most urbanized region in the country. It has 30 districts centrally located in the middle of the country. Kumasi Metropolitan is the capital of the region which accounts for one third of the region's population. Eight of the districts are municipal assemblies. The region is relatively densely populated (148 persons per square kilometer) (Ghana Statistical Services, 2012).

Ashanti is one of the most important traditional states in Ghana. It has a rich history, and the chief (Asantehene) remains one of the most important (if not the most important) traditional rulers in the country. As a result, it has built up an important tourist industry. It has various heritage sites including the 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 birth to historical sites including Asantemanso forest at Kokofu, Manhyia Palace and Museum, Prempeh II Jubilee museum, Kumawu Township, KokofuAnyinam (birth place of the first king of Ashanti), EjisuBesease shrine, Adarko-Jachie shrine, Kentikrono shrine and Antoa shrine. Natural tourism destinations in the region include LakeBosomtwe, Bobiri forest, Mframabuom caves, Owuabi bird sanctuary and Kumasi Zoo (CTB World Travel, 2012).

Sampling techniques

The Principal Investigators (PI) and a research assistant attended meetings of the Ashanti regional branch of Ghana Blind Union (GBU) and Ghana Society for the Physically Disabled (GSPD) to facilitate the recruitment of respondents. The sampling techniques that were employed for the study included purposive and convenience sampling. The study purposively selected Atwima Nwabiagya, Sekyere South and Kumasi Metropolis in the Ashanti Region, which are endowed with a variety of tourism services. In each of the districts and metropolitan areas selected, convenience sampling was used to select PwDs as participants. A total of 120 PwDs were recruited to participate in the study, with the broader sample split equally across the two selected districts and the metropolis district. Individuals who fell under the selected districts and consented to participate in the study were included in the final sample. Arrangements were therefore made with these respondents at places of their convenience for the administration of the questionnaire. In each of the districts capitals, leaders of these groups helped to locate participants for the study.

Data collection techniques and tools

The study employed a quantitative data collection method where a closed ended structured questionnaire was administered to PwDs in the study area. The questionnaire was structured based on the study objective. First, the study asked respondents background questions including disability type, gender, age, marital status, education, employment and religion. Questions then focussed on the extent of participation in tourist activities such as whether PwDs had ever accessed tourism, the nature of participation, frequency of participation and the amount spent on tourism services. Other questions focused on the barriers to facilities and structures at tourism destinations, including toilet facilities, tables and chairs in restaurants, sources of assistance and expected structures to ensure accessible tourism. Since the study focused on participation in tourism, it was important that these questions were explored in order to address the study purpose.

Validity and reliability

To ensure validity and reliability of the instrument, the questionnaire was presented to Ghana Tourist Board and Ghana Federation of Disability for their input and comments. The necessary corrections and modifications were effected before administering them to the respondents. Also, the researcher tested the questionnaire on some persons with disability. This was done to determine consistency of the questionnaire items and to address distortions and ambiguities before administering them to the respondents. Validity is one of the basic principles of research and it is the ability to produce findings that are in agreement with the theoretical values, in other words to produce accurate results and to measure what it is supposed to measure. A valid measure produces true results that reflect the true situation and condition of the environment it is supposed to study (Golafshani, 2003). The researcher checked questionnaires for completeness and consistency before submitting them for data entry. Any blank fields or inconsistencies were resolved before data entry in order to ensure reliability of the data collected. In addition, the sampling procedure that was used for selecting participants was purposive, which helped to minimize waste. One of the decisions guiding the use of purposive sampling was to sample participants who had adequate knowledge on the issues affecting PwDs and tourism in Ashanti region.

Data analysis

Results of the analysis were generated using descriptive statistics. The data analysis involved the calculation of percentages of background information of respondents. The results further presented the percentage distribution of the extent of participation in tourism and the barriers faced by PwDs in tourism. All the results were generated using SPSS software version 20.

Ethical consideration

This study obtained ethical clearance from the Committee for Human Research and Publication, KNUST. The study was also approved by the Ghana Tourism Authority in the Ashanti region. The objectives of the study were explained to participants who were made to sign informed consent before being part of the study. Participation in the study was voluntary and participants were free to withdraw at any point in time. Also, participants' identities were kept anonymous throughout the study.

RESULTS

Background information of respondents

Information about the background characteristics of respondents were gathered for the purpose of the study. The information is detailed in Table 1. Out of 120 PwDs sampled, 51.7% constituted physical impairment while 48.3% were visually impaired. This might be explained by the fact that persons with physical disabilities are likely to be involved in disability peoples organizations (DPOs) compared to other disabilities. Males constituted the dominant group in contrast to females. That is, 66.7% of respondents were men while 33.3%

were females. This might signify that men are dominant and active in DPOs compared to women. It is possible that, since men with disabilities are more likely to have access to education compared to women, this could serve as an explanation for mens' visibility and dominance. The average age of respondents was 36. Nearly one third of the respondents were between 21 to 30 years and 31 to 40 years respectively. Interestingly, only three respondents, representing 2.5% of participants were below 20 years. This might signify that persons with disabilities below 20 years are not active or participating in DPOs. It is possible that attention has not been focused on teenagers being members of DPOs. It is not surprising that a significant percentage, that is, 21.7% were above 50 years.

It is important to note that 44.2% of respondents were divorced while 25.8% of respondents were married. Also, a significant number (30%) mentioned that they were single. It is likely that disability serves as a barrier to marriage as society may discourage individuals marrying such persons. In relation to education, it was found that 39.2% of respondents had never been to school while only 5.8% have accessed tertiary education. Additionally, 21.7% mentioned having junior high school qualification while 15.8% completed at the primary level. This may indicate that disability limits access to education. This could be as a result of poverty, inaccessible environments, lack of qualified teachers and other reasons. This has a reflection on the number of participants having access to employment. It was revealed that 40.8% of respondents were unemployed while 1.7% were farmers. Also, 20% of respondents were civil servants while 16.7% were traders. This might suggest that persons with disabilities are generally disadvantaged when it comes to having access to basic necessities of life that will guarantee their independence.

Table 1: Background information of respondents

Variables	Frequency	Percentage
Disability		
Physically impaired	62	51.7
Visual impaired	58	48.3
Gender		
Male	80	66.7
Female	40	33.3
Age		
≤ 20	3	2.5
21 – 30	36	30.0
31 – 40	44	36.7
41 – 50	11	9.2
50 +	26	21.7
Mean	36	
Marital status		
Married	31	25.8
Divorced	53	44.2
Single	36	30.0
Education		
None	47	39.2
Primary	19	15.8
JHS	26	21.7
SHS	21	17.5
Tertiary	7	5.8
Employment		
None	49	40.8
Trading	20	16.7
Farming	2	1.7
Artisan	25	20.8
Civil servant	24	20.0

The extent to which persons with disabilities participate in tourism

Table 2 shows the extent of participation of PwDs in tourism and the amount paid in their participation. Respondents discussed places they usually visit and some of the destinations mentioned including 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 the Military Museum. The study found that all PwDs who participated in the study have at one time or the other accessed tourist sites, mostly as consumers of the services. Despite this, most respondents (60.8%) revealed that their participation occurs on an occasional basis. However, only 5% have monthly participation with 10% citing that they do not regularly participate and 24.2% indicating yearly participation. On expenditure, the study elicited information on the amount respondents pay at tourism entrances. The majority, 23.3% pay below GHC 3.00, whereas 13.3% pay GHC 3.00 – 5.00. Six respondents representing 5% pay 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 visits whereas 40% spent GHC 10.00 – 30.00. Also, 10% of respondents spent GHC 30.00 – 50.00 with only 4.2% with an expenditure of GHC 50.00 – 70.00. In all, the respondents spent an average of GHC 20.2 on a single tourism visits which constituted 8.2% of their mean monthly income of GHC 245.34. The sources of payment for expenditure on tourism was mostly (90.8%) through personal income while 9.2% indicated other sources including familial contribution.

Table 2: Extent of participation and amount paid to access tourism

Variables	Frequency	Percentage
Ever accessed tourism		
Yes	120	100
No	-	-
Contribution to tourism		
Producer	1	0.8
Consumer	119	99.2
Frequency of participation in tourism		
Monthly	6	5.0
Yearly	29	24.2
Not regularly	12	10.0
Occasional	73	60.8
Monthly income		
Mean	245.34	
Minimum	35	
Maximum	800	
Expenditure on single tourism		
Mean	20.2	
Minimum	5	
Maximum	69	
Source of payment for tourism expenses		
Personal income	109	90.8
Family member	11	9.2
Distance to tourism sites		
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
Expenditure on single tourism visits		
< 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

In addition, respondents identified the time they travelled to such facilities. Forty-two (42) respondents representing 35% travelled two to three hours before they accessed tourist sites whereas 33.3% travelled for approximately one to two hours to access tourism services. Further, approximately 10% of respondents travelled for 15 to 30 minutes, and 30 to 60 minutes, respectively with 10.8% citing other time it took for them to reach tourism destinations.

Barriers to participation

This section presents the barriers PwDs face which limits their ability to access tourist sites. The majority of respondents, 87.5% mentioned that they faced barriers when accessing tourist facilities while 12.5% also stated otherwise. In order of ranking, 35.8% mentioned that they are challenged by income and 40.0% said that they are restricted due to the nature of the physical environment. Also 24.2% stated that the negative public perception serves as a barrier to their participation in tourism.

In relation to income as a barrier to participation, 55% of respondent mentioned that they lacked jobs and that explained their inability to visit tourist sites while 8.3% of participants said that higher cost of items limited their ability to participate. Additionally, 29.2% of respondents mentioned that their income was too low to afford them the luxury to participate, whereas 16.7% of respondents attributed their inability to participate to higher cost of transportation. Furthermore, 22.5% of respondents said that they were discriminated against when they visited tourist facilities, while 26.7% disclosed that they are denied access to services due to their disabilities. Similarly, 20% of respondents stated that other persons without disabilities isolate themselves from them while 15% and 15.8% indicated they are subjected to abuses and labeling respectively.

Also, respondents revealed physical barriers they faced when visiting recreational facilities. For instance, 62.5% of respondents mentioned the lack of accessible routes for wheelchairs while 13.3% indicated the absence of canopy walk-ways. Also, 24.2% of respondents stated that they were unable to climb walkways when they visited tourist sites. Again, 57.5% of respondents revealed the lack of adapted toilet facilities, while 55.0% disclosed a lack of adapted tables and chairs in restaurants at tourism sites. On sources of assistance to access the facilities, 49.2% mentioned caregivers and 41.7% revealed tourism workers. Overall, more than half of the respondents rated the available facilities at tourist sites as poor, emphasizing issues associated with inaccessibility.

Table 3: Available and expected facilities to ensure accessible tourism for PwDS

Variable	Frequency	Percentage
Barriers to facilities when PwDs accessed tourism		
Yes	105	87.5
No	15	12.5
Nature of barriers		
Income	43	35.8
Physical	48	40.0
Negative public perceptions	29	24.2
Income		
Low income	35	29.2
Lack of jobs	55	45.8
Higher expenditure at sites	10	8.3
Cost of transportation	20	16.7
Negative public perception		
Discrimination	27	22.5
Isolation	24	20
Abuse	18	15
Labelling	19	15.8
Deny of services based on disability	32	26.7
Physical barriers faced when accessing tourism		
Lack of accessible routes for wheel chair	75	62.5
Inability to climb walkways	29	24.2
Absence of canopy walk-way	16	13.3
Adapted toilet facilities in restaurants' at tourism sites		
Yes	69	57.5
No	51	42.5
Adapted tables and chairs in restaurants at tourism sites		
Yes	66	55.0
No	54	45.0
Sources of assistant to access facilities		
Caregivers	59	49.2
Tourism workers	50	41.7
Other	11	9.2
Rating of available facilities		
Very good	3	2.5
Good	2	1.7
Not applicable	8	6.7
Bad	81	67.5
Very bad	26	21.7

Discussion

The study examined the barriers persons with disabilities face when accessing recreational facilities in Ashanti region of Ghana. The findings revealed that all respondents had accessed tourism before as consumers of services. However, a significant number of respondents disclosed that they only occasionally participated in tourism. The results of the study revealed that persons with disabilities face challenges when it comes to participating in tourism. Some of the barriers identified by respondents included income, restrictive physical barriers and negative perception of people. These results were consistent with findings of similar studies (Baffoe, 2013; Burchardt, 2003; Charbonneau, 2006; Darcy and Daruwalla, 1999; Darcy, 2010).

Participation in tourism requires some level of income. Hence, it will be difficult for individuals who are unemployed to participate. Most participants were unemployed as well as having low level of education. It was expected that they would not be able to visit such sites frequently since their income level would not permit them to do so. In most societies, persons with disabilities depend on other members of society for their livelihood. Therefore, it would be impossible for them to have extra income to cover cost associated with participation in tourism. The less privileged position of person with disabilities will make it difficult for them to raise enough funds to pay for their transportation and entrance fees, as well as other costs associated with participation. This finding validates studies by Charbonneau (2006) and Darcy (2010) who found income level of persons with disabilities one of the barriers restricting their ability to participate in tourism.

Even if persons with disabilities have the income to participate, they have to contend with the negative perception of people about disability. In Africa, most people perceive disability as a punishment emanating from evil deeds or sin committed by parents or family members. Due to this, persons with disabilities are seen as people who have been cursed, which makes it difficult for other members of society to associate with them. As a result, PwDs are treated as outcasts and even most families are not prepared to cater for them and their needs. The stereotype and primitive notion people have about PwDs work against their inclusion in societal activities. Thus, it is understandable that their presence at tourist sites is unexpected and this could explain why facilities are provided without considerations given to them. It is possible that service providers make plans for facilities and equipment that will be needed at their establishment having persons with disabilities at the back of their minds. This finding corroborates with studies by Baffoe (2013) and Burchardt (2003) who posited that PwDs are discriminated and excluded from societal activities in Africa due to the negative way disability is perceived.

The study found that tourism structures and environments in the Ashanti Region were not accessible to PwDs. Barriers to facilities have been shown to be one of the major reasons why PwDs do not access tourism services. These barriers might be as a result of provider's inability to factor the needs of PwDs into the design of such tourist sites. This is consistent with a study by Sparrow and Mayne (1990), which considered numerous restraining factors, comprising restricted access to facilities and transportation services, financial constraints, distances to recreation locations, and attitudinal barriers. Similarly, some respondents also did not have access to adapted tables and chairs in restaurants and bars at tourist sites. Similar to this study's results, a study conducted in the United States by Takeda and Card (2002) found that accommodation and eating-drinking establishments such as bars and restaurants were the least preferred environments for PwDs due to the inaccessible nature of facilities used. Chen (2005) found that PwDs were unable to utilize other facilities that exist in hotels such as toilets, washrooms and restaurants. Similarly, Darcy and Daruwalla (1999) assert that hotels do not have adequate numbers of rooms suitable for persons with disabilities. They mention numerous logistical factors including the lack of shower seats and modifiable beds that should be in a hotel room explicitly for wheelchair users. It is likely that the low patronage of PwDs in tourism might be as a result of physical barriers they encounter which discourage them to regularly visit after their first visit. In Poland, Bergier, Bergier, and Kubińska (2010) found that PwDs have significant amounts of free time but they do not utilize it to participate in tourism. They only participate in tourism upon doctors' recommendations or through the influence of peer groups who motivate and support them to participate

Limitation of the study

The researchers intended to draw conclusions based on available data and this informed the decision to analyse using descriptive statistics. Although the study was conducted in Ashanti region, the sample size was larger and included participation of people from diverse backgrounds. However, it is recommendable that further studies be conducted in other

regions involving supervisors of tourist sites such as Ghana Tourist Board in order to appraise the situation and consider generalisability of the results.

Conclusion and recommendations

This study examined the challenges faced by PwDS in accessing tourist sites in the Ashanti region. The study found that tourist agencies unintentionally may create barriers arising out of their practices, programmes and policies, facilities, rules and regulations that substantially affect PwDs. These barriers were as a result of provider's inability to factor the needs of PwDs into the design of such tourist sites. Persons with disabilities in the Ashanti Region face barriers to facilities at tourist destinations based on factors such as lack of income, negative public perception and physical barriers such as toilet raisers, inaccessible routes for wheelchair users, lack of facilities to climb walk ways as well as tables and chairs in restaurants' at tourism destinations. In all, tourism structures and environments in the Ashanti Region are not accessible to PwDs and to a large extent limit their participation. The current state of tourist sites in Ashanti region is drawback to attain inclusive society in Ghana.

Participation of PwDs in tourism therefore needs collective efforts by service providers to remove physical, social and economic barriers. In the first instance, the Government should revisit existing regulations on accessibility issues to include tourism destinations so as to provide a more disability friendly tourism structure and environment that will increase accessibility. Also, the Tourism Authorities in the region should carry out an unannounced audit of tourism sites to ensure that their facilities and services are accessible to all persons without discrimination. It is further recommended to the Ghana Tourism Authority that tourism staff and professionals should be educated on disability issues to equip them on how to manage PwDs who visit and benefit from their services. Similarly, it is recommended that gate fees or services at tourist sites are reduced for persons with disabilities. Moreover, the study results show that, PwDs do not regularly participate in tourism. Individual households should embark on frequent visits to tourist sites together with their disabled family members. Churches, educational institutions and other organizations at community levels should also factor the inclusion of PwDs when they organize visits to various tourism destinations. Similarly, Disable People Organizations (DPO) as a group should also have a frequent visit to tourism sites to access their services.

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Biographical notes

Susanna Aggrey Mensah is a Ghanaian who comes from Winneba in the Central Region of Ghana. She holds her first degree in Arts and has a Masters in Disability Rehabilitation and Development from Kwame Nkrumah University of Science and Technology. She has worked in Social Security and National Insurance Trust as well as Department of Social Welfare, Kumasi.

Maxwell Peprah Opoku is a Ghanaian, born at Mampong in the Ashanti region. He holds his first degree in Political Studies and has a Masters in Disability Rehabilitation and Development all from Kwame Nkrumah University of Science and Technology. His area of specialty is disability, special education, community based rehabilitation, inclusive education, health research, management of natural resources, human rights, social policies and public policy.

Eric Badu is a Ghanaian with interest in disability and health research, human rights issues, and capacity building and statistical data analysis. He has experience in diverse fields including teaching and consulting in disability and health research, community development practice, empowerment and capacity building. He holds a Masters of Science in Disability, Rehabilitation and Development and Bachelor of Arts degree where he majored in Akan and minored in Economics. He currently works with Sightsavers International as a West African Research Advisor.