

A Report on

**PROBLEMS AND PROSPECTS
OF
ACCESSIBLE TOURISM
IN INDIA**



MINISTRY OF TOURISM
Government of India

Study Conducted by:



Indian Institute of Tourism and Travel Management
(An Organisation of Ministry of Tourism, Govt. of India)
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Certificate

This is to certify that the study titled “Problems and Prospects of Accessible Tourism in India” being undertaken by the Indian Institute of Tourism and Travel Management (IITTM) is an original piece of work and has not been published or submitted for publication anywhere. It has been commissioned by the Ministry of Tourism, Govt. of India through the Institute and undertaken at the National Institute of Watersports –Goa, a center under IITTM. The study report in original is hereby submitted to the Ministry of Tourism, Govt. of India

For Study Team,

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Foreword

Acknowledgement

At the outset, it is due to record that there have been many institutions, agencies and individuals contributed in different ways to prepare this report, perhaps first of its kind in India. While acknowledging all of them by name may not be possible due to space constraints, it would be binding on us to express the gratitude for at least a few who had a larger role to share. Our first and foremost gratitude is accorded to the Ministry of Tourism, Govt. of India for not only funding this study but also for constant support and encouragement.

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members deserve special mention here for letting us to be away for longer periods during the course of study.

It goes without saying, for the Institute and the Study Team; it was a matter of great privilege and opportunity to undertake the very first comprehensive study on this important theme in India. On behalf of the Institute, we submit the report for the noble cause of accessible tourism in India.

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Abbreviations

ASI	: Archaeological Survey of India
FICCI	: Federation of Indian Chamber of Commerce and Industries
FHRAI	: Federation of Hotel and Restaurants Association of India
GOI	: Govt. of India
HAI	: Hotel Association of India
IATO	: Indian Association of Tour Operators
M. R Division	: Market Research Division, Min. of Tourism, Govt. of India
MoT	: Ministry of Tourism, Govt. of India
TAAI	: Travel Agents Association of India
UNESCAP	: United Nations Economic and Social Commission for the Asia and Pacific
UNWTO	: United Nations World Tourism Organisation
W. B	: World Bank

Executive Summary

I. Introduction

The volume of people with disabilities is growing fast due to an increase in the number of acquired disabilities besides congenital conditions. In addition, consistent increase in life expectancy of the people also results in the formation of a large pool of old-age citizens, who also encounter access constraints of varying nature. Available studies suggest that disabilities of various types pose serious challenges to the normal living of people in absence of accessible environment. These substantially reduce their rights to enjoy equal opportunities particularly employment, income and holidaying. They also have to negotiate aversive perceptions and taboo still persisting at large in the public domain.

However, recent years have been witnessing many proactive actions from various agencies, both governmental and non-governmental, to create better living environment for persons with disabilities. It has been treated as legitimate rights of an estimated 600 million, i.e. roughly 10%, persons living with disabilities in the world (UN Millennium Project- 2005b). If one was to include their family members, nearly two billion or almost a third of the world's population are directly affected by disability. Thus, persons with disabilities represent a significant overlooked development challenge, and ensuring equality of rights and access for these persons will have an enormous impact on the social and economic situation in countries around the world.¹

In 2005, World Tourism Organization (UNWTO) advanced a resolution on 'Accessible Tourism for All'; as a key reference document for 'guiding the development of the tourism sector along the path of greater accessibility'². Also, of importance is the UNWTO's Global Code of Ethics for Tourism (1999), which sets a frame of reference for the responsible and sustainable development of tourism. It is

¹ United Nation Convention on the Rights of Persons with Disabilities (2007)

² UNWTO Resolution, 2005 on ***Accessible Tourism for All***

worth noting many country-governments and agencies like UNWTO, UNESCAP, European Union etc. have already acknowledged the legal mandate as well as development opportunities. Their pro-active approach also resulted launching certain specific initiatives. But, those are perhaps confined mostly in the developed parts of the world and limited in scope.

II. Size of Accessible Tourism Market in India

According to Census India- 2001, size of the accessible market i.e. disabled persons, their family members/ dependents and other potential groups like those above 60 years works out to be 18.11% of India's population in 2001. In other words, the market size of reduced mobility groups is roughly 186.3 million. From tourism angle, even if one-fourth of this is taken as economically relevant, still it works out to be 46.58 million, something quite impressive.

III. Scope, Objectives and Approach

The premise of accessible tourism is that there exist considerable sections of the society, who encounters varying degrees of barriers in participating leisure and recreation opportunities. Accessible tourism is meant to designate facilitation mechanisms and creating an environment for the travel and tourism needs of persons with special needs. Its framework encompasses tourists with disabilities and also those facing reduced mobility of varying types. These tourists, along with their relatives and caregivers, constitute a sizable chunk of the travel market. By facilitating them, it not only fulfils the legal requirement, but in the process, it also results creating economic opportunities of diverse nature for the benefit of everyone. The concept in itself is inclusive in nature.

In general, existing leisure and tourism environment is not conducive enough to realise the vast potential that this segment offers. Major factors being identified as prohibitive are finance, mobility, access constraints at different stages of travel process,

family support and biased societal perception. Further, lack of understanding about various attributes of this market segment viz. size, socio-economic characteristics, travel motivations, travel impediments etc. are also scantily understood. In fact, these are strikingly evident in the developing countries including India.

The proposed study has been contextualised in the above premises. It was scoped to examine some key attributes and dimensions of the travellers with reduced mobility. With this scope, main objectives have been to examine various socio-economic and travel-related attributes of the tourists with reduced mobility, their travel behaviour, purchasing power, major issues and constraints during different stages of travel and the potential of developing inclusive tourism market as special-interest visitor segment. The approach to this was exploratory and meant to evolve proper perspectives on this segment in Indian context. Salient features of findings, conclusions some recommendations etc. are placed in the subsequent sections.

IV. Sample Size, Coverage and Duration of Study

Six locations, characteristically historico-cultural in nature, were selected for the study. The selection was based on the parameters such as popularity, number of tourists visiting, vastness of the monuments, geographical coverage of the site, and topography. The locations thus finalised are Taj Mahal (Agra), Amber Fort (Jaipur), Qutab (Delhi), Sun Temple (Konark), Mamallapuram (T.N) and Old Goa churches.

A total of 1205 tourists with reduced mobility were surveyed as part of the study. To finalise the sample size, total visitors as well as proportion of foreign and domestic tourists at each location in a year were considered. The study took about eight months for completion due to scant visitation of target visitors and also owing to the launch of survey during summer.

V. Important Findings

A. Profile of Tourists with Reduced Mobility in India

1. Attributes of tourists with reduced mobility like age, sex, literacy level, marital status are found to be more or less similar to general tourists in India. However, over three-fourth of respondents were unmarried.
2. In terms of education, a healthy trend is that a good chunk of them are well educated and possess graduation degree or above. Proportion of illiterate tourists is very small. This can, to certain extent, be attributed to selection process of respondents, in which, those who could understand properly the contents of the questionnaire and answering those accordingly were only considered for detailed interview.
3. Better education attainment was reflected in their employment status as well, with 60% of them stating to have some form of jobs. Private sector emerges to be the largest employer followed by public sector. As many as one-third of domestic respondents are engaged in some form of self-employment activities. Again, among those employed respondents of domestic origin, nearly 33% are working at officer/executive levels, whereas, corresponding proportion among foreign tourists works out to nearly 50%. It further shows the proportion of support staff is more among domestic tourists.
4. Better employment profile was perhaps a reason for better income levels. Instantaneous being, over 34% of households earn more than Rs 40000/- per month and another 22% in the range of Rs 20001 to Rs 40000/-. On the other, almost half of the foreign respondents' household earnings in a month are more than one lakh rupees.

B. Travel Planning and Related Attributes

5. **Source of product information:** As regards to domestic tourists; friends and relatives, people already visited the places and internet becomes major information sources. Whereas, for foreign tourists, internet is the major source for all main tourism products; but, tourism departments, guide books and relatives and friends also play relatively important roles.
6. **Mode of booking:** Analysis of the mode of booking for travel-related products reveals the family members or friends and caregivers/attendants to be the major ones among domestic tourists. Among foreign tourists, travel agents topped the list, followed by family members or friends and caregivers.
7. **Funding Sources:** Findings enable to conclude that a large chunk of tourists with disabilities /reduced mobility usually use their own funds to meet travel-related needs. Worthy enough, family members and relatives also provide funds for travel purposes for a good chunk of respondents. Together, it constitutes nearly 90% of the sample, indicating that other funding sources may not have been available or not sought. Understandably, for students and fully dependant ones, family members and relatives provide necessary funds.
8. **Purpose of travel:** It emerges to be predominantly leisure-based for both visitor segments. However, among domestic tourists; religious/ pilgrimage purpose is worth noting. Social reasons, education and training, ‘providing holiday opportunity to the family members’ etc. are also to be taken cognizance of. Perhaps, this trend is more in tune with the patterns revealed in other studies.
9. **Travel arrangement:** More than three-fourth of domestic and foreign visitor segments chose to travel though some form of packaging arrangement. Again, when a comparison of travel arrangements ‘usually made’ for against the one chose for the ‘present trip’ also reinforces same trend. As one would have

expected, independent travellers are less in proportion and that is common to both visitor groups.

10. **Destinations covered and frequency of tour:** An appreciably good number of tourists ‘covered more than one destination’ as part of current itinerary. ‘Single destination’ tourists are found to be around one-third of the sample. As regards to frequency of tour, it is comparatively less frequent, especially the domestic tourists with nearly three-fourth of them reported having taken only one trip prior to the current one.
11. **Duration of Stay:** Average duration of domestic and foreign tourists is 6.75 days and 9.54 days respectively. About 46% of domestic tourists fall in 04-07 days stay category and another 24% with 08-14 days. Corresponding figures for foreign tourists are 39% and 56%.
12. **Group size and composition:** It has been established that people with reduced mobility usually travel in groups. The size is normally 03-06 persons. Persons accompanying them during current trip were mainly family members, followed by friends and this is some what common for both visitor segments. Similarly, proportion of respondents accompanied by caregivers/ attendants during travel was found around 11% among foreigners, whereas, it appears insignificant among domestic travellers.
13. As against the reasons for not carrying an attendant/ caregiver, nearly half of both the visitor groups were of the opinion that they did not need one. At the same time, nearly 11% cited ‘self-empowerment’ and then by ‘a strong desire to feel freedom’ for not having an accompaniment. Perhaps, the latter can be treated as a reflection of their changing mindset toward life in general and vacation travel in particular.
14. About three-fourth of the tourists have been found carrying some form of mobility equipments. Walking stick is more common (around 37%) and then

personal care equipments. A very small share of tourists was found to be wheelchair users, which in a way, is indicative of inaccessible nature of the general and built environment and also facility provisions.

15. **Means of Transport:** Means used by the respondents for inter and intra-destination travel throws up certain interesting patterns. For instance, foreigners mostly used road (62%) means followed by air (34%) for transportation between destinations. Similarly, most domestic travellers also resorted to road (70%) followed by rail transport (22%). In the later case, it is perhaps due to very expensive nature of air transport.
16. Among those foreigners used the roads to travel between destinations, tourist coaches are more common. Proportion of coach users is as high as 72%, and then rented vehicles. While a similar pattern follows for domestic tourists too, respective proportions are found to be comparatively less.
17. **Expenditure pattern:** Results are suggestive of the per trip expenditure pattern of disabled tourists following the trend usually observed among general tourists. Strikingly, those required to have support of mobility enablers, particularly caregiver/attendant have to commit substantial quantum of additional amounts to meet those expenses.

C. Certain Aspects of Disability Environment

One of the approaches to understand accessible tourism environment is to decipher existing facilitation mechanisms and legal and regulatory provisioning. Conclusions derived on this indicate that:

18. **Awareness levels of disability laws:** Respondents are generally aware of disability laws and understandably, foreigners are more knowledgeable on this. Encouraging enough, most of those knew of different benefits envisioned under

various provisions of laws, have in general been availing of those. Their proportion among foreigners is as high as 96 %.

19. **Membership with different disability-specific organisations:** While the domain of disability has many activists and organisations, the membership pattern of respondents in disability-specific organisations is found to be not very encouraging. Respondents having memberships are very few in the sample. Perhaps, some charitable organisations active in this domain do conduct tours for their members.
20. **Attitude of industry workers:** The attitude of people working in the sector in general is somewhat supportive in nature. However, it still calls for due attention with nearly one-fourth of the tourists feeling the attitude to be not that favourable (this 25% also include 10% non-respondents). But, despite some firm initiatives in recent years, persistence of such attitudinal problems should be an area of concern. There should be concerted efforts from all major stakeholders, especially in moulding positive attitude towards this tourist segment.
21. The factors like need of extra-time and poor understanding of the needs of persons with disabilities can be treated some of the causes for employee's unfavourable attitude. Other issues worth calling attention are absence/ shortage of accessible equipments and social stigma attached to disability.

D. Problems during Different Facets of Travel

Indeed, evolving a proper understanding about the issues and problems being encountered by these groups of tourists at different facets of travel was a major focus area of this study. It has been well documented that the barriers are varied and some of them have adequate potential to adversely influence the travel decisions and behaviour. Conclusions derived are given below:

22. **Problems at booking stage:** Major ones emerged at this stage are poor understanding of their specific problems/ requirements among the booking staff and prevalence of their inhospitable attitude. Other issues worth noting are distance of booking centres and to a large extend their inaccessibility. This pattern is common to both visitor segments.
23. **Problems during travel phase:** In general, intra-destination travel is most difficult part, followed by lack of proper information and inadequate signages at major points of reference. There are other noticeable constraints as well, such as non-availability of personal aids/ equipments at the stations and in the vehicles, locating affordable and accessible accommodation and lack of knowledge about specific problems of tourists with reduced mobility amongst ground staff. This is almost similar to both domestic and foreign visitor segments.
24. **The problems at Places of stay:** These are indeed critical decision variables when it comes to travel decisions. Interestingly, study findings reveal that there exist noticeable differences in the manner in which the domestic and foreign tourists view those problems.

Among domestic tourists, major ones are lack of necessary facilities in the rooms meant for tourists with reduced mobility, lack of understanding about their special needs among staff and inappropriate location of rooms meant for tourists with reduced mobility. Other issues of importance include comparatively higher room rates being levied for adaptable rooms and absence of lifts.

Foreign tourists: those in the order of importance are lack of necessary facilities in the rooms meant for tourists with reduced mobility, inappropriate location of rooms meant for them, inaccessible lobby and absence of lifts. Non-availability of personal aids/equipments and comparatively higher-prices of adaptable rooms also call for qualified actions.

25. **At tourist attractions/ places visited:** Specific problems in this facet of travel are again varied. Relative importance of those across visitor segments also demonstrates a clear variation in its relative importance.

For domestic segments, major problems at attractions are either non-availability of toilets meant for people with reduced mobility or unhygienic condition of the available ones. Others issues worth citing are absence of public utilities such as telephone, toilet, water tap and the like at convenient places; not availability of ramps in general and/ or those not found at all required points at attractions where they are present; improper levels of alternate ramps and insufficiently laid pathways. In fact, most of these are found to be quite significant with respective WI values demonstrating less discrimination between them.

Foreign tourists: Major issues bothering them are non-availability of ramps in general or level differences of alternate ramps; non-availability of toilets meant for persons with reduced mobility, unhygienic condition of available ones; lack of access stairs/lifts; inconvenient reach points at attractions and the slippery or coarse tracks. As in the case of domestic segment, the constraints are found to be equally prohibitive in nature.

E. Prospects of Accessible Tourism in India

Development prospect of reduced mobility tourist segments has been assessed on the basis of their profiles, major problems at different facets of travel and probing into major factors that might influence their travel plans. Conclusions derived accordingly are:

26. **Domestic tourists with reduced mobility:** The critical set of factors to influence the travel decisions is economic in nature; viz. reasonably priced tourism products and better income opportunities. Besides, trained staff and their friendly treatment of tourists with reduced mobility, provision of safety support

systems, change in attitude of the public towards disabled tourists and information about availability of aids/ equipments at attractions would play varying but equally important roles.

27. **Foreign tourists with reduced mobility:** Factors in the order of importance are provision of safety support systems, proper information about availability of aids/ equipments, reasonably priced-tourism products and availability of accessible vehicle at destinations.

To conclude, findings of this study could play contributory roles in shaping the path for development of inclusive tourism in India. Equally important outcomes are clear tracking of various challenges and bottlenecks coming on the way of tapping the latent potential of this tourist segment. Strikingly, many among these tourists have felt that most of the challenges and bottlenecks are not difficult to deal with or manage. What essentially needed are certain degree of commitment, earnest efforts and coordination on the part of major stakeholders.

But, complex problems involve multi-faceted actions. That may also require considerable financial commitments, for which, it would be necessary to institute suitable policy frameworks and higher levels of inter-departmental coordination mechanisms. The activists and organisations working in this domain could also be brought in as active stakeholders. The purveyors of tourism products and services should not wait indefinitely and lose the sight of the promises that this segment holds for mutual gain. In the end, as UNESCAP (2003) observed, it is humanistic and binding to address travel-related concerns of the citizens of all hues. It is good economic too.

VI. Recommendations

In consideration of major findings emerged from the study, a set of specific action points are proposed herewith. These are meant not only to address some of the critical barriers of this potential visitor segment but also to exploit the business opportunities that emanates for providing specific leisure and recreation products and services the mutual benefits.

A. Towards Positive Attitude of Employees in Industry

1. Specific programmes to adequately train the employees, especially frontline staff should be launched. Focus of such exercise should be to sensitise them on unique problems of tourists with reduced mobility and to create proper understanding the segments' development potential. A dedicated team of employees having an open mind to serve the tourists with special needs can be drawn from different departments of the establishment for suitable training. These staff should also be given refresher trainings to enhance their knowledge and skills.
2. For proper awareness creation and sensitisation of the general public about travel-related problems these tourists, target-specific measures can be devised. Some effective points of campaign can be transport stations, public offices and other places of public gathering, where, both electronic and print media would be useful. Further, radio, TV and leading newspapers can also be used, especially on occasions like Disability Day, Children's Day, Parent's Day etc.
3. Tourism, travel and hospitality management institutions in India should be advised to incorporate accessible tourism and disability awareness modules in their curriculum for both teaching and training purposes. Further, in those institutions where some orientations have already been provided, elaborate

coverage of critical aspects related to management of these tourists should be incorporated.

4. Lower to middle-level front-line officials of Central and States Tourism Departments including those posted in tourist offices abroad and usually in regular contact with the tourists should be given accessibility-specific training. The aim of such exercise would be proper sensitisation, for which, appropriate topics are potential of tourists with reduced mobility, barriers they encounter during different facets of travel, access-friendly products and destinations in India, and effective facilitation mechanisms. Gradually, Archaeological Survey of India and similar agencies dealing with/ interfacing the disabled tourists can be included to increase overall tourism propensity.

B. Towards Information Inadequacy

5. Many government agencies and non-governmental organisations have already begun disseminating information on accessible tourism products, critical mobility enhancement and site appreciation devices. But, that needs to be strengthened and widespread because it is not only legally binding but also makes good business sense.
6. In view of the fast increasing use of electronic media, particularly internet, initiating steps for vigorous adoption of access-enabling websites based on W₃C standards by tourism and travel establishments viz. hotels, travel companies and travel intermediaries are suggested.
7. Thorough re-vamping of the tourism websites of Central and State Govts. is suggested to make those attractive, user and access-friendly. Those should also have links containing information on accessibility and availability of assistive devices/ equipments/ transport with photographs so that tourists with reduced mobility would know whether the establishment facilities would meet their needs or not.

8. The Ministry of Social Welfare and Empowerment took a welcome decision to make websites of over 5000 Govt. and the public institutions accessible very recently. But, ensuring continuously effectiveness of the websites should be a priority, which *inter alia* includes, updation of the sites and contents.
9. Information on accessible tourism destinations and products in India can be collected and published in English as well as major Indian languages. For its wider dissemination, respective government agencies, disability networks and organisations etc. can be considered.
10. Universal Signage is integral to make the sites duly accessible. These should be prepared at least in English, Hindi and the local language of the attraction site and installed at major points in the sites and intersections. Depending on foreign visitor-profile at major attractions, additional foreign languages can also be considered for display.
11. The landmark attractions in the country should have readable formats for visually-challenged persons.
12. All travel and tourism organisation should develop Accessible Fact-sheets and periodically submit it to the State/Central tourism departments, as the case may be. It should also be made mandatory for the registration/ classification/ renewal process and be duly rewarded.
13. Tourism communication strategy should be such that accessible tourism information would be integral to all campaigns. Further, testing of accessible tourism communication for its effectiveness should be carried out on continuous basis.
14. This study treats tourists with reduced mobility in India as generic subject. To gather more segment-specific information about hearing, vision, cognitive disabilities etc. further studies are recommended.

15. Access-enabling mechanisms for the visually-challenged tourists as expressed by National Association of the Blind are appended in the Conclusion chapter for consideration of appropriate agencies.

C. Product Development

16. Access Audit of major tourist attractions, transport stations, accommodation etc. should be undertaken; and wherever necessary, in collaboration with state governments. Other stakeholders including NGOs could also be associated for audit.
17. Transportation is a major limiting factor. Therefore, accessible policy should be further fine-tuned to make it more specific and action oriented. It is equally important to ensure that the policies are strictly enforced by all modes of transport operators. Further, having a provision of battery-run accessible vehicles at larger attraction sites should be considered.
18. Accessible taxies and tourist coaches are scant in India. To begin with, at least in the major cities, potential entrepreneurs should be identified and encouraged for operating more number of access-friendly taxies and tourist coaches. A database of this can then be maintained in accessible formats by tourist departments, tourism-trade, and the activists and institutions in the domain of accessibility for better dissemination. The Commonwealth Games-2010 to be held in Oct. 2010 could be an appropriate occasion for this.
19. Transporting wheel-chair in airlines is a major problem and damages are quite common, but, hardly any compensation is given for damages. Eventhough allowing wheel-chairs inside the cabin may have certain security bearings, this still merits consideration. Hence, this may be taken up with Director General of Civil Aviation and airline companies for some feasible mechanisms.

20. To minimise the difficulties of old-age and other travellers with reduced mobility at the railway stations, sudden change of platforms for designated trains can be avoided. Railway stations should be made accessible by providing access to all platforms through lifts (wherever possible), facilities like toilets, drinking water, cafeterias and other public places.
21. To enhance accessibility of accommodation units:
 - i. Universal Design or similar standards should be made mandatory. The hospitality associations and its members should be motivated to take lead on this because it is not only binding but also a good promotion tool.
 - ii. Some specific incentive schemes could be provided to those providing services to tourists with reduced mobility.
 - iii. For newly set up accommodation units and those units under expansion, apportioning at least 5% adaptable/ accessible rooms should be a norm/parameter for approval. Adaptable rooms should have the provision of charging travel assistive devices that disabled tourists may bring along with them.
22. Menu card, tickets etc. can be provided in accessible format.
23. Provision of access-specific leisure and recreation assistive goods and services may be fostered since that could open up many new vistas for the developers and marketers of such products.

D. Promotional Measures

24. The tourist destinations/ attractions where certain accessible facilities already exist are to be identified and promoted first. In addition to further strengthening accessible facilities of those places, few more appealing destinations could be identified for accessible development and promotion. While doing so, ‘prime

attractions/destinations' in each region can be identified for development and promotion as model accessible tourism destinations.

25. A Charter of Best Tourism practices for the stakeholders may be formulated for responsible practice of inclusive and sustainable tourism.
26. As part of Commonwealth Games promotion, an inclusive tourism campaign can be launched. This would have wider reach, appeal and effectiveness.
27. Many countries have already adopted specific inclusive tourism campaigns at the national-level. India could also consider a campaign like "Inclusive India" or "Incredible India: Accessible India" for launch at different levels.
28. Domain and contact details of *Accessible Tourist Guides* and agencies can be collected and uploaded in accessible format in the websites of Indiatourism, State govt. and accessibility organisations. Since their numbers are very less, training and licensing of more guides should also be considered.

E. Institutional Arrangement

29. Some institutional mechanisms are already available for promotion of accessibility in India. But, those are not that effective perhaps due to lack of coordination in implementation of the programmes by different departments. Hence, a Nodal Empowered Committee for Inclusive Tourism (NeC) can be set up under the aegis of Ministry of Tourism, comprising officers not less than the rank of Joint Secretary from the Ministries of Culture, Social Welfare and Empowerment, Civil Aviation, Surface Transport, Urban Development and Railways as members. Like at present, representatives from institutions like NGO's working in this domain and trade bodies can also be made part of the committee. Main objective of NeC would be to formulate appropriate policies and programmes and to oversee effective implementation of those by the

respective agencies. It can be brought under the purview of National Tourism Advisory Board.

30. Provision of access-enabling facilities should be made mandatory for all centrally-funded tourism (CFS) schemes.
31. Possibility of sponsorship from PSUs' and corporate sector could be explored for procuring and maintaining access devices for free use at major attractions and transport stations. Setting up of public comforts, utilities etc. at major tourist locations through collaboration could also be solicited.
32. Tour operators can be motivated to design inclusive tourism products/packages and the promotion of those. Some special incentives, awards etc. can be considered to reward the tour operators.
33. A Uniform National Standards on Accessibility should be framed for tourist destinations, transport and hospitality infrastructure and other relevant stakeholders.
34. To address gross inadequacy of relevant data and information on inclusive tourism, periodic visitor survey using standard Accessible Visitor Survey (AVS) forms can be considered.

Above recommendations have been put forward with a purpose in perspective that access in all forms including those at tourist establishments and destinations is mandatory as per laws and these can become effective only through active participation and monitoring by the stakeholders. That in turn would be a very effective mechanism to foster the potential of accessible tourism in India.

Action Plan

A three-pronged action plan is suggested herewith, revolving around positive attitude creation, responsible and inclusive business practices and provision of accurate and reliable information and communication. There is also a necessity to have credible stakeholdership mechanisms, wherein, all major partners should be integrated in such a manner to act as responsible and equal partners at all levels of decision-making, delivery and communication. In a stage by stage manner, scope of actions can be extended to embrace broader aspects.

Ultimate aim of accessibility policies and programmes should be to serve dual purposes of: a). Fostering the cause of overall accessibility enhancement as well as development opportunities that it offers. b). Impressing upon the society that providing access to all concerned is a responsibility of everybody and not just the Government alone.

To begin with, Delhi-Agra-Jaipur circuit could be taken up on ‘pilot-basis’ for development of accessibility at tourist attractions and service provisions. Alongside, one or two beach destinations can also be identified for accessible development.

Major Limitations of the Study:

This study being exploratory in nature, it was scoped to address certain specific dimensions of accessible travel segment in India. Owing to this, some relevant aspects were not covered in this study but that was well acknowledged during the conception stage itself. For instance, the study was purposefully restricted to some most visited heritage attractions in India. But, that does not constrain replication of findings to other attraction types. Second, the scope of the study covers all tourists with reduced mobility, and therefore, certain specific details/attributes of different disability groups may not be available in the report. For this, each segment would be required to investigate in depth with much larger sample size.

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Chapter- I

Background of the Study

Tourism has been evolving into an ever encompassing socio-economic phenomenon, including developing countries like India. Fast expansion in tourist movements in India over the years, has been a consequence of many inter-related socio-economic processes. Major factors contributing to this process are many: rapid increase in the personal/ household income; holiday and vacation time; access to a variety of information pertaining to transport, accommodation, attraction and other products; fragmentation of joint-family and education. The benefactors of this ongoing process cut across various social and economic groups and that has resulted in augmenting the tourism propensity of the people at large.

Incidentally, fast growth in tourist numbers in India coincide with the country embracing a new economic development paradigm in 1990. The mass movement of tourists in India has other cultural correlates as well, in the form of pilgrim travel and kinship meetings. Latest data suggest that domestic travellers are in the tune of 500 million tourists. However, such huge volumes have also drawn critical attention of many and often contested for want of accuracy. Critics then argued that such huge numbers are not legitimate, particularly in a situation where over one-fourth of the population estimated to be living below poverty. Then, while accepting the fact that sufficient discretionary income is *sine quo non* for tourism in conventional sense to happen, it is also a relational concept with different economic groups viewing discretionary income differently.

In reality, domestic tourism phenomenon in India can hardly be puzzling in terms of its volume. To appreciate this, one has to just stand on the highways or at major attractions and pilgrim centres to make sense of the burgeoning

Khoomnewale. Some recent studies have indeed looked into India's tourist volumes and came up with suggestion that there is nothing unusual about domestic tourism occurring in a massive way. People do travel in large volumes in the strict sense of tourist definitions and purposes, but it is the magnitude of the economic impacts from their touring is perhaps the contentious one for many. It is a fact that a large chunk of them may not be staying in the conventional hotels/accommodation units but their overall contribution to the destinations can be hardly overlooked.

As regards to domestic tourist volumes in India, Sutheeshna Babu (2008) argued that even if one considers only one-fourth of over 470 million domestic tourists as 'economically useful' tourists in India, their number would still be over 100 million. Perhaps, the economic usefulness of the *Khumnewale* (low-income mass tourists) needs to be assessed not just in terms of their per capita spending but the overall contribution that they could bring, especially in sustaining a huge informal and unorganised tourism sector. It would therefore be simplistic if their overall contribution is considered only in terms of occupancy in the organised accommodation and other tourism facilities as many have been arguing.

1.1 Rationale of the Study

Present scenario of domestic tourism in India is suggestive of a diverse spectrum covering both advantaged and the disadvantaged- economically, socially and physically. A study by NCAER was indeed revealing of the socio-economic and touring behaviour of Indian households but had no information on persons with reduced mobility and the disadvantaged groups.

Due to various reasons, a large chunk of people have been constrained of access to leisure and holidaying. They not only constitute a vast spectrum of the

socially and economically backward sections but also a potentially strong reduced mobility segment.

The quantum of people with reduced mobility is growing fast as a result of various socio-economic processes and overall improvement in the living standards. Facilitating tourism needs of the tourists with reduced mobility- popularly known as ‘accessible tourism or inclusive tourism’- is not only a legal requirement but also a well qualified proposition that it makes very good economic sense. Incidentally, economic opportunities emanate from the general and specific needs of this segment are also well acknowledged.

Disabled people are faced with a variety of problems viz. finance, mobility, family support, and the like. Those get compounded when they plan to take a tour. Besides, their movement within vast attractions is equally cumbersome, especially vast monuments and historical sites of national importance; many of which happen to situate on hilly or elevated terrains. It has already been acknowledged in India that there exist a sizable chunk of disabled people who have sufficient disposable income for holidaying. But, their various socio-economic and motivational attributes are less known, and that is a major constraint when it comes to evolving appropriate policies and programmes aimed at optimizing the potential economic opportunities that it offer.

The accessible tourism initiatives in India should be seen as emerging from this broader perspective. Notwithstanding, certain steps to this effect have initiated sometime back. For instance, the application for the National Tourism Award- 2005-06, *inter alia*, contained provisions for statement of the facilities available/ provided in the hotel for the tourists with reduced mobility. In the Special Award category, 50% point weight was assigned for the provision of facilities for tourists with reduced mobility, viz. in the room, lobby, restaurants, conference facility,

access to telephone and toilet, ramp with anti-slip floors wheel chair/s, accessible parking, facilities for guest with speech or vision impairment etc. and balance 50% was on account of foreign exchange earned.

The proposed study was in pursuance to a recent decision of the Union Ministry of Tourism. It aims at eliciting some of the critical attributes of this segment- viz. travel behaviour, travel requirements and purchasing power. Needless to state, a study of this nature is a concerted move to evolving better understanding of various attributes of the tourists with reduced mobility, thereby, contributing to the existing information base. That, in turn, could provide adequate basis and clear direction for framing appropriate policies and programmes in such a manner to facilitate them better as well as exploring tourism potential of those groups.

1.2 Definition

For the purpose of this report, the definition advanced by UNWTO (2005) was employed. It defines the ‘persons with disability’ as:

‘... all persons who, owing to the environment being encountered, suffer a limitation in their relational ability and have special needs during travel, in accommodations, and other tourism services, particularly individuals with physical, sensory and intellectual disabilities or other medical conditions requiring special care, such as elderly persons and others in need of temporary assistance’ (UNWTO, 2005).

This was being done in consideration of the fact that the data sets generated during the course of this study could have better international comparability. Further, it is also expected to assist in creating and implementing strategies that

can remove attitudinal, social, physical and informational barriers that currently prohibit or reduce the travel options of persons living with disability of different types.

1.3 Objectives/ Terms of Reference of the Study

1. To examine the socio- economic background of the tourists with reduced mobility (with focus on locomotor disabilities) visiting different destinations in India
2. To analyse their travel behaviour
3. To examine the problems being faced by them and status of special provisions, if any, in those attractions/ facilities
4. To examine their expenditure pattern and purchasing power
5. To suggest suitable mechanisms to better facilitating the travel needs of this segment.

1.4 Methodology

This being exploratory study, a combination of appropriate qualitative and quantitative methods have been employed. As regards to estimation of the share of tourists with reduced mobility at each destination, absence of specific data sets posed a major challenge. However, with the help of ASI officials, qualified insights were obtained, especially about weekly visitation patterns. As the attractions under study have controlled nature of entry and exit points, certain degree of wisdom could be exercised to have a control over the samples.

It is well acknowledged that apportioning the share of tourists with reduced mobility or their seasonal visit patterns from common tourist statistics is not easy. Given this limitation and in consideration of the scope of study, purposive random sampling has been adopted for this study.

Responses collected during the survey have been tabulated mainly by using frequency computation method. But, to analyse the responses being assigned with rank values, a weighted index (WI) has been developed. The method of constructing the index is discussed below:

- I. First, the frequencies of responses associated with each rank for a particular parameter were found out. The same procedure has been followed for each parameter in the question ($X_1 = R_1 \dots R_n$; $X_2 = R_1 \dots R_n$).
- II. Secondly, rank-wise proportion of these frequencies for each parameter/variable was found out (i.e. % of $R_1 \dots R_n$ against total of parameter $X_1, X_2 \dots X_n$).
- III. A score has been assigned to each rank in such a manner that the highest rank would have highest score.
- IV. Based on the score and the proportions, the weighted index has been computed, where the proportions were treated as the weight. Hence,

$$\text{Weighted Index (WI)} = \sum W_i * X_i,$$

Where, W_i is the weight of the rank i for a parameter and X_i is the score associated with rank i of that parameter.

The Weighted Index (WI) thus obtained from above described methodology will define the importance of the parameters; higher the value of index, higher the importance that parameter.

1.5 Selection of Study Destinations

Six attractions, essentially historico-cultural in nature, were selected for this study. The selection was based on the parameters such as popularity, number of tourists visiting, vastness of the monuments and geographical coverage of the site, and topography (i.e. altitude from the ground-level). Among these, the last two emerge as central when viewed from the perspective of tourists with reduced mobility. These features have potential to pose certain serious challenges not only to their hassle-free movements within site but also in adversely affecting their appreciation of the attraction in its entirety.

Basing on above considerations, six destinations have been selected for this study, viz. Taj Mahal (Agra), Amber Fort (Jaipur), Qutab Minar (Delhi), Sun Temple (Konark), Mamallapuram (T.N) and Old Goa churches. But, excepting Amber Fort, others are in the management control of ASI. Among those, Taj Mahal, Qutab Minar and Sun Temple (Konark) had visitation of more than one million (Table 1.1); whereas in Mamallapuram, tourist numbers are nearly 8 lakhs in 2007 (Tourist Statistics- 2008, Min of Tourism, GoI).

Table 1.1: Number of Tourists Visiting Proposed Study Destinations

Site/ monument	2006		2007		2008	
	Dom.	Foreign	Dom.	Foreign	Dom.	Foreign
Taj Mahal	2048.17	491.4	2624.1	586.11	2635.28	591.56
Amber Fort	NA	NA	NA	NA	NA	NA
Qutab Minar	1946.7	249.0	2099.45	282.95	2121.42	277.45
Konark Temple	1196.5	17.9	1347.48	9.91	1471.08	9.09
Mamallapuram	721.59	58.92	802.0	71.06	241.52	36.16
Old Goa Churches	NA	NA	NA	NA	NA	NA

Source: Tourist Statistics, Dept. of Tourism, GOI

Though Old Goa Churches are Archaeological Survey of India (ASI) protected monument, tourist statistics is not available there. This is perhaps due to its living nature where large number of people continues to congregate for worship. Further, unlike other ASI controlled monuments, complete counting of tourists is not possible for want of entry fee for whole complex (it exists only for museum). As regards to Amber Fort, it is managed by Amber Development and Management Agency and tourist data is not available at secondary level. Incidentally, all monuments selected for the study are some of the most striking national symbols and represent India's rich cultural diversity and heritage.

1.6 Sample Size

A total of 1205 respondents were surveyed as part of the study. This figure has been arrived at to have a reasonably good sample size and also in acknowledgement of the fact that the study universe is not known clearly and non-quantified. Hence, distribution of sample size to those attractions for which tourist arrival data were available was determined on proportion basis. But, in case of Amber Fort and Old Goa Churches, an average of 200 respondents each was out of the total 1205 respondents (Table 1-2). Further, the distribution of the size of domestic and foreign tourists was also decided on the basis of their proportion to total tourist numbers at respective attraction sites.

To pick up sample respondents from each study destination, a stratified random procedure was employed. Stratification was considered on the basis of nationality and type of disability (congenital or acquired). Discussions with the ASI officials at study locations also helped in finalizing the segment-wise sample size. This procedure is justified based on the premise that major deterrents for

these groups of tourists are primarily ease of mobility and income background. But, when it comes to physical accessibility of proposed study destinations, they are well connected with major transport modes.

Therefore, touring propensity of the tourists with reduced mobility to those destinations would be largely determined by the income variables and the type of disability. Because, in comparison to other tourists, this group has to pool extra money to meet additional expenses on account of payment for mobility facilitators such as caregivers, wheel chair and other means.

Table. 1.2: Sample Size for the Study

Site/ monument	Tourist Visitation- 2006 (in '000)		Total (in '000)	Sample Size		Total Sample (persons)
	Domestic	Foreign		Domestic	Foreign*	
Taj Mahal	2048.17 (80.6%)	491.4 (19.4%)	2539.57 (37.73%)	206	96	302
Qutab Minar	1946.7 (88.7%)	249.0 (11.3%)	2195.7 (32.63%)	245	17	262
Konark Temple	1196.5 (98.5%)	17.9 (1.5%)	1214.4 (18.1%)	144	01	145
Group of Monuments, Mamallapuram	721.59 (92.45%)	58.92 (7.55%)	780.51 (11.59%)	74	18	92
Sub-total	5913	817	6730 (100%)	669 (83.6%)	132 (16.4%)	801 (66.7%)
Amber Fort	NA	NA	NA	179	21	200
Old Goa Churches	NA	NA	NA	168	36**	204
Total	NA	NA	NA	1016 (84.32%)	186 (15.68%)	1205 (100%)

* While determining the sample size for foreign tourists, the same proportion as observed in the actual tourists have not been adhered to because of the fact that the proportion of the tourists with reduced mobility tourists visiting those attractions may be much less.

** Like at Taj Mahal, foreign tourist visitation is expectedly higher at Old Goa Church complex.

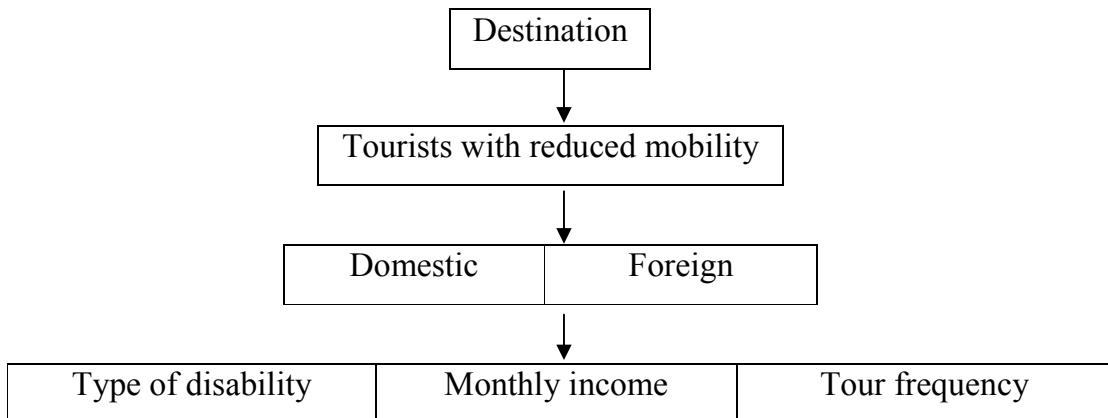
1.7 Finalisation of Questionnaire

The study team first developed detailed questionnaires in due diligence to the thematic aspects of the study. The endeavour was to address all major attributes that could probably explain the evolving accessible tourism demand scenario in India. The draft questionnaires were then discussed with the senior officials of the Market Research (MR) Division of the Ministry of Tourism (MoT). Afterwards, it was presented to a Technical Advisory Committee (TAC) being set up for this purpose. On obtaining the observations and comments of members, it was then presented in a meeting chaired by Union Secretary- Tourism. The suggestions/ observations came up during the course of presentation were incorporated accordingly and then got the schedules approved from MoT.

1.8 Sampling Frame

The study was carried out among the tourists with reduced mobility- both domestic and international- visiting above-stated destinations. Needless to state, the universe is huge and very diverse having different social, cultural and economic backgrounds and belief systems. Since this could pose some challenges in the survey process, selection of the respondents were made diligently and judiciously so as to capture best representative samples.

Sampling Frame and Selection Procedure



1.9 Period of Study

Considering the unique nature of the universe for this study - i.e. tourists with reduced mobility - the survey was expected to take two months time. The survey was launched in the last week of April 2009. However, the survey could not be completed as per schedule due to a set of adverse situations, viz. swine flu, hot summer, as well as non-cooperation on part of many tourists. Very low visitation of tourists with reduced mobility compounded the problems. Because of these, filed survey took almost four months for completion.

1.10 Social Tourism and Accessible Tourism

The roots of ‘Tourism for All’ initiatives can be traced to the activities of UNWTO in the early 1980s. Particularly, Manila Declaration on Global Tourism in 1983 was seen as endeavour aimed at making tourism more participatory and inclusive. The concept of ‘social tourism’, which was introduced in the Document states:

“Social tourism is an objective which society must pursue in the interest of those citizens who are least privileged in the exercise of their right to rest”.

Social tourism *per se* is inclusive in content and form. India being a signatory to the Manila declaration, it is imperative to evolve appropriate mechanisms for enabling inclusive tourism. However, there are many challenges in operationalising social tourism principles; primary being economic. While it is not tenable on part of the country governments to pool necessary resources to meet all the financial requirements for practice of social tourism, they still play a pivotal role by way of policy formulation and stakeholder coordination and facilitation.

UNWTO initiated many concrete steps subsequently to achieve the goal of inclusive tourism. For instance, a document on tourism policy approved by the UNWTO General Assembly in 1991 states: “the right to tourism, which must be in harmony with the priorities, institutions and traditions of each individual country, entails for society the duty of providing for its citizens the best practical, effective and non-discriminatory access to this type of activity” (*Creating Tourism Opportunities for Handicapped People in the Nineties (A/RES/284(IX) of 1991)*). Needless to record, tourists with reduced mobility citizens have been very much a part of the “Tourism for All” initiatives. Afterwards, a series of practical recommendations were formulated to make tourism accessible to persons with disabilities. This was reinforced by Article 2 of the Global Code of Ethics for Tourism of the WTO (1999), which has the backing of the UN General Assembly (2001).

However, specific formulation of accessible tourism by the UNWTO came up through adoption of a General Assembly resolution {A/RES/284(IX)} in its ninth session at Buenos Aires, Argentina (30 September – 4 October 1991) entitled *Creating Tourism Opportunities for Handicapped People in the Nineties*. It has been prepared with the help of experts from the Organization by the Spanish

ONCE Foundation. The resolution can be seen paved course for various facilitation and promotion measures for the tourists with reduced mobility. The document was updated and adopted at the 16th Session of its General Assembly at Dakar in December 2005.

Almost simultaneously, UNESCAP prepared a status report on barrier-free tourism (BFT) for people with disabilities in the Asian and Pacific region. BFT was categorised as the travel needs of the tourists with reduced mobility. It was argued that BFT offers a new opportunity for market segmentation that merges the access requirements of the seniors and disability markets. Some initiatives of travel agents association in Turkey to provide BFT are given in Case box-1.

Perhaps, some of the major and actionable initiatives aimed at inclusive tourism first appeared in Europe. For instance, "Tourism for All" was a culmination of the initiatives of the European Union, which began in an informal meeting of the European Ministers of Tourism in 2001. The E.U Presidency categorically stated that there was a clear need to make tourist activities accessible to certain target groups, in particular young people, old people, those living on the threshold of poverty, the unemployed and disabled people. Conclusions of the Presidency on "Tourism for All" were ratified at the meeting of the Council on 27 September 2001. Later on, European parliament passed a resolution on accessible tourism and its brief is given in Case Box-2 and 3.

Case Box: 1

Travel Association Initiative on Accessible Tourism in Turkey

“Committee of Barrier Free Tourism for All”

The Association of Turkish Travel Agencies (TÜRSAB) has established a committee called Barrier Free Tourism for All (BFTA) in 15th June of 2006 to support accessible tourism in Turkey.

BFTA's members are travel agencies while some NGO's are members being as advisers. The main objective of the committee is to identify the problems of accessible tourism in Turkey and to find out some solutions for these problems. Since the committee has been established, it has met several public fellowships, institutions, cooperation etc. to share opinions, and it also examined several transport infrastructures to find out the existing problems.

BFTA has prepared some reports regarding these problems and shared them with related public institutions.

We are happy that The Committee's initiatives and effort have resulted in the noticeable progress in accessible tourism.

“Barrier Free Istanbul for All”

The other initiative of the Committee is to support establishing a guide titled “Barrier Free Istanbul for All” to help the old and the disabled people to come together in the city that embraces almost every culture and every nationality.

Our committee believes that Turkey will be one of the most convenient destinations in view of the concept “No Barrier For All”.

Source: ENAT Tourism for All International Congress, Marina d'Or, 2007
www.accessibletourism.org/resourcesenat...entata_full2_en.doc, 15-06-09

Case Box- 2:

Accessible Tourism Initiatives in Sweden

“Accessible to all Tourists”

Six years ago, the Swedish Parliament resolved to make Sweden accessible to everyone. Building laws were tightened and tougher requirements were imposed on both official and private bodies to create accessible milieus. In short, the demands are meant to “simply eliminate obstacles in official premises and public spaces.” They are expected to be in place by 2010 at the latest. By 2010, Stockholm aims to be the most accessible capital in the world.

Tourism for all (Turism för alla) is an organization that provides information on accessible tourist destinations in Sweden and abroad. Among other things, they produce an annual catalogue in Swedish, “Resa utan hinder” [Travel without Obstacles], which provides vacation ideas for the mobility-impaired. Individuals not speaking Swedish who would like information and tips prior to their trip to Sweden can contact the organization.



Tourism for all also conducts accessibility inventories through the EQUALITY program. Keep an eye out for the EQUALITY sign at the tourist establishments you plan to visit. Certification means that Tourism for all has checked the facility from an accessibility point of view.

<http://www.sweden.se/eng/Home/Tourism/Reading/Sweden>, 26-09-09

Case Box- 3

Accessible Tourism Initiatives

Tourism for All UK

Tourism for All UK is a national charity dedicated to standards of world class tourism which are welcoming to all. Over the past 30 years, it has been providing information to the public, especially to older people and those with disabilities, on where their specific access needs can be met so that they can fully participate in travel and leisure. It also champions the cause of accessible tourism with policy-makers in the UK and Europe.

Its latest campaign focuses on the opportunity represented by hosting the Olympics and Paralympics in 2012 in the U.K. The slogan is:

“Winning: A Tourism Strategy for 2012 and beyond”

Following objectives have been framed as part of above campaign.

Objective- 1 (for visitors)

To provide visitors with accurate and timely information, in the manner in which they wish to receive it, to enable them to make informed choices.

Objective- 2 (for the tourism industry)

To stimulate and help the tourism industry to create a world-class experience for everyone.

Objective- 3 (for policy makers)

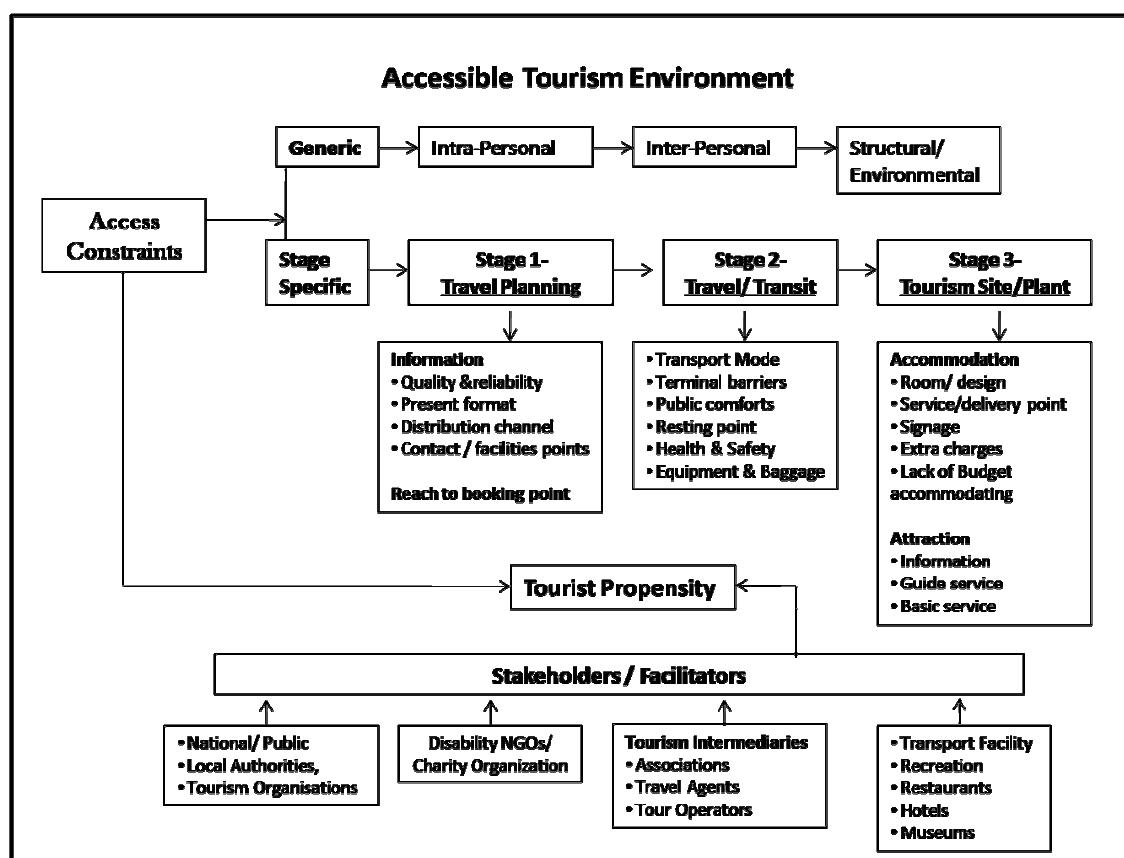
To work with policy makers to ensure that policies concerned with and affecting tourism for all take full account of relevant needs, and are coherent and coordinated.

<http://www.tourismforall.org.uk/About-TFA.html>, 26-09-09

1.10 Business Environment for Accessible Tourism

Business environment of tourism is very complex and that becomes even more intricate when it comes to accessible tourism because of peculiarity of the tourists with reduced mobility and the constraints they usually encounter. For the purpose of this study, conceptualisation of an accessible tourism framework has been attempted and given below (Fig. 1.1).

Fig. 1.1: Conceiving Accessible Tourism Environment



Latest estimate shows that there are 650 million persons with disabilities worldwide. When the members of the families directly affected by disability are counted, it would take the volume to approximately 2 billion persons; representing

almost a third of the world's population. Undoubtedly, it represents a significant but overlooked development challenge. Therefore, ensuring equality of rights and access for these persons will have an enormous impact on the social and economic situation in countries around the world (*United Nations Convention on the Rights of Persons with Disabilities- 2006*).

Chapter- II

Context of Accessible Tourism

2.1 World Disability Movement

For a better part of history, disabled people remained as ignored groups owing to many physical and socio-economic reasons. However, by the late 1960's, awareness began to expand on various dimensions of disability including how the design and structure of the environment was linked to the limitation of person with disabilities. With this, attitude of the people towards them also started to change across the world, though on varying degree.

The year 1981 is considered as a watershed as regards to the rights and condition of the disabled people, owing to declaration of the International Year of Disabled Persons by the United Nations. Some notable initiatives since then are summarized as below:

- The U.N General Assembly resolved to pronounce the World Program of Action Concerning Disabled Person in 1982.
- In May 1990, the U.N Economic and Social Council authorized the Commission for Social Development to elaborate standard rules on the equalization of opportunities for disabled children, youth and adults. These rules were developed on the basis of experience gained during United Nations Decade of Disabled Person (1983-1992) and were founded on the following International instrument :-
 - Universal Declaration of Human Rights
 - International Covenant on Economic, Social and Cultural Rights
 - International Covenant on Civil and Political Rights.
 - Convention on the Right of the Child

- Convention on the Elimination of all Form of Discrimination against women
- World Program of Action Concerning Disabled Person
- Agenda for Action for the Asian and Pacific Decade of Disabled Persons, 19993-2002
- U.N Convention on the Rights of Persons with Disabilities was adopted by the General Assembly on December 13, 2006.

In addition to above, there are also other relevant U.N Instruments dealing with various aspects of human rights, including those of the disabled people. Some major ones are listed below:

- The Standard Rules on the Equalization of Opportunities for Persons with Disabilities in 1993
- International Covenant on Economic, Social and Cultural Rights
- International Covenant on Civil and Political Rights
- International Convention on the Elimination of All Forms of Racial Discrimination
- Convention on the Elimination of All Forms of Discrimination against Women
- Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
- Convention on the Rights of the Child
- International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families.

Many of those U.N instruments can be seen summarily providing the background material as well as abundance of information, guidance and road map to major stakeholders active in this domain. On the one hand, many member nations took those to translate into national legislations, while on the other; they provided adequate impetus and a critical and legitimate basis for the Rights Activists world over to advance the cause of this fragile segment.

The U.N Convention on the Rights of Persons with Disabilities- 2006 is an important Instrument from many angles. The Article 3 – ‘General Principles’- envisions following principles:

- a. Respect for inherent dignity, individual autonomy including the freedom to make one’s own choices, and independence of persons;
- b. Non-discrimination;
- c. Full and effective participation and inclusion in society;
- d. Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;
- e. Equality of opportunity;
- f. Accessibility;
- g. Equality between men and women;
- h. Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

Indeed, some provisions contained in the Convention Document are very pertinent to the context of this study. The main being:

A. **‘Preamble-e’**, reads:

Recognizing that disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others.

B. **‘Preamble-g’**, reads:

Emphasizing the importance of mainstreaming disability issues as an integral part of relevant strategies of sustainable development

C. **‘Preamble-k’**, reads:

Concerned that despite various instruments and undertakings, persons with disabilities continues to face barriers in their participation as

equal members of society and violations of their human rights in all parts of the world

Further, Article- 30 specifically deals with the participation in cultural life, recreation, leisure and sport. It details the provisions as below:

1. States Parties recognize the right of persons with disabilities to take part on an equal basis with others in cultural life, and shall take all appropriate measures to ensure that persons with disabilities:
 - 1.a: Enjoy access to cultural materials in accessible formats; 1.b: Enjoy access to television programmes, films, theatre and other cultural activities, in accessible formats;
 - 1.c: Enjoy access to places for cultural performances or services, such as theatres, museums, cinemas, libraries and services, and, as far as possible, enjoy access to monuments and sites of national cultural importance.
2. States Parties shall take appropriate measures to enable persons with disabilities to have the opportunity to develop and utilize their creative, artistic and intellectual potential, not only for their own benefit, but also for the enrichment of society.
3. States Parties shall take all appropriate steps, in accordance with international law, to ensure that laws protecting intellectual property rights do not constitute an unreasonable or discriminatory barrier to access by persons with disabilities to cultural materials.
4. Persons with disabilities shall be entitled, on an equal basis with others, to recognition and support of their specific cultural and linguistic identity, including sign languages and deaf culture.
5. With a view to enabling persons with disabilities to participate on an equal basis with others in recreational, leisure and sporting activities, States Parties shall take appropriate measures:

5. a. To encourage and promote the participation, to the fullest extent possible, of persons with disabilities in mainstream sporting activities at all levels;
5. b. To ensure that persons with disabilities have an opportunity to organize, develop and participate in disability-specific sporting and recreational activities and, to this end, encourage the provision, on an equal basis with others, of appropriate instruction, training and resources;
5. c. To ensure that persons with disabilities have access to sporting, recreational and tourism venues;
- 5.d. To ensure that children with disabilities have equal access with other children to participation in play, recreation and leisure and sporting activities, including those activities in the school system;
- 5.e. To ensure that persons with disabilities have access to services from those involved in the organization of recreational, tourism, leisure and sporting activities.

2.2 A Framework for Defining Disability

Perhaps, defining disability is often considered as a complex exercise, even though it may appear as simple and straightforward. Definitions of disability often vary according to the purpose of the data collection or according to different classifications used (Eurostat, 2002). A prominent view on disability definitions is to acknowledge the relevance of distinguishing ‘disability’, ‘impairment’ and ‘handicap’. By adapting the Union of the Physically Impaired Against Segregation (1975) framework, Burnett & Bender Baker (2001) reasoned that impairment refers to physical or cognitive limitations an individual may have, whereas, disability refers to socially-imposed restrictions. In other words, the systems of social constraints are imposed on those with impairments by the discriminatory practices of society.

WHO has elaborated on this in the International Classification of Impairments, Disabilities, and Handicaps- ICIDH (1980 & 1993). In consideration of this, distinction in those concepts can be understood from the perspective of health experience as following (Also refer Table 2.1):

Table. 2.1: Categories of Three ICIDH Dimensions at the One-Digit Level

Impairment (I-CODE)	Disability (D-CODE)	Handicap (H-CODE)
1. Intellectual	1. Behaviour	1. Orientation
2. Other psychological	2. Communication	2. Physical
3. Language	3. Personal care	3. Mobility
4. Aural	4. Locomotor	4. Occupation
5. Ocular	5. Body disposition	5. Social integration
6. Visceral	6. Dexterity	6. Economic self-sufficiency
7. Skeletal	7. Situational	7. Other
8. Disfiguring	8. Particular skill	--
9. Generalized, sensory and other	9. Other restrictions	--

Impairment: Refers to any loss or abnormality of psychological or anatomical structure or function. In other words, it describes the biomedical status of the body and is characterized by losses or abnormalities that may be either temporary or permanent.

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

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

The disabled and the disability activists have been arguing that the biggest challenge they encounter is not disability but some types of impairments that create greater disadvantage or social stigma for the individuals affected by it. Hence, the concept is closely connected to one's social identity as well. For the disabled, it is generally the scary feeling of his/her identity that is most worrisome because:

- i. Disability carries a stigma in most societies. Even those with minor impairment have a fear that others will see them as wholly disabled and often fail to recognise their remaining abilities.
- ii. The 'disabled' is positioned at one end of a social spectrum and people who are physically and mentally most capable at the other. In between lies a huge chunk having various levels of accessibility requirements/ constraints, but often do not relate those to disability. Instantaneous being the people with a broken leg and are temporarily impaired (Wendell, 1996).

Besides above segments, there have been attempts to bring in age-related access issues in the disability framework. Some studies in Europe suggest that there exist a strong and positive correlation between age and disability (Eurostat, 2003). Hence, the elderly population has been identified as an important group that shares many of the same access barriers than people with impairments.

2.3 Constitutional and Legal Framework for Disability in India

The seeds of a comprehensive legislation on disability in India were germinated after the launch of Asia and Pacific Decade of Disabled Persons 1993-2000, commissioned by the Economic and Social Commission for Asia & Pacific (UNESCAP) at its meeting in Beijing during 01-06 Dec. 1992. A Proclamation of the Full Participation and Equality of People with Disability in the Asia and Pacific region was adopted in that meet, wherein, India was a signatory.

In pursuance to the Proclamation, the Government of India has enacted four major legislations for persons with disabilities as below:

- Persons with Disability (Equal Opportunities, Protection of Rights and Full Participation) Act- 1995, which provides for education, employment, creation of barrier free environment, social security, etc.
- National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disability Act, 1999 has provisions for legal guardianship of the four categories and creation of enabling environment for as much independent living as possible.
- Rehabilitation Council of India Act, 1992 deals with the development of manpower for providing rehabilitation services.
- The Mental Health Act- 1987

In addition to the legal framework, extensive infrastructure has been developed to cater the disabled, including seven national Institutes for development of manpower in different areas. Besides above domain-specific legislations, Part-III of the Constitution of India provides for fundamental rights,

including the people challenged by the physical and mental disorders. Following rights and guarantees are applicable to all citizens, irrespective any distinction:

- Article- 14: Right to equality
- Article 15: Prohibition of discrimination on ground of religion, race , cast , sex or place of birth
- Article 16: Equality of opportunity in matters of public employment
- Article 17: Abolition of Untouchability
- Article 19: Right to Freedom- Protection of certain rights regarding freedom of speech etc.
- Article 20: Protection in respect of conviction for offences
- Article 21: Protection of life and personal liberty
- Article 21 A : Right to education
- Article 22: Protection against and detention in certain cases
- Article 23: Right against exploitation
- Article 24: Prohibition of employment of children in factories etc.
- Article 25: Rights to freedom of religion
- Article 26: Freedom to manage religious affairs
- Article 27: Freedom as to payment of taxes for promotion of any particular religion
- Article 28: Freedom as to attendance at religious instruction or religious worship in certain educational institution
- Article 29: Cultural and Educational Rights – Protection of interests of minorities
- Article 30: Rights of minority to establish and administer educational institutions
- Article 32: Rights to Constitutional Remedies for enforcement of rights conferred by this part
- Article 38: State to secure a social order for the promotion of welfare of the people
- Article 39: Certain principles of policy to be followed by the State
- Article 39 A: Equal justice and free legal aid
- Article 41: Right to work, to education and to public assistance in certain cases

- Article42: Provision for just and humane conditions of work and maternity relief
- Article43: Living wage, etc. for worker
- Article43 A: Participation of worker in management of industries
- Article44: Uniform civil code for the citizens
- Article45: Provision for early childhood care and education to children below the age of six years
- Article46: promotion of educational and economic interest of Scheduled Casts, Scheduled Tribes and others weaker sections
- Article47: Duty of the State to raise the level of nutrition and the standard of living and to improving public health
- Article51 A: Fundamental Duties

Disability has not been defined in the Constitution. However, Banerjee (2005) an expert on the Constitution as well the disability laws states:

'Disability by itself will not constitute a liability or restriction or condition with regard to access to public places like shops, hotels and restaurants and places of public entertainment or for the use of wells, tanks, bathing ghats, roads and places of public resort which are maintained out of state funds or have been dedicated to the use of the general public. The Constitution also directs the State to ensure that disability does not become a reason to any citizen opportunity for securing justice'.

2.4 Definitions of Disability in India

For the purpose of definition, two main govt. documents have been referred, viz NSSO and Disability Act- 1995. The National Sample Survey Organization (NSSO) defines persons with disabilities as:

Any restriction or lack of abilities to perform an activity in the manner or within the range considered normal for human being.

But, it excludes illness /injury of recent origin (morbidity) resulting into temporary loss of ability to see, hear, speak or move. The NSSO conducted survey of persons with disabilities in 1981 (37th Round), 1991 (47th Round) and 2002 (58th Round) in India.

As per the Disability Act-1995, person with disability means:

'A person suffering from not less than 40% of any disability as certified by a medical authority' (Source: Banerjee, 2005).

Types of disability covered in the Act are as under:

- Blindness
- Low vision: Means a person with impairment of visual functioning even after treatment or standard refractive correction but who uses or is potentially capable of using vision for the planning or execution of a task with appropriate assistive device (Note: specific definition can be seen in the Apprentice Rule as amended in 2003).
- Leprosy-cured: Means cured but has loss of sensation of organs/ have deformity of organs but sufficient mobility/ situations preventing such persons from taking up gainful activities.
- Hearing impairment: Means loss of 60 decibels or more in the better ear in the conversational range of frequencies
- Locomotor disability: Means disability of the joints, muscles and bones leading to substantial restriction of the movement of limbs or any form of cerebral palsy
- Mental retardation: Means a condition of arrested or incomplete development of the mind of a person which is specifically characterised by sub-normality of intelligence.

- Mental illness: Means any mental disorder other than mental retardation

While the Act in general is meant to serve in the greater interest of the physically challenged citizens, Chapter- VII (Affirmative Action) and Chapter – VIII (Non-Discrimination) are more pertinent to leisure and recreation accessibility. Relevant para. of Chap.-VII reads: ‘

The appropriate Govts. shall by notification, make schemes to provide aids and appliances to persons with disabilities’.

Whereas, the chapter on Non-discrimination makes following provisions:

44. Non-discrimination in transport: Establishments in the transport sector shall, within the limits of their economic capacity and development for the benefit of persons with disabilities, take special measures to:

- a) Adapt rail compartments, buses, vessels, and aircraft in such a way as to permit easy access to such persons
- b) Adapt toilets in rail compartments, buses, vessels, aircraft and waiting rooms in such a way as to permit the wheel users to use them conveniently.

Article: 45. Non-discrimination on the road:- Many provisions have been stipulated towards this.

Article: 46. Non-discrimination in the built environment:- The following provisions are stipulated under this:

- a) Ramps in the public buildings

- b) Adaptation to toilets for wheelchair users
- c) Braille symbols and auditory signals in elevators or lifts etc.

It is clear from above that disability is not a homogenous concept. The spectrum of disability is wide and complex. Moreover, each type of disability has wide variations as regards to its nature, extent and context (Socio-economic and environmental). Hence, attempts to defining disability would have to consider: a) the types of impairments as well as people having varying levels of accessibility requirements; b) the problem of exclusion from social activities as well as how persons with accessibility needs perceive themselves (Buhalis, D., V. Eichhorn, E. Michopoulou & G. Miller, 2005).

2.5 Models Used in Studying Disability

Two models are commonly in use- the medical and social. Those approaching the subject from the medical perspective consider it as the ‘problem’ of the individual. According to Aitchison (2003), the subject matter is dysfunction and to be assumed that it is both permanent and encompass every aspect of the individual life. It positions the individuals with disabilities as less able than those who are non-disabled. Their disability cannot be modified or changed by professional intervention, and remains deficient (Gilson & Depoy, 2000). The individual with a disability is in the sick role under the medical model.

Disabled people have been very critical of medical model. According to them, it is very simplistic to regard the medical system as the appropriate focus for disability related policy matters. Many impairments and chronic medical conditions cannot be cured, and therefore, majority of disabled people want to acknowledge their state of health alongside any physical or mental conditions that may be present (Odette et al., 2003; Putnam et al., 2003).

Whereas, those favour social modelling usually factor-in the physical health, emotional well-being and social cohesion because health does not just mean free from disease (Odette et al. 2003). Within this approach, the focus is placed on providing necessary services in order to remove or minimise social and environmental barriers to full social, physical and leisure participation (Aitchison, 2003; Darcy, 1998a; Gilson & Depoy, 2000; Larkin et al., 2001; McKercher et al., 2003; National Institute on Disability and Rehabilitation Research, 2000 & Shaw & Coles, 2003).

Social model further posit that only a small percentage of persons are born with disabilities limitations. Most people acquire their impairments (physical or mental) as a result of illness or accident, with the likelihood of disability increasing with age (van Horn, 2002). Even the majority of ‘abled’ citizens arguably experience some form of disability- either permanent or temporary- over the course of their lives. Hence, those forms of disability are required to be viewed as normal life situations. In summary, as Buhalis et. al. argued (2005), crux of the problem is a cultural habit of regarding the condition of the disabled persons; not the built environment or the social organisation of activities.

2.6 Types of Disability/ Impairment

Disabling conditions are either congenital or acquired with either acute or insidious onset as part of the ageing process, accidents or illnesses. They may be characterized by a single event or a degenerative over time. The different types of disabling conditions usually range from mobility, sensory and communication impairments to intellectual impairments and mental health disorders as well as hidden impairments in forms of health problems. A description of common disability/ impairment types and the difficulties associated with each category has

been attempted by the Dept. of Education- Massachusetts (DEC, 2005), details of which can be seen in Table 2-2.

The latest definitional framework does not classify people as per their disability/ impairment but describes the situation of each individual within the spectrum of health and health related domains. A distinct example here is the work of the International Classification of Functioning, Disability and Health (ICF)- a member of the World Health Organisation, which adopted the description of how people live with their health condition in order to define disability.

Table. 2.2: Types of Disability/ Impairment and Associated Difficulties

Type of impairment	Description	Difficulties in one or more of the following areas
Mobility impairments	Varying levels of physical mobility restrictions, affecting legs, feet, back, neck, arms or hands	<ul style="list-style-type: none"> ▪ physical and motor tasks ▪ independent movements ▪ performing basic life functions
Sensory impairments	Capacity to see is limited or absent Completely deaf or are hard of hearing	<ul style="list-style-type: none"> ▪ reduced performance in tasks requiring clear vision ▪ difficulties with written communication ▪ difficulties with understanding information presented visually ▪ reduced performance in tasks requiring sharp hearing ▪ difficulties with oral communication ▪ difficulties in understanding auditorily-presented information
Communication impairments	Limited, impaired, or delayed capacities to use expressive and/or receptive language	<ul style="list-style-type: none"> ▪ general speech capabilities, such as articulation ▪ problems with conveying, understanding, or using spoken, written, or symbolic language
Intellectual/ mental	Lifelong illnesses with multiple aetiologies	<ul style="list-style-type: none"> ▪ slower rate of learning ▪ disorganised patterns of learning ▪ difficulties with adaptive behaviour

impairments	that result in a behavioural disorder	<ul style="list-style-type: none"> ▪ difficulties understanding abstract concepts ▪ limited control of cognitive functioning ▪ problems with sensory, motor and speech skills ▪ restricted basic life functions
Hidden impairments	Variety of illnesses	<ul style="list-style-type: none"> ▪ heart problems ▪ blood pressure or circulation problems ▪ breathing difficulties ▪ problems with stomach, liver or kidneys ▪ problems to control the level of sugar in the blood (diabetes) ▪ disorder of the central nervous systems (epilepsy)

Source: DEO, Massachusetts, 2005

Table 2.3: The International Classification of Functioning, Disability & Health

	<i>Functioning and Disability</i>		<i>Contextual Factors</i>	
Components	Body Functions and Structures	Activities and Participation	Environmental Factors	Personal Factors
Domains	Body functions Body structures	Life areas (tasks. Actions)	External influences on functioning and disability	Internal influences on functioning and disability
Constructs	Change in body functions (physiological) Change in body functions (anatomical)	Capacity Executing tasks in a standard environment Performance Executing tasks in a current environment	Facilitating or hindering impact of features of the physical, social and attitudinal world	Impact of attributes of the person
Positive aspects	Functional and structural integrity	Activities Participation	Facilitators	<i>Not applicable</i>
	Functioning			

Negative aspects	Impairment	Activity limitation	Barriers/ hindrances	<i>Not applicable</i>
	Disability			

Source: DEO, Massachusetts, 2005

Viewed from this, the health and health-related status associated with all health conditions are not only a subject of persons with disabilities but are equally extendable to people at large. This framework has universal application, especially to identify components (Table 2.3) that either act as facilitators or hindrances for individuals in the physical, social or attitudinal world (ICF, 2001).

2.7 Context of Accessible Tourism

A significant portion of over 650 million disabled persons worldwide are travellers in their own rights but have special needs as tourists. If one includes the members of their families, there are approximately 2 billion persons who are directly affected by disability, representing almost a third of the world's population (*United Nations Convention on the Rights of Persons with Disabilities-2006*). In addition, older persons in the world are reportedly 600 million and their number is expected to be doubled by 2025 (UNESCAP, 2005).

It was also established that the number of people with disabilities is expected to increase as a result of increasing life-span, decreases in communicable diseases, improved medical technology, and improved child mortality (Yau, McKercher & Packer, 2004). Together with their family and friends, they constitute a potentially significant market segment that offers huge development opportunities around it. But such possibilities are left by and large unexplored due to misconception/ misunderstanding.

Perhaps, in accordance to many conventions and protocols- both at international and national levels- it is becoming growingly accepted that '*people with disability have a right to, and do want to enjoy travel leisure experiences*'. But, despite this, most of the problems they encounter during leisure activities are by and large unaddressed globally. Major frequently reported constraints in their leisure participation are inaccessible transportation, accommodation and tourism sites; reliable information; inadequate customer services and adverse social mindset. UNESCAP (2000) is perhaps one of the first agencies to document those in detail.

More so, UNESCAP was candid in acknowledging the development potential of this segment. Simultaneously, it has observed that if professionals of tourism industry are to succeed in accessing the potential of such new markets, they must understand the needs involved and learn how to respond to these challenges for the benefit of both the tourism industry as well as people with disabilities. It further states:

- People with disabilities and older persons are becoming a growing group of consumers of travel, sports, and other leisure-oriented products and services. Furthermore, families with young children also face similar physical access constraints. Thus large numbers of people require tourism to be made barrier-free.
- Although the number of such tourists is on the increase, most tourism services providers in the ESCAP region have still not yet recognized the importance of taking action on this issue.
- Most hotels, transportation facilities and tourist sites are not physically accessible for many people with disabilities and older persons. Their staffs have also not been trained to provide disabled person-friendly services.

Associated with it is an absence of explicit government policies and strategies for promotion of accessible tourism.

While a growing number of Asian-Pacific countries are paying attention to accessible tourism, barriers of many kinds still inhibit people with disabilities and reduced mobility from enjoying the travel experiences (UNESCAP, 2005).

Though academic interest in the subject began to echo in the late 1980s and early 1990s (Driedger 1987; Muloin 1992; Murray and Sproats 1990; Smith 1987), it fell quiet until recently as an area of study (Burnett and Bender-Baker 2001; Darcy 2002; McKercher et al. 2003; Ray and Ryder 2003). Perhaps due to this that little research has been seen published, examining tourism and disability (Burnett and Bender-Baker 2001; Darcy 1998, 2002).

Existing literature tends to suggest that persons with disabilities face a number of barriers to participation (UNESCAP, 2003), due to which, they enjoy comparatively less access to leisure/ tourism opportunities. Smith (1987), one of the pioneers in this subject identified three main types of barriers:

- i. **Environmental**: including attitudinal, architectural, and ecological factors
- ii. **Interactive** barriers relating to skill challenge incongruities and communication barriers
- iii. **Intrinsic** barriers associated with each participant's own physical, psychological, or cognitive functioning level.

Of those, intrinsic barriers are reported as the greatest obstacle (McGuire 1984; Murray and Sproats 1990; Smith 1987). Not less important is economic constraints, and some estimates suggests that holiday expenses for people with disabilities can cost between 30 and 200 per cent more than for the general tourists (Flavigny and Pascal 1995). Then, there is a strong case for creating

conducive environment that can ensure increased participation of the disabled tourists in leisure activity. Such measures were thought to have the potential to create positive impacts amongst this sensitive segment, who live with a sense of generalized helplessness otherwise. Absence of effective measures only lead to furtherance of their reduced participation in future as well. Incidentally, most studies testify that first tourism experience is a major factor that determines whether an individual with a disability will continue to travel or not (Murray and Sproats 1990).

Some other scholars who endeavoured to document major constraints of disabled persons in the leisure/ tourism participation categorised have those into three:

- A. Intrapersonal constraints:** These are associated with a person's psychological state, physical functioning or cognitive abilities (Crawford & Godbey, 1987; Smith, 1987). It covers themes such as stress, anxiety, lack of knowledge, health related problems and social effectiveness. These are also taken as antecedent constraints in that certain intrapersonal factors such as personality and socialization may predispose individuals to participate in or avoid certain leisure activities
- B. Interpersonal constraints:** These “arise out of social interaction or relationships among people within social contexts” (Scott, 1991). Those can occur during interactions with an individual's social network, service providers or strangers, or because one lacks a partner with whom to engage in some leisure activity (Crawford & Godbey, 1987).
- C. Structural or environmental constraints:** These are said to intervene between preferences and participation (Crawford & Godbey, 1987). Examples of

structural constraints include financial challenges, lack of time, ecological influences, transportation difficulties and barriers due to regulations.

U.N Disability Convention- 2006 identified many constraints that inhibit the movements of persons with disabilities. The definitions of accommodation and design contained in the said document are particularly relevant facilitation of accessible travel. It states:

"Reasonable accommodation" means necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms;

"Universal design" means the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. "Universal design" shall not exclude assistive devices for particular groups of persons with disabilities where this is needed.

Notwithstanding, constraints are not necessarily insurmountable; instead, people might find a way to modify the behaviours to sustain their leisure involvement (Scott 1991). They are seen to 'negotiate around' the constraints using a variety of strategies to achieve the leisure goals, but often in a way that differs from how their leisure would have been if constraints were absent" (Jackson 1999).

Turco et al. (1998) conducted focus group interviews with differently-abled individuals to identify major constraints related to attractions, information resources, transportation and accommodations. The participants stressed the need for site and facility accessibility, reduced entrance fees to attractions, trustworthy travel informants, transportation flexibility and policy compliance. The authors

came to conclusion that travellers with disabilities are becoming more vocal advocates of their needs.

While assessing site accessibility in Illinois, Israeli (2002) found that tourists with disabilities use a decision-making process that is different from other tourists. For most general tourists, certain levels of trade-off exist but for travellers with disabilities, accessibility attributes cannot be compensated against surplus in any other attribute. Hence, it was suggested that the absence of an important attribute viz. ‘may generate a decision not to visit the site, regardless of other factors that may exist there’. In another study, Burnett and Baker (2001) also attempted to identify the destination decision criteria of travellers with mobility impairments. They concluded that different market segments exist within differently-abled population and that tourism marketing strategies should take group distinctions into consideration.

In an investigation on the preferred sources of travel information used by individuals with mobility impairments, Ray and Ryder (2003) found that word-of-mouth, the Internet and travel guides were the top three sources of information used by travelers with disabilities. Ironically, tourism marketers are not meeting the information needs of individuals with disabilities.

Daniels et. al. (2005) summarised the existing knowledge base on constraints to pleasure travel experienced by individuals with disabilities as following:

- First, the study on travel needs and constraints relating to differently-abled individuals is clearly still in its infancy. Most studies are exploratory in nature as little prior information was available. A particular gap was evidenced by the dearth of information regarding travel negotiation strategies used by individuals with disabilities.

- Second, the limited breadth of data collection and reporting methods in existence suggest the need for greater diversity in forms of information gathering and dissemination. While tourism researchers consistently emphasized the need for travelers with disabilities to be heard, those travellers were seldom given a voice in the published manuscripts.
- Third, available research tended to segment tourism constraints, treating them statically rather than illustrating how they interact. While it is acknowledged that travel constraints can become compounded (Smith, 1987) and that constraints are negotiated in a variety of ways (Jackson et al., 1993), little is known about how travel constraints interrelate or how travelers with disabilities balance constraint types with negotiation strategies.
- Finally, from what little is known, it is apparent that individuals with disabilities are consistently faced with unique travel constraints that are not being clearly or consistently addressed by tourism managers.

2.8 Defining Accessible Tourism

There have been many attempts from early 1990's to define 'disability' from the perspective of accessible tourism. The pioneering global initiative in this direction is perhaps attributable to UNWTO for its IXth General Assembly (1991) resolution (No. A/RES/284(IX)). It was updated based on the recommendation of the Quality Support and Trade Committee and adopted at the XVIth Session of the General Assembly at Dakar, Senegal in 2005 (Resolution No. A/RES/492(XVI)/10). It defines the 'persons with disability' as:

'... all persons who, owing to the environment being encountered, suffer a limitation in their relational ability and have special needs during travel, in accommodations, and other tourism services, particularly individuals with physical, sensory and intellectual disabilities or other medical conditions requiring special care, such as elderly persons and others in need of temporary assistance' (UNWTO, 2005).

Above definition is a clear depiction of relationships between accessibility and tourism requirements among some vital and vulnerable sections of the society. Accordingly, main dimensions of accessible tourism can be summarised as below:

- It involves a set of practices meant to enabling the tourists who suffer a limitation in their relational ability as tourists.
- Such tourists have certain special needs at different facets of travel and stay, necessitating provision of such need sets accordingly to facilitate their travel.
- It is meant to cover all those having varying degrees of accessibility constraints as regards to participation in leisure, recreation and tourism opportunities, viz. disability, other medical conditions requiring special care, senior citizens and others in need of temporary assistance.
- Non-accessibility to tourism opportunities is not often the fundamental issue but creating the provisions judiciously in such a way to address the related constraints emerges as central challenge.

Perhaps, some concerted attempts towards defining accessible tourism in the Asia-Pacific can be located in Australia. For instance, after adapting the definition of the Olympic Co-ordination Authority (1999), Tourism Australia defined accessible tourism as:

'A process of enabling people with disabilities and seniors to function independently and with equity and dignity through the delivery of universal tourism products, services and environments'. The definition is inclusive of the mobility, vision, hearing and cognitive dimensions of access.

Tourism New South Wales has advanced a fairly broad definition of accessible tourism, and its scope includes:

- Seniors
- People with a disability

- People from non English speaking backgrounds
- Parents with children

But, Tourism Queensland associates accessible tourism closely with ‘disability’ and that is also linked to ‘special interest tourism’. In many ways, linking tourism practices of the access-challenged tourists with special interest tourism (SIT) serves dual purposes: of thinking critically about the segment as well as acknowledging its legitimate development/ business potential. Such divergence of definitions within the same country, viz. Australia, amplifies the difficulty of demarcating accessible market.

How then ‘easy access market’ is conceptualised? Tourism New South Wales can be credited with one of first initiatives. Its definition states: ‘any segment within the tourism market that prefers accessing tourism experiences with ease’. This approach is very much evident in the portrayal of accessible tourism market components listed above.

Alongside, UNESCAP advanced a conceptual framework similar to accessible tourism and termed it as barrier-free tourism (BFT); to mean the travel needs of the physically challenged tourists. To further the cause, it has prepared a status report on disabled tourists in the Asia and Pacific region. It was positioned in such manner that tourists with varying accessibility constraints offer fresh opportunities for market segmentation. It also envisaged merging together the access requirements of the seniors and disability markets.

Many countries also started framing of definitions to suit their specific national requirements. At the academic level, definitions usually have a tendency to transcend the administrative and technical framework; major aim being to understand the complex nature and functioning of accessible tourism system.

However, for the purpose of this report, the definition advanced by UNWTO (2005) was employed. This is being done in consideration of the fact that the data sets generated during the course of this study could have better international comparability. Further, it is also expected to assist in creating and implementing strategies that can remove attitudinal, social, physical and informational barriers that currently prohibit or reduce the travel options of persons living with disability of different types.

2.9 The Role of Accessible Tourism Standards

Setting appropriate standards through legal and mandatory means is an important step toward more responsible practice of accessible tourism. That must cover all facets of accessibility environment- viz. built environment, transport, staff training (disability-related awareness and service skill sets), mobility aids/equipments/appliances, communication and for ICTs. Indeed, standards for products and services have direct purpose of safeguarding the health and safety of consumers and protecting the rights of consumers. Introduction of standards can also necessitate significant changes in the way enterprises work and do the business.

UNWTO, UNESCAP and many countries framed broader guidelines for accessibility in public environment including tourism and transport infrastructure but most of those continue to remain unimplemented. Moreover, hardly there are stipulated national/ international access-specific standards as a frame of reference. Perhaps, E.U guidelines on improving access information are a major step forward in this direction (Ref. Case box: 4). UNESCAP also came up with some specific recommendations in its Thailand on accessible tourism in 2007 (Ref. Case box-5).

Case Box- 4

Improving Information on Accessible Tourism for Disabled People- E.U Guidelines

The aim of this guidance is to enable the tourism industry to provide basic, reliable information on accessibility in a consistent format. This allows all organisations to participate, regardless of their size and available resources, and increases the awareness of staff that assist visitors on a day-to-day basis.

Good communication is essential to improving access. People make their decisions on the information provided to them, based on factors which they consider to be important. Therefore, Information on accessibility should be easy for disabled tourists to obtain, preferably in a variety of formats.

Standard text — printed information should be in simple, straightforward, non- technical language. Alternatives should be provided for people with visual impairments or reading difficulties.

Accessible Internet — a website should be operable with the keyboard alone and provide meaningful text descriptions in place of pictures.

Email, fax/text phone — a means of communication for many people, including people with hearing impairments. Text phones assist communication, but may be more appropriate for larger facilities.

Large print — most people requiring large print prefer it in the range of 16 to 22 point and in a sans serif font. Simple large print documents can be produced using photo-copiers or PCs.

Braille — standard information, such as fire alarm procedures or guide books, which rarely change, could be provided in Braille. It may be costly to provide information which requires constant updating in Braille.

Audio recordings — assist people with visual impairments and people who have difficulty reading. Information should be presented slowly, with key messages repeated.

Sign language — allows people with hearing impairments to communicate; however, sign languages are as diverse as spoken languages.

Induction of loop system — helps people who use a hearing aid by reducing or cutting out background noise. They can be useful in a variety of public situations including theatres, meeting rooms and ticket counters.

However, organisations which are unable to make this investment can still provide access information, provided that care is taken. All organisations are encouraged to make completed fact-sheets widely available and to plan for further improvements and investment when appropriate.

Case Box:-5

UNESCAP and Accessible Tourism- Recommendations in 2007

UN Economic and Social Commission for Asia and the Pacific (ESCAP) in cooperation with the Ministry of Tourism and Sports and the Ministry of Social Development and Human Security of Thailand, Bangkok Metropolitan Administration and Disabled People International Asia-Pacific convened the Second International Conference on Accessible Tourism at Bangkok from 22 - 24 November 2007.

The Convention resolved among other things to recognize that “inclusive accessible tourism entails removal of attitudinal and institutional barriers in society, and encompasses accessibility in the physical environment, in transportation, information and communications and other facilities and services that consequently benefit not only persons with different disabilities, but also older persons, families with young children and all other travelers. Further, they are increasingly important tourism and travel market segment.

To achieve the goal of creating an inclusive, barrier-free, and rights-based society for all, Convention made following recommendations:

- 1) Governments sign and ratify the Convention on the Rights of Persons with Disabilities and Optional Protocol and implement the provisions therein;
- 2) Those, who are responsible for tourism promotion and disability matters at all levels in government, take legislative and administrative measures to promote accessible tourism, in particular by, including relevant provisions and/actions on it in overall economic/social development policies and plans and in tourism development policies and plans;
- 3) Government focal points on disability and tourism policy, tourism industry, accessibility experts, disabled persons' organizations and other civil society organizations build partnerships for effective study, promotion, implementation, and monitoring of accessible tourism;
- 4) Governments as well as business, academia, disabled people's organizations and the media make use of research to promote awareness of the importance of accessible tourism and knowledge of the travel needs of persons with different disabilities and cross-generational travelers;
- 5) Governments, business, and academia collaborate effectively with disabled people's organizations to establish, and where necessary amend, standards and practices to assure uniform international minimum standards and promote innovation in best practices through

application of the principles of Universal Design ;

- 6) Governments create a national committee on inclusive accessible tourism to coordinate the effective implementation of measures to promote inclusion of persons with disabilities in tourism and monitor related progress. The committee should consist of representatives from ministries responsible for tourism, social and infrastructure development, building, and transport, associations representing travel agents, hotels and restaurants, organizations and individuals representing persons with disabilities and tourism education and training institutes;
- 7) The following measures be taken by the travel and hospitality industry; Introduce accessibility as a criterion in the rating of hotels and restaurants; Present awards for outstanding achievements relating to accessible tourism;
- 8) The travel industry ensures that its employees and staff are properly trained to communicate with and provide services to travelers with disabilities and older travelers;
- 9) Accessible tourism caters to the needs of persons with different disabilities;
- 10) Governments and employers take affirmative actions to increase number of persons with disabilities working in the tourism industry;
- 11) Governments provide economic and other types of incentives to promote accessible tourism for the industry;
- 12) Governments as well as other stakeholders acknowledge the following seven elements as essential components of effective accessible tourism and take measures for each element, as recommended hereafter;
 - a) Travel planning;
 - b) Access to information;
 - c) Inclusive transportation;
 - d) Accessible tourism attractions;
 - e) Accessible accommodation;
 - f) Mainstream services for all tourists;
 - g) Destination experiences;

a) Travel planning:

- The travel and hospitality industry should include data relevant to travel with disabilities in travel planning materials;
- Travel planning professionals should equip themselves with knowledge and resources on the needs of travelers with disabilities;

b) Access to information: Information should be provided in accessible format;

c) Inclusive transportation:

- Governments need to establish and enforce accessibility policy on various modes of transportation (air, sea and land) and make it mandatory;
- The transportation industry must take responsibility for the provision of high-quality services equal to or above that of industry norm;
- Transport operators are responsible for the provision of seamless connectivity between different types of transportation and this needs to be monitored by the transportation authorities.

d) Accessible tourist attractions;

- Governments ensure facilities and services are accessible; Tourism providers ensure accessible information at points of services;
- Government, travel and hospitality industry, disabled persons organizations, and experts develop and disseminate of technical guidelines on improving accessibility of historical attractions;

e) Accessible accommodation;

- The principles of Universal Design are to be used in the construction of all accommodations;
- International/ regional standards on accommodations applying universal design so that all facilities and rooms in accommodations are accessible for all;
- Accessible accommodation should cater to the needs of persons with different disabilities and levels of functionality;

f) Mainstream services for all tourists;

- Governments, travel and hospitality industry and the civil society should promote the understanding on mainstreaming, which means that persons with disabilities are included as a norm that the built environment and technology is usable by the widest range of people operating in the widest range of situations without special or separate design, and that all staff must be competent to accommodate persons with

- disabilities;
- Accessible tourism information should be an integral part of mainstream tourism information;

g) Destination experiences;

- The travel and hospitality industry should ensure the positive destination experiences of persons with disabilities through the application of Universal Design in the creation of place, products, and policies;
- The travel and hospitality industry should ensure the positive destination experiences of persons with disabilities through the regular training for all employees on the needs of persons with disabilities;
- Involve Governments, tourism authorities, and consumer /human rights advocates to monitor and evaluate the quality of accessible tourism;

13) Educational Institutions develop and improve on curriculum to include subjects related to accessible tourism in travel-related training and education;

14) All relevant stakeholders mentioned in these recommendations utilize appropriate technology to improve on accessible tourism;

15) All relevant stakeholders collaborate to provide innovative and affordable solutions to promote accessible tourism in rural context;

16) UN ESCAP provides regional policy and technical guidelines and appropriate expertise to accelerate the growth of accessible tourism.

The European advocacy group (European Network for Accessible Tourism-ENAT) points out that the mainstream tourism sector is far from achieving ‘accessible tourism’. By now, it has become an acceptable proposition that there is clear mandate for definite accessibility guidelines in the domain of tourism and transport and also its adoption by the industry voluntarily.

2. 10 Policy Framework for Accessible Tourism

A review of the literature available on the subject suggests lack of an appropriate policy framework wherein accessible tourism has been contextualised as part of the overall development policy. Various reasons can be attributed to this, but evolving such a framework is central not only on account of ensuring more inclusive tourism but also to bring the business of accessibility in the ambit of development planning.

Europe is perhaps one region where many noticeable initiatives have been taken at governmental level towards accessible tourism. Not only the country governments in the Union are proactive, the European Union itself can be seen instrumental in many innovative policies and programmes as cab be seen in Case boxes 6 &7 .

Case Box- 6

European Parliament Resolution on Accessible Tourism- 2007

On 29 November 2007, European Members of Parliament passed a resolution titled: "Towards a stronger partnership for European Tourism". It, calls for Member States to make a united effort to support Accessible Tourism.

Actions for the future of accessible tourism in Europe are called for in six specific paragraphs, declaring that the European Parliament:

- "...Welcomes initiatives to coordinate at European level the information on accessible tourism that would allow tourists with reduced mobility and their families to find information about the accessibility of tourist destinations; calls on all Member States, tourism providers and national and local tourist organisations to join and/or to support this kind of initiative;
- It calls on the Commission and the Member States to consider the feasibility of drawing up a charter of the rights and obligations of European tourists, in view of the riotous and violent incidents caused by European tourists in European tourist destinations , and also a European code of conduct for tourist businesses;
- Calls on the Commission and the Member States to initialise an "Access for all " EC label that would guarantee core accessibility facilities for tourists with reduced mobility and would cover offers such as accommodation, restaurants, leisure and natural sites, auditoriums, monuments, museums, etc.;
- Stresses, furthermore, the need to protect, conserve and restore the European cultural heritage; and calls for more stringent management of such sites and of the conditions under which they are visited, and for greater efforts to improve access for people with disabilities, growing numbers of whom now travel for leisure purposes;
- Calls on the Commission to draft a Communication with an action plan on the enhancement of such a label based on the work it has already carried out , on experiences and best practices at national and local level and taking stock of what has been achieved at EU level in the transport field;
- Notes that the accessibility of tourist destinations is a matter that also has to do with the transport services provided or available; calls, therefore, on the Commission, for the purposes of the new European tourism policy and of developing European transport policy, to take due account of the accessibility handicap affecting regions with specific natural or geographical characteristics, such as the outermost regions, island and mountain regions, and the sparsely populated northernmost regions..."

The Parliamentary Report presents twenty-two suggestions for actions by the Members States, Regional and Local authorities, including the need to: "... protect, preserve and restore European cultural heritage assets and [calls for] more rigorous management of cultural sites and their visiting arrangements, as well as for greater efforts to improve access for disabled people, an increasing number of whom are travelling for tourist purposes;..."

<http://www.europarl.europa.eu/sides/getDoc.do?type=REPORT&reference=A6-2007-0399&language=EN&mode=XML>

Case Box- 7:

'Accessible and Socially Sustainable Tourism for All'- EESC

A ruling of the European Economic and Social Committee (EESC) on the subject "For an accessible and socially sustainable tourism for all" was placed in 2003. It was meant to make Europe an effective centre of world tourism, a barrier free and sustainable space open to all. This ruling inter alia contains a series of measures to implement the rights of people with disabilities to enjoy their leisure and tourism fully and for that, to make sustainable and accessible tourism for a reality some changes in mentality, information, awareness and management are needed.

Major initiatives proposed to achieve an accessible tourism are:

- ✓ To ensure that people with disabilities have real and effective right to regular and standardized access to tourist goods and services.
- ✓ To ensure that mobility or communication problems may not ever serve as a basis to prohibit, deny, limit or condition their access to goods and tourists services on an equal basis with the rest of citizens.
- ✓ Public authorities at different levels shall establish and ensure compliance with uniform legal and technical standards which ensure free access of people with disabilities to goods and tourist services.
- ✓ Besides, the authorities will promote programmes and activities aimed at encouraging accessibility and the gradual elimination of all kinds of barriers and obstacles which prevent or hinder people with disabilities to access to satisfactory tourist services in comfort and safely.
- ✓ To favour that accessible tourism or tourism for all is not an issue that corresponds exclusively to public authorities but to all private bodies operating in this socio-economic area.
- ✓ Public authorities and private agents operating in the tourist area should really take into account, for the purposes of providing advantages in European Network for Accessible Tourism 29 pricing and in the hiring of tourist products and services, the objective disadvantage that people with disabilities have, especially those who need the aid or assistance of others.
- ✓ All materials or tourist information services will collect references to the terms of accessibility of tourist goods and services offered so that people with disabilities can know exactly and in advance the possibilities regarding the free access to tourist offers.

The ability to access and to use tourist goods and services freely by people with disabilities will be one of the elements to be taken into consideration when it the time comes to credit, grant and recognize quality ratings to tourist establishments and facilities.

Case Box-8

The Victorian Accessible Tourism Plan: 2007-2010

The Accessible Tourism Plan 2007-2010 sets the strategic direction for the tourism industry to ensure that it provides tourism product that caters for all potential customers, including those customers who have a disability.

The Plan suggests that by 2012 Victoria will be a stronger and more inclusive community – a place where diversity is embraced and celebrated, where everyone has the same opportunities to participate in the life of the community, and all citizens of Victoria have the same responsibilities towards their society. It is a step towards achieving a stronger and more inclusive community in a tourism context, and to assist people with a disability who face barriers to travel. All citizens of Victoria have the same responsibilities towards their society.

Key Issues

The common issues evident from the literature and reinforced in findings from the stakeholders interviewed for this project fall into four main categories – communication, training, infrastructure and support services.

Communication

- Lack of suitable information that is accurate and available in accessible formats is a significant barrier to visitors with a disability, and therefore to business development in this area. While some regions and destinations have developed a range of information products in a systematic way, access to this information is not consistently available at the point of enquiry.
- Victoria is rich in tourism destinations, but there is a lack of communication about, and marketing of, products and services that are accessible to visitors with a disability, who need to be informed on how to source information about destinations of their choice.

Training

- Training programs could help to improve customer service and thus improve attitudinal and awareness problems, while improved information resources could help potential customers to find and enjoy Victoria's existing accessible tourism experiences.

Infrastructure

- Difficulties encountered by people with a disability arise from obstacles in existing infrastructure, including inaccessible premises, transport, seating, support facilities and tourism attractions, which may not comply with existing standards.

Support Services

- Available attendant support services and equipment for visitors with a disability is another limitation preventing people with a disability from travelling.

The Plan seeks to address each of these key areas by:

- Raising awareness and understanding of accessible tourism, the responsibilities of operators, and practical ways to build this into tourism business plans and practice.
- Identifying and marketing accurately what is accessible currently.
- Looking at all aspects of local tourism product, seeking and identifying gaps, and developing accessible offerings in all areas of the tourism experience, including transport, accommodation, activities, events, food and wine. All tastes should be catered for, and a seamless accessible tourism experience provided.
- Seeking feedback from customers to continually improve the level of customer.

Goals and Priorities

Developing Victoria as an accessible destination for visitors with a disability is a long-term objective. It is recommended that the State identify priorities that can be achieved in the short term, to begin the journey towards the bigger goals.

Three goals have been identified for this plan. These in turn are supported by objectives and strategies. The goals target changing attitudes, practices and communication.

Goal 1: Attitude

To develop a greater awareness and build a positive attitude towards accessible tourism within the tourism industry in Victoria.

Goal 2: Business practice

To facilitate change towards more accessible and inclusive business practice by operators in all areas of the tourism industry.

Goal 3: Communication/information

To facilitate the provision of accurate and accessible information about tourism product, services, experiences, and destinations in Victoria.

Action Plan

It has been developed based on these three key goals supported by objectives and strategies. The Action Plan identifies a broad cross section of stakeholders as responsible partners to action the strategies. This effectively continues and extends the strong partnerships that have been formed during the development of the Plan including both those with expertise in the tourism industry as well as those who represent travellers with a disability. By ensuring continuing involvement of representatives from both these key groups, the implementation of the Plan will be most effective.

The governmental initiatives in this direction are yet to firm up but the advocacy groups are already working in this direction. A notable case in point here is the efforts of European Network for Accessible Tourism (ENAT), which mapped the policy sectors and themes and targets for accessible tourism policies. Though the framework is E.U-specific, it can be replicable in other contexts as well but with suitable adaptations. A highlight of thematic frame advanced by ENAT is furnished below:

A. Economic Development and Accessible Tourism: In the endeavours to bring in sustainable tourism as part of economic development, policy framework shall focus on:

- i. Identifying and disseminating information on the contribution of accessible tourism measures to tourism development which is environmentally, economically and socially sustainable.
- ii. Applying principles of accessibility and inclusion in all development strategies and plans.

B. Tourism Development: As part of market and product development in sustained and responsible manner to make it legitimately inclusive, approach to policy formulation could incorporate:

- i. Developing accessible tourism strategies within National, Regional and City Tourism Organisations and setting up mechanisms for pan-

- European coordination of policies and actions in all aspects of accessible tourism.
- ii. Marketing Europe to the world as the leading accessible tourism destination.
- iii. Developing quality tourism by applying accessibility measures, including:
 - a). raising sector awareness,
 - b). sharing good practices and methods for the removal of access barriers
 - c). establishing transparent, consensual guidelines and/or standards for accessible tourism venues, facilities, equipment and services,
 - d). supporting a European accessible tourism labelling system for tourism providers,
 - e). encouraging tourism providers to declare, in detail, the accessibility of their premises and services, using a common, pan-European, accessible tourism information system.
- iv. Monitoring accessibility in tourism and supporting the uptake of good practices across the tourism sector.
- v. Developing quality tourism by applying accessibility measures, including:
 - a). raising sector awareness,
 - b). sharing good practices and methods for the removal of access barriers
 - c). establishing transparent, consensual guidelines and/or standards for accessible tourism venues, facilities, equipment and services,
 - d). supporting a European accessible tourism labelling system for tourism providers,
 - e). encouraging tourism providers to declare, in detail, the accessibility of their premises and services, using a common, pan-European, accessible tourism information system.
- vi. Monitoring accessibility in tourism and supporting the uptake of good practices across the tourism sector.

C. Regional Development and Accessible Tourism: To foster regional development and conservation/ sustainability of destinations, the policy targets shall be:

- iii. Introducing accessibility measures in existing tourist destinations/sites as a means of improving and enriching local communities.
- ii. Ensuring that all future tourism provisions are accessible and inclusive of the requirements of people with disabilities.
- iii. Gathering and disseminating information on how accessible tourism measures can contribute to the sustainable management and development of sensitive tourism sites, without degradation or loss of amenity.

D. Environment, Urban Development, Spatial Planning and Design:

Demonstrating how ‘Design-for-All’ or “Universal Design” principles can contribute to the planning, design and management of inclusive, accessible tourist venues, sites, facilities and equipment, leading to social, economic and environmental sustainability.

E. Goods and Services: The policy shall focus on:

- i. Ensuring that goods and services are accessible and usable by all tourists, regardless of disabilities or access needs.
- ii. Stimulating the development of new products and services for tourists with particular access needs and for tourism providers.

F. Consumer Protection:

- i. Promoting measures in the tourism industry to safeguard the health and safety of disabled tourists.
- ii. Providing guarantees for tourism services, taking into account the requirements of disabled tourists.

G. Employment

- i. Reducing the rates of work-related accidents and long-term illness in the tourism sector by preventive education and training programmes; and improves return-to-work policies and practices.
- ii. Promoting conditions for diversity in recruitment and employment, including persons with disabilities, in the tourism sector.

H. Health Tourism: The approach should to:

- i. Promoting health-related tourism products and services.
- ii. Promoting accessible and affordable tourism offers for those in need of nursing and/or medical care when on holiday.
- iii. Promoting accessibility for all in spas, wellness and therapeutic tourism.

I. Communications and ICTs: Both being a powerful means including in the time to come, the approach shall be to:

- i. Ensuring accessibility of ICT-enabled services and accessible Web Content of tourism websites for persons with disabilities (e.g. online travel guides, booking sites, location-based services...)
- ii. Stimulating the development of new, accessible ICT-based products and services for tourists and tourism providers, e.g. mobile and portable tour guides, orientation and navigation aids...
- iii. Developing and applying relevant nomenclature and booking codes at international level for passengers and tourists requiring access, assistance or special facilities in transport modes and at destinations.

J. Transport: This is a critical component in every aspect of human life and development and should therefore be targeted to:

- i. Upgrading transport infrastructure and facilities at passenger terminals (and other boarding points), and in vehicles or other transport modes to accessible standards. To include:
 - a). air passenger transport,
 - b). rail passenger transport,
 - c). trams, light railways,
 - d). bus and coach passenger transport,
 - e). maritime passenger transport,
 - f). taxis and hire cabs,
 - g). cable cars,
 - h). other transport systems

i). information on all the above.

ii. Providing assistance services to disabled passengers and passengers with reduced mobility using all forms of transport:

- a). air passenger transport,
- b). rail passenger transport,
- c). trams, light railways, etc.,
- d). bus and coach passenger transport,
- e). maritime passenger transport,
- f). taxis and hire cabs,
- g). other transport systems.

The document also contains specific policy guidelines on education, training and research; culture; public procurement; and human rights and social development in the domain of accessible tourism.

Chapter- III

Documenting Accessible Tourism Initiatives in India

3.1 The Department of Tourism has been taking several steps for providing facilities to physically challenged persons. Latest in this direction was those taken at the Tourism Coordination Committee meeting held in May 2009. It *inter alia* advised the hotels to have some guidelines formulated so that accessibility of the disabled tourists becomes easier. In pursuance to various provisions, the Hotel Association of India (HAI) formulated guidelines for providing facilities to the access-challenged persons. Major guidelines are furnished below:

A. Parking and approach area:-

- Exclusively earmarked and sign-posted and accessible parking spaces nearest to entrance.
- Ramps at the main entry with handrails for disabled guests sufficiently wide for movement of wheel chair. Anti-slip material to be used on the floor of the ramp.
- If there is a revolving door at the entrance, adjacent singing door should provide 32" of clear width for entry.

B. Lobby, Public area

- Provide at least one pay telephone not higher than 48" of the floor.
- Accessible routes in public area to be free of protruding objects that could be dangerous to guests with visual impairments.
- Fire and emergency alarms to have both visible and audible signals.
- If a hotel has several dinning facilities it is necessary that, one multicuisine restaurant will have access for wheelchair (without change of floor level to negotiate). Tables should allow easy movements and approach by the customers in wheelchair.

- Provision of one toilet in the lobby/public area similar to those in disabled-friendly guest rooms.

C. Lifts

- A lift to provide 46" x 48" car platform for easy boarding of a wheel chair with doors of the elevator to provide 32" of clear opening.
- Elevator call buttons to be located at 42" of floor level.
- "UP" button on the top and "DOWN" on the bottom.
- Elevator may be equipped with audio-announcement indicating number of the floor arrival for guests with vision impairment.
- Provide hand bar on the two sides in the interior of lift.

D. Room

- Door to guestroom to provide 32" width chair opening and 18" clearance on the pull side.
- Room number on the door may be raised and Braille equivalents to the raised letter to be provided.
- Key to the guestroom to be easily operable by one hand without tight gripping or twisting.
- Door of the bathroom should be same as of entrance door.
- Room should have adequate clearance for wheel chair to negotiate round the beds. Mirror and other facilities such as writing desk. Lights etc. easily accessible from sitting in wheel chair.

E. Bathroom

- A person confined in wheelchair must have an external shower facility to enable him to manoeuvre backwards under the shower and taps accessible. Ideally, a curtain should be provided on a rail that can be pushed around the bath chair.
- W.C. Pan seat should be lower than the normal for easy sliding from wheelchair. Toilet seat should be 17"" to 19"" above floor. The floor level

of the bedroom and the bathroom to be same. A disabled friendly hotel room shall have no split level floor.

- Towels and toiletries etc. to be located at arms-length/appropriate height.
- Faucet to be operable with closed fist i.e. by pressure of hand
- Provision of grab bars alongside and behind toilet.

F. Fire Hazard

Security and Housekeeping especially Floor Staff to be trained to rescue and evacuate disabled guests on top priority in case of emergency such as fire, earthquake etc.

However, above Guidelines are illustrative in nature but could be modified, refined or supplemented further as may be locally required or considered feasible by the hotels.

Archaeological Survey of India (ASI) also took many initiatives to make the monuments and structures accessible, but those are by and large confined to leading attractions only. In addition to providing wheelchairs etc., ramps have also been set up at required locations in the attractions like Taj Complex, Qutab Minar etc. Public comforts and facilities are also being set up at many locations. The 'Museum for All' initiatives in India are also meant to serve similar purposes. But, these initiatives can at best be taken as initiation and there is a long way to go.

India is very vast and the access initiatives so far have been taken are essentially pilot-one in nature. Widening of the access enabling activities are vital and to be fostered.

3.2 Socio-demographic Profile of People with Disabilities

While disabilities of various natures have been part of human life, most part of our history has tended to ignore their predicaments and also equally failed to treat them at par with able persons. This situation resulted in a variety of issues including a limited understanding about their crucial problems. Lack of reliable data about this segment further compound the problems. In India, major sources of disability data are the Census reports and NSSO surveys, but, comparability of those sources are limited owing to different definitions and the coverage. This was also reported by a recent study commissioned by the Planning Commission (Society for Disability and Rehabilitation Studies (SDRS)- 2008).

The agencies like World Bank and WHO report that a huge chunk of the worlds' disabled persons live in developing countries, even though their actual number may still be a subject of debate (SDRS 2008). Likewise, countries often report higher rates of male disability and that lead to suppression of female rates. Normally, the cultural preference for male children results in disabled males receiving better care compared to the females.

3.3 Distribution of Disabled Persons in India

According to the Census 2001, India has about 2.19 crore of persons with disabilities, translating into about 2.13 % of the total population. It further shows that:

- About three-fourth of the persons with disabilities live in rural areas.
- Only less than half of them (49%) are literate
- Rate of employment is only 34 per cent

The distribution of persons suffering from disabilities is widespread in India. Table- 3.1 depicts pattern of disability at the state-level. It suggests that locomotor disability is the most prevalent type followed visual impairment.

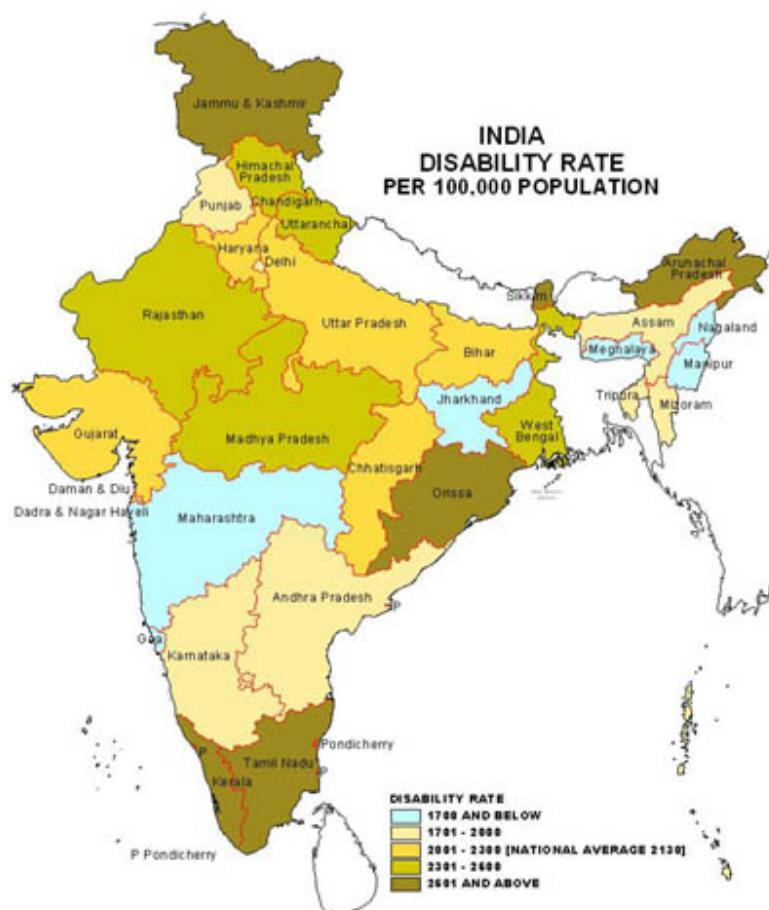
Table: 3.1: Persons with Disabilities in India According to Census 2001

Sl. No.	State/ UT	Visual disability	Speech disability	Hearing disability	Locomotor disability	Mental disability	Total
1	J & K	208,713	16956	14,157	37,965	24,879	302,670
2	H. P	64,122	12,762	15,239	46,512	17,315	155,950
3	Punjab	170,853	22,756	17,348	149,758	63,808	424,523
4	Chandigarh	8,422	882	607	3,828	1,799	15,538
5	Uttaranchal	85,668	16,749	15,990	56,474	19,888	194,769
6	Haryana	201,358	24,920	27,682	151,485	49,595	455,040
7	Delhi	120,712	15,505	8,741	64,885	26,043	235,886
8	Rajasthan	753,962	73,147	75,235	400,577	109,058	1,411,979
9	Uttar Pradesh	1,852,071	255,951	128,303	930,580	286,464	3,453,369
10	Bihar	1,005,605	130,471	73,970	512,246	165,319	1,887,611
11	Sikkim	10,790	3,174	3,432	2,172	799	20,367
12	Arunachal. Pradesh	23,079	2,429	3,072	3,474	1,261	33,315
13	Nagaland	9,968	4,398	5,245	4,258	2,630	26,499
14	Manipur	11,713	2,769	2,994	6,177	4,723	28,376
15	Mizoram	6,257	2,006	2,421	2,476	2,851	16,011
16	Tripura	27,505	5,105	5,699	13,970	6,661	58,940
17	Meghalaya	13,381	3,431	3,668	5,127	3,196	28,803
18	Assam	282,056	56,974	51,825	91,970	47,475	530,300
19	West Bengal	862,073	170,022	131,579	412,658	270,842	1,847,174
20	Jharkhand	186,216	39,683	28,233	138,323	55,922	448,377
21	Orissa	514,104	68,673	84,115	250,851	103,592	1,021,335
22	Chhattisgarh	160,131	30,438	34,093	151,611	43,614	419,887
23	Gujarat	494,624	66,534	70,321	310,765	103,221	1,045,465
24	Daman & Diu	1,898	189	120	690	274	3,171
25	Dadra & Nagar Haveli	2,346	295	337	795	275	4,048
26	Maharashtra	580,930	113,043	92,390	569,945	213,274	1,569,582
27	M.P	636,214	75,825	85,354	495,878	115,257	1,408,528
28	Andhra Pradesh	581,587	138,974	73,373	415,848	155,199	1,364,981
29	Karnataka	440,875	90,717	49,861	266,559	92,631	940,643
30	Goa	4,393	1,868	1,000	4,910	3,578	15,749
31	Lakshadweep	603	207	147	505	216	1,678
32	Kerala	334,622	67,066	79,713	237,707	141,686	860,794

33	Tamil Nadu	964,063	124,479	72,636	353,798	127,521	1,642,497
34	Pondicherry	10,646	1,818	2,277	8,830	2,286	25,857
35	A & N Islands	3,321	652	545	1,870	669	7,057
	Total	10634881	1640868	1261722	6105477	2263821	21,906,769

According to the Census 2001, incidence of disability varies across the states. It reveals that disability rate is highest in Kerala, Tamilnadu, Orissa and the border states of Arunachal Pradesh, Sikkim and J&K, where over 2600 persons in every one lakh are reportedly disabled (Fig. 3-1).

Fig. 3.1: Disability Rate in India- 2001



Source: Census of India, 2001.

Table 3.2 reveals that propensity of male disability is higher, constituting about 57.5%. As regards to rural-urban ratio, rate is higher in urban areas with about 61.4%. The male orthopedic rate is nearly 64% and it is almost same across both rural and urban areas.

Table- 3.2- Disability Based on Type and Gender

Type of disability	Sex	Total	Rural	Urban
Total population	Persons	21, 906, 769	16, 388, 382	5, 518, 387
	Male	12, 605, 635	9, 410, 185	3, 195, 450
	Female	9, 301, 134	6, 978, 197	2, 322, 937
Visual	Persons	10, 634, 881	7, 873, 383	2, 761, 498
	Male	5, 732, 338	4, 222, 717	1, 509, 621
	Female	4, 902, 543	3, 650, 666	1, 251, 877
Speech	Persons	1, 640, 868	1, 243, 854	397, 014
	Male	942, 095	713, 966	228, 129
	Female	698, 773	529, 888	168, 885
Hearing	Persons	1, 261, 722	1, 022, 816	238, 906
	Male	673, 797	549, 002	124, 795
	Female	587, 925	473, 814	114, 111
Orthopedic	Persons	6, 105, 477	4, 654, 552	1, 450, 925
	Male	3, 902, 752	2, 975, 127	927, 625
	Female	2, 202, 725	1, 679, 425	523, 300
Mental	Persons	2, 263, 821	1, 593, 777	670, 044
	Male	1, 354, 653	949, 373	405, 280
	Female	909, 168	644, 404	264, 764

Source- Census of India 2001

3.3.1 Pattern of Disability in India

NSSO data is indeed revealing of the prevalence rates across age groups post-1991. In general, there has been a decline in the disability rate between 1991 and 2002, which is encouragingly demonstrative in both rural and urban areas (Table 3.3). At the same time, disability has increased in 15-44 age category and that is alarming especially among those in their late 20s.

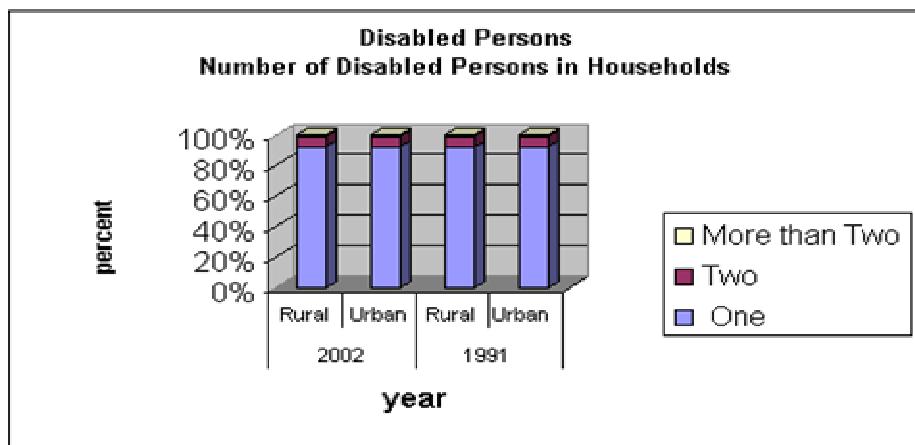
Table- 3.3: Distribution of Disabled People in India According to Age

Age group	2002 (In %)		1991 (In %)	
	Urban	Rural	Urban	Rural
Less than 4 yrs.	3.1	3.0	3.5	3.9
5-14 yrs.	18.3	16.3	19.1	20.9
15-44 yrs.	38.2	40.3	29.8	33.6
45-59 yrs.	14.7	15.1	15.3	13.4
Above 60 yrs.	25.7	25.3	32.2	28.2
Total	14,085,000	4,406,000	12,652,000	3,502,000

Source: NSSO Rounds 47th (1991) and 58th (2002) Round

Among those households reported to have disabled persons, numbers per household vary. Nearly 92% of the households have one disabled person, while 8% households have two or more disabled persons (NSSO, 58th round in 2002). No significant variations in those proportions were registered in the rural and urban contexts between 1991 and 2002 (Fig 3.2).

Fig: 3.2- Number of Disabled Persons Reported in Households



Source: NSSO Rounds 47th (1991) and 58th (2002) Round

3.3.2 Severity/ Degree of Disability

While some form of disability may be present in most people, what is important is the severity because it has direct bearing on the functional freedom of the affected persons. NSSO data suggest that about 60% disabled persons in India can function without aid/ appliances, while another 17% can care themselves with the help of aid and appliance. However, 13% cannot function even with aid and appliance.

Table. 3.4: Distribution of Disabled Persons in India According to Severity/ Degree of Disability

Degree of Impairment	2002 (In %)		1991 (In %)	
	Urban	Rural	Urban	Rural
Cannot function even with aid	13.1	14.0	25.0	20.4
Can function only with aid	16.9	18.4	15.7	17.4
Can function without aid	60.0	61.4	58.5	61.6
Aid/ appliance not tried/ nor available	9.9	5.9	N.A	N.A
Total disabled	14,085,000	4,406,000	12,652,000	3,502,000

Source: NSSO Rounds 47th (1991) and 58th (2002) Round

Notably, 9.9% and 5.9% respectively of those in urban and rural areas have neither tried availability of aids and appliance nor have access to those, thereby, making self-care extremely difficult (Table- 3.4). Whereas, it is significant that the proportion of severely disabled has come down impressively during 1991- 2002 as being seen in the case of those who cannot function in the absence of aid/ appliances.

3.3.3 Living Environment

The predicament of the disabled persons are best explained by the marital status. NSSO survey throws some light on this with ‘currently married’ persons showing only about 39% of the total, whereas, another 15.3% were reportedly widowed Table 3.5. On contrary, proportion of those never married is as high as 45%. This reflects not only their difficulty in arranging a life partner who could have acted as strong life support and emotional backing but also on prevailing mindset of the society towards disabled persons.

Table 3.5: Marital Status of Persons with Disability

Marital Status	2001 (In %)		1991 (In %)	
	Urban	Rural	Urban	Rural
Never Married	43.2	45.5	38.3	45.3
Currently Married	39.4	38.1	38.7	35.9
Widowed	15.6	15.2	21.8	17.9
Divorced / Separated	1.8	1.3	1.2	0.8
Total	14,085,000	4,406,000	12,652,000	3,502,000

Source: NSSO Rounds 47th (1991) and 58th (2002) Round

Living arrangement of persons with disability is another major indicator to infer the support system and acceptance in the immediate settings. And, NSSO survey results suggest only a negligible 3% of such persons live alone (Table 3-6). Predominantly, they stay with either spouse and others, parents or the children; but prevailing trend is in favour first two categories. Significantly, about 5% only live with their spouse alone, which is interesting in view of the fact that nearly 40% are currently married and merits further inquiry.

Table. 3.6: Current Living Arrangement of Persons with Disability

Marital Status	2002 (In %)		1991 (In %)	
	Urban	Rural	Urban	Rural
Alone	3.1	3.3	4.3	5.5
Only with Spouse	5.5	4.4	5.3	4.1
With Spouse and others	32.0	31.3	31.6	28.9
Without Spouse with Parents	39.9	38.6	33.0	37.1
With Children	12.4	12.4	17.4	14.7
With Relations	6.7	8.0	7.5	8.4
With Non-relations	0.4	1.9	0.3	0.7
Total	14,085,000	4,406,000	12,652,000	3,502,000

Source: NSSO Rounds 47th (1991) and 58th (2002) Round

3.3.4 Education and Employment Status

These two are perhaps most vital aspects a persons' life because both are defining attributes of socio-economic capabilities and empowerment. And, when it comes to persons with disability that becomes more critical and the following tables provide insights about employment and education.

As one would assume, literacy rate among disabled is very low with over 40% in rural areas are reportedly non-literates. Another major dimension is that while illiteracy in general has been declining over the years, its incidence is still higher in urban areas compared to rural areas. Further, majority of literates are primary-school goers and as one moves up in the education ladder, there is substantial reduction in the share (Table- 3.7). Even the vocationally qualified persons are very little. This takes one to infer that despite many governmental measures, disabled segments continue to be in a state of despair perhaps mainly due to personal and societal reasons.

Table. 3.7: Educational Status of Persons with Disability

Literacy	2002 (In %)		1991 (In %)	
	Urban	Rural	Urban	Rural
Non-literate	59.0	40.0	70.1	46.2
Primary	24.4	28.8	20.3	29.8
Middle	9.7	13.7	5.3	11.0
Secondary	3.8	7.8	2.3	6.4
Higher-secondary	2.1	5.1	0.8	2.8
Graduation and above	1.0	4.6	0.4	3.1
Not Reported	0.1	0.1	0.8	0.8
Vocational Training received	1.5	3.6	1.2	3.1
a) Engineering	20	25	20.2	26.6
b) Non-Engineering	80	75	79.8	73.4
Total	14,085,000	4,406,000	12,652,000	3,502,000

Source: NSSO Rounds 47th (1991) and 58th (2002) Round

Due to lower literacy and other mobility-related reasons, finding suitable employment becomes an uphill task. Whereas, employment is undoubtedly one of the most critical aspects of independent living and empowerment, which is more crucial in case of the disabled. Equally, there is a maturing understanding that a majority of persons with disabilities can lead a better quality of life if they have equal opportunities and effective access to rehabilitation measures. It is due to record here that the Constitution of India seeks to ensure equality, freedom, justice and dignity to all citizens.

Table— 3.8 demonstrates usual activity patterns of this segment. It can be seen that their employment rate was nearly 37% and 11% in urban and rural areas respectively in 2002. In other words, more than one-seventh in rural and one-third in the urban locations are out of labour force, indicating prevalence of grave

unemployment situations. Lower rates may also be linked to their incapability for gainful employment.

Table. 3.8: Usual Activity Status of Persons with Disability

Usual Activity	2002 (In %)		1991 (In %)	
	Urban	Rural	Urban	Rural
Employed	36.9	10.9	34.7	8.7
Unemployed	0.8	0.2	1.8	0.4
Out-of -Labour force	62.2	88.9	63.5	90.9
Total	14,085,000	4,406,000	12,652,000	3,502,000

Source: NSSO Rounds 47th (1991) and 58th (2002) Round

What characterises their employment of them is also pertinent to note. In a considerable number of countries, studies have shown that persons with disabilities are less likely to be employed than their abled peers (United Nations, 1990). A similar pattern prevails amongst the self-employment as well (Neufeldt, Stoelting and Fraser, 1991).

In India, self-employment (in agriculture and non-agriculture) is reportedly high among the disabled; at around 15.8% and 11.6% respectively in urban and rural areas. Another 13% earn a bread by serving as domestic caregivers. Those with regular employment is very negligible whereas about 45% have no work (Table- 3.9).

Table. 3.9: Type of Employment of Persons with Disability

Nature of employment	2002 (In %)		1991 (In %)	
	Urban	Rural	Urban	Rural
Self Employed in Agriculture	10.6	9.4	13.3	1.9
Self Employed in Non-Agriculture	5.1	2.2	4.2	10.2
Regular Employee	1.8	7.3	2.0	7.7
Casual Employee	8.8	4.9	9.5	5.5
Attending Educational Institution	13.7	16.0	11.0	17.7
Attending Domestic Work	12.8	13.5	13.5	15.2
Begging	0.5	0.9	0.7	0.8
No Work	46.0	44.5	45.7	41.1
Total	14,085,000	4,406,000	12,652,000	3,502,000

Source: NSSO Rounds 47th (1991) and 58th (2002) Round

One of the least known aspects of disabled persons is their income background. While the employment rate and the nature of jobs are indicative of their income pattern, reliable data sources are rarely found providing income details. But, a recent Planning Commission sponsored study conducted by *Society for Disability and Rehabilitation Studies, 2008* provides some understanding about monthly income of persons with disability in the PSU's in India. As per study, about 71.5% of the samples in the study was reported to have been earning Rs. 7500 or above in a month (Table 3.10).

Table 3.10: Salary of Disabled Employees in PSU's

Salary per month (in Rs)	Percentage distribution
Up to 5000	9.3
5001 – 7500	18.9
7501 – 10000	20.7
10001 - 15000	29.6
Above 15,000	21.4
Total	100

Source: Society for Disability and Rehabilitation Studies (SDRS), 2008

However, monthly earnings as shown in Table 3.10 cannot be taken as representative of the people with disabilities because of two reasons: a) it is essentially indicative and represents only the PSU's whose salary structure is comparatively higher; b) the sample size is very small to make meaningful generalisation even across PSU's.

3.3.5 Disability and Employment Propensity

Although impairments can make access to work really difficult, other factors also contribute in lower employment rates of the adults with disabilities; viz. lack of access to needed work, accommodation, disincentives imposed by public disability benefit programmes (Bound & Burkhauser, 2000) and discrimination (Baldwin & Johnson, 1994). Those having low levels of education and less opportunity to gain work related skills are doubly disadvantaged and have been shown to have poor job prospects (Burkhauser et al., 1993). There are additional barriers to become self-employed viz. lack of opportunity to gain entrepreneurial skills and approaches as well as access to financial resources.

Peculiar nature of the predicaments and barriers of disabilities persons are undoubtedly a great disadvantage when it comes to their economic empowerment. It is in this context that the role of the Govt. becomes so crucial as provider of economic opportunities as well as a proactive enabler of economic empowerment. This can be done by way of legislation and also bringing the civil society groups and corporates as critical partners in the implementation of the policies and programmes.

The legal framework has already been discussed in the earlier section. In pursuance to that, many rules have been framed to ensure providing job reservations in the govt./ PSU's. An appropriate example is The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, which envisions to provide 3% reservation in employment. As a result, the status of reservation for Government in various Ministries/ Departments against identified posts in Group A, B, C & D is 3.07%, 4.41%, 3.76% and 3.18% respectively. In PSUs, proportionate ratio is 2.78%, 8.54%, 5.04% and 6.75% respectively. Notably, effectiveness of those legislations was attempted in SDRS (2008) study and the result is shown in Table 3.11.

Table 3.11: Most Effective Legislation/Act According to Disabled

Most effective legislation/Act for empowering the disabled individuals	In %
Persons with Disabilities (Equal Opportunities, and Full Participation) Act, 1995	37.8
Rehabilitation Council of India Act, 1992	0.45
National Trust for Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999	0.18
Mental Health Act, 1987	0.09
Don't know/cant say	61.5
Total	100

Source: Society for Disability and Rehabilitation Studies, 2008

The PWD Act- 1995 also envisioned to encourage the private sector to employ people with disabilities in establishments and provisioned accordingly for incentives. The National Policy for Persons with Disabilities- 2006 also laid-down pro-active policies to promote employment. In pursuance, Union Ministry of Social Welfare and Empowerment announced an incentive scheme for employers in the private sector in February 2008. Details of the Scheme are:

- The Scheme envisions to create one lakh employment every year in the private sector
- A total outlay of Rs 1800 crores have been earmarked in 11th Plan
- The Govt. would directly provide employers contribution for the schemes covered under provident fund and ESI for each employee being appointed in the private sector from 1st April 2008. It would be given to employees for a maximum period of 03 years
- To monitor the implementation of the Scheme, a high level committee, co-chaired by the Ministries of the Labour and Employment & Social Justice and Empowerment.

3.4 Other Disability Tourist Segments

The definition of accessible tourism being adopted for this study is inclusive and its scope covers not only the disabled tourists but also all other tourists having some form of access constraints to participate in tourism and travel activities. Principal segment of accessible tourism are the disabled persons and certain attributes of them available at secondary-level has been covered in the earlier part. Another major segment comprises the old-age people, because as they grow very old, they acquire many problems related to ageing and that would a major constraint for their participation in leisure and tourism. These groups are indeed significant in terms of economic endowments and that has been established by the literature on tourism.

Census data provide a glimpse into the magnitude of this portion of inclusive tourism market. For instance, number of persons above 60 years is about 6.7% of the total population, i.e., 68.93 million in 2001. The growth rate of this segment is also large if the projection statistics of people above 65 years is an indication to go by. For instance, a recent study by K. Srinivasan and V.D. Shastri for Planning Commission shows the proportion of population aged 65 and over to rise from 4.5 in 2001 to 7.4% in 2026 and to 14.6% by 2051.

3.5 Size of Accessible Market in India

When the 2001 Census figure of 21.91 million disabled persons and their family members/ dependents are taken together, the number reaches to 114.61 million or 11.41% of the total population (i.e. 21.91 million multiplied by average household size of 5.233 persons). Further, addition of other potential tourists with disability like those above 60 years takes the total volume to 18.11% mark of India's population in 2001. In other words, the size of tourists with disability and their relations in India as on 2001 is roughly 186.3 million. Of this, even if only one-fourth is considered to be worthy from tourism point of view, still the market size of them is around 46.58 million, which is indeed substantial.

The proposed study has therefore been contextualised in the premises of above propositions. Accordingly, main objectives were to examine various socio-economic and travel-related attributes of the tourists with different accessibility constraints, major issues and constraints during different stages of travel and its potential for development of them as a special-interest visitor segment. The approach to the study was exploratory in nature and meant to draw qualified perspectives on tourists with reduced mobility in Indian context. The summary of major findings and conclusions of the study and some major recommendations based on that are furnished in the subsequent sections.

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Chapter- IV

Socio-economic Profile of Tourists with reduced mobility in India

This chapter was born out of the acknowledgement that a variety of personal, socio-economic, and psychographic factors affect shaping the travel behaviour and touring pattern of tourists with disability. However, in consideration of study objectives, analysis has been restricted to domestic and inbound tourists visiting India. While results emanate from the field survey formed the basis of specific conclusions, secondary level data have been used to firm up the survey findings.

4.1 Demographic characteristics

Certain demographic attributes of tourists with reduced mobility expected to have bearings on shaping the travel behaviour have been considered first. Those are sex, age group, marital status, literacy level, family size, travel arrangements and awareness. These factors are very important and play crucial role in travel process.

4.1.1 Type of Disability Among Respondents

Different types of disability among the people have been discussed in Chapter-2. Basing on the prevalence of each type, major ones have been identified and considered for detail investigation in this study. The distribution of respondents with different nature of disability is furnished in Table 4.1.

As can be seen in the Table, locomotor type of disability is highest among in the samples taken for this study. This pattern was retained intentionally while

planning the sample design since locomotor disability is the most prevalent type. Proportion of this group in the sample is about 68% and 57% respectively among foreign and domestic tourists. Persons with vision impairment and mental disorders are seen comparatively less at tourist places and that is reasonable. The ‘others’ category mainly include those respondents having accessibility constraints like old persons, pregnant ladies or similar groups.

Table 4.1: Distribution of Respondents Based on Disability Types

Disability type	Nationality		
	Domestic	Foreign	% to Total
Locomotor	57.48	68.25	59.17
Hearing	15.26	16.4	15.44
Vision	11.12	6.35	10.37
Mental	5.22	1.06	4.56
Others	10.93	7.94	10.46
Total	1,016	189	1,205

4.1.2 Age, Sex and Marital Status

Like gender profile of general tourists, males are predominant group in the sample. About 73.3% and 68.8% of domestic and in inbound tourists respectively are found to be males (Table- 4.2).

Table- 4.2: Distribution of Respondents According to Sex

Nationality	Sex (In Percentage)		
	Male	Female	Total
Domestic	73.3	26.7	1,016
Foreign	68.8	31.2	189
Total	72.6	27.4	1205

As regards to age-structure, majority of tourists falls in 25 to 39 years age group. Respective share for domestic and foreign segments are 35% and 45%. Tourists in the 55-64 age groups are proportionately less, but when those above 54 years were taken together, it represents over one-fourth of sample. Male tourists in the age group 25 to 39 travel more frequently (Ref. Table 4.2 and 4.3).

Table- 4.3: Distribution of Tourists According to Age

Nationality	Age groups (In Percentage)					
	Up to 24	25 to 39	40 to 54	55 to 64	Above 65	Total
Domestic	20.77	34.6	16.24	14.2	13.57	1,016
Foreign	14.81	45.5	14.8	10.75	14.14	189
Total	19.83	36.35	16.01	13.53	14.27	1205

When marital status was examined, more than one-third of domestic and 29% of foreign tourists were seen unmarried. This is not surprising since marrying a person with some form of disability is considered as problem. Table 4-4 further suggests that this perception is comparatively more acute in India.

Table- 4.4: Marital Status of Respondents

Nationality	Marital status (In Percentage)		
	Married	Unmarried	Total
Domestic	65.65	34.35	1016
Foreign	70.9	29.1	189
Total	66.47	33.53	1205

Next, household size of both foreign and domestic tourists was considered. Result of the same are furnished in Table 4.5, which suggests the household size of domestic tourists to be comparatively bigger, with proportion of 5 persons and above category shows it about 60%. As regards to foreigners, household size ranging between 2-4 members are found to be the dominant segment with over 65% reporting accordingly. At the same time, single-member households are rarely found in the samples of both groups.

Table- 4.5: Distribution of Respondents According to the Household Size

Nationality	Members (In Percentage)			
	Single	2-4 Members	Above 04	Total
Domestic	1.08	38.88	60.04	1,016
Foreign	1.06	65.61	33.33	189
Total	1.08 (13)	43.07 (519)	55.85 (673)	1205

Literacy rate and its level among the respondents were compiled and placed in Table 4-6. Upon breaking it nationality-wise, it was found that in general, more than half of respondents in the sample possess graduation or qualification above qualification. However, proportion of such respondents is higher among the foreigners (87%), followed by domestic tourists (57%). Further, rate of illiteracy among the respondents are insignificant but those upto secondary level comprise about 18 % of domestic tourists.

Generally, proportion vocational education is negligible in the sample, especially among foreigner tourists. The Table further suggest that nearly one-

fourth of domestic tourists are found to be graduates, whereas, the foreigners in the sample are mostly technical graduates or post graduates.

Table- 4.6: Literacy Level of Respondents

Education	Nationality		
	Domestic	Foreign	% of Total
Illiterate	2.76	-	2.32
Upto Secondary	18.4	1.6	15.77
HSC- general	13.39	3.17	11.78
HSC vocational	1.38	1.59	1.41
ITI/ Polytechnic	6.4	7.1	6.6
Graduate- general	23.72	19.05	22.99
Graduate- technical	10.86	24.34	13.2
P.G & above- general	14.47	19.58	15.27
P.G & above- technical	8.37	23.28	10.71
Total	1,016	189	1,205

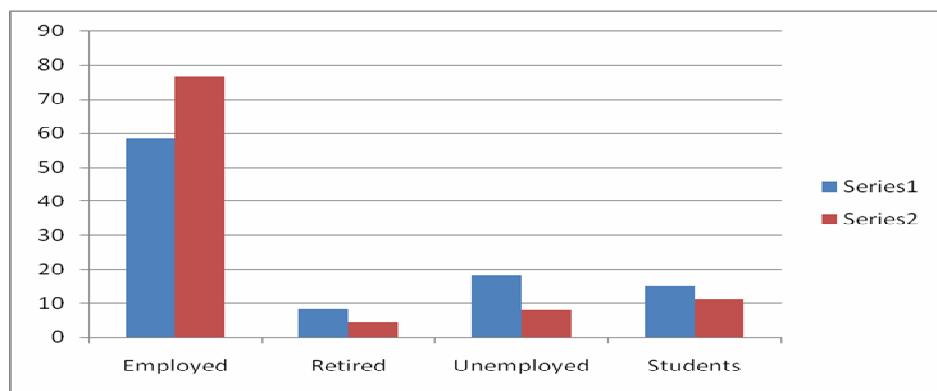
4.1.3 Employment and Income Pattern

When the employment status of respondents was examined, more than 60% were found to be employed. Whereas, the rate of employment among foreigners are comparatively higher with over 76% reporting as employed. But, corresponding figure among domestic respondents are 58% (Figure- 4.1).

The Figure further suggests that unemployed is comparatively less in the sample and its proportion is higher among domestic tourists at nearly 18%. Corresponding rate among foreigners is only 8%. A higher employment rate being observed among foreign tourists could have two possible explanations. First, proportion of them in the sample in general is less at about 15% due to their low visitation. Second, while examining the source of fund for the trip, as much as

43% found to have used their own source and that also reinforces their employment pattern emerged as part of this study.

Figure- 4.1: Employment Status of Respondents



Further, the sectoral association of respondents has been looked into and results are furnished in Table. 4-7. It shows that a good chunk of domestic tourists is found to be working in the private sector (37%), followed by self-employed group. As regards to foreigners, over 45% are reportedly engaged in the private sector and another 25% as self-employed.

Table. 4.7: Sector in which Respondents are Employed

Sector	Nationality		
	Domestic	Foreign	% of Total
Public sector	26.48	22.76	25.75
Private sector	37.1	45.38	38.75
Self-employed	31.37	25.34	30.22
Others	3.54	3.45	3.52
No Response	1.52	2.07	1.63
Total	593	145	738

Here, it is worth noting that the employment ratio among domestic respondents was higher when compared to the figures of the National Sample Survey Organisation (NSSO). A logical explanation for this can be that mostly employed persons avail the holiday/ vacation opportunities since they can meet the expenses on their own and not to depend others. Further, general employment rate in the countries of origin of tourists was not known and, hence, not in a position to compare the employment rate observed in this study with the same.

Another aspect of employment pattern studied is related to the position held by tourists with reduced mobility in their job. Table 4-8 revels that among those foreigners employed in different establishments, nearly half of them are in the senior or junior officer/ executive levels. Proportion of support staff is around 12% in the sample.

Table 4.8: Position Held by Respondents in Present Job

Position	Nationality		
	Domestic	Foreign	% of Total
Self- employed	29.92	25.34	29.01
Sr. Officer/ Executive	16.64	30.14	19.3
Jr. Officer/ Executive	16.64	19.18	17.14
Support staff	25.88	12.33	23.21
No Response	10.92	13.01	11.34
Total	593	145	738

When nature of job position among domestic tourists was considered, about one-fourth of them found working as support staff. Proportion of junior and senior level positions is 16 % each. As already seen, self employed among this group are highest in comparison to other job categories.

Table 4.9 is demonstrative of the dependency nature, a measure of the relationship between total members in the household and number of employed ones in it. Table suggests that dependency ratio is higher among domestic tourists with over 62 % reporting to have two or more dependants. However, those with no dependants in the household are nearly 10% only.

Table- 4.9: Number of Dependents in Households

No. of Dependents	Nationality (In Percentage)		
	Domestic	Foreign	Total
Nil	10.43	15.93	11.45
Single	27.36	33.3	28.3
2 & Above	62.2	49.24	60.3
Total	84.32 (1016)	15.68 (189)	100 (1205)

When the figures of foreigners were perused, households with two dependants and more is less than half of total foreign respondents. Proportion of no- dependant households is relatively more at 15%, whereas, single-dependant households are approximately one-third of the sample.

Attempts were made to asses the monthly income of the respondents and results are furnished in Table 4-10. It shows that the respondents with monthly income of over Rs 40,000 comprises of 34% domestic respondents. Those earning below Rs 15,000/- per month have accounted for about 21%. Monthly income distribution of this nature across tourists with disabilities perhaps may not be a general pattern in Indian context. But, it can be relevant for tourists because having adequate disposable income is a necessary condition for leisure travel.

Table- 4.10: Monthly Income of the Household

Domestic		Foreign	
Monthly income	% to Total	Monthly income	% to Total
Upto 15000	21.56	Upto 40000	4.76
15001 to 25000	15.94	40001 to 75000	14.29
25001 to 40000	21.85	75001 to 100000	19.58
Above 40000	34.35	Above 100000	47.62
No Response	6.3	No Response	13.76
Total	1016	Total	189

To estimate monthly household income of foreign tourists, the responses were obtained first in respective currencies and then converted the same into Indian currency for ease of comparison. Accordingly, Table 4.10 reveals that nearly half of them have monthly income of over one lakh rupees. However, reading those figures calls for certain level of caution as it may not match the standard numbers of developed world. But, the figures are to be considered for the inbound tourists in general and not to attach to particular nationality.

4.2 Dimensions of Travel Planning

Planning for leisure travel involves different stages. It starts with feeling of a desire to travel and then arranging the financial resources and gathering of information about the products and places for visit. Major aspects of travel planning considered for examination here are the sources of information about tourist products and places, booking source for present trip, sources of funding, mode of transport being used to travel, type of travel arrangement, and persons accompanying the trip.

4.2.1. Sources of Information on Tourism Products

Modern-day travellers resort to a variety of information sources during the course of travel planning viz. print and electronic media, friends and relatives, government agencies, internet etc. In the case of tourists with disability, besides the above; charitable organisations and the disability networks have reportedly been used by many. Hence, efforts were made to assess relative importance of different information sources in the travel planning of disabled tourists, for which, respondents have been requested to rank each type in the order of importance. The ranks thus obtained against each source were converted into weighted index (WI) as per the methodology discussed in Chapter-1 separately for domestic and foreign tourists.

Table 4-11 contains the weighted index being estimated for each product against different sources. It shows that relatives and friends are the most important source of information for the tourists with reduced mobility of domestic origin with this variable receiving highest index value. The sources that follow in the order of importance are people already visited/used the products, Internet and guide books respectively. This pattern is similar for all three major products like transport, accommodation and attractions.

In general, it can be stated that this segment of tourists rely primarily on people known to them for gathering information about tourism products and places. Interestingly, disability organisations were rated to be insignificant source.

Table. 4.11: Source of Information on Tourist Products- Domestic Tourists

Sources	Products								
	Transport			Accommodation			Attractions		
	Index value	Rank	Response	Index value	Rank	Response	Index value	Rank	Response
Relatives/ friends	11.401	1	705	8.359	1	508	8.731	1	533
People already visited/ used the products	9.825	2	600	7.250	2	437	7.558	2	462
Internet	6.910	3	436	5.259	3	323	5.214	3	328
Guide books	5.651	4	388	3.435	4	235	4.232	4	280
Tourism Depts.	5.029	5	333	3.093	5	199	3.372	6	219
T.V/ Radio	4.393	6	315	2.946	6	213	3.976	5	279
Print media	2.623	7	199	1.685	7	127	2.427	7	172
Disability organisations	1.894	8	128	1.083	8	80	1.135	8	81
Other Govt. bodies	0.429	9	37	0.710	9	52	0.511	9	41

Table 4.12 portrays major information sources for the foreign tourists about India. While internet emerged as the most prominent source for all three major tourism products, relative importance of other sources appear to vary across the product range.

But, when it comes to transport, tourism departments emerged as source next to internet. Whereas, for accommodation and attractions, relatives and friends came second and guide books as third main source. Like in the case of domestic tourists, disability organisations appear to be a less relevant source.

Table 4.12: Source of Information on Tourist Products - Foreign Tourists

Sources	Products								
	Transport			Accommodation			Attractions		
	Index value	Rank	Response	Index value	Rank	Response	Index value	Rank	Response
Relatives/ friends	9.995	1	113	10.073	1	114	10.939	1	127
People already visited/ used the products	8.928	2	104	5.453	4	66	5.425	5	69
Internet	7.734	3	99	6.974	3	89	8.409	3	106
Guide books	6.341	4	75	7.445	2	85	8.669	2	99
Tourism Depts.	5.589	5	66	4.945	5	59	6.311	4	72
T.V/ Radio	3.194	6	45	2.713	6	38	2.628	7	39
Print media	2.127	7	31	2.279	7	33	3.704	6	53
Disability organisations	1.405	8	20	1.118	8	15	1.415	8	18
Other Govt. bodies	0.732	9	13	0.482	9	9	0.713	9	11

4.2.2 Mode of Booking for the Present Trip

Persons with disabilities often cannot make booking of services and facilities for their travel on their own. This becomes more problematic for persons with higher degree of disability or those who are not sufficiently knowledgeable enough of travel formalities. Under such situations, aspiring travellers have been seen taking the assistance of some individuals/ institutions for making their travel arrangements. As part of this study, it was attempted to find out the major ones usually used by tourists with reduced mobility for their booking requirements.

As per Table 4.13, family members, friends or caregivers appear to be the major source for booking/ arrangements with over 40% responding accordingly. About 29% reported to have made their travel bookings directly, followed by the travel agents. Role of other sources like NGO and charitable organisations is perhaps insignificant.

Table- 4.13: Source of Booking for Travel by Tourists with reduced mobility

Booking source	Nationality (In %)	
	Domestic	Foreign
Self	29.33	12.7
Family/ friends/ caregivers	40.4	25.4
Travel agent/ tour operator	22.1	50.8
NGO/ Charitable organ.	2.9	2.12
Govt. agency	2.1	3.7
Others	1.0	3.2
No response	2.4	2.12
Total	1016	189

Above Table further reveals, in case of foreign tourists, travel agents are the main booking points for their travel related requirements. Proportion of respondents made bookings themselves were less, whereas, the family members, friends or caregivers came at second position with about one-fourth reporting in that way.

4.2.3 Source of Money for Current Trip

Existing literature indicates that tourists with reduced mobility are a potential and worthy market segment, whose scope has not been properly established yet. While most tourists with disability have demonstrated the vacation activities similar to general tourists, often, lack of or inadequate availability of funds act as a major constraining factor. With this in view, major source of funding of respondents for the current trip has been examined and the results are placed in Table 4.14.

Table- 4.14: Source of Money for Current Trip of Persons with Reduced Mobility

Source	Nationality (In %)		
	Domestic	Foreign	Total
Own source	49.11	42.33	48.05
Family & Relatives	40.94	39.15	40.66
Friends	1.57	7.41	2.49
NGO's	1.18	1.59	1.24
Charitable organisation	0.89	-	0.75
Govt. Agency	2.17	4.23	2.49
Others	0.3	0.53	0.33
No Response	3.84	4.76	3.98
Total	1,016	189	1,205

It is interesting to note that nearly half of domestic respondents have used their own funds for the current trip, followed by money provided by the family or relatives whose proportions about 41%. Other sources of funding appear to be insignificant with the government agencies coming at distant third place and accounts just 2%. Hence, own source or funds from the family and relatives can be taken as major sources to meet their vacation-related expenses.

In case of foreigners also, the pattern is almost similar to that of domestic tourists. A little deviation was seen only in regard to the friends sponsoring the trip, with over 7% foreigners reporting accordingly as against about 1% domestic respondents.

4.2.4 Purpose of Travel and Preference for Attractions

As discussed in Chapter-1, there are hardly any differences between purpose of travel of the general and tourists with reduced mobility. However, existing studies are suggestive of some travel motivations specific to the tourists

with disabilities. For instance, to many, taking a vacation travel is meant not only to fulfil their desire to see the places and attractions, but also driven by desire to feel a sense of freedom or enhance their confidence levels. Many also consider holiday travel as an opportunity to provide holidays to their family and caregivers, which in many ways is also considered as an opportunity to strengthen the family bonding.

This study also attempted to examine those dimensions. Towards that, main purposes of their travel have been ascertained first in the form of rank order and then converted the ranks obtained by each purpose into a weighted index. Results are furnished in Table 4.15.

Table. 4.15: Travel Purposes of the Tourists with reduced mobility

Purpose	Domestic			Foreign		
	Index value	Rank	Response	Index value	Rank	Response
Holiday, leisure/ recreation	10.391	1	762	11.291	1	150
Religion/ Pilgrimage	5.010	2	402	3.256	2	46
Social	3.795	3	301	3.226	3	51
Edn./ Training	2.844	4	231	2.923	4	45
Holiday opportunity to family	2.665	5	232	2.681	5	41
Business/ professional	2.553	6	228	2.565	6	41
To feel freedom	2.527	7	205	2.366	7	35
First hand information of places	2.218	8	208	2.058	8	35
Strengthen family bonding	2.062	9	188	1.902	9	31
Shopping	1.984	10	180	1.837	10	30
Enhance Confidence	1.964	11	192	1.826	11	26
Health / Wellness	1.625	12	145	1.617	12	27

Estimated indices for each purpose category suggest that predominantly holiday/leisure/recreation is the purpose for undertaking the current visit in India. While overall rank order obtained for each purpose category emerges similar for

both visitor segments; the relative weights between those mark a clear distinction. For instance, highest index values were estimated for ‘holiday/leisure/recreation’ with 11.29 and 10.39 respectively for the foreign and domestic segments, whereas, the same for religious/ pilgrimage purpose are 3.26 and 5.01 only even though it emerged at distant second.

As it appears, all other purposes being examined are not significant in nature. This could perhaps be attributed to the intense desire of these segments to come out of their routine confines, even if for a short period, because it is an opportunity not only for the self but also to their family and/ or their caregivers, if any. Further, the purposes such as holiday opportunity to family members or for one to feel a sense of freedom or strengthen family bonding separately did not receive that higher weightages, probably due to merging of all those in holiday/leisure/recreation purpose.

Preferred attraction of the tourists with reduced mobility is also a pointer of their choices as well as travel motivation patterns. Understanding the sets of attractions mostly sought after by this segment would be important for product planning and development. While planning the assessment tool for studying attraction preferences, a major consideration was that India is bestowed with a multitude of attractions, because of which, tourists would have the options of having many worthy attractions to visit in their life time. Therefore, in order to assess most important ones to be seen in India, it was felt appropriate to have a ranking of major attractions from each respondent and then converting those into a composite rank. Results of it are provided in Table 4-16.

Table content is very much suggestive of a pattern usually found among general tourists to whom India is essentially a cultural destination. Monuments, pilgrim places and hill stations are perhaps most preferred ones for foreign tourists

in the given order, but, less differences being observed in index values of those make it would problematic to discriminate their relative importance clearly. In other words, all three categories would be important for them to visit. Museums and beaches also fascinate many.

Table. 4.16: Most Preferred Attractions for Tourists with reduced mobility in India

Purpose	Domestic			Foreign		
	Index value	Rank	Responses	Index value	Rank	Responses
Pilgrim places	7.293	1	568	5.652	2	80
Monuments	6.052	2	483	6.239	1	85
Beach	5.667	3	454	4.576	5	69
Scenic places/natural attractions	4.893	4	403	2.006	12	35
Hill stations	4.579	5	354	5.571	3	83
Museum	2.659	6	232	5.192	4	76
Health/ Wellness/ Medical	2.646	7	250	2.879	8	43
Shopping	2.581	8	216	2.128	11	38
Sports & events	2.556	9	237	2.693	9	43
Theme parks	2.521	10	229	3.921	6	66
Forest	2.246	11	214	3.553	7	57
Adventure tourism places	1.415	12	138	2.396	10	40

But, as regards to domestic tourists, pilgrim places topped the list and the monuments, beaches and natural attractions take succeeding positions in terms of index values. Hill stations and museums are also preferred since it fascinates a lot of domestic tourists. Further, it is worth stating with support of indices that pilgrimages are indeed the destinations that most seek to visit first.

With some studies reporting that tourists with reduced mobility are also keen to be adventure enthusiasts, the same has been examined in Indian context. Here, it is worth stating that the existing studies on this subject are usually set in the context of developed western world, and therefore, the findings may not

necessarily be replicable in other contexts in its strict sense, including India. Therefore, respondents in this study have been posed with this question and the results can be seen in Table 4.17.

Table 4.17: Participation in Adventure Tourism Activity According To Disability Types in India

Nationality	Disability type					
	Locomotor	Hearing	Vision	Mental	Others	Total
Domestic	54.51	12.02	5.58	6.44	21.46	233
Foreign	80.65	-	-	-	19.35	31

It can be seen from the Table that about 19% domestic and 16% foreign tourists reported to have taken part in some form of adventure activities. Among foreigners, over 80% of those participated in adventure activities are with locomotor disability whereas, it is little over 50% in case of foreigners. ‘Others’ represent about 21% in the domestic tourists sample and nearly 19% among foreigners. ‘Others’ constitute students, senior citizens and other tourists with reduced mobility.

4.2.5 Travel Arrangements for the Current Trip

As part of travel arrangements, main aspects being examined are type of arrangements made including transport and accommodation, duration of stay, number of destinations covered in the present trip, number of persons in the group and their relationship with the respondents.

Table. 4.18: Travel Arrangements made by Domestic & Foreign Tourists for Current Trip

Type of Arrangement	Nationality (In %)		
	Domestic	Foreign	Total
Arrangements usually made (Total)	1,016	189	1,205
Independent tour	38.98	11.64	34.69
Inclusive package (transport and stay only)	32.38	21.16	30.62
All-inclusive package	25.0	65.61	31.37
No Response	3.64	1.59	3.32
Arrangement for present trip (Total)	1,016	189	1,205
Independent tour	33.96	10.58	30.29
Inclusive package (transport and stay only)	34.94	22.22	32.95
All-inclusive package	26.87	66.67	33.11
No Response	4.23	0.53	3.65

To understand the nature of travel arrangements of the tourists with disability, the arrangements usually made by them and one for the present trip have been compared and results of the same is furnished in Table 4-18. It suggests that the proportion of domestic tourists travelling on package tours during the current trip is somewhat higher compared to that of usual travel arrangement. In other words, perhaps due to reasons better known to respondents, in excess of 5% of respondents chose package options for the current trip. But, the reasons for that has not yet been analysed further as it was out of the purview of present study.

But, when type of arrangements made by foreign tourists were examined, majority of them was found availing some form of package arrangements for the travel in India irrespective of the usual arrangement or the present one with over 87% confirming this.

As regards to group size for the current trip, it was found only a negligible portion of tourists travelling alone. In other words, people with accessibility constraints usually travel with others, and this trend is similar to both visitor segments under study (Table 4.19).

Table. 4.19: Group Size of Tourists with reduced mobility in India

No. of Persons	Nationality		
	Domestic	Foreign	Total
Single	4.13	5.82	4.40
Upto 3 nos.	34.06	40.74	35.10
4-6 nos.	32.78	34.92	33.11
Above 6 nos.	23.03	15.34	21.83
No Response	6.00	3.17	5.56
Total	1,016	189	1,205

When it comes to number of persons travelling with respondents, it is comparatively large with over 55% and 50% of domestic and foreign tourists respectively are in the group of four persons or more. However, group size of foreign tourists is relatively small.

Table. 4.20: Relationship of Persons Accompanying the Respondents

Relation	Nationality		
	Domestic	Foreign	Total
Spouse	4.93	8.99	5.56
Family	47.13	35.96	45.4
Friends	30.49	28.09	30.12
Caregiver	2.77	11.24	4.08
Others	1.75	0.56	1.56
Family & Friends	7.19	8.99	7.47
No Response	5.75	6.18	5.82
Total	974	178	1152

Whereas, when it comes to persons accompanying disabled tourists during travel, it was found that majority of those are with family members or friends. Those in company of both family members and friends are nearly 8 % for both segments, but, tourists accompanied by their spouse are less in number. However, proportion of later group is relatively high among foreigners with around 9 % (Table 4.20). Further, proportion of respondents with their caregiver is about 11% among foreigners, which in the case of domestic is only about 3%.

There are many reasons for the respondents not to take the assistance of a caregiver during the trip. While examining the same, it was found that nearly half of the respondents did not feel the requirement of assistant during the travel. Self-empowerment comes next, followed by a desire to feel freedom and independence (Table. 4.21). Though it is not as important, both came at distant second and third in the order. Respondents citing economic reasons are too insignificant. Noticeably, no-response category is over 20 % among both visitor segments.

Table 4.21: Major Reasons for Not Carrying Caregiver/ Attendant During Travel

Reasons	Nationality		
	Domestic	Foreign	Total
Economic reasons	2.85	2.65	2.83
Not required	48.13	51.32	48.63
Self-empowerment	10.24	13.23	10.7
To feel freedom	8.1	8.5	8.13
Others	1.1	2.7	1.33
No response	29.63	21.7	28.4
Total	1016	189	1205

More than half of the respondents in this study were reportedly carrying some form of mobility enhancing equipments/ gadgets, out of which, more than one-third carry walking sticks (Table- 4.22). Further, it is also reasonable to suggest that travel propensity of the severely challenged tourists - i.e. those who cannot move in the absence of wheel chair, crutches etc.- may be less if lower proportion of those in the sample is something to go by. Equally, more than quarter of no-response rate for this question is reasonably high necessitating cautious approach.

Table. 4.22: Type of Mobility Equipments being Carried by the Respondents During Travel

Equipments	Nationality		
	Domestic	Foreign	Total
Wheel chair	3.6	2.7	3.5
Walking stick	38.2	33.3	37.43
Personal care equipment	19.2	22.75	19.75
Pet animal	0.2	-	0.17
Crutches	2.66	0.53	2.32
Orthopaedic shoes	8.2	10.1	8.46
Others	2.2	2.2	2.32
No response	25.8	27.5	26.1
Total	1016	189	1205

Number of destinations being planned for visit as part of current itinerary was then looked into and results are furnished in Table 4.23. It can be seen that nearly one-third of tourists have only single destination in the current itinerary and this proportion is slightly higher for domestic tourists. At the same time, itinerary with two places obtained largest response rate for both visitor segments.

Table. 4.23: Total Destinations Being Scheduled for Visiting as Part of Current Itinerary

No. of destinations	Nationality		
	Domestic	Foreign	Total
Single	39.57	33.33	38.59
Two	40.94	36.51	40.25
Three	15.35	18.52	15.85
More than 03 nos.	4.13	11.64	5.31
Total	1,016	189	1,205

Number of trips prior to the current one in India can also be taken as indicator of destination choice, especially for the foreign tourists. Responses to this have been compiled and placed in Table 4-24. It shows that about two-third of foreign respondents had already visited India once and another 24% twice. There was none in the sample who is visiting first time in the country. As regards to domestic tourists, frequency of travel is relatively very less with over three-fourth reported to having made just one vacation travel prior to the current one. Notwithstanding, first time tourists in the sample are insignificant.

Table. 4.24: Number of Trips Made to/in India Prior to Current Visit

No. of Visits to/in India	Nationality		
	Domestic	Foreign	% to Total
None	1.54	-	1.25
Once	75.82	66.35	74.06
Up to 2 Visits	13.19	24.04	15.21
Above 3 Visits	9.45	9.62	9.48
Total	455	104	559

Proper understanding about the duration of tourists at destinations is important especially due to economic linkages. In general, more the duration tourists stay at a destination, more will be economic benefits. With this in view, duration of the current trip has been ascertained and placed in Table 4.25.

Table 4.25: Duration of Stay by Tourists in the Present Trip

Duration	Nationality (in %)		
	Domestic	Foreign	Total
Upto 03 days	21.85	3.17	18.92
4-7 days	46.16	30.16	43.65
8-14 days	24.21	56.08	29.21
Above 14 days	5.91	10.05	6.56
No Response	1.87	0.53	1.66
Total	1,016	189	1,205
Average duration	6.75	9.54	7.19

As can be seen, the duration is comparatively long with 46% of domestic tourist stating it in the range of 4-7 days. Further, nearly one-fourth of tourists stay between one to two weeks whereas those staying over two weeks are comparatively less. On the other, duration of stay of foreigners is comparatively longer with 56% reportedly staying for one to two weeks. Those staying over two weeks are at 10% whereas 30% have their stay ranging from 4 to 7 days.

Next, the type of transport used to travel between destinations was examined. It shows that about 70% and 62% respectively of domestic and foreign tourists have travelled by road. Noticeable enough, nearly 22% Indians seem to use railways for travel between destinations (Table 4-26). But for foreigners, next to road means is air transport with about 34% stating accordingly.

Table. 4.26: Type of Transport Used by Tourists with reduced mobility to Travel between Destinations in India

Transport mode	Nationality		
	Domestic	Foreign	Total
Air	4.82	34.39	9.46
Rail	21.85	3.17	18.92
Road	70.28	61.9	68.96
No Response	3.05	0.53	2.66
Total	1,016	189	1,205

A higher proportion of respondents reportedly using the roadways can be attributed to travel convenience and cost considerations. Perhaps, travelling by road reduces the discomforts and inconveniences during travel. For instance, boarding and disembarkation from the train is relatively more cumbersome and they also have to negotiate the large public travelling in train.

Table. 4.27: Mode of Transport Used by the Tourists within Destination

Transport mode	Nationality (In %)		
	Domestic	Foreign	Total
Public coach	18.21	3.42	16.13
Tourist coach	47.76	71.79	51.14
Own vehicle	7.00	3.42	6.50
Rented vehicle	25.77	21.37	25.15
Others	1.26	-	1.08
Total	714	117	831

The mode of transport used to travel within destinations was then probed into. It was observed that tourist coaches emerge as the major mode for both visitor segments (Table 4.27). This can be attributable to the fact that a lot of tourists would be availing conducted city tours due to various reasons. Followed by this is rented vehicles and then public coach.

4.3 Expenditure Pattern of Tourists with Reduced Mobility

Economic benefits emanate from the visitor expenditure and its multiplier effect is a major motive for the governments to promote tourism. As one would expect, average expenditure of the tourists with reduced mobility are comparatively higher to that of general tourists because of many additional expenses such as those on account of the caregiver/ attendant accompanying, equipment transportation/ hire charge etc. Since this aspect is very little known in India, attempts have been in this study to gauge the average expenditure of this visitor segment and the results are furnished in Table 5.28.

While working out the average expenses, tourists were categorised into independent and those on package tour for both domestic and foreign nationalities. It can be seen from the Table that those domestic on independent arrangements incurred on an average of Rs. 11965/- for this trip as against Rs. 11488/- by those travelling in some form of package travel arrangement. When it comes to foreign tourists, corresponding figures are Rs. 32925/- and Rs. 30597/-. However, it is to be noted that above numbers do not include expenditure incurred on shopping, attendant/caregiver and transport/hire of equipments.

Table. 4.28: Average Expenditure of Tourists with reduced mobility During Current Trip in India

Expenditure item	Domestic (In INR)		Foreign (In INR)	
	Independent visitor	Package visitor	Independent visitor	Package visitor
Transport	5340	5056	8495	7488
Accommodation	3695	3219	14920	13154
Food & beverage	1853	1538	4925	4215
Entertainment	472	804	1825	2115
Entry fees	220	278	785	1009
Miscellaneous	385	593	1975	2616
Sub-total	11965	11488	32925	30597

Shopping	2880	4218	11950	15360
Towards caregiver/ attendant (Where applicable)	11229	10990	30950	28981
Equipment transport (Where applicable)	1127	1769	1465	2414
Equipment hire (Where applicable)	1465	1055	1465	928

The reason for treating those expenditure components of tourists with reduced mobility similar to that of general tourists separately is to acknowledge that many tourists with reduced mobility may not be requiring the mobility support systems. For instance, this study showed that nearly one-fourth of the respondents do not carry any mobility equipments, and among those carrying some thing, only a negligible portion reportedly are with a wheel-chair. Further, visitor accompanied with caregivers are also very few. In such situations, if the expenses to be incurred on personal mobility support systems are included while deriving average expenses of tourists per trip, the figures might get exaggerated.

As the Table reveals, extra-expenses on account of personal mobility components are substantial and that could result considerable amount of financial commitment on part of such tourists. Similarly, shopping component has been kept out from calculating average expenditure of the tourists per trip separately because all of them may not be spending much on shopping.

4.4 Chapter Summary

Factors like age, sex, literacy level, marital status are some of the major parameters understandably playing major roles in travel process. To begin with, it is reasonable to state that major chunk of tourists in this study are middle-aged. As regards to age profile, 73.3% domestic and 68.8% inbound tourists in the sample

falls in 25 to 39 years age group. Undoubtedly, senior citizens have more time and comparatively higher income to travel with 14% in the sample representing 65 years and above. Male tourists in the age group of 25 to 39 travel more frequently. Data pattern unambiguously suggests that male and married persons are more inclined toward travel than the unmarried.

Upon breaking data nationality-wise, some noticeable pattern emerged. First, in terms of household size, 2-4 member category is more but among the domestic tourists, above four-members category represent largest proportion. Second, it was found that proportion of respondents having 2 or above dependents is more for both visitor segments. Third, literacy rate in general was found to be very encouraging with large chunk of tourists reporting them as graduates. Interestingly, proportion of illiterates is generally very negligible. But, among foreigners, technical graduates were more in proportion. Fourth, understandably, travel propensity of employed respondents is more, confirming the proposition that disposable income is an important measure to determine travel propensity.

Next, employment pattern also perhaps get reflected in the household income, which is confirmed by this study as well. For instance, among domestic respondents, monthly income of over Rs 40,000/- comprises of 34%, whereas, those earning below Rs 15,000/- per month is about 21%. When it comes to foreign tourists, a predominant chunk earns more than Rs. 100000/- in a month.

Perhaps, relating above conclusions with existing data base on the profile of disabled tourists in general calls for qualified caution. For instance, education and employment profiles of tourists with reduced mobility emerged in this study do not match with NSSO data. And, that need not be necessary because it is reasonable to consider that economic base of a person/ household expected to be sound enough to support the holiday expenses. Towards this, education and

employment levels are determinative not only from the perspective of sound income level but also as instruments to create required level of awareness about travel in general and the benefits of vacation travel in particular.

When, their vacation travel attributes were examined, it was found that disabled tourists taking caregiver during travel was less prevalent, especially among Indian travellers. This could be attributable to factors like economic reasons or less severe nature of disability among travellers. Perhaps, this study endorses the later more clearly with revelation that that a good chunk of them did not feel to have assistance of an attendant/ caregiver during travel.

As regards to sources of tourism products, friends and relatives, people already visited the places and internet emerges to be major ones for domestic tourists. On the other hand, internet is the major source for foreigners for all tourism products; but tourism departments, guide books and relatives and friends are also consulted. When it comes to booking of travel related products, family members or friends and caregivers/attendant emerge to be the major one for domestic tourists. But in the case of foreigners, travel agents are found to be the major source.

A large chunk of tourists usually arrange fund own their own for their travel related requirements, whereas, the family and relatives are also seen to be in reckoning proportion. Together, it constitutes about 90 % of the samples, meaning that other funding sources are either not sought or may not be available in any noticeable manner. As regards to purpose of travel, it is predominantly leisure in nature but for domestic tourists, religious and social reasons are also worth taking note of. Again, like general tourists, most preferred attractions for this segment is culture-based. Besides, scenic places, hill stations and beaches are also worth citing.

As regards to arrangements for travel, largest share of domestic tourists avail some form of package tour arrangement and that trend is similar to foreign tourists as well. As one would have expected, independent travellers are less in proportion among this visitor group, particularly among foreign tourists. Similarly, hardly any difference was observed when travel arrangements usually made by these groups and the one opted for the present trip. A good chunk of them usually cover more than one destination as part of present itinerary.

As far as the frequency of tour for this segment is concerned, it was found to be less frequent mainly among Indian tourists. When it comes to people accompanying the trip, it is found to be mostly the family members or friends. Caregivers accompanying tourists with reduced mobility are not common, especially among the Indians. There are many reasons for not carrying a caregiver/attendant, but, nearly half of the respondents were of the view that did not feel to have an assistant during the travel. For many, self-empowerment comes next followed by an intense desire to feel a sense of freedom.

Analysis of the means of transport in use also throws light on some interesting patterns. Instantaneous being, foreigners travel mostly by road or air means, whereas, domestic travellers usually use the roads and then rail transport, perhaps owing to very expensive nature of air transport. For inter-destination travel by road, use of tourist coaches found to be more common. Second most popular mode of road transport is rented vehicle. Their expenditure pattern is suggestive of following the pattern of generally seen among general tourists. Besides, some of them also have to commit substantial money towards caregiver/attendant.

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Chapter- V

Issues and Constraints of Accessible Tourism and Its Prospects

As discussed earlier in this report, travel motivation of tourists with reduced mobility has many similarities with the rest of tourists. Then, there are many constraints often act as travel barriers, but, the magnitude of those constraints are quite disproportionate in the case of people with disabilities. At the same time, in recent years, researchers have been calling for in-depth empirical research to identify specific constraints and barriers to tourism being faced by people with disabilities (Foggin 2000; Darcy 2002). A precise documentation of the problems and constraints of disabled people at different stages of travel have been attempted by UNESCAP (2003). Major ones are categorised under following heads:

- Underlying social and cultural constraints;
- Travel planning information;
- Transportation barriers;
- Accessible accommodation; and
- The destination experience.

While conceiving specific issues and constraints to be inquired as part of this study, those listed out in above UNESCAP study formed a logical basis. Accordingly, the issues and constraints were staged in a manner to categorise those into planning stage and travel stage. Travel stage was then divided into travelling, stay and seeing the places/ attractions because each facet is considered to have a set of problems characteristic to each stage. A framework thus conceived was graphically presented in Chapter-1.

But, before discussing major travel related issues and constraints of people with accessibility problems, some aspects pertaining to the general access environment are considered for discussion. Those include respondent's awareness of disability laws, gainful utilisation different provisions contained in thereof, membership in disability organisations and facilitation of vacation travel, if any, by disability organisations.

5.1 Certain Attributes of Access Environment

Disabled citizens being one of the neglected segments of society and a soft target of maltreatment due to socio-cultural and economic reasons, disability activists across the world have been advocating for legal and statutory provisioning for a better living environment for them. A tangible outcome of this was enactment of some important laws and setting up of certain mechanisms to creatively address those at government and non-government levels. In India for instance, there are certain laws specific to disability but a number of other legislations have specific provisions for disabled citizens. A detail listing of those were prepared and presented in Chapter- 2 of this report.

Often, it was reported that awareness of the disabled people including their relatives about disability legislations are not adequate, due to which, a good chunk of them are not being benefited from the provisions of existing legislations. This was confirmed by result of this study as well, which shows that about 57% and 70% of domestic and foreign tourists are aware about existence of specific disability laws in respective countries (Table 5.1). A proportionately lower awareness level in Indian context could also be attributed to lower literacy rate as well as insufficient awareness campaigns about those legislations targeting the beneficiaries.

Table. 5.1: Awareness of Disability Laws of the Among Respondents

Awareness level	Nationality		
	Domestic	Foreign	Total
Aware	57.19	69.84	59.17
Not aware	26.87	15.34	25.06
No Response	15.94	14.81	15.77
Total	1016	189	1205

Awareness about the provisions in legislations and availing of those benefits under that are positively connected. In other words, lack of awareness can result less utilisation of specific schemes and programmes by the target groups. This study shows that as many as 89 % of domestic tourists having knowledge of disability laws reported availed the benefits provided under the laws. And, that is an encouraging sign (Table. 5-2). Corresponding proportion of foreigners is as high as 96 % and that trend that appears legitimate.

Table 5.2: Trend in Availing of Benefits under Disability Laws by Respondents Knowledgeable of Such Laws

Status of availing benefit	Nationality		
	Domestic	Foreign	Total
Availed	89.33	96.21	90.60
Not Availed	8.95	3.79	7.99
No Response	1.72	-	1.40
Total	581	132	713

In view of the above, focused plan of actions would be necessary to create adequate awareness of disability legislations among the beneficiaries and to strengthen various initiatives including education meant for the segment on long-term basis. This would then have twin effects of appropriate capacity building of disabled persons and that, in turn, could create a viable holiday market segment.

Another interesting dimension being considered for examination was the membership pattern of respondents in disability organisations and the trend of those organisations undertaking vacation travel for its members. This is perhaps a relevant aspect in understanding the market potential of accessible tourism because charitable organisations engaged in this domain are considered to be more proactive and arguably provide as many benefits and opportunities to members including travel. Hence, more the number of organizations organising vacation trips for their members, more would be overall market potential.

While examining involvement of disabled persons in disability organisations, it was found relatively less number of respondents processing such memberships. In case of foreigners, about 28% found to be in this category, whereas, corresponding proportion among the domestic tourists is only 15% (Table 5.3). It is equally worth noting that about 21% of respondents refrained from tendering any specific response. More than two-third of respondents reportedly have no membership in any organisation.

Table- 5.3: Respondent's Membership Status in Disability Organisations

Membership Status	Nationality (In %)		
	Domestic	Foreign	Total
Member	15.16	27.94	14.02
Not member	63.48	68.78	64.32
No Response	21.36	23.28	21.66
Total	1,016	189	1,205

In continuation, conduct of tour by disability organisations to their members was also examined. According to Table 5.4, nearly 42% and 46.7% respectively of domestic and foreign respondents were of the opinion that disability organisations conduct tours for its members. Further, 27% of domestic and 13% of foreign respondents reported their non-aware of such actions. In view of this, it can be considered that conduct of tours for its members by disability organisations are not a popular practice.

Table- 5.4: Conduct of Tours by Disability Organisation for the Members

Conduct of Tours	Nationality		
	Domestic	Foreign	Total
Conducted	42.21	46.67	42.6
Not conducted	24.68	20.0	24.3
Not aware	27.27	13.33	26.03
No response	5.84	20.0	7.1
Total	154	15	169

5.2 Attitude of Industry towards Tourists with Reduced Mobility

There are divergent views on perception of the public towards people with reduced mobility but the dominant advocacy is in favour of general negation or indifference. Many reasons can be seen attributed to this ranging from economic and societal to perceptual ones. Perhaps, perceived attitude of this nature is also cited as cause, adversely affecting the travel plan of this segment. Then, in recent years, concerted interventions from the part of governmental and inter-governmental agencies have been increasing mainly in the form of concrete policy initiatives and programmes. Undoubtedly, the instrumental nature of those in bringing some qualitative changes in their living environment is very much evident. Different non-government organisations working in this field are also seen contributing to furthering the cause of this segment.

With many positive interventions taking place at different levels, overall quality of their living environment is expected demonstrate some betterment. In view of this, attempt have been made here is to find how respondents in this study viewed the attitude of people, specifically those working in the industry towards this group. The reason for confining the focus of inquiry at the industry-level was mainly attributable to the laid-down objective of assessing specifically the attitude of industry towards this segment so that remedial actions, if any, necessary could be suggested. Results are furnished in Table 5-5 & 5-6.

It can be seen that the attitude of people working in tourism establishments is generally favourable towards tourists with reduced mobility tourists. Few tourists (about 12%) are even of the opinion that employee's attitude towards them is very favourable. Those reported less favourable attitude is about 19%, whereas, very less number of tourists was found having negative feedback about their experience with the tourist establishments (Table 5.5).

In general, about two-third of respondents hold the view that attitude of employees working in tourism industry is favourable, which is somewhat similar for both visitor forms. At the same time, proportion of those holding a less favourable view in the sample is around 19%, but those felt either negation or indifference towards is very negligible. Over 10% of the sample did not furnish any respond to the question. In view of the pattern thus emerging, it is reasonable to state that attitude of industry towards disabled guests is not altogether discouraging.

Table. 5.5: Attitude of Persons Working in Tourist Establishments towards Tourists with reduced mobility

Awareness level	Nationality		
	Domestic	Foreign	Total
Very favourable	11.61	12.17	11.7
Favourable	52.17	55.56	52.7
Less favourable	19.19	18.52	19.09
Indifference	4.63	3.17	4.4
Negation	1.57	0.53	1.41
No Response	10.83	10.05	10.71
Total	1,016	189	1,205

An inquiry into probable reasons for industry workers' unfavourable attitude towards disabled tourists could provide better understanding of the situation. Accordingly, attempts were made to trace the reasons and the results are furnished in Table 5-6. The approach to this was first to obtain the ranks for each parameter and then to convert those into a composite rank (WI) to assign the rank order. Results suggest that the reasons usually cited for unfavourable attitude towards this group is somewhat in tune with existing proportions- viz. need of

extra-time for tourists with reduced mobility and poor understanding and awareness of disability problems among staff.

Table. 5.6: Reasons for Unfavourable Attitude of Persons Working in Tourist Establishments towards Tourists with reduced mobility

Reasons	Domestic			Foreign		
	Index value	Rank	Response	Index value	Rank	Response
Extra-time is needed for guest with special needs	4.146	1	185	3.421	1	29
Poor understanding and awareness of disability among staff	3.519	2	165	3.232	2	29
Absence/ shortage of accessible equipments	2.378	3	118	2.646	3	25
Social stigma attached with disability	1.885	4	92	1.628	4	15
Physical demand of employees for providing assistance	1.810	5	82	1.455	5	12
Economic considerations	1.087	6	60	0.795	6	10

Absence/ shortage of accessible equipments emerge as another major reason and that perhaps could be attributed to the employees' thinking that they would have to provide more personalised assistance, including the mobility support to special requirement groups. Social stigma also figures as cause but that is relatively more in the case of domestic respondents.

Hence, it can be summarised that while there have been some positive change in the attitude of workers in tourism industry, situation still warrants more qualified attention to bring confidence among this visitor segment. Indeed, many industry participants have already been seen taken adequate cognizance of the potential that this segment offers to furtherance of their business interests. But,

there are still some critical areas that call for specific actions as Table 5-6 would suggest. A major step in this direction could be the training of the employees about the special needs/ problems of this segment.

The basic approach for the above should be to address the fundamental issues. Of those, first and foremost is to create proper awareness among the employees and that should be done at basically two levels: firstly, at the general organisational level. Secondly, to identify a group of dedicated employees from different departments who have interesting and willingness to serve this group and then providing necessary knowledge and skills accordingly to build capacity.

5.3 Major Problems of Tourists with reduced mobility in India

The existing literature on accessible tourism suggests a variety of travel-related problems exist, viz. intrinsic, environmental and communication in their holiday environment (UNESCAP (2003), Darcy 2001). As cited earlier, only few studies were found addressing those problems in a scientific manner. It should also be acknowledged that in every facet of the travel process- planning, travelling, stay etc. These groups also encounter a complex layering of issues and constraints specific to them. Some of those are indeed critical and have the potential to discourage them from participating in recreation and tourism. Indeed, the UNWTO initiative called ‘Tourism for All’ envisages to cover the all types of disability and reduced mobility persons in its ambit. Specifically, UNWTO teemed up with like-minded organisations to launch well-intended campaigns aimed at creating critical awareness about problems of these people including those in the realm of travel.

Equally enough, it is widely acknowledged that the tourists with reduced mobility offer different business opportunities and therefore understanding their

very problems and taking appropriate measures to mitigate those accordingly becomes critical. With this objective in view, major problems being encountered by them in various travel facet has been documented first and then sought the responses during field survey. Those were taken in the order of severity of the problem and the ranks obtained against each problem were then converted into a weighted index. The values have been then used to ascertain the intensity/ severity of the problems.

5.3.1 Problems at Booking Stage

While analysing major problems at the booking stage, separate treatments were given to each type of products and visitor segments viz. the domestic and foreign. Main purpose of this was to observe change in pattern, if any, in terms of problems being encountered by domestic and foreign tourists. The weighted indices derived against domestic tourists are placed in Table 5-7.

Table. 5.7: Problems Encountered by Tourists with disabilities During Booking of Tour- Domestic

Problems	Transport			Accommodation			Attractions		
	Index value	Rank	Responses	Index value	Rank	Responses	Index value	Rank	Responses
Lack of understanding about disability among booking staff	7.031	1	313	6.542	1	289	6.262	1	279
Inhospitable staff	4.650	2	221	4.598	2	208	4.081	2	182
Distance of booking centres	3.126	3	162	1.834	4	99	3.833	3	190
Inaccessible booking centres/office	2.849	4	141	1.984	3	101	2.293	5	112
Unreliable information	2.742	5	139	1.794	5	95	2.971	4	155
Unreliable travel agency service	1.529	6	81	1.046	6	58	0.928	6	58

Above Table enables to derive that for all types of tourism products, lack of understanding about problems of disabled people among the booking staff poses maximum challenge. Other problems in the order of importance for domestic tourists are inhospitable staff, distance to booking points like the stations/ outlets was also reportedly posing some problems.

When it comes to foreigners, somewhat similar trend being observed among domestic tourists could be seen. For instance, lack of understanding about problems of disabled people among booking staff and their inhospitable attitude topped the list of problems they encounter (Table 5.8). Third major problem is related to unreliable information, especially of accommodation and transport.

Table. 5.8: Problems Encountered by Tourists with disabilities During Booking of Tour- Foreign

Problems	Transport			Accommodation			Attractions		
	Index value	Rank	Responses	Index value	Rank	Responses	Index value	Rank	Responses
Lack of understanding about disability among booking staff	4.820	1	39	5.309	1	44	5.159	1	44
Inhospitable staff	4.383	2	39	4.725	2	40	4.008	2	35
Distance of booking centres	4.174	3	36	2.213	4	21	3.611	3	34
Inaccessible booking centres/office	3.008	4	29	1.059	6	13	3.289	4	29
Unreliable information	2.626	5	28	3.872	3	34	3.212	5	32
Unreliable travel agency service	1.796	6	20	1.417	5	19	1.645	6	19

Based on above results, it is logical to state that lack of understanding among the booking staff is the biggest challenge since the index value for this parameter is much higher compared to all other parameters under analysis. Indeed, this study also endorses the pattern being revealed by some earlier studies on this theme, example being that of UNESCAP. In most situations, tourists with reduced

mobility may be willing to trade off the lack of accessibility to booking facilities or even unreliable travel agency services against redressing their major problems as revealed by this study.

5.3.2 Major Problems While Travelling in India

UNESCAP (2003) report on barrier-free tourism has highlighted many problems of this segment during travel. Those range from the point of starting the journey through the entire trip. Hence, as part of this exercise, major problems being encountered by tourists with reduced mobility were compiled first and then with the help of a pilot survey, those have been fine-tuned to suite the Indian situation. Analytical approach for this was again to convert the ranks obtained by each problem parameter into weighted indices and then assigning final rank order accordingly. Results are furnished in Table 5-9.

According to both visitor segments, travel within the places (intra-destination) visited emerged as top ranked problem while travel in India, followed by lack of proper information and inadequate signage of facilities at transport stations/ ports.

Table. 5.9: Problems Encountered by Tourists with reduced mobility while Travelling in India

Main Problems	Domestic			Foreign		
	Index value	Rank	Response	Index value	Rank	Response
Travel within places visited	5.328	1	399	5.628	1	78
Lack of proper information	5.242	2	406	4.851	2	71
Inadequate signage on facilities	3.766	3	304	3.251	3	49
Non-availability of personal aids/ equipments at station/ in vehicle	3.384	4	277	2.917	5	44
Lack of disability awareness among ground staff	3.017	5	234	2.453	7	40

Locating affordable & accessible room	2.843	6	224	2.879	6	43
Travel between residence and transport station	2.438	7	204	2.953	4	41
Lack of auxiliary services at terminals	2.244	8	190	2.377	8	37
Unfriendly co-travellers	2.171	9	180	1.334	10	21
Problems of boarding and disembarkation	2.101	10	174	1.641	9	25
Rules and regulations for carrying equipments & aids	1.942	11	166	-	-	-
Locating medical facilities/ centres	1.625	12	137	0.914	12	15
Equipment loss and damage	0.272	13	23	1.041	11	16

However, when the index values were scanned further, it was found the first two problem variables to be more severe compared to other problems under study. This conclusion was arrived at based on the estimated index values that demonstrate significant difference between them. Other items in the descending order of concern for domestic tourists is non-availability of personal aids/ equipments at station/ in vehicle, whereas, for foreigners, travel between their places of stay and transport stations emerge to be at corresponding level.

Further, lack of disability awareness among ground staff also bothers foreigners whereas non-availability of personal aids/ equipments at station/ in vehicle is a concern corresponding to the same level among domestic tourists . Indeed, on the basis of estimated indices for other issues listed in the Table, it is logical to suggest that other problems are equally worth taking note of by respective agencies for concrete actions. Further, though some existing studies showed boarding and disembarkation as major constraints (Darcy, 2003); but that did not figure in any noticeable manner in Indian context, perhaps due to respondents accorded relatively higher weightage to other problems under study. Perhaps, it is worth to note that studies under reference were conducted primarily

in the context of developed nations and therefore, major pattern of those studies may not be comparable in a developing-country context.

5.3.3 Problems at Hotels and Attractions

Constraints reported in the hotels/ accommodation units are many and the physically-challenged persons face those in more severe manner. To delineate major issues and constraints in Indian context, the approach here has been to examine those with the help of composite rank index. Indices estimated for each parameter under study are placed in Table 5-10.

In general, relative importance of each problem parameter varies for the domestic and foreign tourists. An exception was observed only against the parameter of ‘rooms meant for physically-challenged did not have necessary facilities’, which incidentally ranked as topmost constraint for both visitor segments.

Table 5.10: Problems Encountered by Tourists with Reduced Mobility at Hotel/ Place of Stay

Problems	Domestic			Foreign		
	Index value	Rank	Response	Index value	Rank	Response
Rooms meant for P.D* do not have necessary facilities	3.160	1	256	3.295	1	50
Lack of understanding of staff regarding special needs	2.974	2	261	1.537	7	25
Rooms are not situated at appropriate location	2.703	3	224	2.635	2	42
Rooms meant for P.D in the hotel are priced higher	2.231	4	179	1.653	6	24
Lift is not available	2.013	5	169	2.449	4	39
Difficulty in use of toilets	1.680	6	152	1.462	10	24
Facilities meant for P.D in the room and other places are not at	1.551	7	140	0.808	12	13

convenient location						
Inaccessible lobby in hotel	1.383	8	115	2.500	3	40
Lack of continuous & hurdle-free pathway in the hotel compound	1.313	9	115	1.126	11	18
Non-availability of personal aids/ equipments	1.294	10	115	2.243	5	37
No facilities for persons with hearing impairments	1.152	11	100	1.466	9	23
No facilities for persons with vision impairments	1.098	12	95	1.522	8	25
Hotels do not allow service dogs	0.674	13	60	0.591	13	10

* *Physically disabled*

When it comes to domestic tourists, lack of understanding of the staff about their special needs and inappropriate location of rooms are reportedly next major issues. Besides these, relatively higher pricing of special requirement rooms, absence of lift and facilities meant for them not located at convenient locations follow the order. Though other items in the list also acquired certain values and therefore relevant to be taken cognizance of, they are not as reckoning when compared to other parameters that obtained higher rank positions.

As regards to the problems being encountered by foreigners at their place of stay, inappropriate location of rooms meant for them figured at second, followed by inaccessible hotel lobby. But, the later one is reportedly not so important for domestic respondents. Some other problems worth noting in the descending order are absence of lifts, non-availability of personal aids/ equipments in the hotel and higher prices of rooms meant for tourists with reduced mobility. A cursory look at the Table enables to summarise that absence of necessary facilities in the room is the major problem they encounter, even though there are other equally relevant issues calling for focused attention.

Next facet being examined was tourist attraction sites and results of the same are furnished in Table 5-11. Index values derived for domestic tourists point to non-availability or and/ or unhygienic public comforts like the toilet as most discomforting ones. It was followed by absence of public utilities at convenient locations. And, that is quite natural when considering the fact that such facilities are very critical and the absent or inaccessibility of those could pose real challenge during the attraction visit. Other issues in the order of concern are absence of ramps at all required locations, unmanageable difference in the level of ramps, insufficiently laid pathways and so on.

As regards to foreigners, unmanageable difference of the ramp level, wherever available, topped the list. It was followed by absence of toilets or its unhygienic conditions, absence of lifts and barrier-free slanting stairs. Availability of those facilities are indeed very important for enabling their easy movement as well as convenient means at reach points in attraction sites. Slippery or coarse surface of pathway and non-availability of public utilities also add upto their predicaments.

Table 5.11: Problems Encountered by Tourists with reduced mobility at Attractions

Problems	Domestic			Foreign		
	Index value	Rank	Response	Index value	Rank	Response
Toilets for P.D* not available/ available but unhygienic	4.565	1	413	3.170	2	55
Non-availability of public utilities- telephone, toilet, water tap etc.- at convenient places	4.155	2	396	2.255	6	38
Ramps are present but not all at required locations	3.564	3	316	1.781	8	30
Ramps not available/ level differences not addressed by alternative ramps	3.173	4	274	4.229	1	67
Insufficiently laid pathways	3.091	5	273	1.558	12	25
Street crossings are not present	2.600	6	246	2.118	7	38

Lack of access stairs/ lifts	2.397	7	219	2.972	3	50
Tracks are slippery/ coarse	2.269	8	203	2.320	5	41
Absence of location signage	2.195	9	205	1.592	11	27
Inconvenient reach points at attraction	2.184	10	205	2.562	4	44
Insufficient location signage	1.995	11	185	1.746	9	31
Absence of Audio-visual aids	1.549	12	145	1.482	13	26
Problems of viewing ranges	1.525	13	143	1.688	10	29
Car parking facility for the disabled is at inappropriate location	1.058	14	98	0.212	14	4

- *Physically disabled*

Hence, in general, it can be summarised that major bottlenecks of tourists with reduced mobility are many. The major ones observed in this study are lack of understanding about the problems of people with disability among the employees working in tourism industry and their inhospitable behaviour, impediments came across during intra-destination travel, lack of destination related information and signages at appropriate locations, lack of proper facilities in the rooms, mobility constraints inside attractions and scarcity of public comforts and utilities at suitable locations. Needless to record, many of these problems are in the manageable limits of the service provider and involve minimum financial commitments. Such problems are to be addressed on priority basis in order to maintain a steady flow of these tourists. Whereas, those requiring detail planning and financial provisioning, can be addressed on a time bound basis.

5.4 Probable Factors to Affect Travel Plans of Physically-challenged Persons

Many factors are there playing direct and indirect roles in shaping the travel demand and its direction. While those may remain by and large same irrespective of market segment types; there could still be a set of factors specific to each market segment, exerting relatively higher degree of influence in setting future directions. In case of tourists with reduced mobility, besides income and certain

common environmental factors; few man-made structures including community perceptions could arguably play determining roles. Some of those have been discussed in the previous section. Particularly, peoples' indifference and in many instances negation towards this segment is a major limiting factor when it comes to their travel decisions.

In order to locate major factors considered to have bearing on travel demand pattern of tourists with reduced mobility, available literature on the theme has been consulted. It shows that income and employment opportunities would play determining role. Besides this, motivation pattern/ purpose of travel and travel facilitation environment such as ease of access to different service provisions, mobility enhancement and attitude of community in general and industry in particular would have critical but contributory roles to play. A discussion on this was already undertaken in the previous section. In continuation, knowing the manner in which tourists with reduced mobility would view their future travel plan is equally important to locate emerging travel patterns.

With the above in view, factors that could have the potential to impact the travel decisions of physically-challenged people have been listed out first and then took the feedback of respondents about relative impact of each one of those in the form of ranks. The ranks of each parameter have been then converted into a composite rank to assign the final weight for each parameter. The results of the same can be seen in Table 5-12.

At the outset, it is worth stating that the set of factors that influence travel plans of physically-challenged domestic and foreign tourists vary quite noticeably. This conclusion has been arrived at on the basis of the fact that hardly any consistency could be observed in the rank between determinants. For instance, economic considerations like reasonably priced tourist products and better income

opportunities are going to influence the travel decisions of the domestic tourists to a great extend. Another important factor is connected to the knowledge and understanding of their special requirements amongst the stakeholders, especially people working in the industry, as being reflected in higher rank for ‘trained staff & their friendly treatment of disabled tourists’. At the same time, index values against above three variables and other variables in general suggest that economic factors would be the primary determinant of their decisions.

Other factors received relatively important scores are availability of safety support system for disabled, trained staff and their friendly treatment of disabled tourists, change in attitude of the public towards disabled tourists and reliable information on the availability of aids/ equipments at attractions. But for those having communication access constraints, availability of effective communication aids is would be playing a major role.

As regards to foreign tourists, the factors related to facilitation of their movement figured prominently. Instantaneous being that availability of safety support system as well as reliable information about those at attractions received highest ranks. At the same time, availability of reasonably priced tourism products also figure prominently as its index value would suggest. Indeed, indices for the first three parameters demonstrate hardly any noticeable difference, meaning that influence of each one of those in the travel decisions is going to be critical.

Table. 5-12: Factors to Influence Future Travel Plans of Tourists with Disabilities

Factors	Domestic			Foreign		
	Index value	Rank	Response	Index value	Rank	Response
Reasonably priced tourist products	6.178	1	500	3.875	3	58
Better income opportunities	5.851	2	463	2.927	6	43
Trained staff & their friendly treatment of disabled tourists	4.056	3	348	2.601	8	41
Safety support system for disabled	3.457	4	303	4.510	1	71
Change in attitude of people towards disabled tourists	3.044	5	258	3.563	4	55
Information on availability of aids/equipments at attractions	2.908	6	252	4.258	2	67
Effective communication aids	2.530	7	232	2.053	9	33
Clear signage at all major points	2.509	8	233	1.894	10	32
Availability of accessible vehicles for travel at destination	1.871	9	173	3.098	5	51
Accessible pathways at attraction premise	1.862	10	177	2.629	7	46
Ramp & elevators at attractions	1.570	11	146	1.541	12	27
Provision for assistance-free movement in hotel	1.050	12	99	1.875	11	33
Easily accessible tour operators	0.791	13	77	1.019	13	18

Further, for foreign tourists change in attitude of the people towards disabled tourists and availability of accessible vehicles for travel at destinations fall in the descending order of importance. Needless to state, income opportunities would have meaningful roles to play in the travel planning and decision-making.

5.5 Chapter Summary

Focus of this chapter was to map the major issues and constraints of tourists with reduced mobility during different facets of travel and the bearing of those in their travel decisions. Most available studies unambiguously revealed that many of the problems are grave and, therefore, could adversely affect their travel behaviour if not addressed properly. But, before attempting those, a brief documentation of accessible tourism environment was attempted first.

Many laws are being enacted to provide a better living environment for disabled citizens. At the same time, knowledge of those laws by the target group and availing of the benefits embedded in various provisions thereof by them are better indicators to decipher on the effectiveness of law-making and its fruitfulness. Then, awareness about the laws being examined in this study was from the point of view of tourism, especially special interest group like accessible tourism. In general, respondents were found to have idea about disability laws, and understandably, foreigners are more knowledgeable of those. Among those who knew about the laws and the provisioning, majority have reportedly availed certain benefits envisioned in those. Perhaps, foreigners are in the forefront when it comes to availing benefits with over 96 % reporting accordingly.

Trend in the membership of this group in different disability-specific organisations is not very encouraging. Proportion of such respondents in the sample is minimal, and this could also be attributable to their non-interest in its disclosure. It was further found that many charitable organisations engaged in this domain do conduct tours for their members.

Attitude of people working in tourism establishments is often reported as a major factor determining travel propensity of tourists with reduced mobility. It is encouraging to find that employees working in the industry in general is supportive, with two-third of respondents reporting accordingly. But, when reason for unfavourable attitude was probed, need of extra-time and poor understanding of the problems of disabled people figured prominently. There was also a section of them holding the opinion that attitude of the tourism industry in general is favourable towards them. However, it is to be born in mind that about one-third of tourists feel otherwise.

When it comes to major problems at booking stage, poor understanding of their specific problems among booking staff and their inhospitable attitude to

certain extend appear to be major ones. And, that is perhaps common to both visitor segments. While travelling, intra-destination travel is reportedly most difficult one, followed by lack of proper information and inadequate signages, which is common for both visitor segments. There are also other constraints during travel worth paying attention.

Problems they encounter at places of stay are mounting in nature and justifiably call for qualified attention. Major among those are lack of necessary facilities in the rooms meant for tourists with reduced mobility, lack of understanding about their special needs and inappropriate location of such rooms. Absence of lift and inaccessible lobby also call for attention. At attractions also, these groups face certain set of problems specific to them; viz. absence of toilets or its unhygienic condition, non-availability of public utilities and the like. Their easy movement inside the site is also a major constraint, especially scarcity of ramps or their unsuitable arrangements.

Perhaps, major issues and constraints being discussed above would have varied levels of impacts in determining travel propensities of tourists with reduced mobility. Needless to state, economic factors would be critical. The results emerge from analysis of major factors influencing future travel plans of these tourists suggest that reasonably priced tourism products and better income opportunities would be most influential, especially for the domestic. But, when it comes to foreigners, availability of safety support systems and proper access to such information appear to very determining in nature. Other factors of importance are positive attitude of industry workers and availability of accessible vehicles at places of visit.

Chapter- VI

Conclusion and Recommendations

The volume of people with disabilities / reduced mobility is growing fast due to reasons of congenital as well as acquired disability. World Health Organisation (WHO) estimates the volume to the tune of 650 million. Among different disability types, common one is related to motorability/ mobility impairment. Research findings suggest that environmental & attitudinal barriers pose major challenges to normal living of individuals with disabilities. It is a definite bottleneck for them to be equal partners with general citizens and puts them at disadvantageous position while exploring employment and income opportunities. There are also aversive societal perceptions and taboos that they have to negotiate in the public domain.

But, in recent years, some concerted efforts have been made to provide a better living environment for persons with reduced mobility. Many inter-governmental agencies and sovereign governments have already enacted specific laws to enable their empowerment as well as to mediate with the multi-faceted problems. Those legal instruments, to large extent, were reported to have created an environment conducive for them to be part of economic activities as well as in other public domains. Vacation travel is one such activity, which not only would they long to go for but also to extend the same to the family members and caregiver/ attendant.

Available studies adequately proved that the economic opportunities emanate from the general and specific needs of this segment are plenty and encompass a wide spectrum. Trends emerging this research are further confirming of this: Firstly, proportion of persons with disabilities taking vacation travel is

increasing. Secondly, travel behaviour, motivation and spending pattern of this group is found to be almost similar to general tourists. Indeed, total expenses per trip for a large section of tourists with reduced mobility are reportedly higher compared to general tourists on account of extra expenses to be incurred on aids and caregivers. But, despite those constraints, many documents like one by UNESCAP are categorical on the development potential of this segment.

The premise of accessible tourism is inclusive in nature. It has been conceptualised to incorporate diversity of tourists with disability & reduced mobility to form an important tourist segment with specific travel requirements. While glancing through the Census volume, one could make a guess of its volume in India. For instance, according to 2001 Census, number of disabled persons in India is about 21.91 million. If their family members/ dependents are taken together, total quantum reaches to 114.61 million (i.e. 21.91 million multiplied by average household size of 5.233 persons), i.e. 11.41% of the total population. Further, if other potential inclusive tourism segments like those above 60 years are added, it would reach 18.11% of population in 2001. In other words, roughly 186.3 million Indians are either tourists with reduced mobility or relations of such people, which is indeed substantial as a potential inclusive tourism market.

In fact, growth potential of tourists with reduced mobility can be inferred from the projection statistics of people of above 65 years in India. According to a recent Planning Commission study, proportion of those aged 65 and over is expected to rise from 4.5% in 2001 to 7.4% in 2026 and then 14.6% by 2051 (K. Srinivasan and V.D. Shastri).

It is an established fact that a sizable chunk of persons with disabilities/reduced mobility have sufficient disposable income to spend on leisure and recreation. This provides opportunity to develop variety of specific tourism

products and services, but, a major constraint on its way is the lack of necessary information regarding various attributes these persons. In its absence, evolving appropriate policies and programmes to optimize the segments' potential becomes a major constraint. This study emanated from that context and hopes to fill some of the critical data gaps.

6.1 Profile of Tourists with Disabilities/reduced Mobility in India

Factors like age, sex, literacy level, marital status are some important attributes that play a major role in travel process. After analysing those attributes mentioned above, it was found that their profiles are more or less similar to general tourists in India. For instance, age profile, sex, marriage status can be seen following the established pattern of general tourists. In terms of education, a healthy trend is that a good chunk of them are well educated and possess graduation degree or above, whereas, illiterates are generally very negligible in numbers. This, in turn, is reflected in their employment status as well with 60% of respondents stating to be in some form of jobs.

The private sector emerges to be largest employer followed by public sector. Interestingly, as many as one-third of the domestic respondents are found engaged in some form of self-employment activities. Again, among those employed, nearly 33% of domestic ones work at officer/executive levels, but, corresponding proportion for foreign tourists is about 50%. It further shows the proportion of support staff more in the sample of domestic tourists.

Indeed, better employment profile was reflected in their income status, with over 34% of households reportedly earn more than Rs 40000/- per month and another 22% earn in the range of Rs 20001 to Rs 40000/-. However, households of

foreign respondents earning more than one lakh rupees in a month are almost half of the sample. The income pattern thus emerges is a clear indication of their purchasing power as well the market potential.

However, a note of caution is to be exercised while reading above conclusion since the samples only represents the tourists with reduced mobility being interviewed as tourists. It is then an established fact that adequate disposable income is a necessary condition to undertake vacation travel, and therefore, nothing unusual to expect an income distribution like the one being observed in this study. Hence, it may not be suggestive to take those income figures for comparison/ generalisation purpose across disabled people.

6.2 Dimensions of Travel Planning

Main aspects being studied under this were sources of information about tourism products, travel booking process, purpose of travel and preferred attractions and travel arrangement for current trip.

The results reveal that for domestic tourists; friends and relatives, people already visited the places and internet becomes major ones. Whereas, internet is the major source for foreign tourists for all main tourism products; but, tourism departments, guide books and relatives and friends are also consulted for information purposes. Analysis of booking sources for travel related products among domestic tourists show the family members or friends and caregivers to be the major ones. Against this, travel agents were found to be the major source among foreign tourists, followed by family members or friends and caregivers.

Reportedly, one can find many funding sources for travel-related needs of disabled tourists, this study enables to conclude that a large chunk of tourists

usually use own funds. The family and relatives are also a funding source for good chunk of respondents, especially for students and fully dependant ones. These together constitute for about 90 % of the samples meaning that other funding sources are neither available nor sought by them.

Inquiry into their purpose of travel suggests it to be predominantly leisure in nature but for domestic tourists, religious and social reasons are also worth recording. This perhaps reinforces the pattern usually find among general tourists in India. Scenic places, hill stations and beaches are also major attractions these groups would like to visit.

Examination of the nature of travel arrangement reveals that both tourist groups choose to travel with some form of package tour arrangement. This trend was reinforced by a comparison of arrangements usually made by them against the one chose for the present trip. The results do not seem to suggest any noticeable differences between them. As one would have expected, independent travellers are less in proportion and that pattern is more demonstrative in the case of foreign tourists. Appreciably good number of tourists covered more than one destination as part of current itinerary. But, when it comes to frequency of tour, it is comparatively less frequent, particularly among Indian tourists. It was also observed that people accompanying them during this trip are mostly family members or friends. Also, disabled tourists taking caregivers during travel was found less prevalent, especially among Indian travellers.

Means of transport used for inter and intra-destination travel throws some interesting patterns. Foreigners mostly travel by road or air means, whereas, domestic travellers usually take the roads and then rail transport, perhaps owing to very expensive nature of air transport. Those travelling by road between destinations were found mainly use tourist coaches. Further, rail transport, rented

vehicle for tourist destinations and tourist coaches are often the preferred mode of transport for both tourist segments, but, scarcity of ‘accessible features’ in those transport modes especially for the wheelchair users, act as discouraging element. Perhaps this seems to be one of the reasons for not finding many wheelchair users in this research study.

6.3 Certain Aspects of Disability Environment

One of the approaches to understand accessible tourism environment is to decipher the facilitation mechanisms and legal and regulatory provisioning. In recent years, some laws have been enacted to provide a better living environment for disabled citizens. But, knowledge of those laws and availing the benefits embedded in various provisions thereof by the beneficiaries is central to an effective framework. Conclusions derived from this study indicate that respondents are generally aware of disability laws and understandably, foreigners are more knowledgeable on those. Encouraging enough is that a majority of those knew of different provisions under laws have been availing many benefits enshrined in, whose proportion among foreigners is as high as 96 %.

The membership pattern of respondents in different disability-specific organisations is found to be not very encouraging. A low membership rate could be attributable to either lack of awareness of these organisations and the benefit of such memberships, lack of interest or disclosure of the same by the respondent. It was further found that some charitable organisations active in this domain do conduct tours for their members.

Attitude of people working in tourism establishments is often reported as a major factor in determining travel propensity of tourists with disabilities /reduced mobility. It is encouraging to find from this study that attitude of employees

working in tourism industry in general are supportive. However, attitudinal problems still persists irrespective of some positive orientations in recent years, thereby calling due attention of the stakeholders, especially in moulding positive attitude towards the needs of tourists with disabilities. This conclusion stems from the analysis of major barriers being encountered by them at different facets of travel.

There are certain reasons for unfavourable attitude towards them, which according to respondents, can be attributable to need of extra-time and poor understanding of the needs of persons with disabilities figure prominently. Few tourists even have the opinion that attitude is very favourable towards them.

6.4 Major Barriers at Different Facets of Travel Process

This was indeed a major focus area of this study. As many existing studies would suggest, issues and constraints of tourists with disabilities and reduced mobility during different facets of travel are varied and some of those have enough potential to adversely influence their travel decisions and behaviour.

Findings enable to conclude that tourists with disabilities face several barriers at booking stage itself. The findings point to the major ones as poor understanding of their specific problems/ requirements among the booking staff and the inhospitable attitude. And, this pattern is common to both tourist segments— domestic & foreign.

During travel stage, intra-destination travel is most difficult part indicating the lack of accessible taxis & local transport infrastructure and facilities, followed by other constraints like lack of proper information and inadequate signages while travelling. There are other noticeable constraints as well such as non-availability

of personal aids/ equipments at the stations and in the vehicles, locating affordable and accessible accommodation and lack of knowledge regarding their specific problems among ground staff.

The problems being encountered at places of stay equally merit attention. Major ones are lack of necessary facilities in the rooms meant for tourists with disabilities/reduced mobility, lack of understanding about their special needs and inappropriate location of such rooms. Absence of lift and inaccessible lobby also call for necessary actions. At tourist attractions also, there are certain barriers specific to them, viz. absence of accessible toilets or its unhygienic condition, non-availability of public utilities and the like. Their easy movement inside the site is also a major problem, especially scarcity of ramps, signage or their unsuitable conditions.

6.5 Prospects of Accessible Tourism in India

Foregone discussions provide a clear perspective on various attributes of tourists with disabilities/ reduced mobility and the issues and barriers they encounter during travel process. Finding emerged in this study would also be helpful in understanding the prospects of developing accessible tourism in India as potential market segment.

Tourist characteristics such as age, education, job profile and income pattern are promising in nature. They have adequate motivation and drive for holiday travel and would like to see and appreciate the natural and cultural heritage of the country. There are enough propensities for leisure travel spending by them and also have the desire to be in the company of others while travelling. However, economic factors would be critical in their future travel plans. Specifically, reasonably priced tourism products and better income opportunities

are something that the domestic tourists would look for. When it comes to foreigners, availability of safety support systems and proper information of those appear to take precedence in future travel plans. Other factors of importance are positive attitude of industry workers and the availability of accessible vehicles at places of visit.

This calls for a major rethink to provide seamless chains of accessibilities, which remains interlinked throughout the tour i.e. from origin to destination and back. Thus all providers in the delivery chain like airports and airplanes, railway stations, tourist coach and smaller vehicles, tourist taxis, accommodation providers and the attraction managers become critical partners. Needless to record, accessible public conveniences and comforts would be of crucial importance.

In conclusion, it is pertinent to state that the positive trends this study could come up with would be qualified enablers in shaping the path for development of accessible tourism in India. Equally important outcome is clear tracking of various challenges and bottlenecks coming on the way in tapping the latent potential of these tourist segments. Many of those are not difficult to deal with or manage but, for which; certain degree of commitment, earnest efforts and coordination on the part of major stakeholders would be called for.

But, when it comes to more complex problems involving considerable financial commitments, it would be necessary to institute suitable policy mechanisms and higher levels of inter-department coordination mechanisms. Some useful action points towards this are discussed in the recommendation part below.

Recommendations

In consideration of major findings emerged from the study, a set of specific action points are proposed herewith. These are meant not only to address some of the critical barriers of this potential visitor segment but also to exploit the business opportunities that emanates for providing specific leisure and recreation products and services the mutual benefits.

A. Towards Positive Attitude of Employees in Industry

1. Specific programmes to adequately train the employees, especially frontline staff should be launched. Focus of such exercise should be to sensitise them on unique problems of tourists with reduced mobility and to create proper understanding the segments' development potential. A dedicated team of employees having an open mind to serve the tourists with special needs can be drawn from different departments of the establishment for suitable training. These staff should also be given refresher trainings to enhance their knowledge and skills.
2. For proper awareness creation and sensitisation of the general public about travel-related problems these tourists, target-specific measures can be devised. Some effective points of campaign can be transport stations, public offices and other places of public gathering, where, both electronic and print media would be useful. Further, radio, TV and leading newspapers can also be used, especially on occasions like Disability Day, Children's Day, Parents' Day etc.
3. Tourism, travel and hospitality management institutions in India should be advised to incorporate accessible tourism and disability awareness modules in their curriculum for both teaching and training purposes. Further, in those institutions where some orientations have already been provided,

elaborate coverage of critical aspects related to management of these tourists should be incorporated.

4. Lower to middle-level front-line officials of Central and States Tourism Departments including those posted in tourist offices abroad and usually in regular contact with the tourists should be given accessibility-specific training. The aim of such exercise would be proper sensitisation, for which, appropriate topics are potential of tourists with reduced mobility, barriers they encounter during different facets of travel, access-friendly products and destinations in India, and effective facilitation mechanisms. Gradually, Archaeological Survey of India and similar agencies dealing with/ interfacing the disabled tourists can be included to increase overall tourism propensity.

B. Towards Information Inadequacy

5. Many government agencies and non-governmental organisations have already begun disseminating information on accessible tourism products, critical mobility enhancement and site appreciation devices. But, that needs to be strengthened and widespread because it is not only legally binding but also makes good business sense.
6. In view of the fast increasing use of electronic media, particularly internet, initiating steps for vigorous adoption of access-enabling websites based on W₃C standards by tourism and travel establishments viz. hotels, travel companies and travel intermediaries are suggested.
7. Thorough re-vamping of the tourism websites of Central and State Govts. is suggested to make those attractive, user and access-friendly. Those should also have links containing information on accessibility and availability of

assistive devices/ equipments/ transport with photographs so that tourists with reduced mobility would know whether the establishment facilities would meet their needs or not.

8. The Ministry of Social Welfare and Empowerment took a welcome decision to make websites of over 5000 Govt. and the public institutions accessible very recently. But, ensuring continuously effectiveness of the websites should be a priority, which *inter alia* includes, updation of the sites and contents.
9. Information on accessible tourism destinations and products in India can be collected and published in English as well as major Indian languages. For its wider dissemination, respective government agencies, disability networks and organisations etc. can be considered.
10. Universal Signage is integral to make the sites duly accessible. These should be prepared at least in English, Hindi and the local language of the attraction site and installed at major points in the sites and intersections. Depending on foreign visitor-profile at major attractions, additional foreign languages can also be considered for display.
11. The landmark attractions in the country should have readable formats for visually-challenged persons.
12. All travel and tourism organisation should develop Accessible Fact-sheets and periodically submit it to the State/Central tourism departments, as the case may be. It should also be made mandatory for the registration/ classification/ renewal process and be duly rewarded.

13. Tourism communication strategy should be such that accessible tourism information would be integral to all campaigns. Further, testing of accessible tourism communication for its effectiveness should be carried out on continuous basis.
14. This study treats tourists with reduced mobility in India as generic subject. To gather more segment-specific information about hearing, vision, cognitive disabilities etc. further studies are recommended.
15. Access-enabling mechanisms for the visually-challenged tourists as expressed by National Association of the Blind are appended in the Conclusion chapter for consideration of appropriate agencies.

C. Product Development

16. Access Audit of major tourist attractions, transport stations, accommodation etc. should be undertaken; and wherever necessary, in collaboration with state governments. Other stakeholders including NGOs could also be associated for audit.
17. Transportation is a major limiting factor. Therefore, accessible policy should be further fine-tuned to make it more specific and action oriented. It is equally important to ensure that the policies are strictly enforced by all modes of transport operators. Further, having a provision of battery-run accessible vehicles at larger attraction sites should be considered.
18. Accessible taxies and tourist coaches are scant in India. To begin with, at least in the major cities, potential entrepreneurs should be identified and encouraged for operating more number of access-friendly taxies and tourist

coaches. A data-base of this can then be maintained in accessible formats by tourist departments, tourism-trade, and the activists and institutions in the domain of accessibility for better dissemination. The Commonwealth Games-2010 to be held in Oct. 2010 could be an appropriate occasion for this.

19. Transporting wheel-chair in airlines is a major problem and damages are quite common, but, hardly any compensation is given for damages. Eventhough allowing wheel-chairs inside the cabin may have certain security bearings, this still merits consideration. Hence, this may be taken up with Director General of Civil Aviation and airline companies for some feasible mechanisms.
20. To minimise the difficulties of old-age and other travellers with reduced mobility at the railway stations, sudden change of platforms for designated trains can be avoided. Railway stations should be made accessible by providing access to all platforms through lifts (wherever possible), facilities like toilets, drinking water, cafeterias and other public places.
21. To enhance accessibility of accommodation units:
 - i. Universal Design or similar standards should be made mandatory. The hospitality associations and its members should be motivated to take lead on this because it is not only binding but also a good promotion tool.
 - ii. Some specific incentive schemes could be provided to those providing services to tourists with reduced mobility.
 - iii. For newly set up accommodation units and those units under expansion, apportioning at least 5% adaptable/ accessible rooms should be a norm/parameter for approval. Adaptable rooms should

have the provision of charging travel assistive devices that disabled tourists may bring along with them.

22. Menu card, tickets etc. can be provided in accessible format.
23. Provision of access-specific leisure and recreation assistive goods and services may be fostered since that could open up many new vistas for the developers and marketers of such products.

D. Promotional Measures

24. The tourist destinations/ attractions where certain accessible facilities already exist are to be identified and promoted first. In addition to further strengthening accessible facilities of those places, few more appealing destinations could be identified for accessible development and promotion. While doing so, ‘prime attractions/destinations’ in each region can be identified for development and promotion as model accessible tourism destinations.
25. A Charter of Best Tourism practices for the stakeholders may be formulated for responsible practice of inclusive and sustainable tourism.
26. As part of Commonwealth Games promotion, an inclusive tourism campaign can be launched. This would have wider reach, appeal and effectiveness.
27. Many countries have already adopted specific inclusive tourism campaigns at the national-level. India could also consider a campaign like “Inclusive India” or “Incredible India: Accessible India” for launch at different levels.

28. Domain and contact details of *Accessible Tourist Guides* and agencies can be collected and uploaded in accessible format in the websites of Indiatourism, State govt. and accessibility organisations. Since their numbers are very less, training and licensing of more guides should also be considered.

E. Institutional Arrangement

29. Some institutional mechanisms are already available for promotion of accessibility in India. But, those are not that effective perhaps due to lack of coordination in implementation of the programmes by different departments. Hence, a Nodal Empowered Committee for Inclusive Tourism (NeC) can be set up under the aegis of Ministry of Tourism, comprising officers not less than the rank of Joint Secretary from the Ministries of Culture, Social Welfare and Empowerment, Civil Aviation, Surface Transport, Urban Development and Railways as members. Like at present, representatives from institutions like NGO's working in this domain and trade bodies can also be made part of the committee. Main objective of NeC would be to formulate appropriate policies and programmes and to oversee effective implementation of those by the respective agencies. It can be brought under the purview of National Tourism Advisory Board.

30. Provision of access-enabling facilities should be made mandatory for all centrally-funded tourism (CFS) schemes.

31. Possibility of sponsorship from PSUs' and corporate sector could be explored for procuring and maintaining access devices for free use at major attractions and transport stations. Setting up of public comforts, utilities etc. at major tourist locations through collaboration could also be solicited.

32. Tour operators can be motivated to design inclusive tourism products/packages and the promotion of those. Some special incentives, awards etc. can be considered to reward the tour operators.
33. A Uniform National Standards on Accessibility should be framed for tourist destinations, transport and hospitality infrastructure and other relevant stakeholders.
34. To address gross inadequacy of relevant data and information on inclusive tourism, periodic visitor survey using standard Accessible Visitor Survey (AVS) forms can be considered.

Above recommendations have been put forward with a purpose in perspective that access in all forms including those at tourist establishments and destinations is mandatory as per laws and these can become effective only through active participation and monitoring by the stakeholders. That in turn would be a very effective mechanism to foster the potential of accessible tourism in India.

Action Plan

A three-pronged action plan is suggested herewith, revolving around positive attitude creation, responsible and inclusive business practices and provision of accurate and reliable information and communication. There is also a necessity to have credible stakeholdership mechanisms, wherein, all major partners should be integrated in such a manner to act as responsible and equal partners at all levels of decision-making, delivery and communication. In a stage by stage manner, scope of actions can be extended to embrace broader aspects.

Ultimate aim of accessibility policies and programmes should be to serve dual purposes of: a). Fostering the cause of overall accessibility enhancement as well as development opportunities that it offers. b). Impressing upon the society that providing access to all concerned is a responsibility of everybody and not just the Government alone.

To begin with, Delhi-Agra-Jaipur circuit could be taken up on ‘pilot-basis’ for development of accessibility at tourist attractions and service provisions. Alongside, one or two beach destinations can also be identified for accessible development.

Major Limitations of the Study:

This study being exploratory in nature, it was scoped to address certain specific dimensions of accessible travel segment in India. Owing to this, some relevant aspects were not covered in this study but that was well acknowledged during the conception stage itself. For instance, the study was purposefully restricted to some most visited heritage attractions in India. But, that does not constrain replication of findings to other attraction types. Second, the scope of the study covers all tourists with reduced mobility, and therefore, certain specific details/attributes of different disability groups may not be available in the report. For this, each segment would be required to investigate in depth with much larger sample size.

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References

- Babu, Sutheeshna, (2008), Spatial Dimensions of Tourism in India A macro-level perspective. In S. Babu, S. Mishra and B.B. Parida (ed.), *Tourism Development Revisited: Concepts, issues and challenges*, Response Books- Sage Publishers, New Delhi, pp- 285-305
- Baldwin, M. L. and W. G. Johnson, (1994). Labor market discrimination against men with disabilities. *Journal of Human Resources*, 29, 1–19.
- Banerjee, G. (2005), Disability and the Law, Commercial Law Publishers (India) Pvt. Ltd., New Delhi
- Bound, John and Timothy Waidmann (2000) Accounting for Recent Declines in Employment Rates among the Working – Aged Disabled, NBER Working Papers 7975, National Bureau of Economic Research, Inc.
- Buhalis, D, V. Eichhorn, E. Michopoulos & G. Miller, 2005), Accessibility Market and Stakeholder Analysis- Report, University of Surrey and One-Stop-Shop for Accessible Tourism in Europe (OSSATE), 20th of October 2005
- Burkhauser, R. V. and Mary C. Daly (2001) Policy Watch: U.S. Disability Policy in a Changing Environment, *Journal of Economic Perspectives*, 16 (1), pp. 213-224
- Burnett, J. J., & Baker, H. B. (2001). Assessing the travel-related behaviors of the mobility-disabled consumer. *Journal of Travel Research*, 40, 4–11.
- Crawford, D. W., & Godbey, G. (1987). Reconceptualizing barriers to family leisure. *Leisure Sciences*, 9(2), 119–128.
- Daniels, M.J, E. B. D. Rodgers, B. P. Wiggins, (2005), “Travel Tales”: an interpretive Analysis of constraints and negotiations to pleasure travel as experienced by persons with physical disabilities, *Tourism Management*, 26, 919–930
- Darcy, S. 1998 Anxiety to Access: Tourism Patterns and Experiences of Disabled New South Wales People with a Physical Disability. Sydney: Tourism New South Wales.
- 2002 Marginalised Participation: Physical Disability, High Support Needs and Tourism. *Journal of Hospitality and Tourism Management* 9:61–72.
- DEO, (2005) Disability Definitions, Department of Education, Massachusetts, Viewed on 30th of July 2009. <http://www.doe.mass.edu/sped/definitions.html>

- Driedger, D. 1987 Disabled People and International Air Travel. *Journal of Leisureability* 14:13–19.
- Eurostat, (2002), Health Statistics: Key Data on Health -2002, European Communities, Luxembourg
- Flavigny, C., and Pascal, M. 1995, Tourism Among the Disabled: dissatisfied clients (published in French). *Espaces – Paris*, 134, pp. 36-42 (Cited in UNESCAP 2000).
- ICF, (2001), The International Statistical Classification of Diseases and Related Health Problems, International Classification of Functioning, Disability and Health, W.H.O, Viewed on 27th of July 2009. <http://www3.who.int/icf/>
- Israeli, A. A. (2002). A preliminary investigation of the importance of site accessibility factors for disabled tourists. *Journal of Travel Research*, 41(1), 101–104.
- Jackson, E. L., Crawford, D. W., & Godbey, G. (1993). Negotiation of leisure constraints. *Leisure Sciences*, 15, 1–11.
- McGuire, F. 1984 A Factor Analytic Study of Leisure Constraints in Advanced Adulthood, *Leisure Sciences* 6:313–326.
- McKercher, B., T. Packer, M. Yau, and P. Lam, 2003 Travel Agents: Facilitators or Inhibitors of Travel for People with Disabilities? *Tourism Management* 24:465–74.
- Miller, G. A., & Kirk, E. (2002). The Disability Discrimination Act: Time for the stick? *Journal of Sustainable Tourism*, 10(1), 82–88.
- Muloin, S.1992 Wilderness Access for Persons with a Disability. In Ecotourism, G. Harper and B. Weiler, eds., pp. 20–25.
- Murray, M., and J. Sproats 1990 The Disabled Traveler: Tourism and Disability in Australia. *Journal of Tourism Studies* 1:9–14.
- Ray, N. M., & Ryder, M. E. (2003). “Eabilities” tourism: An exploratory discussion of the travel needs and motivations of the mobility-disabled. *Tourism Management*, 24, 57–72.
- Scott, D. (1991). The problematic nature of participation in contract bridge: A qualitative study of group-related constraints. *Leisure Sciences*, 13, 321–336.
- Smith, R. W. (1987). Leisure of disabled tourists: Barriers to participation, *Annals of Tourism Research*, 14, 376–389.
- Society for Disability and Rehabilitation Studies, (2008), *Employment of Persons with Disabilities in Public Sectors in India: Emerging Issues and Trends-- An*

Evaluation Study with Special Reference to Persons with Disabilities Act (1995),
Report, Commissioned by Planning Commission, Government of India, New Delhi

- Srinivasan. K and V.D. Shastri, V.D, A Set of Population Projections of India and the Larger States Based on 2001 Census Results,
- planningcommission.nic.in/reports/genrep/bkpap2020/25_bg2020.doc
- Turco, D. M., Stumbo, N., & Garncarz, J. (1998). Tourism constraints for people with disabilities. *Parks & Recreation*, 33(9), 78–84.
- United Nations, (2006), Convention on the Rights of Persons with Disabilities. (Adopted by the United Nations General Assembly on December 13, 2006).
<http://www.un.org/esa/socdev/enable/dissre01.html>
- UN Millennium Project, (2005). *Investing in Development: A Practical Plan to Achieve the Millennium Development Goals*, p. 120. Report to the UN Secretary-General. London and Sterling, Virginia: Earthscan.
- UNESCAP, (2000), Barrier-free Tourism for People with Disabilities in the ESCAP Region, Executive Summary, Asia-Pacific Conference on Tourism for People With Disability, 24-28 September 2000, Grand Bali Beach Hotel Bali – Indonesia.
http://www.unescap.org/ttdw/Publications/TPTS_pubspub_2316pub_2316_Annex1.pdf
- W.H.O, Source: *International Classification of Impairments, Disabilities, and Handicaps* (Geneva, World Health Organization, 1980 and 1993)
- Yau, M.K, B. McKercher, T.L. Packer, (2004), Travelling with Disability: More than an Access Issue, *Annals of Tourism Research*, Vol. 31 (4), pp. 946-960.

Case box: 9

National Association of the Blind (NAB)

Suggestion toward Accessible Tourism in India

NAB advanced suggestions for accessible tourism from the view point of visually impaired tourists at all the historical places and monuments:

1. All the information, instructions, suggestions should be made available in Braille and large print. Large print material should be placed at eye level.
2. All Braille signage should be put up at a standard height and position preferably at left side of the door or wall and at the height of 54 to 60 inches from the ground level.
3. Wherever possible there should be audio description, as to the information which is generally available to sighted person.
4. In elevators there should be Braille nos. on the corresponding switches of the floor with audio announcement.
5. Generally a Visually impaired tourist is accompanied by an escort but if he is venturing on his own it becomes difficult for him, to move around in an unknown place, hence there should be tactile pathways especially at the entry and exit points which will make his mobility hazard free.
6. Wherever there are steps/ descents, it should be indicated by placing a small speed breaker or a tactile mark which will give him, an idea about the descent.
7. In case of museum- the blind tourist are denied a full enjoyment of antique display articles as they are kept in closed glass cases. By giving prior intimation to the curator of the museum the blind tourist should be allowed to touch & feel such antique articles in the presence of the responsible staff of the museum.
8. Taxidermy animals should be also allowed to be felt by the blind visitors.
9. All the tourism websites should be made accessible by following WCAG (Web Content Accessibility Guidelines)
10. For Airline passenger safety instructions should be made available in Braille.

Source: Private communication

Case box: 10

UNWTO RESOLUTION- 2005

An abridged version of the resolution *A/RES/492(XVI)/10* adopted at the 16th Session of the General Assembly of the World Tourism Organization (Dakar, Senegal, 28 November – 2 December 2005), on the recommendation of the Quality Support and Trade Committee.

The 2005 text is an update of the Annex to General Assembly resolution *A/RES/284(IX)* adopted at the 9th Session (Buenos Aires, Argentina from 30 September–4 October 1991) entitled *Creating Tourism Opportunities for Handicapped People in the Nineties*.

“ACCESSIBLE TOURISM FOR ALL”

I. DEFINITION OF THE TERM "Persons with disabilities"

For the purpose of this document the term "persons with disabilities" includes all persons who, owing to the environment being encountered, suffer a limitation in their relational ability and have special needs during travel, in accommodations, and other tourism services, particularly individuals with physical, sensory and intellectual disabilities or other medical conditions requiring special care, such as elderly persons and others in need of temporary assistance.

II. TOURISM INFORMATION AND PUBLICITY

1. Tourism literature and other promotional material employed in tourism should provide a clear indication of accessible services and facilities, preferably accompanied by easily understandable international symbols.
2. Tourist reception areas (tourist destinations) should provide a listing

of support services for tourists with disabilities. Listings of such services should include, as a rule, repair and replacement facilities for prostheses and equipment, veterinary clinics for guide dogs, and suppliers and distributors of specialized medical services.

3. Reservation systems should include unequivocal data on the level of accessibility of facilities and services advertised to persons with disabilities, in order to ensure correct information and facilitate booking procedures.

4. Reservation systems should be accessible so that any tourist can interact with them independently. To this end, websites and other reservation systems should be designed in such a way as to be usable by everyone.

5. Those entrusted with receiving and following up on tourism consumer complaints should register and resolve complaints concerning the failure to provide services and facilities promoted or advertised as accessible, by a clearly designated procedure.

III. PREPARATION OF STAFF

1. The staff of tourism establishments and tourism-related services should be prepared to understand and deal with the problems facing customers with disabilities.
2. Staff should receive adequate training in the control and provision of services and the operation of facilities designated for customers with disabilities.
3. Among the staff there should be persons familiar with means of communicating with persons with sensory impairments.
4. Staff should be trained to deal with persons with disabilities courteously and expeditiously, to provide complete information on services and facilities available to them, and to offer assistance to facilitate their access to non-accessible services.
5. Safety officers or their equivalents in tourist establishments and vehicles accommodating and carrying persons with disabilities should, as a rule and at all times, have a list of rooms and compartment numbers occupied by such persons, in case of emergencies.

IV. COMMON REQUIREMENTS

The following should be considered common requirements in tourism facilities and sites:

1. Parking areas¹

(a) Special parking areas should be available for the vehicles of persons with reduced mobility bearing proper identification as near to the entrance/exit of the building or sites as possible. Such areas should be monitored so that they are not used by non-disabled persons.

(b) Specially designated set-down and pick-up points should be situated as near as possible to the entrance/exit of the building or site for the arrival and departure of passengers with disabilities. Such points should be monitored so that they are not encumbered by other vehicles or objects.

(c) Individual parking spaces should be sufficiently large to enable passengers with disabilities to move comfortably between cars and wheelchairs and be situated so that persons using wheelchairs, crutches or braces are not compelled to move behind cars. To the extent possible, the access route to the site or building should be sheltered.

2. Signing

(a) Information, check-in and ticketing desks should be clearly indicated and have an accessible customer-service area reserved for use by persons with reduced mobility and as near as possible to the entrance.

(b) Announcements should be both visual (clear-type on electronic notice-boards or large video screens) and acoustic (preceded by a tone).

(c) Accessible services and facilities should be clearly indicated easily understood symbols of adequate size and in chromatic contrast with the background.

3. Elevators

In multi-storey structures an adequate number of elevators should be large

enough for a person using a wheelchair to enter and turn easily. They should be especially designated and equipped for easy operation by such persons and by those who are blind (i.e., placement of controls, indications in Braille, acoustic and written information).

4. Public telephones

Public telephones should be designed and laid out for public use in such a way that they can be used by everyone regardless of height, mobility problems, or sensory problems. To this end, height, approach clearances, sound amplification, formats in which information is provided, etc., should be taken into account.

5. Public toilets

Accessible toilet stalls and washbasins should be installed at the same location as the standard toilets. Both the dimensional aspects and the technical aids needed to move from the wheelchair to the water closet and vice versa shall be taken into account in such toilet stalls. Consideration should also be given to the approach clearances to the water closet and washbasin, as well as to faucets and flushing mechanisms.

6. Pricing

Regardless of additional expenditures which may be necessary to obtain accessible services and facilities, such services and facilities shall not give rise to an increase in rates for customers with disabilities.

V. REQUIREMENTS CONCERNING SPECIFIC FACILITIES

A. Terminals, stations and related facilities

1. Shuttle services to and from all terminals, stations and related facilities for the various modes of transport should be readily accessible to passengers with reduced mobility, particularly those using wheelchairs.
2. Terminals should, where possible, be on one level and should be equipped with ramps where there is a change in elevation. Accessible

ramps, elevators or platform lifts should be provided when necessary.

3. All information provided shall take into account the special needs of persons with sensory problems. Therefore, all information should be in visual and acoustic format. Both formats shall be made available to the public in such a way as to ensure that the information is perceived under the best possible conditions, in terms of ambient noise as well as lighting and figure-background contrast.
4. In order to allow those with sight impairments and those with hearing loss to cross all roads of access safely, these should be provided with traffic lights with acoustic and visual signals.
5. Access to modes of transport should be as simple as possible, with assistance available when requested.
6. Persons in wheelchairs who are required to transfer to special boarding chairs should be able to do so as near to the mode of transport as possible, with their wheelchairs being handled, stowed, and transported so as to be immediately available undamaged on arrival at their destination or transfer point.

B. Accommodation facilities

1. A reasonable number of rooms in an accommodation establishment should be fully accessible to a person in a wheelchair without assistance.
2. Such rooms should be designed in such a way as to allow all users to carry out the actions of moving, grasping, locating, and communicating easily and independently. This shall apply also to bathrooms and terraces if the room is so equipped.
3. To this end, the space and technical aids needed to allow any manoeuvre to be carried out easily and safely shall be taken into account. The needs of persons with impaired dexterity, blind persons, and deaf persons shall be taken into account in the design of all devices and actuators.
4. Such rooms in an establishment should be fitted with alarm systems suitable for deaf visitors and a system of communication between the reception desk and the room that is suitable for such persons.
5. Corridors and passageways should be of a width to allow the passage of

two wheelchairs so they are not blocked in normal traffic; otherwise, crossing zones should be provided.

6. The foregoing recommendations should also apply to camping facilities, particularly in respect of accessible bathrooms and toilets as well as alarm systems.

C. Catering facilities

A representative number of restaurants, cafeterias, cafes and bars in the area should provide accessible facilities which take into account ease of exterior access, furniture designed to enable their utilization by users in wheelchairs, bars at different heights, menus in Braille and with easily readable type, accessible bathrooms, etc. Such establishments should be clearly marked to make them easy to find.

D. Museums and other buildings of tourist interest

1. Museums and other buildings of historic, cultural and religious interest, which are available for tourist visits, should resolve problems that may be encountered by visitors with reduced mobility in their horizontal or vertical movement, by providing ramps or elevators as the case may be.
2. The information provided shall take into account the needs of deaf or blind visitors. To this end, all information shall be provided in both written and acoustic form.
3. Visitor relations staff shall have the necessary training to attend to visitors with disabilities. They shall also have the necessary training to be able to communicate with deaf persons.
4. There should be a suitable service for loaning out wheelchairs or other devices for visitors with reduced mobility.

E. Excursions

1. Sightseeing buses should be able to accommodate tourists with physical disabilities and should provide both audio and visual information and other assistance to blind and deaf people en route.

2. Wherever possible sightseeing companies should employ sign language interpreters for deaf and hearing-impaired tourists and/or printed descriptive material at all visit sites.

F. Conference facilities

In addition to the other characteristics mentioned earlier and applying to buildings (entrances, telephones, toilets, signing, elevators, parking facilities, etc.), conference facilities should be equipped with adequate seating facilities or reserved areas for persons in wheelchairs as well as special hearing devices and/or magnetic induction loops for persons with hearing impairments.

G. Major roads

Facilities and installations available to travellers on major through roads, including toll roads, should feature accessible facilities and services for travellers with disabilities.

With respect to air transport and related facilities, transport and parking areas at terminal buildings and related facilities, specific and detailed recommendations are included in Chapter 9.11 of ICAO document 9184 Airport Planning Manual and in Chapter 6 (International Airports Facilities and Services for Traffic) of Annex 9 to the Convention on Civil Aviation (Ninth Edition) and the related guidance material in the Attachments thereto.

Case Box: 11

Accessibility Rating Icons in British Columbia

Wheelchair Accessibility: <i>Partially accessible</i>	Wheelchair Accessibility: <i>Fully accessible</i>	Visual Accessibility	Hearing Accessibility
			
Business has no physical barriers limiting entry into the business; however, barriers are present in or around the business limiting access for people using wheelchairs.	Business has no physical barriers into or around the building, or to key Amenities and services, which would limit people using wheelchairs.	Business has appropriate emergency alarms and plans, and offers communication material in alternate formats accessible for people with visual impairments.	Business has appropriate emergency alarms and plans, and offers communication material in alternate formats accessible for people with hearing impairments.