

**RECREATION SERVICE PROVISION FOR THE  
DIFFERENTIALLY-ABLED TOURISTS IN THE  
ETHEKWINI MUNICIPAL AREA**

**BY**

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## DECLARATION

I declare that this research study: *RECREATION SERVICE PROVISION FOR DIFFERENTIALLY-ABLED TOURISTS IN THE ETHEKWINI MUNICIPAL AREA* unless specifically indicated to the contrary in the text, is my own work both in conception and execution. All the sources that have been used or quoted have been duly acknowledged by means of complete references. It is further declared that this dissertation has not previously been submitted to any institution for degree purposes.

Signed: \_\_\_\_\_

Suraya Naidoo

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## **DEDICATION**

This document is dedicated to my husband Jenesh Naidoo, my daughter Yuvna, my siblings Mala, Dinnesh and Ashicka, and my late parents. To my late parents, Sewcharan and Gowri, this document is presented with gratitude, love and honour for your unwavering support and confidence in my ability to achieve my goals.

## **ABSTRACT**

The differentially-abled tourism market is a niche market that could make a significant contribution to the region's economy. This market is, however, a largely untapped activity in the study area. An Integrated National Disability Strategy White Paper was published in November 1997 by the South African government as a guideline to cater for those who have physical and related challenges. However, the contents of the strategy are not obvious or known to recreation service providers within the study area.

The rights of people with disabilities are protected by the South African Constitution. People with disabilities should be able to access the same fundamental rights and responsibilities as any other South African. People with disabilities are equal citizens and should therefore enjoy equal rights and responsibilities. In line with this, tourism opportunities and equal participation in tourism activities should be the norm but this is not evident in the study area.

This study therefore is based on the following objectives. The objectives have been formulated as component parts within the larger research goal.

- (a) To establish the respondents' understanding of the meaning and importance of tourism for the differentially-able [physically challenged] in the study area.
- (b) To investigate the adequacy and provision of recreation facilities and services for the differentially-able [physically challenged] tourists in the study area.
- (c) To determine the extent to which the differentially-able [physically challenged] tourists visit and participate in recreation activities in

the study area. establish the approximate number of differentially able tourist visiting the eThekweni Municipal Area.

- (d) To ascertain the strategies or management practices, which are used by the Ethekwini Municipal authorities to offer services to the differentially-able [physically challenged] tourists in the study area.
- (e) To investigate the extent to which recreation service providers are implementing the policy of Integrated National Disability Strategy, relating to recreation service provision for the differentially-able [physically challenged] persons in the study area.

Through the postulation of some related hypotheses, the data was analysed using the Statistical Package for the Social Sciences (SPSS). The findings of the research study established that many of the recreation service providers do not cater for this niche market. The activities offered by recreation service providers are geared towards able bodied tourists. Furthermore, many of the service providers are not aware of the contents of the Integrated Disability Strategy White Paper. Some are not even aware of the existence of such a White Paper. Tourism KwaZulu-Natal has conducted some research on the differentially-able market but has been slow to bring on board the relevant service providers. It is the contention of this study that the tourism authorities need to spearhead and be the driving force behind the campaign for empowering the differentially-able tourism related market. It would be in the region's best interest to target this market, as it would secure sizeable revenue that would create positive spin-offs for the region as a whole.

The study closes by proposing some recommendations towards ameliorating the plight of the physically challenged recreators and tourists. Some of these findings are:

- (a) National and regional tourism organization need to establish guidelines for tourism service providers with regard to tourism for the differentially-abled.
- (b) Develop tourist areas that cater for the needs of the differentially-abled in terms of transportation, accommodation, access to tourism sites and services.
- (c) Enlist the assistance of various organisations that cater for varying forms of disability to research the needs and challenges of its members in terms of travel.
- (d) Develop accessible websites with relevant information for the tourist as well as the service providers.
- (e) Provide incentives for tourism operators and service providers to cater for tourists with disability. Award prizes to those service providers who cater for the differentially-abled market.
- (f) Use the Integrated National Disability Strategy White Paper: November 1997 to develop educational and training programmes for tourism service providers. Differentially-abled persons could assist with the development of relevant programmes and could act as advisors.

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# CHAPTER 1

## ORIENTATION TO THE STUDY

### 1.1 INTRODUCTION

Some research studies [<http://www.info.gov.za>. (2005); <http://www.leonard-cheshire.org>. (2007); <http://www.southafrica.infor>. (2009)] have estimates that between 5 and 12 percent of South Africans are moderately to severely disabled and not adequately catered for. Despite this large number of disabled people, few services and opportunities exist for people with disabilities to participate equally in society. Over the past decade, disabled people's organisations all over the world have worked to reposition disability as a human rights issue. The result is a social model for disability based on the premise that if society cannot cater for people with disabilities, it is society that must change. This model requires substantial changes to the physical environment. The goal must be the right of people with disabilities to play a full, participatory role in society. [<http://www.info.gov.za>. (2005); <http://www.dpsa.org.za> (2006)].

The rights of people with disabilities are protected by the Constitution (RSA, 1996). Government departments and state bodies have a responsibility to ensure that, in each line function, concrete steps are taken to ensure that people with disabilities are able to access the same fundamental rights and responsibilities as any other South African. An understanding of disability as a human rights and development issue leads to a recognition and acknowledgement that people with disabilities are equal citizens and should therefore enjoy equal rights and responsibilities [<http://www.info.gov.za>. (2005)]. This implies that the needs of

every individual are of equal importance, and that needs must be made the basis for planning. It further implies that resources must be employed in such a way as to ensure that every individual has equal opportunities for participation in society [<http://www.info.gov.za>. (2005)].

It is, therefore, imperative to carry out the vision of our Constitution and realise that the differentially-able tourists need to be provided for with recreation services, albeit different from those of our able-bodied tourists. The differentially-able persons have to be fully participatory in society and recreation could be the window of opportunity to help them fulfil this important national role.

## **1.2 BACKGROUND TO THE STUDY**

Living with a disability poses unique challenges and can influence participation in many activities. Tourism is one activity that many people with disabilities feel must be sacrificed. However, the desire to travel is the same for all individuals irrespective whether you are disabled or not. Most able-bodied people take for granted that they can travel at will and go wherever they want. Their primary concern would be the rate and date of travel. The booking of flights and different types of accommodation is relatively easy and without challenges. For the disabled tourist, however, this is a problematic experience.

Differentially-able individuals are a significant market segment for the tourism industry. They could unlock a potential treasure trove for South Africa, and the eThekweni Municipal Area [EMA] in particular. One of South Africa's major source-region of tourists is Britain which has approximately 9 million

differentially-able people [<http://www.disability.gov.uk>. (2006)]. These individuals have the means to travel but they need to be encouraged to travel by providing the necessary facilities and services to enhance their travel experience. The provision of adequate recreation services and facilities would encourage repeat tourism [<http://www.bnet.com> (2008)].

The differentially-able market is also more brand and destination loyal than the average tourist and has different travel patterns. They prefer low season travel so that they can avoid the crowds, stay longer, take slower-paced tours and spend more per day than their able-bodied counterparts which would increase tourism during low season. Furthermore, the tourist is normally accompanied by an able-bodied individual and this serves to increase the number of persons in a tourist destination.

According to Seymour, (2004) one of the most important segments that have been identified in the South African domestic market is the “golden active couples”, which relates to the young couples and families. This segment has been identified as being the only core segment that can be targeted to alleviate the market seasonal pattern of the South African domestic tourism market by spreading demand more easily and lengthening operating seasons.

Domestic tourism plays a significant role in contributing towards tourism revenue. A survey done among 2000 differentially-able individuals by Tourism KwaZulu-Natal in 2004 revealed that 48% of them had undertaken a tourism trip during that particular year. The majority of respondents who were on these trips were from KwaZulu-Natal (23%) and Gauteng (19%), two of South Africa’s core source markets for domestic tourism (Seymour, 2004). The

eThekwini Municipal Area [EMA] would be able to tap into this market if its service provision catering for this niche market, as well as that it would be prioritized by the various stakeholders.

### **1.3 STATEMENT OF THE PROBLEM**

Phillip Thompson, the executive director of the South African Federal Council on Disability has argued that:

“There’s a strong shift towards universal access and design and a mindset that recognizes and provides for diversity rather than simply offering special ‘niche ‘products which only serve to further marginalise those with disabilities.” (Sheridan, 2000: 70).

South Africa is making tentative strides forward in positioning itself far ahead of other African countries in its ability to attract this relatively untapped market but while the American and European markets are busy passing accessibility legislation requiring facilities like Braille signage, adequate pavement ramping and special voice recognition instruments in hotel rooms, South Africa’s Disabled Tourism Action Plan lies ‘almost defunct’ (Sheridan, 2000: 71). In this regard, Phillip Thompson has further cautioned that:

“To be effective and efficiently enforceable, there is a growing awareness that legislation impacting on the disabled should be integrated into mainstream policy rather than stand alone, though care must be taken to ensure that it doesn’t get ‘swallowed up’ – forgotten within a larger legislative framework” (Sheridan, 2000: 71)

What this research study is hoping to do, is to raise awareness of the neglect and inadequacy of the recreation and tourism facilities and services for the differentially-able [physically challenged] people in the study area.

The South African town, housing and built-habitat industry is taking cognizance of the importance of accessibility and thus adhering to the National Building Code in designing rooms for special-need guests (one for the first 50 rooms, plus one per additional 100). Design revisions such as wider doors and roll in showers are minor adaptations if integrated into initial plans. Accessible light switches, power points, and lower door peepholes assistive listening systems and brochures with large print are also examples for affordable, fast track changes. Initiatives are also being taken to train staff on how to recognize and sensitively deal with people that are differentially-able [<http://www.access.2004.co.za>. (2006); Sheridan, (2000)]. The South African National Grading Council is also adding new criteria, especially accessibility, into its grading scheme. Separate indicators will run alongside an establishment's star grading, highlighting – on a scale of between one to three – levels of physical, visual and communication accessibility

To further highlight one of the intentions of this research study, relating to tourism stakeholders understanding the meaning and importance of tourism for the differentially-able [physically challenged] persons in the study area, it is proper to once more cite Phillip Thompson:

“Tourism is the ideal awareness-raising product in ensuring that the universal accessibility becomes an accepted, underlying condition governing 21<sup>st</sup> Century society. It can also play an important role in changing people's perception and views on the

disabled with the added spin-off of aiding tourism growth from what is regarded as a fledging market with huge tourism potential” (Sheridan, 2000: 71).

#### **1.4 DELIMITATION OF THE PROBLEM**

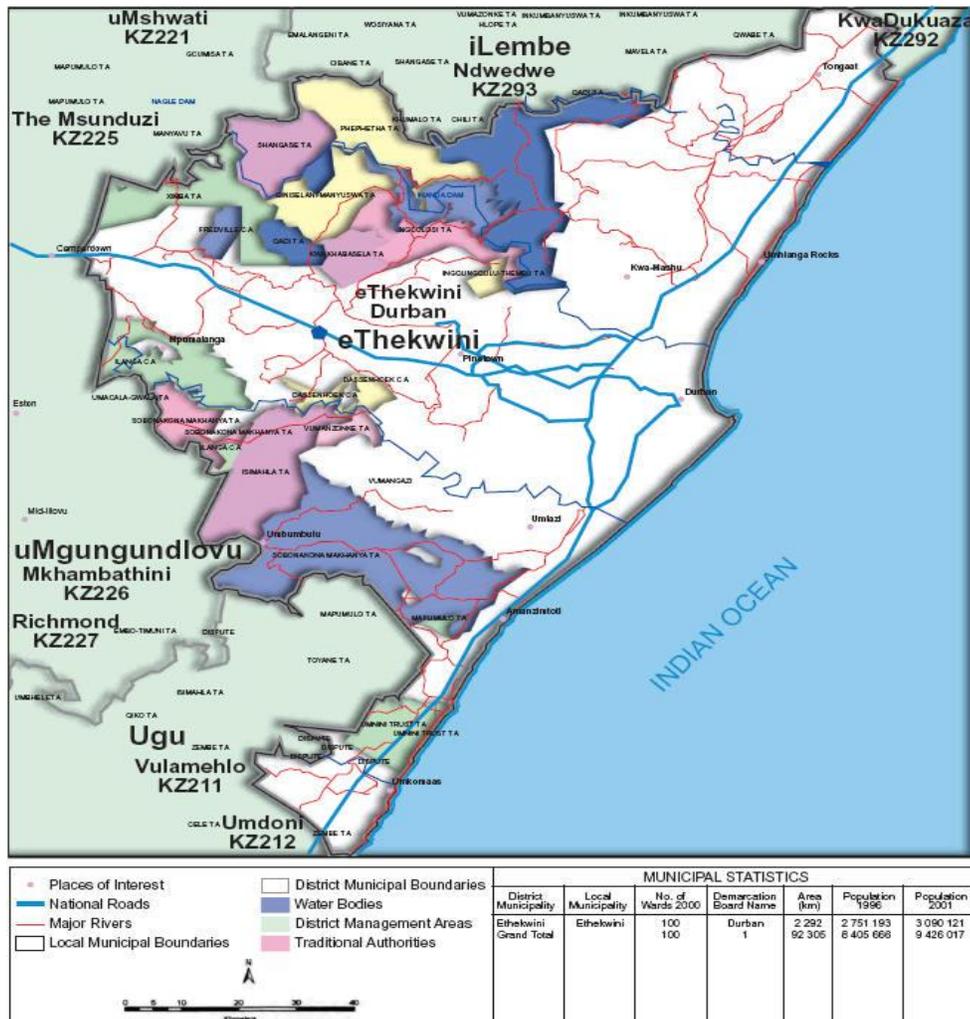
The study is being conducted in the eThekweni Municipal Area in the province of KwaZulu-Natal. The study encompasses recreation service provision amongst the differentially-able persons only, and also seeks to explore the issues of provision of recreation services for the differentially-able tourists. However, it must be understood that there could be a multitude of different services that may or may not be available to these individuals in the eThekweni Municipal Area. There could also be the possibility that other municipalities are providing specific recreation services for the differentially-abled, better than eThekweni. Notwithstanding the study is only restricted to the eThekweni Municipal Area.

In terms of delimiting the study, the population to be sampled, which is the target population, is restricted to the eThekweni Municipal Area, which is delimited below. The sampling procedure used in the study is described in some detail later in this chapter. It should be mentioned that it would not also be possible to interview all the individuals of the whole population because accessibility to these individuals may not be possible. Furthermore, the researcher has limited time and resources to interview the specific target population. The study is also being done on a micro scale in a limited area.

The eThekweni Municipal Area has been identified as the most visited core region of KwaZulu-Natal by international able-bodied tourists, however, the

study is also assuming this fact could be true for the differentially-able tourists as well. The Figure 1.1, shown below approximates the map of the eThekweni Municipal Area located in the Province of KwaZulu-Natal. The region or municipal area is one of the 11 municipal regions of KwaZulu-Natal. The eThekweni Municipal Area is bounded by the Indian Ocean on the east and extends as far north as Tongaat and on the south to Umkomaas. The boundary also extends to the west of KwaZulu-Natal as far as Cato Ridge.

**FIGURE 1.1 ABSOLUTE LOCATION OF THE ETHEKWINI MUNICIPAL AREA**



[Source: <http://www.durban.co.za/factfile>. (2006)]

The towns found within the eThekweni Municipal Area are as follows: Adams Mission, Amanzimtoti, Assagay, Berea, Botha's Hill, Cato Ridge, Chatsworth, Clansthal, Clermont, Dsainagar, Drummond, Durban, Elangeni, Gillits-Emberton, Gologodo, Hillcrest, Illovo, Inanda, Inchanga, Isipingo Beach, Kingsburgh, Kloof, KwaDabeka, KwaMakhutha, KwaMashu, KwaNdengezi, La Lucia, La Mercy, Magabeni, Maidstone, Monteseel, Mpumalanga, Naidooville, New Germany, Newtown, Ntuzuma, Ottawa, Phoenix, Pinetown, Queensburgh, Roseneath, The Bluff, Tongaat, Umbogintwini, Umbumbulu, Umdloti Beach, Umgababa, Umhlanga, Umkomaas, Umlazi, Verulam, Waterfall, Westbrook, Westville, Winklespruit, Winston Park. Not all these towns were included in the area delimited for survey or sampling. The delimitation of the study has been set so that researcher does not become involved in any facts extraneous to the ones outlined. Information may be derived from the periphery but the researcher did not deviate from the focal point of research, delimited to the eThekweni Municipal Area.

## **1.5 ASSUMPTIONS**

According to Leedy (1989: 7) the concept 'assumption' is defined as "a condition that is taken for granted, without which the research situation would be impossible". In other words, an assumption is a self-evident condition. In order to conduct this research study, the researcher positively assumed that all respondents would be willing to answer questions, respond to all questions and, answer them truthfully. The researcher further assumed that respondents would be interested in recreation service provision in the eThekweni, finally that the respondents would be present at the time of data collection.

## **1.6 OBJECTIVES OF THE STUDY**

Most research problems in their entirety are too large or too complex to be solved without subdividing them into objectives. These smaller discreet units are easier to comprehend and resolve. By viewing the main problem through the objectives, the researcher frequently gets a better global view of the entire research endeavour (Leedy, 1989). The formulation of objectives was expected to assist the researcher by directing the course of the intended research. The objectives also served as a method of avoiding generalities and to concretise the research problem to a large extent. In the formulation of the objectives given below, were expected to lend themselves to empirical verification. An attempt was made to make the objectives clear and unambiguous as possible, since such a precise formulation would have implications for the strategy, method and direction for this research study (Smit, 1995).

The following objectives have been formulated as component parts within the larger research goal.

- (a) To establish the respondents' understanding of the meaning and importance of tourism for the differentially-able [physically challenged] in the study area.
- (b) To investigate the adequacy and provision of recreation facilities and services for the differentially-able [physically challenged] tourists in the study area.
- (c) To determine the extent to which the differentially-able [physically challenged] tourists visit and participate in recreation activities in the study area.

- (d) To ascertain the strategies or management practices, which are used by the Ethekewini Municipal authorities to offer services to the differentially-able [physically challenged] tourists in the study area.
- (e) To investigate the extent to which recreation service providers are implementing the policy of Integrated National Disability Strategy, relating to recreation service provision for the differentially-able [physically challenged] persons in the study area.

The solutions of the objectives, taken together, combine to resolve the main problem of research as these objectives form the component parts of the larger research goal. The more precise and accurate the formulation of objectives, the easier it is for the researcher to postulate clear and accurately worded hypotheses (Smit, 1995; Magi 2007).

## **1.7 STATEMENT OF HYPOTHESIS**

Hypotheses can be postulated as possible answers to the research problem formulated. Further, Smit (1995: 13) states that hypotheses do not only have an explanatory function, but also an organising function, in that they guide and help to structure the research study. A hypothesis can be regarded as the link between the theory and the research which leads to the expansion of knowledge. Accordingly the following hypotheses were postulated and form the foundation of this study:

Hypothesis 1: That the respondents in the study area understand the meaning and importance of tourism for the differentially-able [physically challenged].

Hypothesis 2: That the provision of recreation facilities and services for the differentially-able [physically challenged] recreators/tourists are inadequately delivered in the study area.

Hypothesis: 3: That the participation of differentially-able [physically challenged] recreators/tourists in recreation activities in the study area is not extensive or substantial.

Hypothesis: 4: That the strategies or management practices, which are used by the Ethekewini Municipal authorities to offer services to the differentially-able [physically challenged] tourists in the study area are not well developed.

Hypothesis: 5: That the recreation service providers implementing the policy of Integrated National Disability Strategy, relating to recreation service provision for the differentially-able [physically challenged] persons in the study area, are successfully doing so.

The above hypotheses can be viewed as educated conjecture, reasonable guesses and logical suppositions. In order for the above hypotheses to be either supported or rejected the researcher has had to go in search of relevant facts. In addition, the hypotheses have been seen as tentative explanations for the said facts, which would become theory as soon as they are confirmed by sufficient evidence (Bless & Higson-Smit 1995).

## **1.8 IMPORTANCE OF THE STUDY**

Although each individual makes the final decision about their lives, we are all members of society that has the ethic of maintaining life at all costs. The consequence of this as well as society's continuing ability to improve medical

technology, are that more and more people are living with disabilities. In addition, there is an ever increasing number of people who are HIV+ or who have AIDS, who have access needs not currently met by the built environment.

With this chosen ethic of maintaining life at all costs, it follows that we have a responsibility to ensure that all people, irrespective of their ability or disability, have the opportunity to participate on equal terms in every aspect of living. This is becoming a reality in South Africa with the introduction of legislation and policy relating to people with disabilities such as: The White Paper on an Integrated National Disability Strategy, 1977; The Promotion of Equality and Prevention of Unfair Discrimination Act, 2000; The Education White Paper 6: Special Needs Education and Building an inclusive education and training system, 2001. Research estimates that between 5% and 12% of South Africans are moderately to severely disabled. This means that up to 5.5 million South Africans, who have special needs, also have the right to user-friendly programmes, facilities and resources (<http://www.leonard-cheshire.org>. (2007); <http://www.southafrica.infor>. (2009)].

In addition, there are people using prams, pregnant women, the families of people with disabilities, the frail aged and people with temporary disabilities, such as people using crutches, who benefit from the accessible facilities created through an inclusive design [<http://www.info.gov.za>. (2005)].

## **1.9 DEFINITIONS OF TERMS**

Leedy (1989: 59) has argued that without knowing explicitly what a term means, one cannot evaluate the research or determine if the researcher has carried out

the thrust of his study. A term needs to be defined operatively. The definition must interpret the term as it is employed in relation to the researcher's study. In defining these terms, the researcher has attempted to make the term mean what was intended in undertaking this research study. This does not necessarily mean that the researcher subscribes to the definition but rather understand it in its context. The meaning of terms that are used in this study are clearly stated so that any possibility of misunderstanding, would be eliminated.

### **1.9.1 Recreation**

Two Latin words provide the root for the word 'recreation'. The first, *recreation* means to 'to refresh'. The second *recreate*, means 'to restore'. Thus most dictionary definitions suggest that the term derives from concepts related to restoring or refreshing oneself. Synonyms for the term *recreation* include: 'relaxation', 'amusement', 'pleasure', 'diversion', 'pleasant', 'create anew', 'to recreate', 'refreshing', 'reinvigorating', 'refreshment', and 'to comfort'. (Torkilsen, 1995; Edginton, 1998).

Recreation for the individual can be a matter of emotions rather than motion (Torkildsen, 1995: 58). For many people recreation is synonymous with physical recreation and sport, thus service providers also tend to provide for activities and feel they are providing for recreation, without knowing which activities are the most appropriate and whether they are meeting the needs of the people or not (Torkildsen, 1995).

On the other hand, Magi (1999b: 148) defines recreation as "engagement in any activity with an intention of achieving pleasure and personal worth". He has further argued that recreation is not necessarily dependent on the availability

free time, but also on obligated time (Magi & Nzama, 2002). A further argument is that, in most cases, a recreator might not voluntarily participate and enjoy satisfaction but it is in later stage that such pleasure is attained. Recreation means an enjoyable leisure activity or an activity of recreating, an emotional condition, a social institution, a means for restoring our energies for work or voluntarily chosen experience within one's leisure. In summary, the above cited definitions emphasise the view that a leisure activity must be enjoyable to qualify as recreation. In most cases this is true but in some instances it can bring about disappointment and the feeling of dissatisfaction, for example, in a soccer match, if one's team is defeated.

For purposes of this study, recreation relates to the type of experience one views as a recuperative activity, required for restoration of physical and mental energies and providing rest and relaxation (Torkildsen, 2007). However, most definitions of recreation stress the point that the experience must be enjoyable and be taken during leisure time. Most definitions stress that the recreation activity is non-profitable. Whilst this is true in most cases but sometimes reading a book in the library might benefit the individual in improving one's language skills which would lead to better qualification and remuneration (Torkildsen, 2007).

### **1.9.2 Tourism and tourist**

The terms tourism and tourist were first used as official terms in 1937 by the League of Nations. Tourism was defined as people travelling abroad for periods of over 24 hours (Halloways, 1999; McIntosh, *et al.* 2002). A more recent definition of tourism offered by the United Nations World Tourism Organisation (UNWTO) cited in Goeldner, *et al.* (2009: 8) is that: "Tourism comprises the

activities of persons travelling to and staying in places outside their usual environment for not more than one consecutive year for leisure, business, and other purposes”. The latter definition seems to be most relevant for the purposes of this particular research study.

Holloway (1998) on the other hand defines tourism more broadly and has included many aspects of what tourism really is, it comprises the activities of tourists, that is persons travelling to staying in places outside their usual environment for not more than one year or less than 24 hours for purposes of leisure, business or other activities such as religion, health etc. For tourism purposes much can be done to create a leisure identity through the adaptive use of recreation facilities and services for the differentially-able [physically challenged] tourists in the study area, which involve different forms or purposes of visits by tourists.

Goeldener, *et al.* (2009: 616): define a tourist as “a person who travels from place to place for non-work reasons”. They further use the UNTWO definition that a tourists is someone who stays for more than one night and less than a year away from his/her usual environment (Goeldener, *et al.* (2009). More relevant to South Africa, the White Paper on the Development and Promotion on Tourism (DEAT, 1996: 4) defines a tourist as a person who travels away from home, staying at least one night away from home. A domestic tourist is one who travels within the boundaries of his/her own country for purposes of exploring various activities. A regional tourist is one who visits a country on the same continent. An international tourist is a person who travels to a country other than that in which he/she has his/her usual residence, but outside his/her usual environment, for at least one night but less than one year, and the main

purpose could include business, leisure, conferences and incentives. For purposes of this study, the sample population would concentrate on inbound international tourists and domestic tourists.

Finally Mill & Morrison (1992: 9) have also seen tourism as a concept given to the activity and services that occurs when tourist travels or visits, more particularly in this case when the tourists is classified as differentially-able or physically challenged. This notion of tourism encompasses everything from the planning of the trip, the travel to the place, the stay itself, the return and the reminiscences about it afterwards. It includes the activities the traveller undertakes as part of the trip, the purchases made, and the interactions that occur between the host and the guest. In sum, it is all the activities and impacts that occur when a visitor travels.

### **1.9.3 Differentially-able**

The concept “differentially-able” is a relatively new concept, devised by the government of South Africa after 1994. Prior to 1994 it was common to use a language that excluded other people, while at the moment the language of inclusivity is preferred. For example, in the past, if you were unable to perform certain functions that can be done by other people, in terms of their physical ability, you were always described or regarded in the negative (Beard & Cerf, 1994). Currently terms such as physically challenged or differentially-able, in the place of disability are preferred within the South African social, cultural, political and legal framework or context. This concept also includes those individuals who are: blind or partially sighted, deaf or hard of hearing, intellectually challenged, mentally ill, mobility impaired, temporarily disabled, children, mature/aging, pregnant, illiterate, limited by ‘unseen’ disabilities/

diseases (kidney failure, etc), heart failure, lung disease, HIV/AIDS, diabetes etc. The preceding guidelines on disability terminology are taken from “A Pocket Guide on Disability Equity” prepared by the Disabled People of South Africa [<http://www.capegateway.gov.co.za>. (2006)]. It also states that: “Disability is the disadvantage or restriction of activity caused by a society that takes little or no account of people who have impairments and thus excludes them from mainstream activity” [<http://www.capegateway.gov.co.za>. (2006)].

According to Statistic South Africa (SSA, 1996), a disabled person is defined as someone who has a sight, hearing, physical or mental impairment that has lasted six months or more that prevents their full participation in daily activities or educational, economic and social activities. The term ‘disabled people encompasses a diversity of individuals with different requirements for travelling. There is a wide range of impairments, including those to do with mobility, sight, or hearing as well as learning difficulties. Other related concepts to “differentially-able” Include: physically challenged, physically disabled, etc. Some disabled people prefer the terms "physically challenged" or "differentially able". These three terms cited above are used synonymously and interchangeably in this research study. The disability rights movement of South Africa accepts both the terms "disabled person" and "people with disabilities".

#### **1.9.4 Provision**

The word “provision” embodies the activity of supplying or providing something to another person, organisation or party. Provision is a noun derived from the verb “provide”, meaning the activity of supplying, furnish or equip a good or service (Stein, 1996). According to Torkildsen (2007) the providers of recreation facilities need to come from three sectors which are; the public,

voluntary and the commercial sector. These sectors are made of the government, local authorities, recreation and leisure clubs as well as business companies. In the light of all this, provision seems to mean the supply of and making available and accessible recreation facilities to all recreators and tourists.

### **1.9.5 Services**

A service is a process whereby arrangements are made to provide something that is desired, useful or necessary, often an experience, to another person or party. Service is the primary focus of any service organisation and since it is a single dimensional item it can be difficult to define. Services often involve transmittal and exchange of knowledge, information, or the creation of an emotional state. The fast-growing service sector includes a vast array of business services and also a wide variety of personal services, as well as including recreation services (Edginton, *et al.* 2001)

Three quality factors are essential in the successful provision of services. The first is the organisation's definition of what is unique or different about its services, called value-added service delivery. The second factor involves the promotion of positive customer relations. The third area includes organisational policies and procedures that create an attitude that an organization exists to meet customer's needs rather than the reverse. (Edginton, *et al.* 2001)

Adopting a different approach, Albrecht, & Zemke, (1985: 36)) suggest that service can be thought of in terms of several procedural principles and characteristics, which include:

- Any position of doing something [service] for others, for a fee.

- A service is produced at the instant of delivery; it cannot be created in advance or held in readiness.
- A service cannot be centrally produced, inspected, stockpiled, or warehoused. It is usually delivered wherever the customer is served by people who are beyond the immediate influence of management.
- The person receiving the service has nothing tangible; the value of service depends on his or her personal experience.
- The experience cannot be sold or passed on to a third party.
- Delivery of service usually requires human interaction to some degree; buyer and seller come into contact in some relatively personal way to create the service.

### **1.9.6 Policy**

There are many approaches to defining the concept ‘policy’. Lubbe (2003) defines policy as a set of guidelines generally accepted by all and used to improve and facilitate decision making and appropriate action under certain circumstances. The concept of ‘policy’ relates to a planned or agreed upon course of action usually based on particular principles, for example, the government’s policies on education (Hall, 2000; Lubbe 2003). In relation to development, Hall (2000) sees policy in relation to governmental processes, that is, in terms of the consequence of the political environment, values and ideologies, the distribution of power, institutional frameworks, and of decision-making processes. In other words, Craythorne (1990: 59) avers that “policies are concerned with events to take place in the future arising from or based on the events in the present or past”. The policy and strategy highlighted in this study relates to the how management can facilitate tourism understanding and participation of the local community in and around the study area.

### **1.9.7 Participation**

Participation is to take part or involve in activities. The act or state of participating, or sharing in common with others, the participation is in joy or sorrows. Participation is the act of sharing in the activities of a group. Woolfolk (1998) defines participation as the formal and informal rules for how to take part in different activities. In this context the concept is used to determine the level of visitors' participation and the way in which they share recreation and tourism activities offered within the eThekweni Municipality.

## **1.10 RESEARCH METHODOLOGY**

The method of research used in this investigation does not only involve the delimitation of the study area as indicated earlier, but also involves the demarcation of the primary research and secondary research sample and sample sizes; as well as the techniques for collecting and analysing data. In collecting data three methods were used, namely, a self-administered questionnaire, person-to-person interviews, and a survey of the major stakeholders and authorities concerned with the tourism in the eThekweni Municipality.

### **1.10.1 Research design**

The methods of collecting and analysing data in this study have been selected with a view of yielding results that would resolve some of the issues investigated. Data was collected mainly via the questionnaire, with a view of reaching various stakeholders in the eThekweni Municipal Area. The research design as such does not provide answers to the research question, but it does

enable the researcher to obtain scientifically valid answers which have not been affected by interference variables.

The research method that was used in collecting data was in the form of questionnaires. The questionnaires took into consideration the data and delimitation of the issues that were under investigation. Questionnaires that were relevant to the sample population were drawn up and distributed. Variables including the types of disability and services or non-services provided by the authorities for the differentially-able individuals, were given specific and individual analysis. The collected data was analysed using an appropriate statistical tool.

#### **1.10.2 Research sample**

The research study postulated some hypotheses, which formed the basis for acquiring data and analysing it. The data was collected utilising varied sampling techniques. The goal of sampling was to obtain valid answers to the research questions in the form of knowledge and insight. Taking into consideration the demographics of the study area, the researcher found it impractical to study the whole population of the eThekweni Municipal Area, due to the wide spread of the research area and the underlying cost implications. The total number of people in South Africa who are mild or moderately disabled are approximately 5.5 million people.

The eThekweni Municipal Area is estimated to have about 44,346 (1%) disabled residents. The selection of an appropriate sample from this population was calculated using the Isaac & Micheal formula (cited in Magi, 2007) [refer to Appendix-E]. The following formula for estimating a randomly selected sample

from the given population yielded a sample size 500. However, the eventual operational sample size was 272 respondents. The sample was stratified randomly into the following categories: tourism officials [24], the service providers [72], recreators/tourists [80], and the local community [96]. The collected data was analysed using the Statistical Package for the Social Sciences [SPSS] computer programme and presented as frequency tables and various graphics.

### **1.10.3 Instrumentation**

For collecting data this research study utilised was mainly the questionnaire. The structuring of the questionnaire was based on the set of objectives formulated. Three different type of questionnaires were designed for the different stakeholders: differentially-able tourists, recreation service providers, and the tourism authorities and officials [See Appendix .A, B & C].

The questionnaires were designed, distributed and explained in detail to three student research assistants and later to respondents. Fieldwork in various areas began once all the questionnaires had been printed and sifted for correctness. The interviewing process proceeded without difficulties, save for a few non-returns. The survey method fitted well into the study because it was differentially-able people oriented.

### **1.10.4 Collection of data**

Questionnaires were distributed on a random basis to recreation facilities and to differentially-able tourists in the eThekweni Municipal Area. Those facilities that are not in close proximity to the researcher's place of operation were posted accompanied by a letter of transmittal [Appendix D]. Due dates for the return of

the questionnaire were given and confidentiality of information assured. The questionnaires were also submitted to tourism organisations, such as Tourism KwaZulu-Natal and Durban Africa. The questionnaires consisted of open-ended and closed-ended questions.

#### **1.10.5 Data analysis**

Data collected was analysed using the Statistical Package for Social Sciences (SPSS) for MS Windows available in the Department of Recreation and Tourism at the University of Zululand. This programme was used to generate frequency tables and graphs, which were easily interpreted. Responses on each questionnaire were coded in order to facilitate the analysis and interpretation of the data. The programme also enables the researcher to sort out the vast amount of data collected during the course of the fieldwork, and finally to draw conclusions from the analyses, showing relationships between variables in order to make meaningful predictions.

The results from each question were used to make graphs and tables. The emerging graphs and tables were constructed in such a way that they could be easily interpreted in a relatively easy way. The outcome of the interpretation facilitated the acceptance or rejection of the various objectives and hypotheses postulated, which facilitated the drawing of relevant conclusions about the problem statement.

#### **1.10.6 Pilot study**

Approximately fifteen questionnaires were prepared to pilot the study. They were distributed among the stakeholders to reveal the level of accuracy and understanding of the questions completed. The basic aim of this procedure was

to test whether the questions were clearly understood and addressed the issue they were intended to address. The researcher took time to speak to the respondents explaining the objectives of the study so as to ease the possibility of any tensions that might arise. Appropriate adjustments were made to the questionnaire and those questions that are ineffective were corrected. All the respondents who were interviewed resided within the eThekweni environment. Fundamentally, there were no serious weaknesses recorded or observed in the structuring of the questions.

## **1.11 ORGANISATION OF THE STUDY**

This study consists of five chapters, that is, the introduction chapter, theoretical background chapter, physical setting chapter, data analysis and interpretation chapter, and a summary and concluding chapter.

**Chapter 1: The orientation to the study** serves as a prelude to other chapters and describes the overall character of the study. In this chapter terminology that is prevalent in the study is explained and conceptualised. It also deals with the objectives, hypotheses and significance of the study. Furthermore it defined terms which are central to the study and exposed the core problem underpinning the study.

**Chapter 2: The conceptual framework** focuses on some of the literature that relates to the study. This chapter reflects what other scholars or researchers in the field of recreation, tourism and physical disabilities have written in relation to the topic. It actually looks at the existing literature works and investigates how previous scholars addressed the concepts that are covered in this study. It

is upon the basis of these literary works that authentic generalisations can be made.

**Chapter 3: Physical setting of the study** provides a general background, the history of the study area, and the actual location map of the area was give, that is, the map of the eThekweni Municipal Area. The chapter focuses on the nature of the study area, such as geographical features and landscape, climate conditions and vegetation. This chapter also focuses on the geology, climate, natural vegetation and recreation and tourism industry within the study area. Accessibility to the study area was also given some attention.

**Chapter 4: The data analysis and interpretation** of the study is presented in this chapter. More importantly the analysis of data is presented in the form of tables and graphs. Analytic and interpretive discussions of data collected are presented, attempting to produce judgements emanating from the analysis. In this chapter an attempt was made to discuss the respondents' understanding, participation, provision and management of tourism facilities and services for the differentially-able [physically challenged] persons. This chapter is regarded as the core of this research investigation in that the empirical analysis and synthesis of data and ideas are put into effect. Importantly, the objectives of the study are fully assessed at this point.

**Chapter 5: Conclusions and recommendations.** This chapter gives the summary of the findings and makes recommendations pertaining to the utilisation of tourism facilities and services by the differentially-able [physically challenged] persons. The study also contains a comprehensive bibliography of

the literature, the books, journals and websites consulted during the theoretical research of the study.

## **1.12 CONCLUSION**

In this study an analysis of various approaches adopted by stakeholders about the understanding of meaning, importance, provision, participation, strategies, and policies associated with tourism and recreation in the context of the differentially-able [physically challenged] persons in the study area. To achieve these objectives this chapter has set out to orientate the reader to the intentions of the study, giving appropriate hypotheses to be assessed, definition of terms and the research methodology to be used. In essence the study set the scene for the examination of how tourism policies relating to the physically challenged are implemented in the study area.

The Integrated National Disability Policy published as a White Paper, forms the basis understanding the policies governing the utilisation and participation in recreation and tourism facilities and services for the differentially-able [physically challenged] persons in the study area. In democratic South Africa it is important that the spatial equality of tourism features and programmes are enjoyed by all the stakeholders, specifically including the differentially-able tourists. According to Blench (1999) the stakeholders and the community must actively participate in and promote responsible tourism so that it is sustainable in the medium as well as the long term. This cannot be over-emphasised in the case of the eThekweni Municipal Area, where tourism facilities and services are not necessarily available for all its inhabitants, the physically challenged and those who are not.

## **CHAPTER 2**

### **CONCEPTUAL FRAMEWORK**

#### **2.1 INTRODUCTION**

The conceptual framework of a research investigation serves as a map of the virtual map of the research process, which provides guidelines, or at least suggestions on how to move from a theoretical to empirical status (Magi, 2007). In this regard it may be argued that theory and practice are like two sides of a coin that would have to be investigated in order to come up with a sound research study, that is balanced and addresses both what is conceptual and real in a case study. Consequently, a conceptual framework forms the basis upon which the research investigation is generally conducted and that the notion of theory is of great help to the researcher since it points to the correct direction to be followed regarding studies that have been done which are related to the current study (Magi, 2007).

Tourism for people with disabilities entails a significant element of individual risk. By its nature, it involves leaving familiar places and venturing into unknown physical and psychological space. The process of becoming travel active for those with disabilities is more than just removing physical barriers. The complex process of being a tourist with disability, involves the following challenges: personal initiative, accurate evaluation of one's own capabilities, the ability to collect reliable information, managing the trip, managing oneself, and

reflect on experiences (Yau, *et al.*, 2004). The inability by the physically challenged as well as disadvantaged individual, to participate in planning holidays, is a serious matter. This is mostly so for those who care for others who may be physically challenged, as well as for society in general. Being unable to travel or to stay temporarily away from one's routine surroundings is an isolating factor which can also undermine health.

This chapter aims at paving the way on the key issues that underpin this research investigation. In other words, this study is about policy and practice relating to the how stakeholders understand and participate in recreation activities for the differentially-able [physically challenged] persons. In this instance, it may be stated that "Disability is the disadvantage or restriction of activity caused by a society that takes little or no account of people who have impairments and thus excludes them from mainstream activity" [<http://www.capegateway.gov.co.za>. (2006)].

## **2.2 DISABILITY AND THE SOUTH AFRICAN CONSTITUTION**

An important development for the disabled community in South Africa took place when the new constitution came into being in 1996. What is important is that Chapter 2 of the Constitution (RSA, 1996) guarantees fundamental rights to all citizens. In Section 9, the equality clause, and the right to freedom from discrimination based on a number of social criteria, is promulgated. Discrimination based on disability is specifically mentioned and disabled people are thus guaranteed the right to be treated equally and to enjoy the same rights as all other citizens of South Africa. The inclusion of this provision in the Constitution has far-reaching implications for preventing discrimination against

disabled people in our society. It now requires practical implementation. The new dispensation in South Africa, together with the adoption of the Constitution, brought hope of "equal rights for all", including people with disabilities. While major achievements have been made in terms of policy, the reality is that society is still not organised to accommodate the needs of the disabled people.

Other policies and legislative frameworks that have been propelled by the new constitution, that has become a reality in South Africa relating to people with disabilities include:

- The White Paper on the Integrated National Disability Strategy, 1977
- The Promotion of Equality and Prevention of Unfair Discrimination Act, of 2000.
- The National Education White Paper of 2001 emphasising the Special Needs Education, which was guided the building of an inclusive education and training system.

Research related to the above policy documents has estimates that between 5% and 12% of South Africans are moderately to severely disabled people. The latter means that there are up to 5.5 million South Africans, who have special needs, and also have the right to user-friendly programmes, facilities and resources for the physically challenged [<http://www.info.gov.za>. (2005)].

### **2.3. MODELS ON DISABILITY**

Disability has historically been regarded predominantly as a health and welfare issue and state intervention has, therefore, been channelled through welfare institutions. The responsibility for 'caring' for disabled people has thus generally fallen on civil society. There has been little or no commitment to addressing

disability in other areas of government responsibility [<http://www.info.gov.za>. (2005)].

### **2.3.1 The Medical Model**

The Medical Model of Disability means that organisations for people with disabilities are usually controlled by non-disabled people who provide services to people with disabilities. The vast majority of organisations for disabled people were founded by people concerned with creating a more 'caring' environment for different groups of disabled people. Their aim was usually to provide treatment, or to create alternatives to begging or 'hiding away'. The philosophy was that disabled people were not to be hated or feared, but rather to be pitied or helped as part of the 'deserving poor' [<http://www.info.gov.za>. (2005)].

People with disabilities very seldom had any say in the aims, objectives and management of these organisations. The emphasis was on dependence and the focus on the nature of impairment. This meant that all interventions were based on assessment, diagnosis and labelling, with therapy programmes developed separately and through alternative services. Generally, ordinary needs were not taken into account.

The social attitudes which resulted from the perception of disability as a health and welfare issue have invaded all areas of society. The result is that disabled people and their families have been isolated from their communities and mainstream activities. Dependency on state assistance has disempowered people with disabilities and has seriously reduced their capacity and confidence

to interact on an equal level with other people in society [<http://www.info.gov.za>. (2005)].

Thus the dependency created by the medical model disempowers disabled people and isolates them from the mainstream of society, preventing them from accessing fundamental social, political and economic rights.

The medical and health challenges are very real for the differentially-able persons in any study area. These at times have manifested themselves in various social exclusion elements, such as [<http://www.info.gov.za>. (2005)]:

- (a) **The Family:** The children as young as three years old are usually sent off to board at special schools for the differentially-able persons.
- (b) **The Built Environment:** It has physical barriers if not planned in good time and these barriers in the built environment prevent people with disabilities from participating in societal activities.
- (c) **Mainstream Services:** Ordinary tourism related services are designed and planned on the assumption that they will not be used by disabled people. This notion poses a serious exclusion factor.
- (d) **Social Relationships:** People with disabilities tend to spend much more time on their own than their non-disabled peers due to the barriers in society. Many families becoming disenchanted with staying with the physically challenged, the nearest solution is to send them to special institutions.

- (e) **Communications:** Information systems are often inaccessible to people with disabilities. Sign Language is seldom used in many of the built-up environment.

### **2.3.2. The Social Model**

People with disabilities in South Africa came together in the early 1980s to mobilise and organise themselves. Their aim was to build a strong civil movement of organisations controlled by disabled people themselves. Central to the disability rights movement is the assertion of disability as a human rights and development issue [<http://www.info.gov.za>. (2005)].

The social model of disability suggests that the collective disadvantage of disabled people is due to a complex form of institutional discrimination. This discrimination is fundamental to the way society thinks and operates [<http://www.info.gov.za>. (2005)].

The social model is based on the belief that the circumstances of people with disabilities, and the discrimination they face, are socially created phenomena and have little to do with the impairments of disabled people. The disability rights movement believes, therefore, that the 'cure' to the 'problem' of disability lies in restructuring society. The social model of disability implies a paradigm shift in how we construct disability [<http://www.info.gov.za>. (2005)]. Thus, some of the practical challenges to be addressed by the social model of disability include:

- The stairs leading into a building that disable the wheelchair user rather than the wheelchair.

- The defects in the design of everyday equipment that cause difficulties, not the abilities of people using it.
- Society's lack of skill in using and accepting alternative ways to communicate that excludes people with communication disabilities.
- The inability of the ordinary schools to deal with diversity in the classroom, which in turn forces children with disabilities into special schools.

The social model therefore emphasises two things: the shortcomings of society in respect of disability, and the abilities and capabilities of people with disabilities themselves. The latter point results in an approach that requires that resources be made available to transform the so-called 'ordinary' amenities and services to cater for a more diverse environment [<http://www.info.gov.za>. (2005)].

The social model, therefore, implies that the reconstruction and development of our society involves a recognition of and intention to address the developmental needs of disabled people within a framework of inclusive development. Nation building, where all citizens participate in a single economy, can only take place if people with disabilities are included in the process [<http://www.info.gov.za>. (2005)].

#### **2.4. DISABILITY AS A HUMAN RIGHTS MATTER**

An understanding of disability as a human rights and development issue leads to a recognition and acknowledgement that people with disabilities are equal citizens and should enjoy equal rights and responsibilities. This implies that the

needs of every individual are of equal importance, and that needs must be made the basis for planning. It further implies that resources must be employed in such a way as to ensure that every individual has equal opportunities for participation in society [RSA, 1996; <http://www.info.gov.za>. (2005)].

In addition to the constitutional rights, people with disabilities should have equal obligations within society and should be given support necessary to enable them to exercise their responsibilities. This notion means that society must raise its expectations for people with disabilities. A human rights and development approach to disability, focuses on the removal of barriers to equal participation and the elimination of discrimination based on disability.

Traditionally, disability has been seen as the "problem" of the individual and it has been the individual who has had to change, or be changed by professionals through rehabilitation or cure. Now, disabled people and their organisations have described, from their own experience, how it is economic and social barriers which stop people with impairments participating fully in society. These barriers are so widespread that we are prevented from ensuring a good quality of life for ourselves [<http://www.info.gov.za>. (2005)].

The explanation is known as the social model of disability, because it focuses on society's disabling environments and barriers of attitude, rather than on individuals with impairments. The social model was formulated by disabled people and has now also been accepted by many non-disabled academics and professionals. It stresses human rights and equalisation of opportunities [<http://www.info.gov.za>. (2005)].

Contrary to popular belief, disability is not about "heroic" individuals overcoming tragic circumstances. Nor is it about dependency of people with impairments on a few open-minded, charitable individuals or institutions. These images are often reinforced through the media, which perpetuates stereotypical images of disabled people. Disability is about the struggle of those who are excluded and sidelined to challenge the dominant hegemony of society.

## **2.5 CITY PLANNING AND THE PHYSICALLY CHALLENGED**

Considering that one of the key objectives of this study is to understand how the eThekweni Municipal authorities deal with the planning and management of its recreation facilities and services for the differentially-able people. In this regard it is known that the eThekweni Municipal Area [EMA] produces an Integrated Development Plan [IDP] as a response to the Municipal Systems Act of 2000. This planning is done by coordinating actions across sectors and spheres of government. The IDP is the document on which budgets are finalised, performance agreements struck, bylaws made and plans executed. Certain key pieces of national legislation create the framework for the inter-governmental effort to achieve the government's key developmental objectives.

The core business of the eThekweni Municipal Area, as a developmental local government agency, is to respond to socio-economic challenges in strategic and developmental ways. Local government is the main planning or implementation arm of government. Provincial government supports and monitors this activity and national government creates the framework of norms and standards in which these developmental actions take place. The local level IDP provides guidance

to national and provincial departments as to where services are required and where resources should be allocated (EIDP, 2008a; 2008b).

In its planning effort the eThekweni Municipal Area has the 2020 vision plan estimating that “eThekweni will be Africa’s most caring and liveable city.” [EIDP, 2008c) This vision of the municipality is expressed in its 2008/2009 Integrated Development Plan. The eThekweni Municipal Area in the 2002 Integrated Development Plan looked at the municipal area as functioning on a number of principles. Some of the following principles that have been extracted from the document that pertain to tourism and recreation are non-discrimination, customer focused, seek and maintain partnerships, focused on quality of life for all citizens, holistic approach to mental and physical wellbeing, and protect the marginalised [EIDP, 2008c).

After revising the document in 2005/2006 Integrated Development Plan Review, [EIDP, 2008b) the focus has changed to key choices. One of the choices is keeping the area safe and healthy which includes promoting Durban as a place to relieve stress as well as increasing prospects for investment and tourism. Choice No. 6 in the plan looks at ecological and activity tourism where the natural resources of the city have large economic benefits for tourism and economic development. This choice seeks to develop an innovative, highly effective and measurable marketing plan to grow tourism numbers with the aim of keeping people active, retaining and benefiting from the natural environment and keeping people healthy [EIDP, 2008b, 2008c).

The municipality believes that the exploitation of the foregoing opportunities will result in the development and maintenance of sophisticated tourism

databases to better inform product development and marketing decisions. This IDP of the eThekweni Municipal Area guides where the sector departments allocate their resources at local government level. At the same time, the Municipality takes into consideration the sector departments' policies and programmes also relating to the physically challenged when developing its own policies and strategies. It is in the interest of the sector departments, therefore to participate in the integrated development planning process to ensure that there is alignment between its programmes and that of the Municipality (EIDP, 2008c).

With this preamble of the structure of the Municipality and its role in planning for the future in a sustainable way, it can be noted that the eThekweni Municipal Area has a vital role to play in the development of tourism and facilities for the differentially-able people. The municipality has also established the Office of the Ombudsperson in 2002 and its functions include defending citizens' rights, ensuring that principles of fairness and equity prevail in decision-making and the compliance with transformation legislation. (EIDP, 2008c). In the light of this role function of this office, one would assume that the principles of the Integrated National Disability Strategy White Paper [<http://www.info.gov.za>. (2005)] would be taken into consideration. The National Disability White Paper does defend citizen rights and equality for all. The South African constitution states that disabled people are guaranteed the right to be treated equally and to enjoy the same rights as all other citizens (RSA, 1996).

Furthermore, council committees are made up of elected politicians (councillors). It is through the committee structures that elected representatives set policy and guide implementation of all aspects of council delivery (EIDP, 2008c). One of the guidelines that should have been considered is that of the

physically challenged people because the nature, type and procedures of these committees are governed by national legislation.

## **2.6 BARRIERS EXPERIENCED BY THE DIFFERENTIALLY-ABLE**

Barriers which are excluding disabled people from receiving services and participating in them need to be identified. These barriers may be social, physical, financial and/or psychological in nature. Identification and removing of barriers within social services (such as health and education) can only be done when service providers work in partnership with disabled people, and with parents of disabled children. Such partnerships provide the vehicle through which service providers can hear a different perspective. The slogan of the disability rights movement is "nothing without us", and service providers working in isolation miss a tremendous opportunity to ensure that the unique perspectives of disabled people are taken into consideration in service provision [<http://www.southafrica.infor>. (2009)].

### **2.6.1 Attitudinal access**

Attitudinal access refers to staff, the general public, educators etc. being comfortable interacting with the differentially-able people without being patronising or downright rude. Negative attitudes are a major reason for disabled people being sidelined from the mainstream and not included in everyday thinking. Negative attitudes occur when disability is portrayed as a problem and when differentially-able people are perceived as helpless, useless, dependent, sick or tragic individuals. The positive attitudes that ought to be reflected continually to the differentially-able people or physically challenged

people [<http://www.ccc.govt.nz>. (2006); <http://www.southafrica.infor>. (2009)]: include the following:

- Asking physically challenged people about their specific needs.
- Addressing physically challenged people directly.
- Being aware of and sensitive to various needs of the physically challenged.
- Using appropriate terminology when addressing the physically challenged
- Understanding how to guide the physically challenged people correctly
- Interacting with physically challenged people as you would with anyone else in your area.
- Not pre-judging the physically challenged person's physical or mental ability, mobility, etc.

The needs of people with communication disabilities are catered for through accessible communication. Those with communication disabilities include [<http://www.ccc.govt.nz>. (2006); <http://www.access.2004.co.za>. (2006)] :

- Deaf people communicate using sign language. The services of an interpreter may often be required. Good, clear signage, as well as written instructions are important. An e-mail, teldem or fax machine, make booking and information services accessible.
- People who are blind require clear verbal communication, occasionally Braille, taped information etc.
- Intellectually disabled people require simple, interactive interpretation.

Once accessible attitudes and communication styles are in place, the services offered to disabled people as well as every visitor increase exponentially. In addition to assisting deaf people, good clear signage at your facility assists

everyone and adds value. Appropriate road and general access signage is also important to guide people to the facility. It should never be assumed that all disabled people are the same, they are not [<http://www.ccc.govt.nz>. (2006)].

### **2.6.2 Human Rights Based Disability Principles**

The Office of the High Commissioner for Human Rights has produced a number of resources examining the meaning of “rights-based approaches” in the contexts of the differentially-able people. They helpfully identify the following five areas as key elements of a “rights-based approach” [<http://www.ohchr.org/en/pages>. (2009)]. These approaches represent the disabled person’s rights, privilege and freedom.

**(a) A clear link to human rights** – that is, linking disability issues to the full range of civil, political, economic, social and cultural rights, and talking about disability issues using the accepted language of human rights. Such linkages form the very core of the High Commissioner for Human Rights’ policy provisions.

**(b) Accountability** – rights-based approaches identify both the rights-holders (that is the people claiming rights) and the duty-holders (or in other words those who have the duty to protect and promote the enjoyment of the right in question). As with other human rights agreements it will be the country governments that will take responsibility for the treaty and ultimately be responsible for ensuring that their citizens enjoy the human rights elaborated on in the agreement.

**(c) Empowerment** – rights-based approaches focus on the empowerment of the holders of rights. The latter principle is regarded as the key point:

empowerment is the polar opposite of a charitable approach, where recipients of charity are passive and have no say in what action is taken. The underlying philosophical approach of these agreements is consistent with the vision of empowering persons with disabilities to claim their human rights. As part of empowerment, too, it is noted that people with all types of disabilities need to be a part of implementation activities, and governments are encouraged to reach out to the widely diverse community of people with disabilities, and their families.

**(d) Participation** – rights-based approaches require the full participation of all relevant stakeholders. The agreement requires that governments consult with persons with disabilities and their representative organizations in decision-making processes that affect the lives of persons with disabilities. This is another key point for implementation, the attention of the role players is drawn to the central role played by the representative organizations of people with disabilities. The latter approach is noted as key to the success and effectiveness of the work to be implemented. All governments are urged to include organizations of people with disabilities in any domestic effort in this area.

**(e) Non-discrimination** – finally, rights-based approaches call for specific attention to issues like discrimination, equality, and equity for persons who have been particularly marginalized. Within the disability community this not only means addressing the discrimination faced by persons with disabilities in general, but also the specific and additional discrimination faced by groups within the community, such as women with disabilities, children with disabilities, or indigenous persons with disabilities, all of whom are specifically identified by the agreement.

It is believed that these five operational principles of the delivery of facilities and services for the differentially-able people, as identified by the Office of the High Commissioner for Human Rights not only complement the vision agreed upon, but actually lay out a framework of principles needed for effective implementation of the obligations set forth in the treaty. It is the belief of this research investigation that formulation of policies for the provision and utilisation of recreation services for the differentially-able persons, will improve the status and effectiveness of the disabled people and their organisations [<http://www.disability.gov.uk>. (2006); <http://www.wakefield.gov.uk> (2008); [http:// www.ohchr.org/en/pages](http://www.ohchr.org/en/pages). (2009)].

### **2.6.3 Planning and implementation of services**

Barriers to accessing the facilities and services for the differentially-able are largely dependent on the planning and implementation of relevant service policies. In municipalities there is need to be planning and implementing of services that are disability sensitive. It is important that the necessary information and resources are made available to ensure effective planning of services. Information from the national disability survey which has just been completed may be valuable in this process, but will need to be contextualised at local level. The process of conducting research can itself be used to facilitate collaboration between disabled people and service providers [<http://www.ccc.govt.nz>. (2006)].

Regarding the planning and implementing of services for the differentially-able people, there is a general culture of poor service in the tourism industry and related sectors. There is little excitement in delivering service or to go the extra

mile to satisfy the customer. The problem is that this seems to be an accepted norm by the bulk of domestic tourists.

Even worse, because many establishments are performing well as a result of the unexpected new demand, many owners and managers believe that the product they offer is acceptable. Poor service is also reflected in the type of services that are provided for the tourists (Magi, 1992b; Lubbe, 2003; Magi & Nzama, 2008).

The key to providing good service is to understand that disabled people are like any customer, wanting to be treated with respect. However, many non-disabled people have little experience of differentially-able people's needs. Good personal service can make a significant difference for any tourist. It is therefore unfortunate that staff often lack confidence and skills when catering for tourists with a disability. Providing staff with disability awareness training and communication skills will show them that guests with a disability are essentially no different from other guests and satisfying their needs is not overly difficult. Disability awareness training programmes not only make participants more sensitive to the abilities and requirements of disabled visitors but also provide them with the necessary communication skills [<http://www.info.gov.za>. (2005)].

#### **2.6.4 Transport**

There is a need for rapid progress in developing a public transport system that is flexible and accessible. Without this, people with disabilities would continue to remain largely 'invisible' and unable to contribute to, or benefit from, the services and commercial activities available to most of their fellow citizens. [Burnett & Baker, (2001); <http://www.leonard-cheshire.org>. (2007)]. Given the fact that the ability to use services, or attend school or work, is largely

dependent on the ability of people to get there, the lack of accessible transport is a serious barrier to the full integration into society of people with disabilities. Transport services for people with disabilities are currently largely restricted to those who are either associated with a social service agency (i.e. predominantly in the metropolitan areas), or those who are able and can afford to drive modified private vehicles or employ the services of a chauffeur. <http://www.southafrica.infor>. (2009):

Accessible transport as a human right implies a departure from the traditional medical/welfare model of providing trips primarily for medical purposes. People with disabilities should be able to travel, regardless of the purpose of the journey. The objective is to develop an accessible, affordable multi-modal public transport system that will meet the needs of the largest numbers of people at the lowest cost, while at the same time planning for those higher cost features which are essential to disabled people with greater mobility needs [<http://www.tourismforall.org.uk>. (2008)].

#### **(a) Road Transport**

The White Paper on a National Transport Policy places the main responsibility for identifying the needs of specific categories of passengers on the respective metropolitan and local authorities [<http://www.info.gov.za>. (2005)]. Minibus taxis play a substantial role in the provision of public transport in cities and rural areas. It is therefore essential that this sector be fully integrated into the strategic plan for accessible transport. Such initiatives should form part of the initiatives for the regulation of the taxi industry.

A large proportion of the population use the bus services as their chief mode of public transport. Policy makers tend to focus on wheelchair-lift equipped buses

when considering access. There are, however, a number of low-cost accessible features that could be considered in the short term. Dial-a-ride services have proven particularly popular in densely populated areas. The primary distinction between this service and existing services operated by welfare organisations is that people are able to use the service for any purpose, whether to work, school or for social reasons. [<http://www.info.gov.za>. (2005)].

### **(b) Railway Services**

In its quest to create an accessible commuter service, Metro rail has initiated a pilot project aimed at designing accessible coaches and the redesigning of certain train stations to make them more user-friendly for people with disabilities. It should be mentioned the present congestion experienced in both metro-rail trains and long distance trains does not offer an encouragement that the differentially-able travellers would ever be comfortable in the South African trains [<http://www.info.gov.za>. (2005)].

### **(c) Air Travel**

Although the major airports have introduced extensive upgrading projects to make their facilities more user-friendly, smaller provincial and regional airports still remain extremely discriminatory against disabled commuters. This is, in part, due to a lack of information on national guidelines and minimum standards and norms. The larger airlines have introduced personnel training programmes to facilitate a more sensitive service from airline staff. [<http://www.info.gov.za>. (2005)].

Personnel training has been identified as a key component in providing a more user-friendly public transport system - not only for disabled commuters, but also for the broader South African and tourist population. It is essential that a

disability awareness and orientation component for the transport industry is developed and implemented. Different disability groups have different public transport needs. There are also differences in the needs of people living in rural and urban areas. It is therefore essential that processes to develop accessible commuter systems include participation by all stakeholders.

### **2.6.5 Communications**

Access to communication forms an integral part of the equalisation of opportunities for people with communication disabilities, such as Deaf people, people with speech disabilities and people with visual disabilities [<http://www.accessibletourism.org>. 2009)]. Communication as it relates to disability has two major components: The first is the manner in which the message is conveyed. Harmful and negative attitudes are one of the biggest barriers disabled people face when trying to access mainstream programmes. Second, is that negative attitudes are reinforced every time disability is portrayed as a 'problem'; where disabled people are regarded as being helpless and dependent, as sick, or as tragic victims. Cultural beliefs play an important role in the way we relate to people with disabilities, as do images and language.

### **2.6.6 Access through language**

Sign language is the first and natural language of deaf people, whatever the spoken language of his or her hearing parents may be. Sign language is the central focus of deaf people's human rights. It is important to note that sign language is a language in its own right, with its own grammar and syntax. Sign language uses the modality of space, in contrast with the spoken language which uses the modality of sound. There are several regional variations of sign language in South Africa [<http://www.dpsa.org.za> (2006)].

- (a) Special Language Systems/Augmentative and Alternative Communication refer to any mode of communication used by people who cannot use a spoken or sign language. They include Braille, touch, Bliss symbols or other means of communication.
- (b) Interpreter services are linked closely to the communication needs of deaf people and people with limited or no speech. These services enable them to communicate freely with society, and are an essential element in the achievement of equal opportunities for people with communication disabilities. They include both, sign language interpreters, lip speakers, note takers and communication facilitators.

The policy objective is to develop strategies that will provide people with communication disabilities with equal opportunities to access to information, as well as public and private services. The Integrated Disability Strategy recommended that the Department of Arts, Culture, Science and Technology, in consultation with the Pan South African Language Board, Langtag, the Deaf Federation of South Africa (DEAFSA) and other stakeholders, facilitate a process for the development of a national strategy and programme of action for the establishment of [<http://www.info.gov.za>. (2005)]:

- (a) A central pool of sign language interpreters nationally and provincially.
- (b) National and provincial sign language Pilot Training and Development Units.
- (c) The inclusion of special language systems and Sign Language interpreters in the national guidelines and minimum norms and standards for language facilitation services, training courses

(including qualifications and accreditation) for interpreters and communication facilitators.

## **2.7 THE DISABILITY DISCRIMINATION ACT**

The Disability Discrimination Act [<http://www.opsi.gov.uk> (2009)] was introduced in Britain to prevent discrimination against disabled people. Since 1995 it has been illegal to refuse to serve somebody on the grounds that they have a disability. For example, it would be illegal to refuse to take a booking from a guest simply because they had a disability. The Act also covers deliberately providing a poorer quality of service to disabled people, for example taking longer to serve a disabled person, or applying terms that are unreasonable, such as asking for a higher deposit or charging a disabled customer more than non-disabled guests [<http://www.wakefield.gov.uk> (2008); <http://www.opsi.gov.uk> (2009)].

Since 1999 service providers have been expected to provide auxiliary aids and services to disabled customers and to amend their policies, practices and procedures so that disabled people can better access their services. Auxiliary aids could include having an induction loop system on a television in a communal lounge so that hard of hearing guests can access television. An auxiliary service could include serving a guest breakfast in their room if they were unable to access the dining room because of a physical barrier such as steps. Changing policy could include amending a 'no dogs' policy so that guests with assistance dogs are admitted [<http://www.wakefield.gov.uk> (2008); <http://www.opsi.gov.uk> (2009)].

Changing practice and procedure could be something as simple as making sure that staff leave visually impaired guests belongings in the places that they were left rather than tidying away their things when cleaning a room.

## **2.8 INCLUSIVE AND ACCESSIBLE TOURISM**

The principle of inclusive and accessible tourism is understood to mean “making tourism possible for a user”, a visually or hearing impaired person, a carer or someone recovering from an accident or an illness [<http://www.accessibletourism.org>. (2009)]. Accessibility towards tourism is about:

- Being welcoming to all.
- Thinking through the visitor's experience in all its aspects to meet their needs.
- Wherever possible, following the principles of universal design – usable by all.
- Bringing tourism up to world class modern standards of service, customer care, and a welcoming environment.

The Disability Discrimination Act [DDA] expects service providers to make 'reasonable adjustments' to physical premises so that they better meet the requirements of disabled people [<http://www.opsi.gov.uk> (2009)].

Deciding what is reasonable includes a number of key factors. Importantly the resources of the organisation concerned (financial, human and physical) are taken into account. What this means is that the way in which a major hotel chain responds to the requirements of disabled customers may be different to the way in which a business run by a sole proprietor operates. This does not mean that small businesses can ignore the requirements of the legislation. However, it

does indicate, that the law recognises that different approaches can be used that reflect the size and nature of a particular business. It is also important to recognise that the law does not expect organisations to have to respond to unreasonable requests [<http://www.opsi.gov.uk> (2009)].

There is also a code of practice that covers goods, facilities and services which is available from the Disability Rights Commission. The code states that service providers must anticipate the likely requirements of disabled guests not just respond to requests from individuals. This means that you should be thinking through your services from the perspective of individual disabled guests. You must critically evaluate your services from the perspective of disabled guests and consider what additional aids, changes to day-to day practices or physical changes could be made to better accommodate the requirements of disabled guests. It also means giving reasonable consideration to requests for additional services made by disabled visitors [<http://www.wakefield.gov.uk> (2008); <http://www.opsi.gov.uk> (2009)].

In a society for all, the needs of all citizens constitute the basis for planning and policy, and the general systems and institutions of society are accessible to all. By accommodating the structures of society so that they function in a way that meets the needs of all, society mobilises the potential of all its citizens and, consequently, strengthens its developmental potential [<http://www.wakefield.gov.uk> (2008); <http://www.opsi.gov.uk> (2009)].

## **2.9 MARKETING TOURISM**

If the delivery of recreation and tourism facilities and services to the differentially-able inhabitants of eThekweni were successful, it would mean that

the only challenge that would be left would be to market the tourism product to all tourists globally. Good marketing would increase the share market of tourism. Thus, in order to grow the tourism market, the City of eThekweni would have to focus attention on three areas:

- Determining spatially the focus areas of tourism, this will include product offerings beyond the coastal zone in areas such as Hillcrest, Inanda, Valley of a Thousand Hills and Cato Manor. The main driver of this focus area would be strengthening tourism opportunities within the Municipality.
- Supporting the hospitality industry to provide world-class accommodation and services.
- Promoting attractions through flagship projects.

The focus mentioned above would include foreign and domestic tourists and also target the conference market (Mlaba, 2006; EIDP, 2008b, 2008c). The marketing campaigns and activities of Tourism KwaZulu-Natal (TKZN) are based upon regular analysis and interpretation of global and domestic trends through (TKZN, 2005, 2008; George, 2008):

- Monitoring of key macro, market and competitive trends and profiles in tourism.
- Constantly assessing the current and potential market profile for the province.
- Monitoring the current and potential tourism product portfolio for the province, and identify opportunities for packaging, themes and routes.
- Establishing specific marketing goals and targets for the planning period, to include empirical data relating to tourism arrivals, tourism spend, duration of stay and responses to marketing media.

- Market segmentation analyses and proposed target market focus.

TKZN should, however, continue to vigorously market the niche market of disabled tourists. Various strategies must be implemented to highlight this significant market (TKZN, 2005, 2008).

In terms of international marketing, the TKZN intends substantially to increase the number of foreign tourists that enter South Africa to visit KwaZulu-Natal. One of the areas in which this can be done is marketing disabled tourism extensively. This market sees an average of 5.5 million tourists visiting countries throughout the world. Alternatively, the TKZN recognises that KwaZulu-Natal enjoys a traditional dominant position as South Africa's most popular domestic tourist destination. The objective of TKZN is to build on this profile by drawing market share from other provincial destinations and by positioning KwaZulu-Natal as a viable alternative to international vacation travel, thereby retaining domestic tourism spend in the country (Seymour, 2004; TKZN, 2005, 2008; George, 2008).

The strategy is to increase exposure for KwaZulu-Natal outside of the province and directly within the aforementioned tourism market locations. TKZN is also to encourage regional and local tourism bodies to focus their output on tourists markets resident in the province, thereby promoting increased intra-provincial tourism activity and spend and improving the retention of this expenditure within the province (Seymour, 2004; TKZN, 2005, 2008). If TKZN focuses and campaigns for disabled tourism this would enhance KwaZulu-Natal's profile as the preferred destination in terms of disabled domestic tourism. The latter

would be achieved not only that Kwazulu-Natal is leading all other eight provinces as the domestic tourism giant in South Africa.

## **2.10 RECREATION IMPLICATION FOR SERVICE PROVISION**

Recreation is product-orientated and concerned with facilities and programmes. Recreation can be perceived as an activity or experience focus. The experience focus is product orientated and the concern is what the activity does for a person. Its concern is well being and self- fulfilment. A recreation experience can occur in varying degrees depending on the level of satisfaction experienced. Whatever activity or situation renews, revives, refreshes and recreates for the individual, is a recreation for him at that time. This has far reaching implications for recreation services (Torkildsen, 2007).

Research has indicated that recreational activities are far more diverse than competitive sport and non-competitive fitness activities. Recreational activities include a wide variety of both active and passive pursuits. Providers of recreation facilities and service, such as local government authorities, must meet the wider agenda. (Torkildsen, 2007).

Recreation consists of activities or experiences carried on within leisure, usually chosen voluntarily by the participant – either because of satisfaction, pleasure or creative enrichment derived, or because certain personal or social values are perceived to be gained from them. It may also be seen as the process of participation, or as the emotional state derived from involvement. When carried out as part of organised community or voluntary agency programmes, recreation must be designed to meet constructive and socially acceptable goals of the individual participant, the group or society at large. Recreation must be

recognised as a social institution with its own values and traditions, structures and organisations, professional groups and skilled practitioners (Torkildsen, 2007).

## **2.11 THE INTEGRATED NATIONAL DISABILITY POLICY**

The Integrated National Disability Strategy has been adopted as a White Paper, and provides guidelines for government departments to ensure that issues of disability are addressed in all sectors, at all levels. However, the challenge is to ensure that these policies are translated into action – and that there is a shift from a focus on disabled people as "poor helpless individuals" to addressing the factors in society that continue to exclude and marginalise people with disabilities. This is to challenge the unsympathetic world. In addition, this research investigation seeks to establish the role played by tourism policies in improving the lot of the physically challenge persons in the study area.

Defining and translating the human rights of disabled persons into specific measures and programmes, however, remains the major challenge. The Standard Rules are the main instrument guiding public policy in the direction of ensuring the human rights of disabled persons. They will also assist government in creating an enabling environment that will lead to the full participation and equalization of opportunities for persons with disabilities at all levels of society - during and after the period of reconstruction and development. This includes the right of disabled people to assume full responsibility as members of society. Thus, this research study seeks to establish the role played by human rights interventions in improving the physically challenged persons in the study area.

## 2.12 CONCLUSION

People with disabilities are a natural and integral part of the whole society and they should have opportunities to contribute their experience, talents and capabilities to national and international development. The concept of a society for all, encompassing human diversity and the development of all human potential, captures the spirit of the human rights instruments of the United Nations. Relating these objectives to recreation provision, the following shortcomings need attention:

- (a) That the type of service provided by recreation facilities do not adequately meet the needs of differentially- able tourist in the study area.
- (b) The type of recreation services required by the differentially-able, differ from that of an able-bodied persons.
- (c) That there would be an increase in repeat tourism if the eThekweni Municipal Area caters for the differentially – able tourist.
- (d) That tourism strategies, with regard to the differentially-able have been tabled but has not as yet impacted on recreation service providers in the study area.
- (e) That the recreation service providers are not fully aware of the suggestions made in the Integrated National Disability Strategy White Paper and have not implemented these in the study area.

This chapter has attempted to review some literature that relates to the study topic, which addresses the understanding of the policies and practices that play a role in the provision, participation and management of recreation and tourism facilities and services for the differentially-able tourists. In this regard, tourism

facilities, services and policies related to benefiting the differentially-able tourists have been highlighted. Recreation provision for the disabled has never been defined in a globally acceptable manner. It varies from country to country depending on its Constitution. For this study it refers and embodies the activity of supplying or providing something to another person, organisation or party. According to Torkildsen (2007) the providers of recreation facilities need to come from three sectors which are; the public, volunteer organisations and the commercial sector. In this regard these sectors are anticipated to provide facilities that are adequate for the differentially-able tourists in the study area.

## **CHAPTER 3**

### **PHYSICAL SETTING OF THE STUDY**

#### **3.1 INTRODUCTION**

The eThekweni Municipal Area remains the most successful municipality in terms of not only good credit control, but capital budgetary expenditure. This year the eThekweni Municipal Area has a R14 billion budget which will ‘steer the ship on a new course which, in the long term, is going to be a far more sustainable and economically sound course’ [Sunday Tribune: May 7, 2004: 10]. This change in direction is to achieve the dream of a prosperous eThekweni by the year 2014. One of the issues that the municipality is going to address is that of tourism (Sunday Tribune: May 7, 2004: 10). The city as the largest in KwaZulu-Natal needs to show leadership in all aspects of life, and should tap on its full potential. However, the municipality has established a number of departments to develop and promote the region in terms of economic advancement, facilities and service delivery.

The main aim of this chapter is to discuss the physical setting of the study area, with a view of painting the scene for the analysis and interpretation of data presented in the next chapter. In this chapter, emphasis is placed on the following topics: geographical features and landscape, climate conditions and vegetation. This chapter also focuses on the geology, climate, natural vegetation

and recreation and tourism industry within the study area. Accessibility to the study area was also given some attention

### **3.2 HISTORICAL OVERVIEW**

The province of KwaZulu-Natal has a history filled with romance and adventure. It was first sighted by Vasco da Gama in 1497, on Christmas Day, and he named it Port Natal. KwaZulu-Natal is a province with probably the greatest diversity of scenery, variety of resorts, of people and cultures, than any other province in South Africa. The extraordinary scenic diversity encompasses wilderness, sandy beaches, the soaring mountain peaks of the Drakensberg, and the farmlands, towns and the hills of the Midlands.

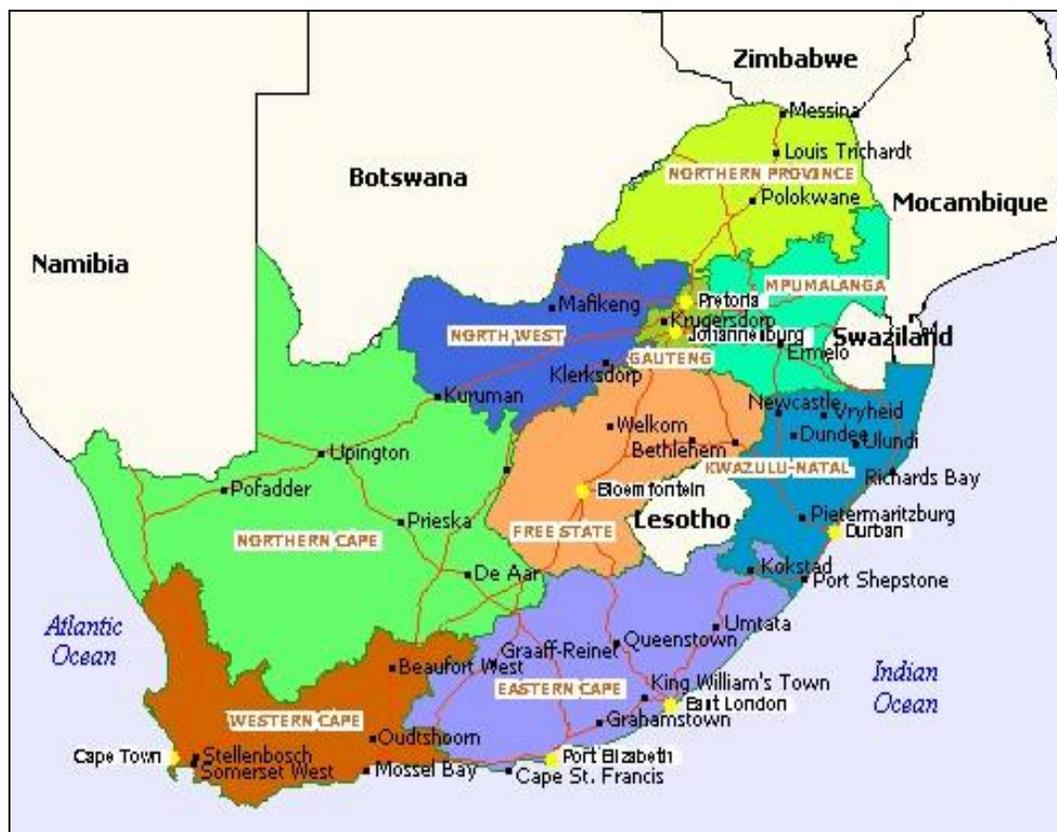
The eThekweni Municipal Area (EMA) has a long history of human settlement. It is home to three major cultural groupings - Africans, Europeans and Indians, each with its own rich heritage and traditions. The city is a melting-pot of cultural diversity resulting in a rich cosmopolitan society. These influences have led to a myriad of different architectural and artistic styles as well as cultural and religious diversity including Christians, Hindu, Islam and African traditionalist followers [<http://www.durban.gov.za> (2007)].

### **3.3 LOCATION OF THE STUDY AREA**

Geographically, the study area is on the continent of Africa, in the country of South Africa and located in the Province of KwaZulu-Natal [refer to Figure 3.1]. The main study area is to be found in the City of Durban also known eThekweni Metro, and its surrounding urban areas and townships, jointly known as the

Greater Durban Metropolitan Area [DMA]. The greater DMA is the core of various tourism attractions. For example, most attractions that are found in the vicinity of the eThekweni Municipal Area (EMA) are located at the central part of eThekweni or Durban. Others may argue that this helps tourists to have access to sites and the Durban Central is also a relatively a crime free area as there are many police officers around the attraction sites.

**FIGURE 3.1** RELATIVE LOCATION OF KWAZULU-NATAL

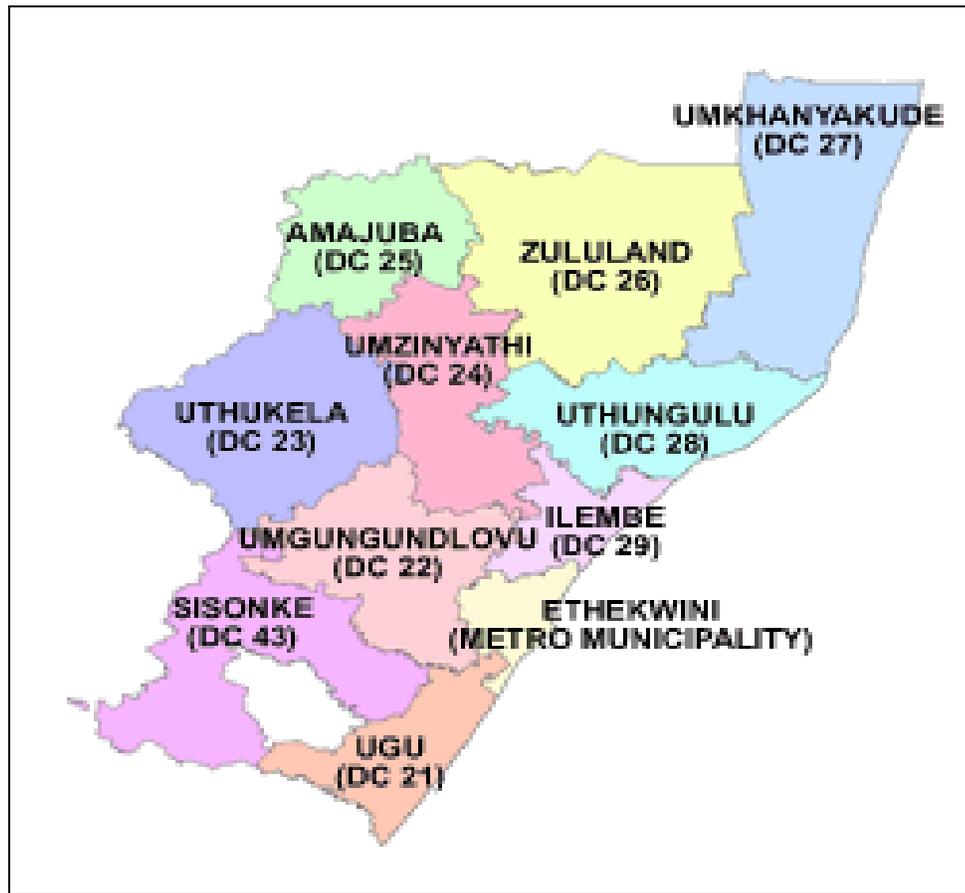


[Source: <http://www.durban.co.za/factfile>. (2006)]

eThekweni Municipal Area (EMA) is located on the eastern seaboard of South Africa within the province of KwaZulu-Natal and covers an area of 2 297 square kilometres [refer to Figure 3.1 & 3.2]. While the total of the EMA is only 1.4%

of the total area of the province, it contains just over a third of the population of KwaZulu-Natal and 60% of its economic activity. eThekweni Municipal Area, together with ten other municipal districts, make up the province of KwaZulu-Natal.

**FIGURE 3.2 REGIONAL LOCATION OF ETHEKWINI METRO.**

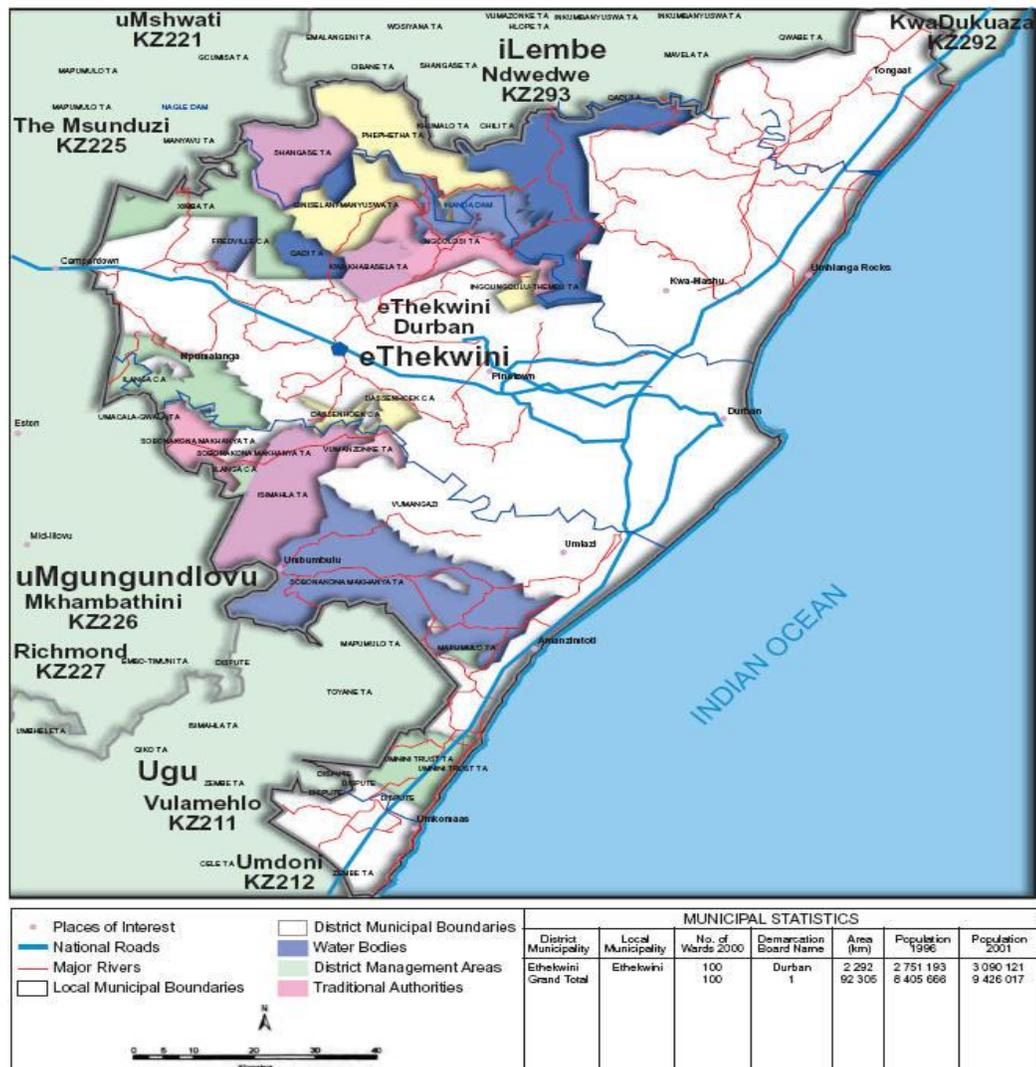


[Source: <http://www.durban.co.za/factfile>. (2006)]

As shown in Figure 3.1 the eThekweni Municipal Area (EMA) is the largest metropolitan area in KwaZulu-Natal, which is located on the eastern side of South Africa. It is a coastal and sub-tropical province in South Africa. In Figure 3.2 the regional location of the eThekweni Metropolitan Area is shown

and is the leading coastal city, which is also the main city exporting most of South African's export goods. Also shown in Figure 3.2 is that the eThekweni Municipal Area is one of the eleven District Municipalities in KwaZulu-Natal

**FIGURE 3.3 ABSOLUTE LOCATION OF ETHEKWINI MUNICIPAL AREA**



[Source: <http://www.durban.co.za/factfile>. (2006)]

The boundary for the EMA [refer to Figure 3.3] increased the boundary of the previous Durban Metropolitan Area by 68% whilst increasing the population by approximately 30 000 people. eThekweni Metropolitan Council was created from the six former Sub-Councils of the North, North-Central, Outer West, Inner West, South Central and South. Umkomaas Transitional Local Council and 11 traditional authority areas were included adding 900 square kilometres of land. The EMA has a wide diversity of land uses. Only 35% of the EMA area is predominantly urban in character, with over 80% of the population living in these areas. The eThekweni land use consists of commercial, industrial as well as residential categories. The majority of the densely populated informal housing settlements are also located within this area.

Many things can be said about the EMA as the main city of KwaZulu-Natal. To some people the name of this city and its activities are more popular or better known than the name of the province. It is important to understand certain aspects of the EMA. The eThekweni Municipal Area is the backbone of economic balance and capability in KwaZulu-Natal. It has attracted investments from Southern Africa and a multitude of overseas countries. The EMA and surrounding area generates revenue from both tourism and investment. It has launched vision 2015 as a programme for gaining international recognition in these sectors. The EMA remains one of the two gateways to southern Africa. The EMA has been at the cutting edge of trade and tourism from its inception in the last decade (Mlaba, 2001).

### **3.4 THE GEOLOGICAL STRUCTURE OF THE AREA**

The dominant rock type in this area is tillite and rhyolite. The soil is of minimal development – usually shallow on hard or weathered rock – with or without

intermittent diverse soils. Lime is rare or absent in the landscape. This area has red or yellow massive or weak structured soil. The soil is also greyish sandy and excessively drained [Binns & Nel, 2002; <http://www.durban.co.za/factfile>. (2006)].

The geological outcrops in some area of the eThekweni Municipal Area are as a result of the Umngeni River and tributaries cutting through the covering layer of hard Table Mountain sandstone belonging to the Cape system into the Archaen granite directly beneath ago (Bourquin & Sowler, 1980). The land surface originally lay much lower here and the streams began after the large-scale uplift during the tertiary period about 20 to 30 million years ago <http://www.durban.co.za/factfile>. (2006)].

The soils around the eThekweni Municipal Area range from sandy-clay in the grasslands to sandy-clay loam under the coastal forests of organic materials. Silt-like clay and silt-like loam soils are found in the marshes and wetlands of the study area. These types of soils account for the richly growing grasslands found throughout the eThekweni Municipal Area [<http://www.fad.co.za/resources/geology.htm>. (2009)]

### **3.5 SOME GEOGRAPHICAL ELEMENTS**

Geographical elements play an important role in enhancing tourism activities by providing good land and physical structures, as well as temperate climatic conditions. It is therefore, important to explore the geographical elements of the eThekweni Municipal Area, which cover variables such as hydrology, climatic conditions, flora and fauna. The eThekweni Municipal Area has become an important and popular tourist destination because of some of its geographic features.

### **3.5.1 Hydrology**

The four main watercourses to be found within the eThekweni Municipal Area and these are Umngeni River at the centre, the Umlazi River in the South and the Uthongathi and Umdloti Rivers in the North. These rivers are usually with abundance of water, being close to full. However, all four rivers had experienced reduced water levels mainly because of industrial and household usage. In many places waterways are used to divert water for agricultural and industrial usage. Several artificial dams are to be found on these three rivers. Silt loads are very light, and streams and rivers remain clear for most of the year (KZN-NCS, 1999).

### **3.5.2 Climate**

eThekweni's proximity to the warm Mozambique current ensures a hot, wet subtropical climate. Summers (November - March) are characterised by sultry days with occasional thunder showers while winters (May-October) are normally dry, sunny and balmy. Mean summer temperatures are on average 24°C / 74°F and minimum temperatures are on average 20°C. Mean winter temperatures are about 19°C/ 66°F and minimum is about 9°C. Annual rainfall ranges from 873 mm to 1355mm. These climatic conditions attract tourists throughout the year to this region and thus making it one of South Africa's sought after holiday destinations [<http://www.fad.co.za/resources/geology.htm>. (2009)].

Furthermore, Tourism Durban (1996:03) reveals that the average winter temperature is about eighteen degrees Celsius, making for prime holiday weather, as winter months are mostly balmy. Swimming can be enjoyed all

year, as the warm waters of the Indian Ocean ensure that the temperatures rarely fall below seventeen degrees Celsius. That is also why there is concern about the sustainability of recreation resources on the Durban South Beach because visitors flock there throughout the year. The influx of visitors is encouraged by the climatic conditions which are suitable to people enjoy the beach at any time of the year. An examination of the physical setting of the actual study area follows below.

### **3.5.3 Vegetation**

The vegetation in the eThekweni Municipal Area, notwithstanding the expansive urban built-up environment, consists basically of coastal forest patches of varying extent, interspersed with tall grassveld. A general description of the vegetation has been classified into the coastal forest with patches of varying size occur interspersed with sour grassland. The forest grows mainly on south-facing slopes, which are moister and benefit most from the effects of south-wetly wind-driven rain. Some of the common, dominant trees include; Red Beach (*Protorhus lonifolia*), Quinine tree (*Rauvolfia caffra*), Forest Bushwillow (*Combretum Kraussii*) and Stinkwood (*Celtisafricana*). In places, where the forest patches are small and closely associated with drainage lines or rock outcrops, a coastal Bushveld-Grassland mosaic is formed.

The grassland is a sub-climax habitat, and is maintained primarily by fire and to a lesser degree by grazing. Three prominent grass species are *Themeda triandra*, *Cymbopogon excavatus* and *Aristida junciformis*. Numerous geophytes such as orchids, kniphofias, *Watsonia densiflora* and *Boophae disticha* flower in the summer months. Adding to the display are perennial, herbaceous plants like *Indigofera* species, *Syncylostemon densiflorus* and *Pentanisia prunelloides*. The

Eskoleni Plateau (the plains) is particularly beautiful in spring. [<http://www.fad.co.za/resources/htm>. (2009)].

### **3.6 POPULATION**

The eThekweni Municipal Area (EMA) is an amalgamation of racial and cultural diversity, with its African, Asian and European influences creating a vibrant cosmopolitan society. The EMA currently has an estimated population of just over 3 million, with the AIDS projection scenario reaching the figure of 3 million by 2020. The Black African community makes up the largest sector (65%) of the population, followed by the Asian community (21%). The age profile reveals that, although the working group comprises 68% of the population, there is a relatively large youthful population, with 38% under the age of 19 years.

According to the Municipality's quality of life survey, conducted in 2002/ 2003, 41% of residents were satisfied with their lives. This is an increase of 6% life satisfaction compared with the previous year. Life satisfaction is strongly linked to employment (EIDP, 2008a, 2008b).

### **3.7 THE MUNICIPAL ECONOMY**

eThekweni or Durban is South Africa's major port city and the second largest industrial hub in South Africa (after Gauteng). eThekweni is a key trading gateway as the main entry and exit point for exports and imports, and with its access to important trading routes to the east, and its proximity to the Gauteng mineral-industrial complex [<http://www.durban.co.za/factfile>. (2006); [<http://www.fad.co.za/resources/htm>. (2009)].

The EMA's Gross Geographic Product (GGP) income per person per year is R25 529, which is higher than that of South Africa as a whole (R17 756 per year). The EMA's economy is currently growing at a slow 1.8% per annum and the area faces a severe unemployment situation. With four major sectors of the economy being manufacturing, tourism, finance and transport, the EMA has a strong presence in advanced sectors of the economy. Manufacturing, which contributes about 30% to the local economy, has historically been located to the south of the Central Business District (CBD) in the southern industrial basin, but more recently has been spreading to the west, and to a lesser extent to the north. Tourism, another important sector, adds 24% to the local economy and is concentrated along the coast, with emerging ecological and cultural tourism opportunities in the western areas [<http://www.durban.co.za/factfile>. (2006); <http://www.fad.co.za/resources/htm>. (2009)].

### **3.8 THE SOCIO-SPATIAL ENVIRONMENT**

Because of economic and political factors, the spatial configuration of the EMA forms an inverted 'T' shape with two major national freeways forming the main structuring elements of the geographic space. The N2 runs parallel to the coast, linking the EMA with the northern part of the Province and the Cape region to the south. The N3 links the EMA with the Gauteng region. Areas closer to these national roads tend to be well provided with physical infrastructure and social amenities, while areas on the periphery tend to be poorly resourced. Most of the historically black formal areas, as well as informal and peri-urban areas, are located on the outer periphery. This spatial configuration has resulted in a

distinct pattern of inequity and inefficiencies across the EMA [<http://www.durban.co.za/factfile>. (2006); <http://www.fad.co.za/resources/htm>. (2009)].

### **3.8.1 Natural resources**

The eThekweni Municipal Area is characterised by diverse topography, from steep escarpments in the west to a relatively flat coastal plain in the east. This diverse landscape supports a wide variety of terrestrial, freshwater and marine natural ecosystems. Its natural assets consist of 98 kilometres of coastline, 18 catchments, 17 estuaries and 4 000 kilometres of rivers.

The value of natural services provided by the open space asset (63 114ha) is estimated to be R3.1 billion. The value of basic services (example water, fuel) extracted from the natural resources in rural areas provides an estimated R5 000 per annum in services to each household. This means that if the natural resources were depleted in our rural areas, each household would have to find R5 00 each year to purchase goods and services that were once provided free of charge by the natural environment [<http://www.durban.co.za/factfile>. (2006); <http://www.fad.co.za/resources/htm>. (2009)].

### **3.8.2 Citizen and customer needs**

The central driver of the city's Integrated Development Plan (IDP) are the needs expressed by the citizens and customers. In order to ascertain these needs a number of sources are drawn on. These include workshops, with communities and key stakeholders, surveys, information collected by municipal departments and census information. These needs are used to inform and drive Municipal priorities. Needs are set out in terms of households, businesses and vulnerable groups (EIDP, 2008a, 2008b, 2008c)

Some of the amenities that are most important to the public are: education facilities, police services, health services, public transport, community halls, parks and recreation and postal services. The following problems were of greatest concern to the public: crime, HIV/AIDS, unemployment, housing, road safety, cost of living and overcrowding (Business Day, 2007).

### **3.8.3 Differentially-able persons**

It is estimated that by at least 210 000 (7%) of the EMA's residents are disabled. According to the 2001 census, 5% of KwaZulu-Natal's residents have some form of disability. Disabilities can be further subdivided with 0,7% being hearing disabled, 1,3% physically disabled and 1,2,% are sight disabled. Key issues identified by this group include the need for assistance in accessing state grants, skills training, dedicated public transport for the disabled and more rehabilitation centres. Accessible payout points, user-friendly public transport and public buildings, specialised educational facilities and disabled sports programmes together with the need to have information accessible to all were also highlighted as issues within the EMA.

## **3.9 TOURISM SECTOR SUPPORT**

The municipality is involved in key strategic programmes which include tourism sector support. In order to expand the tourism market, the city will focus attention on three areas:

- Determining spatially, the focus areas of tourism which will include product offerings beyond the coastal zone in areas such as Hillcrest, Inanda, Valley of a Thousand Hills and Cato Manor.

- Supporting the hospitality industry to provide world-class accommodation and services and
- Provide ‘must see’ attractions through flagship projects.

The tourism market catered for, include both foreign and domestic tourists as well as targeting the conference market [<http://www.tourismforall.org.uk> (2008)].

### **3.9.1 Capturing higher value tourism market segments**

Durban is South Africa’s premier domestic holiday destination but only captures in the order of 5% of the country’s fastest growing international tourism market [<http://www.durban.co.za/factfile>. (2006)]. The sector offers the ability to create employment relatively quickly and existing advantages such as climate and natural assets offer an attractive proposition if correctly packaged. Key actions include the following:

- Reposition existing strategies to align with higher value segment requirements whilst reinforcing valuable elements of the domestic market
- Significantly upgrade business and leisure tourism marketing and extend partnerships with Tourism KwaZulu-Natal (TKZN)
- Upgrade coastal resort assets with an emphasis on differentiated experience positioning
- Leverage investment in Point Waterfront and International Convention Centre [ICC] to secure private pledge to enhanced product development.
- Review and re-align the brand ‘Durban’
- Create an environment of safety for visitors
- Diversify the tourism experience through support for inland and coastal tourism routes and incorporating key historical and cultural Durban sights

- Develop and implement a Coastal Development and Management Plan, incorporating the above intentions [<http://www.durban.co.za> (2006)].

### **3.10 DEVELOPMENT FACILITATION DEPARTMENT**

The municipality has established a number of departments that are responsible for various aspects of key actions as identified by the municipality. The Development Facilitation Department's (DFD) most important role is to facilitate economic development in order to make it easier for communities and individuals to access or else package resources needed for their projects. As part of its functions the DFD engages in research to provide communities, individuals and the Central Local Councils with direction on economic strategy, areas of economic opportunities and assistance in navigating the institutions and organizations involved in development.

The DFD liaises with investors, developers, consultants, other government departments, communities and other civil society organizations concerning specific projects. The DFD also manages a range of projects which it has initiated in terms of tourism, economic development, small business development, revitalising the Durban Central Business District, project packaging and Beachfront development. The DFD consists of six branches, namely Economic Development, Special Projects, Tourism, Informal Trade and Small Business Opportunities, Youth Affairs and Land Transactions which are all actively involved in the economic development of the city.

#### **3.10.1 Economic planning and development committee**

All economic activity within the city falls within the committee's ambit. This includes helping the informal sector and emerging business grow, with a focus

on supporting job creation. Promoting tourism and attracting investment to the city, are among the committee's more important duties. The committee has backed a number of projects that have attracted international interest in the city over the years. The Point Waterfront upgrade, with its residential and business property in high demand, is one of the committee's flagship projects. The committee's strategy is to bolster the city's investment potential by using assets such as the centre to attract conferences to Durban. Music, sport, and cultural festivals are also planned as a way to promote the city.

The committee works on tourism projects such as the upgrading of the beachfront, and was involved in the development of uShaka Marine World. Apart from new projects, the committee also recognises the importance of ensuring that established business remains in the city, continuing to invest here. Then there are more down-to earth projects such as innovative efforts to bolster sustainable trade in medicinal indigenous plant trade. Future projects such as the Dube Trade Port will unleash a new economic power in the city and province. The committee would continue to drive the city's vision to make Durban a “successful player in the world”.

The focus will be on increasing economic growth rate and employment opportunities through making the port work smarter, increasing manufacturing output and ensuring tourism increases. The strategic projects are focussed around building for 2010 and beyond.

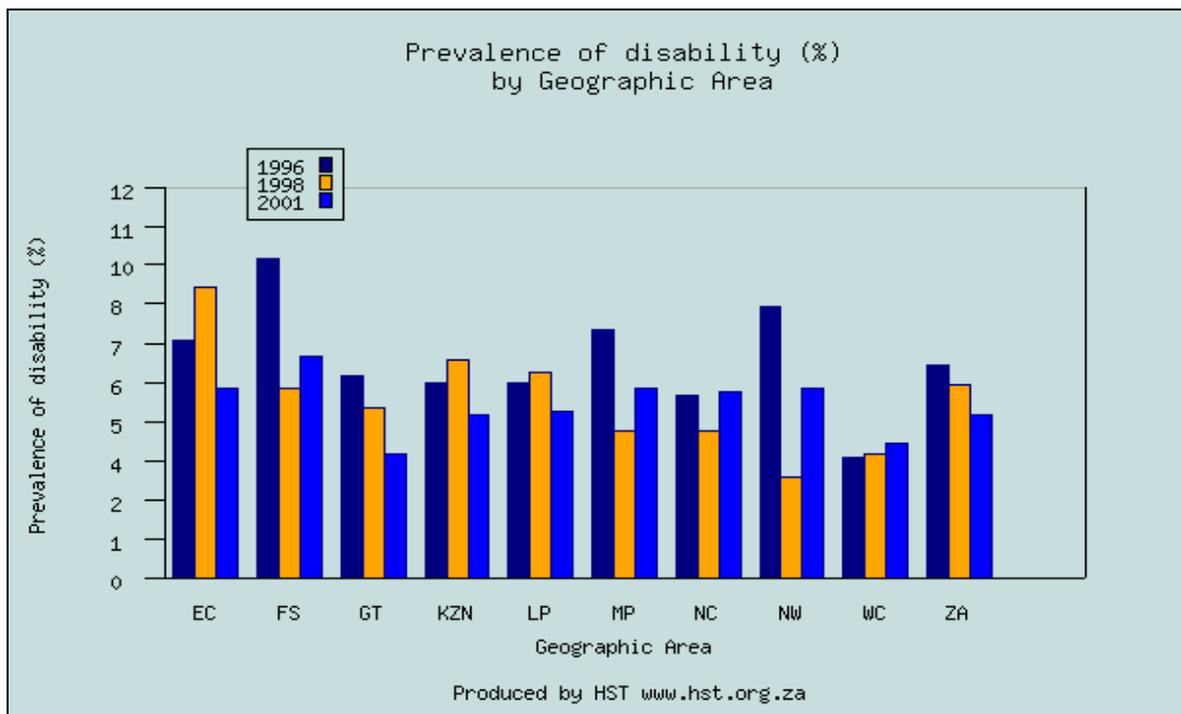
### **3.11 THE PREVALENCE OF DISABILITY IN SOUTH AFRICA**

In the previous chapters reference was made to the number of people with disabilities in South Africa, as well as identifying potential for these people to enter the tourism market. Some research studies [<http://www.info.gov.za>. (2005)

<http://www.leonard-cheshire.org>. (2007); <http://www.southafrica.infor>. (2009)] have estimates that between 5 and 12 percent of South Africans are moderately to severely disabled and not adequately catered for, in terms of facilities and services. Despite this large percentage of disabled people, few services and opportunities exist for people with disabilities to participate equally in society.

It has been argued that if Tourism KwaZulu-Natal (Seymour, 2004; TKZN, 2007) focuses and campaigns for disabled tourism this would enhance KwaZulu-Natal's profile as the preferred destination in terms of disabled domestic tourism. This type of tourism seeks to concentrate on the physically challenged, who would be invited to tourism facilities and activities that are packaged to benefit the differentially-abled international and domestic tourists [refer to Figure 3.4].

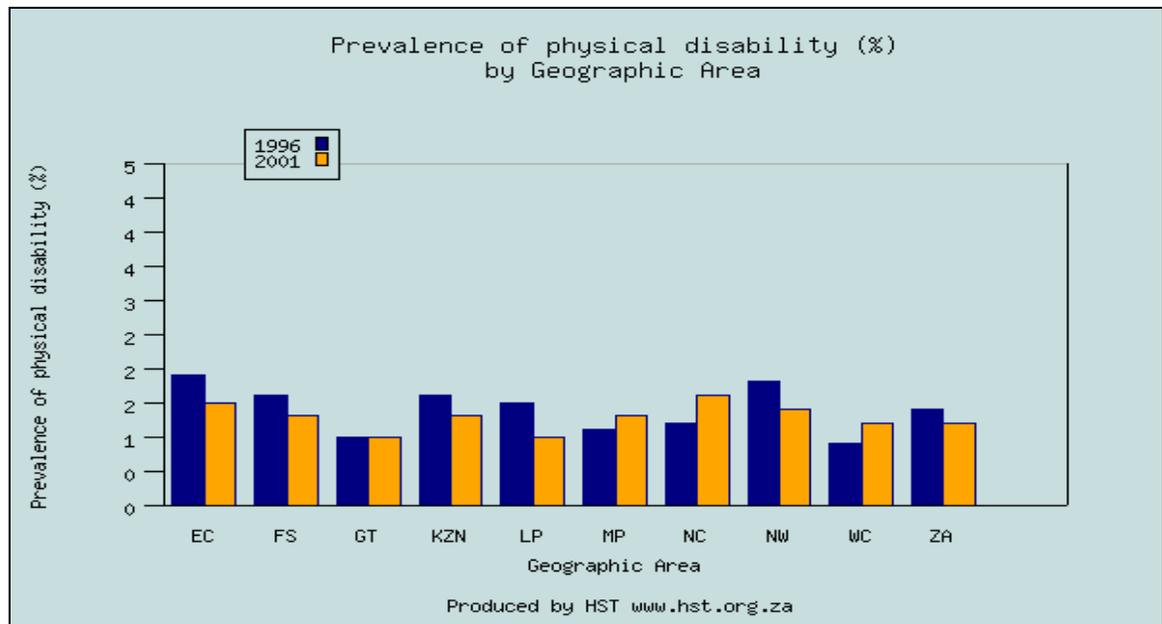
**FIGURE 3.4 PREVALENCE OF DISABILITY IN SOUTH AFRICA**



The analysis of the data captured from the differentially-able tourist indicated that 76.2% of the respondents were from the province and this is from a small sample size population. The graphs above [refer to Figure 3.4] indicate the prevalence of disabilities and physical disabilities in the nine provinces of South Africa and the country as a whole.

The underlying suggestion is that there is a great deal of potential for domestic tourists of this nature. There are about 44 000 differentially-able persons in Durban itself which translates to about 1% of the city's population. Research also indicates that not all disabled persons are able to travel over long distances due to their limitations and overcoming the problem of local travel for many would be a viable option [SSA, 2001; <http://www.statsa.gov.za/census01/html/c2001/disability .asp> 2009].

**FIGURE 3.5 PREVALENCE OF PHYSICAL DISABILITY IN RSA**



eThekweni offers a range of medium to high-density beach tourism facilities in the high, medium and lower income range for both domestic and foreign

tourists. It has the spatial capacity to maintain such a range, provided this is done within a controlled master planning environment. It is recommended that eThekweni needs to consider spatial sub-groupings of mini-destinations that link certain hotel groupings with exclusive beach areas, which can then develop their own market image, which can then be marketed to targeted tourist-source markets. One of the markets would be the disabled tourism market [SSA, 2001; <http://www.statsa.gov.za/census01/html/c2001/disability .asp>. 2009].

Cluster the hotels along the Marine Parade between the Edward Hotel on the corner of Sea View and the corner with Old Fort Road. Allocate the beach, or a part of, between Dairy Beach and North Beach Piers for the use of the hotel guests and other visitors willing to pay for the use of the facilities. Create the opportunity for one or more SMME concessionaire operated facilities, which would contract with the hotels for providing the services that would include seating areas with umbrellas; water and beach sport activities; serving of refreshments; restaurant eating facilities; music and other forms of entertainment. Such a clustering could, for example, use the name of ‘Embizeni’, which would start to create an image and branding for marketing purposes that would work within the Kingdom of the Zulu, but also stand alone when selling it to the targeted tourist-source markets (Internet) [SSA, 2001; <http://www.statsa.gov.za/census01/html/c2001/disability .asp>. 2009].

### **3.12 CONCLUSION**

In the eThekweni Municipal Area there is a huge flurry of development, investor confidence, a good spirit, and exciting plans are in the pipeline to bring in even more visitors this year. There is a great deal of potential for the eThekweni Municipal Area to become the Number 1 destination in South Africa. Every

person in the region needs to take responsibility for tourism and realise its value and role in job creation. The potential not only lies with the Golden Mile of Durban but outside as well. In order to take the Number One position internationally one needs to market eThekwini aggressively and “put our money where our mouths are”. Perhaps aggressively promoting and marketing this region as the “tourism mecca” for the differentially-able may launch eThekwini into the Number One position globally and nationally (Cole, - Daily News , 15/05/06)

The city has a vision that by 2020 the eThekwini Municipal Area will enjoy the reputation of being Africa's most liveable city, where all citizens live in harmony. This vision will be achieved by growing its economy and meeting people's needs so that all citizens enjoy a high quality of life with equal opportunities, in a city that they are truly proud of.

## **CHAPTER 4**

### **ANALYSIS AND INTEPRETATION OF DATA**

#### **4.1 INTRODUCTION**

Research is not an end in itself, nor is it a means to an end. Research is merely a continuing and vital part of our need to understand and grow. The goal of research is to produce knowledge that truly reflects the social world, not to defend pet ideas or hypotheses. (Neuman, 1997: 324). In this chapter, the analysis and interpretation of data in the context of the theoretical background used in Chapters two and three, is an important research process that is expected to lead to meeting the objectives of this study. In other words, chapter four of this research study focuses on analysing and interpreting the data, which was collected by means of interviews in the eThekweni Region. The data are also interpreted in order to assess the hypotheses, which are a driving instrument towards giving clarity of issues regarding the topic under discussion (Magi, 2007).

According to (Bless & Higson-Smith, 1995:163) a research statistic is a numerical representation of information gathered with a view of assessing the research question or problem. Whenever a researcher wants to quantify or apply numbers to data in order to organize, summarize, or better understand the information, he/she uses the statistical methods. According to Mouton & Marais (1994: 103) the process of interpretation emphasises the interpretative dimension of explanation in the social sciences. Once the complex data has been broken down into its simpler forms, it is then possible to understand and

give the meaning of the data. In short, analysis and interpretation would give direction to scientific and valid conclusions. This is the fundamental aim of this chapter.

## **4.2 RESTATEMENT OF THE OBJECTIVES AND HYPOTHESES**

In presenting this chapter it is imperative to restate the objectives and hypotheses so as to make it clear to the reader or anyone who might refer to this study, as to what are the intentions of the study and how are the intentions going to be realised. The researcher focused on the important elements of the investigation through analysing the objectives and hypotheses. The objectives are written in such a way that they follow the hypotheses, which are out to give an educated guess about the outcomes of the analysis. The objectives and hypotheses are as follows:

Objective 1: To establish the respondents' understanding of the meaning and importance of tourism for the differentially-able [physically challenged] in the study area.

Hypothesis 1: That the respondents in the study area understand the meaning and importance of tourism for the differentially-able [physically challenged].

Objective 2: To investigate the adequacy and provision of recreation facilities and services for the differentially-able [physically challenged] tourists in the study area.

Hypothesis 2: That the provision of recreation facilities and services for the differentially-able [physically challenged] tourists are inadequately delivered in the study area.

Objective: 3: To determine the extent to which the differentially-able [physically challenged] tourists visit and participate in recreation activities in the study area.

Hypothesis: 3: That the participation of differentially-able [physically challenged] tourists in recreation activities in the study area is not extensive or substantial.

Objective: 4: To ascertain the strategies or management practices, which are used by the eThekweni Municipal authorities to offer services to the differentially-able [physically challenged] tourists in the study area.

Hypothesis: 4: That the strategies or management practices, which are used by the eThekweni Municipal authorities to offer services to the differentially-able [physically challenged] tourists in the study area, are not well developed.

Objective: 5: To investigate the extent to which recreation service providers are implementing the policy of Integrated National Disability Strategy, relating to recreation service provision for the differentially-able [physically challenged] persons in the study area.

Hypothesis: 5: That the recreation service providers implementing the policy of Integrated National Disability Strategy, relating to recreation service provision for the differentially-able [physically challenged] persons in the study area, are not successfully doing so.

It is anticipated that these objectives and postulated hypotheses would assist the researcher to arrive at reasonable and educated conclusion with regard to

this study. This chapter is therefore presents the analysis of matters related to the objectives, and it gives the findings about the various hypotheses postulated above. In other words, in this chapter the objectives of the study are thoroughly interrogated in collaboration with the data collected with a view of achieving the outcomes of this research. As such, the restatement of objectives and hypotheses, seeks to facilitate the making of judgements and drawing of conclusion and recommendations from these research techniques.

### **4.3 DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS**

In this section gender, age, education, level of income and location are considered as important variables that have an influence on participation in outdoor recreation activities. The respondents were targeted on the basis of the relevance of their demographic characteristic. In other words, these variables are empirically analysed and discussed in order to reveal the characteristics of the sample. The purpose of this analysis is to establish responses to recreation services as provided by the differentially-able persons in the study area, as well as to draw conclusions and recommendations based on the topic investigated.

This section has investigated the personal background and characteristics of the differentially-able related respondents, who were interviewed in the study area. The respondents were categorised into officials [24], the service providers [72], recreators and tourists [80], and the community members [96]. The demographic variables considered include age, gender and marital status, which are dealt with in Table 4.1. The socio-demographic variables such as level of education, employment and income status are dealt with in Table 4.2 respectively. It is important to mention that accessibility to recreation facilities and services will directly influence the responses of these categorised stakeholders or respondents. Furthermore, the Internet was used

to access some of these stakeholders. The power of the Internet is vested on its ability to communicate to mass audiences while also adopting one-to-one communication principle. The majority of tourists to KwaZulu-Natal have been ‘landed’ by word-of-mouth communication and the Internet. Internet communication is more credible as it is deeply personal, in that the Internet users ‘pull’ information at their own discretion.

**TABLE 4.1: DISTRIBUTION OF DEMOGRAPHIC CHARACTERISTICS**

<i>VARIABLE</i>	<i>SUB-VARIABLE</i>	<i>ABSOLUTE FREQUENCY</i>	<i>FREQUENCY PERCENTAGE</i>
<b>Age</b>	16 - 20	27	10%
	21 - 35	79	29%
	36 - 50	82	30%
	51 - 60	62	23%
	61 - 80	22	08%
<b>TOTAL</b>		<b>272</b>	<b>100%</b>
<b>Gender</b>	Male	103	38%
	Female	169	62%
<b>TOTAL</b>		<b>272</b>	<b>100%</b>
<b>Marital Status</b>	Single	185	68%
	Married	60	22%
	Widowed	19	07%
	Divorced	08	03%
<b>TOTAL</b>		<b>272</b>	<b>100%</b>

#### **4.3.1 Age**

The issue of age has been included in the study to determine what age group happens to influence the participation in tourism activities of the differentially-able people. The age distribution shown in Table 4.1 reveals that there was a bias towards the middle-age groups of 36-50 years. The

young adults (21-35) were the next in line (29%) in terms of responding to the questionnaire. The mature adults (51-60) respondents were the third largest in responses (23%), whereas less than 10 percent of the youth (16-20) and senior adults (61-80) responded to the questionnaire.

#### **4.3.2 Gender**

The reason behind including gender as one of the variables in the questionnaire was to determine whether being a male or female influences tourism participation among the differentially-able people in the study area differently. This state of affairs could be attributed to the fact that many men happen to venture out into recreation facilities in the study area, than women do. Furthermore it was noted that the majority of women are single parents and they would like to be exposed to more opportunity in the study area.

On analysing the gender variable for the total sample, it was found that about 62 percent were females and 38 percent were males. Not surprisingly, females were in the majority, since females are locality bound as well as family bound, with commitments which prevent them from participating in recreation activities outside the home. World Travel Organisation (UNWTO, 2000), however, has identified changes in gender tourism with more women being motivated to travel and participate in tourism, in order to escape from routine or the domestic environment. One of the social objectives highlighted in the Tourism White Paper (DEAT, 1996) is that tourism should be used as a catalyst for human development, focusing on gender equality.

#### **4.3.3 Marital status**

Marital status is plays an important role in South African Black communities because it gives and also deprives powers and privileges to other partners. In a married couple situation, the man is usually in control and can do as he pleases, whereas the wife has to report to the husband for any activity she

would like to undertake. It was therefore from that perspective that the marital status of the differentially-able people was investigated in the study area. Further that marital status does exert some influence on the tourism participation patterns among the differentially-able people participating in any recreation activities.

What is shown in Table 4.1 is that the majority (68%) of the respondents were single. Respondents who indicated that they were married accounted 22 percent of responses. Less than 7 percent of the respondents were widowed and divorced. It should be noted that the majority of the respondents make up the 'singles' category were boosted by the number of young people who were interviewed.

The collection of data relating to the socio-demographic variables [refer to Table 4.2] of the respondents plays an important role in reflecting the personal attributes of the differentially-able people in the eThekweni Region. These respondents varied widely in respect of personal attributes ranging from level of education, employment status and levels of income. It is anticipated that the analysis of these demographic selected and socio-economic attributes and opinions would offer better understanding, awareness and participation role of the differentially-able people in the study area.

#### **4.3.4 Education level**

The education variable [refer to Table 4.2] tends to influence the socio-economic status of the respondents in tourism as well as the participation patterns, be they differentially-able people in tourism or not. According to Torkildsen (2007) the type of education, the length of education and educational attainment are closely related to upbringing, class, occupation,

income and other related factors. Education is known to have a positive influence on individuals' tourism participation and organisations' management practices.

**TABLE 4.2: SOCIO-DEMOGRAPHIC VARIABLES**

<i>VARIABLE</i>	<i>SUB-VARIABLE</i>	<i>ABSOLUTE FREQUENCY</i>	<i>FREQUENCY PERCENTAGE</i>
<b>Education</b>	Below Grade 10	60	22%
	<b>Grade 11 – 12</b>	125	46%
	Grade 12 + Diploma	66	24%
	Tertiary Level	21	08%
<b>TOTAL</b>		<b>272</b>	<b>100%</b>
<b>Employment</b>	Self employed	49	18%
	Govt. Employee	19	07%
	Priv. Sector	67	25%
	Unemployed	93	34%
	Student	44	16%
<b>TOTAL</b>		<b>272</b>	<b>100%</b>
<b>Income</b>	R0.00 – R500.00	133	49%
	R501 – R 1000.00	60	22%
	R1001.00 – R1 500.00	33	12%
	R.1 501.00 – R2 500.00	19	07%
	R 2001.00 – R2 500.00	03	01%
	R 2 501.00 & above	24	09%
<b>TOTAL</b>		<b>272</b>	<b>100%</b>

It is noticeable that from Table 4.2, the majority of the respondents (46%) indicated that they had attained an educational level up to grade 12. The second largest number of respondents (24%) indicated that they had an educational level of grade 12 plus a diploma. Very few of the respondents (08%) indicated that they had acquired tertiary education. The reason behind the fact that the majority of the respondents have had the level of education that is up to matric and below [68%] is perhaps that many of the people in

the area could not afford to attend tertiary institutions, mainly because of financial constraints.

#### **4.3.5 Employment**

It is generally known that one of the aspects that bring income in the communities is employment. It is therefore from this notion that the aspect of employment was brought to the study to be explored in relation to the percentage of people who are differentially-able and are either employed or not. The more people are employed in any area; the better will be their quality of life because their economic standard of living would be relatively improved. In order to participate in recreation activities that take place in the eThekweni Municipal Region, visitors, recreators and communities have to pay for their recreation activities.

What is shown in Table 4.2 is that most of the respondents (34%) were unemployed. The latter concurs with the fact that unemployment figures in KwaZulu-Natal are generally high, approximately the rate 23%. [<http://www.sagoodnews.co.za/employment/unemployment> (2008)]. Thus the eThekweni Region has a very high degree of unemployment. It is worth noting that about 25 percent of the respondents, who indicated that they were employed, were engaged in the private sector. Surprisingly, only 7 percent of the respondents were employed in the government sector.

In many urban townships communities are expecting that the government would offer employment, directly or indirectly. About 18 percent of the respondents indicated that they were self-employed, possibly in their own private enterprises or through tender-based government jobs. It should be borne in mind that the employment of the respondents would vary in terms of the various categories of stakeholders participating in the research study.

#### **4.3.6 Income per month**

Information about the economic and salary status of the differentially-able inhabitants of the Durban Metropolis, is important for this study. A good income for any person suggests that there would be freedom to participate in tourism projects in general. Lack of income, could be the reason why some people did not participate in recreation and tourism activities. For example, if the income of a community member was too low, it would make it difficult for that member to participate in the tourism activities within the study area.

In terms of the data collected from respondents, as shown in Table 4.2, the majority (49%) of the respondents indicated that they earned less than R500.00 per month. The second highest number of respondents (22%) revealed that they were in the R501.00 to R1000.00 per month category. These two categories (71%) of respondents and their earnings reflect that the income, and therefore quality of living, in the eThekweni Municipal Region was somewhat underprivileged and deprived for the differentially-able people. This situation somehow justifies the expectation that the eThekweni Municipal Region community members who are differentially-able should be given employment by municipal authorities. However, municipal and government officials indicated that they earn approximately R2500.00 and above, but they are few in number and are a special case.

#### **4.4 UNDERSTANDING THE MEANING AND IMPORTANCE OF TOURISM**

The understanding and awareness of how tourism and tourism industry works is an important prerequisite for the improved development and promotion of tourism delivery among the differentially-able people. According to McIntosh *et al*, (2002) tourism as an industry brings both economic and non-economic benefits and costs to host communities. The benefits include, provision of employment opportunities as it is a labour-intensive industry;

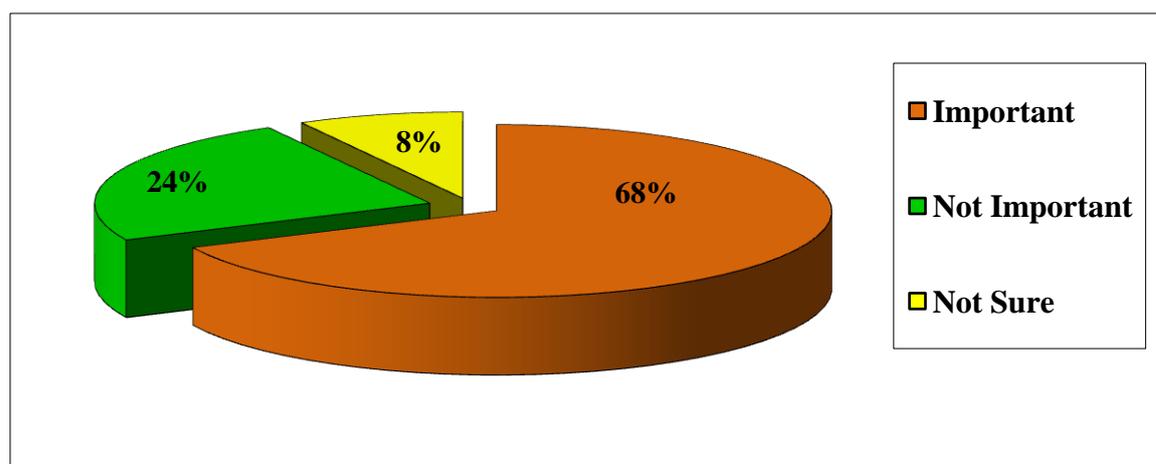
generating a supply of needed foreign exchange; increases incomes; develops an infrastructure that would also help stimulate local commerce and industry, helps to diversify the economy; spreads development; improves the quality of life related to a higher level of income and improved standard of living. What is important is that even the differentially-able inhabitants of the eThekweni Region must understand the working of tourism and its benefits. As such the eThekweni Municipal Authorities can play a significant role in ensuring that the local physically challenged inhabitants within their jurisdiction enjoy these benefits by engaging in recreation and tourism activities.

One of the main objectives of the study was to investigate the respondents' understanding of the meaning and importance of tourism for the differentially-able in the study area. In this regard, the respondents were subdivided into the four categories so as to assess each group's understanding and awareness, perception and preference with regard to the recreation and tourism participation patterns. It was anticipated that this form of analysis would reveal to true behavioural characteristics of the differentially-able relating to recreation and tourism activities. The latter was done considering and speculating that active recreation, in contrast to passive recreation, would be a serious challenge to the differentially-able tourists in the study area.

Pertaining to the above argument, the respondents were asked to indicate their level of awareness of the importance of recreation for differentially-able inhabitants of the eThekweni Region. On the whole, Figure 4.1 shows that a significant majority of respondents [68%] indicated that they thought recreation and tourism were important for the differentially-able inhabitants of the eThekweni Region. The latter may have been encouraged by the existence of a well-publicised policy-standpoint for the differentially-able in

the province of KwaZulu-Natal. On the other hand, only 24 percent and 8 percent of the respondents indicated that they were unaware and not sure respectively.

**FIGURE 4.1 UNDERSTANDING THE IMPORTANCE OF RECREATION AND TOURISM**



A significantly large percentage of the positive response [68%] may be accounted for in that the majority of the respondents understood that recreation and tourism had potential benefits for them. On the other hand, it may be inferred that that the respondents who felt tourism was not that important [24%] for the differentially-able inhabitants, did so because they were actually experiencing the benefits of recreation and tourism in the eThekweni Region.

In view of these outcomes it is reasonable to conclude that Hypothesis 1, which states: *That the respondents in the study area understand the meaning and importance of tourism for the differentially-able [physically challenged]*, should be supported and thus accepted. The basis for accepting this hypothesis is based on the fact that the majority of surveyed respondents had

relatively supported the importance of tourism for the differentially-able inhabitants in the study area.

#### **4.5 THE ADEQUACY OF PROVISION OF RECREATION FACILITIES AND SERVICES**

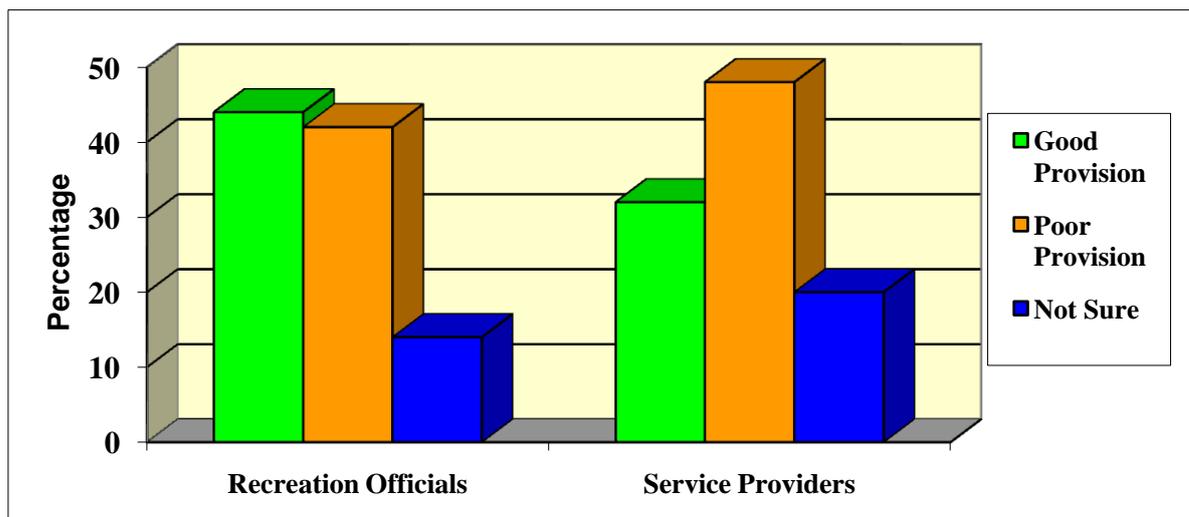
The physically-challenged or differentially-able people, like all other people, constitute a potential market for tourism products and tourism industry in any country or destination. The differentially-able people have the buying power just like any other tourist, although their trips may be hindered by lack of accessibility to most of the facilities, rather than their physical disability itself (Lubbe: 2003: 56).

The primary purpose of recreation is to restore, remediate, or rehabilitate the recreator, in order to improve functioning and independence as well as reduce or eliminate the effects of illness or disability. The primary purposes of recreation services are to provide recreation resources and opportunities in order to improve health and well-being [<http://www.skyways.lib.ks.us> (2008)]. With this notion in mind, the stakeholders in the study area responsible for the promotion and marketing of tourism were given a questionnaire to complete, so as to assess their views regarding the provision of recreation facilities. For example, Tourism KwaZulu-Natal (TKZN), Durban Africa and several other providers were asked to respond to some questions regarding their role in promoting tourism and encouraging recreation service-providers to cater for the differentially-able recreators in the study area. It must be noted that policy-making tourist organisations, usually represent the interests of both the tourist/recreators and the tourism service providers. These organisations also help in dealing with issues such as tourism/recreation planning, development and management of facilities and services. The latter also includes the maintenance of recreation-space

standards as well as regulate the execution of development policies (Lubbe, 2003).

What is shown in Figure 4.2 are some of the related responses given by recreation officials and service providers. As such, a small majority [44%] of the recreation officials indicated that there was good or adequate provision of recreation facilities and services for the differentially-able people in the study area. Approximately, 42 percent of the respondents indicated that there was poor provision of recreation facilities and services.

**FIGURE 4.2**      **PERCEIVED PROVISION OF RECREATION FACILITIES AND SERVICES**



[n = 272. Some of the subjects gave more than one response for each statement]

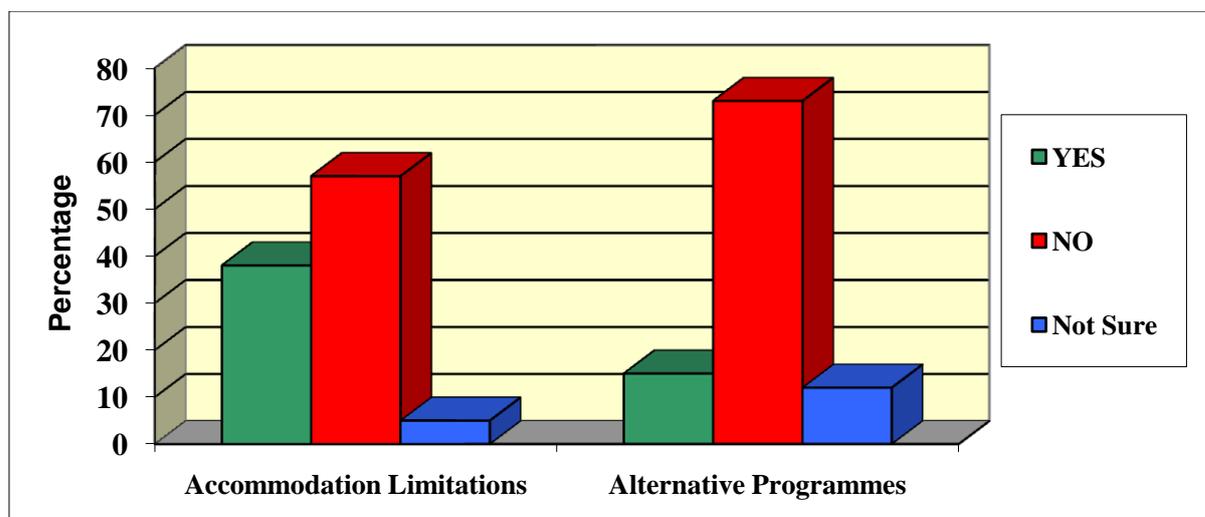
On the other hand, a majority [48%] of the service providers intimated that there was poor or inadequate provision of recreation facilities and services for the differentially-able people. Only 32% reflected good provision of resources in the study area. A significant number [20%] of these respondents also indicated that they were not sure about the provision of facilities and services. It should be understood that the service providers were in business

and wanted more business opportunities to be offered to them, hence they would suggest that they are complying with required legislation.

Following from the analysis given above, it may be concluded that Hypothesis 2, which states: *That the provision of recreation facilities and services for the differentially-able [physically challenged] recreators/tourists are inadequately delivered in the study area*, should be supported. The basis of support is that a significant number of officials and service providers stated that there was an inadequate supply of facilities.

To further investigate the adequacy of facilities and services for differentially-able recreators, respondents were asked to indicate two things: (a) Accommodating limitations of differentially-able persons, and (b) Provision of alternative programmes for differentially-able people. What is shown in Figure 4.3, are some specific views of the service providers regarding the area, type and aspect of provision entertained by the service providers in the study area.

**FIGURE 4.3      TYPES OF PROVISIONS OFFERED BY THE  
SERVICE PROVIDERS**



[n = 272. Some of the subjects gave more than one response for each statement]

Recreation service providers were asked if they considered the accommodation limitations of the differentially-able when planning activities at their facility. A majority [57%] of the respondents gave a negative response. There were only 38 percent of the recreation service providers who took into account these limitations. If limitations exist in any recreation facility, then those that want to participate encounter barriers to their participation. It is important to note that alternative programmes are made possible by the foresight and assistance of the authorities and dedicated operators in designing their facilities and services to accommodate the needs and abilities of special groups.

Many of the differentially-able recreators/tourists will not be able to engage in activities in the exact manner as those that are able. Therefore, recreation service providers should anticipate this and provide for the various limitations. It must be noted that those that are differentially-abled encounter not only physical barriers but also attitudinal barriers. If this type of situation exists in the study area then the provision of recreation services becomes inadequate and lacking for this niche market.

Furthermore, the recreation service providers do not have separate programmed activities for the abled and disabled persons. The data in Figure 4.3 indicates that 73 percent of recreation service providers do not have separate programmes for those tourists that have limitations. Neither any arrangement was made for the tourist, if he/she is excluded due to physical limitations, which would translate into not giving the physically-challenged tourist any alternatives. One recreation facility, though, did indicate that it does have a special pathway constructed for those that are wheelchair bound.

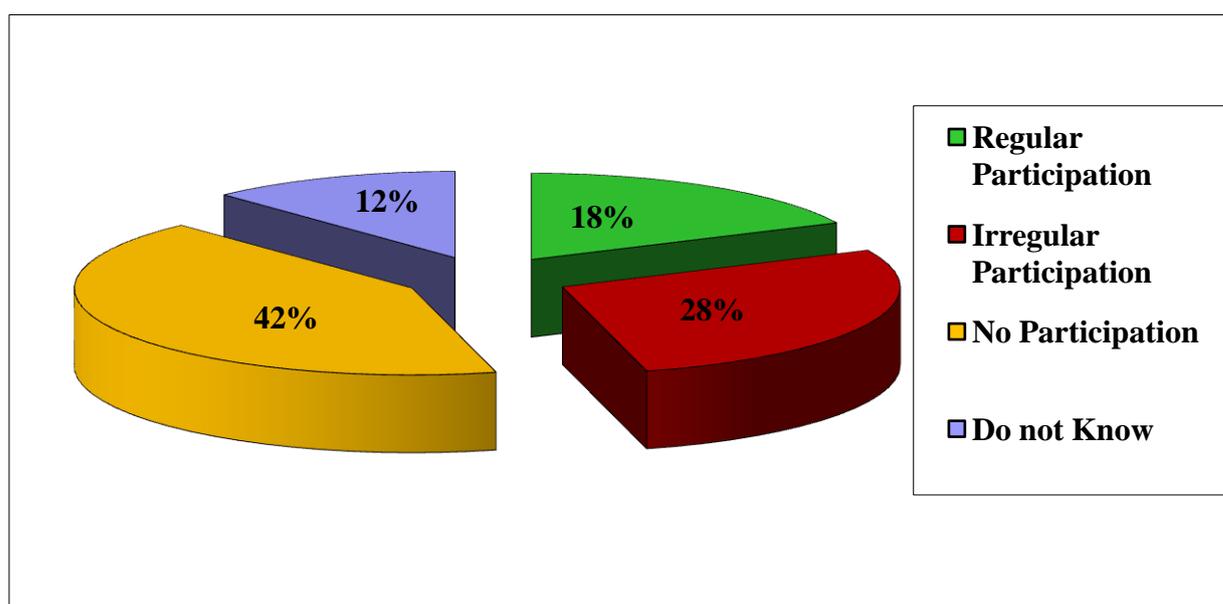
In this regard [refer to Figure 4.3] the recreation service providers were asked to indicate if there were alternative programmes they offered the differentially-able respondents. A significantly large number of respondents [73%] responded negatively to this question. What can therefore be deduced from this analysis is that Hypothesis 2, which states: *That the provision of recreation facilities and services for the differentially-able [physically challenged] recreators/tourists are inadequately delivered in the study area,* should be supported. The basis of support is that a significant number of service providers stated that there was an inadequate supply of alternative programmes for the physically-challenged.

#### **4.6 PARTICIPATION IN RECREATION ACTIVITIES**

According to Pigram (1983) participation can be defined as those activities by which members of society engage in the selection of programmes and activities as well as their management (including decision-makers and authorities) that would involve all stakeholders in the formation of recreation or tourism public policy. This public policy would encourage the community to get involved in outdoor recreation and leisure activities and facilities. On the other hand, Torkildsen (2001) views participation as the core of the experience, the times of encounter with the resource and activity opportunities offered to the local community members or visitors. In other words, in this context, participation may be used to determine the level of community involvement and the way in which they share certain facilities and activities offered within the study area. To get to know whether the respondents perceived the levels of recreation participation among the differentially-able, respondents were asked to indicate their views.

As shown in Figure 4.4, the majority of respondents [42%] indicated that they thought that there was no participation of the differentially-able recreators in the study area. On the other hand, 28 percent of the respondents and 18 percent of them, thought there was an irregular and regular participation, respectively.

**FIGURE 4.4: LEVEL OF PARTICIPATION IN RECREATION**



The selection of responses was mainly on the basis of three stakeholder categories mentioned earlier; the service providers, recreators/tourists and the local community. The recreators/tourists and local community were the single most influential stakeholders mainly because of their superiority in sampling numbers. The dominant finding of non-participation in recreation activities must have been influenced by the local community numbers.

On the basis of these findings it may be concluded that Hypothesis: 3, which states: *That the participation of differentially-able [physically challenged] recreators/tourists in recreation activities in the study area is not extensive or substantial*, should be supported. This finding is supported by the

outcome that there are few people who selected that there was adequate participation in recreation facilities and activities.

The participation of differentially-able tourists in recreation activities is influenced by numerous factors. Some of the factors that can influence participation include severity of the handicap, finance, transportation services, age, marital status, and distance to the recreation service and types recreation services provided. Respondents were asked for reasons why they participated or not and the reasons mentioned were in keeping with research conducted in other countries (Torkildsen, 2007; Lubbe, 2003). Tourism is about more than just providing physical accessibility. Many types of facilities can be made more accessible by improving the quality of service provisions.

Recreation is valuable in creating a healthy society as it has social, psychological and physical outcomes for an individual and for communities at large. Recreation builds skills used in other parts of people's lives. Participants should receive recreational experiences and where necessary they should be tailor-made, flexible and adaptable to the particular needs of each individual. Each person with a disability seeking a recreation experience has to have access to a service based on need, interest and available resources. ([www.nican.com.au](http://www.nican.com.au) 2008). Many of the respondents indicated that they did not participate in activities in the study area because they were unaware of any such facilities provided for them.

The European Network for Accessible Tourism (ENAT) cites a number of services that can be categorised as accessible services which are vital if one want to encourage recreation and tourism amongst the differentially-abled in the study area [[http://www. Accessibletourism.org](http://www.Accessibletourism.org) (2009)]. These include the provision of (accurate and detailed) travel and tourism information,

including information about accessibility as well as the provision of this information in accessible formats such as the World Wide Web and digital or large print versions or brochures. Staff or volunteer assistance in specific places or for certain activities, for example, shopping, beach access and porter service for baggage, is usually made available to the recreators and tourists. Special diets for people with allergies should be devised. Tourism services, such as car hire which can include adapted vehicles or additional service such as a transportable electric scooter, beach wheelchairs, walking aids, etc., can also be hired out or lent to customers. Tourism packages that are made accessible for all differentially-able customers, tend to improve the service experience of recreators and tourists [<http://www.accessible-tourism.org> (2009)].

#### **4.7 RECREATION AND TOURISM MANAGEMENT STRATEGIES OR PRACTICES**

For purposes of this study the terms ‘policy, strategy and practice’ are seen as intertwined in meaning. These terms all have to do with the transition of the policy into action, which is doing what the policy has to do with, the translation of the policy into action, which is doing what the policy stipulates (Van Niekerk, 1988). Similarly the term ‘strategy’ refers to putting up some actions in order to influence the behaviour of another person, persons or organisation, whether following existing policies or not. A policy in relation to practice and strategy is a long term plan of action designed to achieve a particular goal or outcome, most often to gain the upper hand in a challenge or contest [<http://www.en.wikipedia.org/wiki/strategy> (2008)]. The emphasis on practice is on action rather than on theory (policy). The notion of practice further emphasises the idea continuous actions with regard to use of facilities at hand and by being less premeditated, and often practically executed.

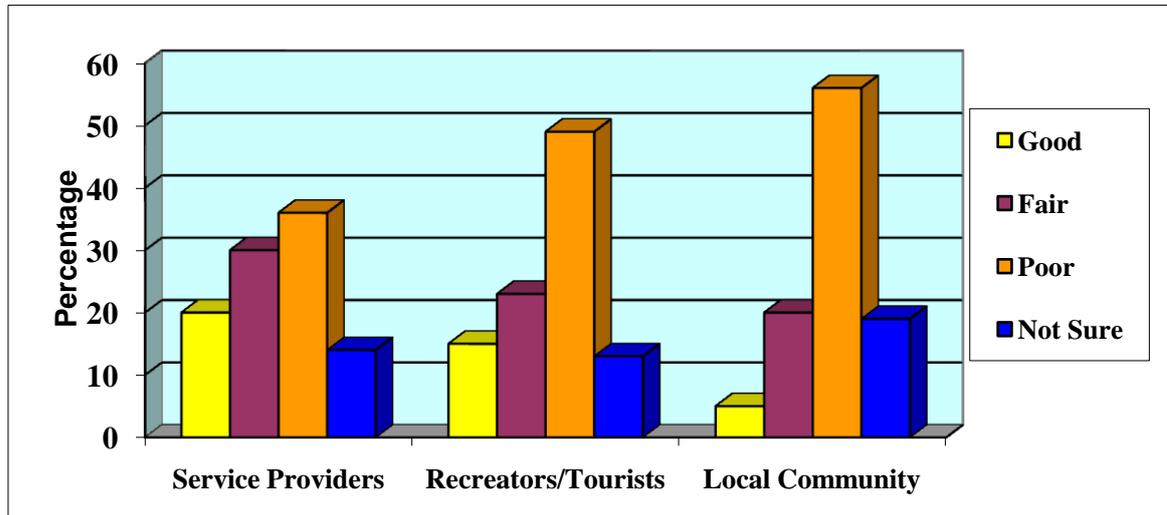
Practices are used to make the problem easier to understand and solve [<http://www.en.wikipedia.org/wiki/practice> (2008)]. Practice and strategy usually lead to organisations doing well in their business, for periods of time in conditions of relative stability, low environmental turbulence and little competition for resources [<http://www.en.wikipedia.org/wiki/strategy> (2008)].

One of the objectives of this study sought to ascertain the strategies or management practices, which are used by the eThekweni Municipal authorities to offer services to the differentially-able recreators or tourists. In an attempt to activate effective recreation management practices within the eThekweni Municipality, the authorities, pursuing national policies for the physically challenged, have put up strategies for successful implementation of recreation and tourism development initiatives (Njobe & Botha, 2003). Some of these include: fulfilment of community aspirations; establishing good infrastructure; stakeholder partnerships, equitable access to travel opportunities; improved understanding of stewardship and enhanced recreation attractions (DEAT, 2006).

Notwithstanding the existence of official recreation or tourism policies, some of the recreation practices do not seem to have adequately responded to the needs of the differentially-able communities. It is for these reasons therefore, that the respondents, such as service providers, the recreators/tourists and the community, were requested to furnish their views about the nature of recreation strategies or management practices in the eThekweni Municipal Area. The officials were not surveyed because it was believed they would always give a positive official viewpoint. In this regard, Figure 4.5 depicts the responses obtained from various stakeholders as to the manner in which

recreation management practices were used by the authorities to offer services to the differentially-able persons.

**FIGURE 4.5: PERCEIVED RECREATION MANAGEMENT PRACTICES FOR THE PHYSICALLY CHALLENGED**



[n = 272. Some of the subjects gave more than one response for each statement]

As indicated in Figure 4.5, the majority in all stakeholder-categories held a view that the recreation promotion strategies or management practices for the differentially-able were poor. The majority of the service providers [36%] were of the view that recreation or tourism management practices in the study area were poor. Only 20 percent of them thought the practices were good and 30 percent felt the recreation management practices were fair. The possible reasons for this response were that the service providers are supporting government policy which gives jobs or business to them, and therefore are likely to support their business provider, the eThekweni District Municipality. On the other hand, the majority of recreators and tourists [49%] perceived the recreation management practices for the differentially-able were poor. To add to this negative response, about 13 percent of the recreators and tourists perceived these management practices as poor. Only 15 percent of the recreators felt the management practices were good and 23

percent thought they were fair. Their reasoning could have been based on the fact that they may be unhappy with the quality of the facilities and practices offered.

A significant majority of the local communities [56%] felt that the recreation management practices for the differentially-able in the study area were poor and not in line with all-inclusive tourism development principles. Also that a significant number [19%] of the communities, was not sure of the situation in the study area. Only a small number of the local community members [5%] thought the management practices were good and about 20 percent of them thought they were fair. The possible justifications for these responses were that the local community members were poor; less educated and excluded from participating in the outdoor recreation activities. The situation was perceived to be worse if you happened to be physically challenged. The community members also felt that there was room for improvement of opportunities from the authorities of the eThekweni District Municipality. Another possible reason is that communities were not overly happy with the development processes provided by the recreation and tourism authority in the study area.

The outcomes of these analyses, pertaining to the perceived contribution of recreation management practices for differentially-able tourists, show a negative outlook. From these outcomes it may therefore be concluded that Hypothesis 4, which states: *That the strategies or management practices, which are used by the eThekweni Municipal authorities to offer services to the differentially-able [physically challenged] tourists in the study area, are not well developed*, should be supported and therefore accepted. Whilst the local community has looked at recreation and tourism as influenced by unemployment and poverty, from a livelihood perspective, the eThekweni

Municipality or local authorities have focused on recreation and tourism as having positive and negative social, economic and environmental impacts on local communities (Cowan, *et al*, 2003; Binns & Nel, 2002).

#### **4.8 IMPLEMENTATION OF THE DISABILITY POLICY FOR RECREATION DELIVERY**

Flowing from the discussion of the preceding aspect that concerned tourism management and strategies, a more comprehensive definition of tourism policy, and used for this research, is that it is the “course of action guiding principle, or procedure considered to be expedient or advantageous in the planning and management of recreation and tourism” (Hall, 2000: 8). Both policy and strategy have to be seen as a consequence of the socio-political environment, values and ideologies, the distribution of power, institutional frameworks, and of decision-making processes. Accordingly, one of the objectives of this study was to investigate the extent to which recreation service providers and authorities are implementing the integrated national disability policy, with a view of benefitting the differentially-able persons in the recreation and tourism environment.

Torkildsen (2007) views benefitting from recreation participation as the core of experience, the times of encounter with resources and activity opportunities offered to the community members or visitors. In other words, in this context participation may be used to determine the extent to which the differentially-able community members are benefitting or sharing certain activities offered by the eThekweni Municipality. We therefore, also have to bear in mind that policy can be regarded as a course of action taken by government towards planning, implementing and managing elements of the recreation and tourism systems (Rodney & Toalson, 1981; Calista, 1994). This means that today’s policy is the basis for stimulating recreation

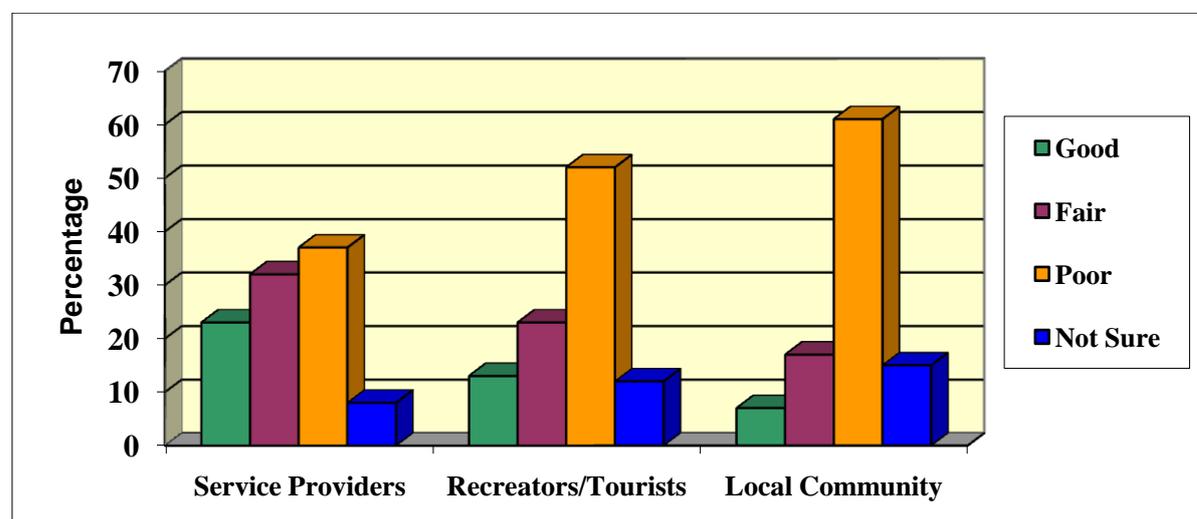
development in any country, and more specifically for the physically challenged in KwaZulu-Natal.

In this regard, the respondents in the eThekweni Region were asked to reveal their perceptions towards the implementation of the integrated national disability policy, in the context of recreation and tourism industries. Consequently, the analysis of responses of stakeholders, shown in Figure 4.6 suggest that that there was no coherent link or follow through process, between policy formulation and policy implementation for the differentially-able recreators or tourists. On the whole, the majority in each of the stakeholder-categories were of the view that the implementation of the integrated national disability policy, in the context of recreation and tourism, was poorly executed. There a somewhat uneven distribution of responses from the service providers. About 37 percent of them felt the implementation of the recreation related disability policy was poorly carried out, 32 percent felt it was fair and 23 percent thought it to be good. The possible reason for these responses was that the service providers were intimately familiar with policy matters and were part of the implementation structure. Perhaps they were also sympathetic and understood the difficulty of implementing existing policy.

On the other hand, a majority of the recreators or tourists [52%] thought that the implementation of the integrated national disability policy, in the context of recreation and tourism was poor and not subscribing to national required standards. On the contrary only 13 percent of the recreators or tourist respondents felt that the implementation of the recreation-based disability policy was good and about 23 percent of them thought it was fair. It should be understood that the recreators and tourists may be visitors and outsiders, and only see the finished product without knowing the difficulties

experienced in establishing the final recreation-based policy for the physically challenged persons in the study area.

**FIGURE 4.6 PERCEIVED IMPLEMENTATION OF RECREATION-BASED DISABILITY POLICIES**



[n = 272. Some of the subjects gave more than one response for each statement]

The members of the local community were quite explicit in their response. An aggregated response of 76 percent of the community suggested that, the notion of policy formulation and implementation for the differentially-able recreators or tourists ranges from poor to ‘not sure’. Consequently, 61 percent of the community suggested that policy implementation was poor. Only a meagre number [7%] of the community felt that the policy implementation situation was good and 17 percent thought it was fair. The main reasons for these responses were perhaps that most community members had either experienced some difficulties in trying to access recreation facilities and activities, or that their poverty status and poor educational qualifications influenced their negative responses. These negative responses are also stimulated by the lack of disposable income, inadequate small business opportunities, poor skills development and unemployment (Spykes, 2002; Sikhakhane, 2006; Peacock 2007).

When viewing the outcome of these analyses it stands to reason that **Hypothesis 5**, which states: *“That the recreation service providers implementing the policy of Integrated National Disability Strategy, relating to recreation service provision for the differentially-able [physically challenged] persons in the study area, are doing so successfully,* should be supported or accepted. The basis for acceptance of this hypothesis is that, as argued earlier, the respondents consistently revealed that there is lack of a coherent link or alignment between policy formulation and policy implementation in the study area.

The vision of the Integrated National Disability Strategy proposed in the White Paper, is meant to be experienced by society as a whole [<http://www.info.gov.za> (2005)]. This means that there must be an integration of disability issues in all government development strategies, planning and programmes, and more specifically in recreation and tourism programmes. There must be an integrated and coordinated management system for planning, implementation and monitoring at all spheres of government, having the slightest thing to do with the physically challenged recreators and tourists.

#### **4.9 EXECUTION OF THE INTEGRATED NATIONAL DISABILITY POLICY [INDP]**

Considering that the challenge has been to ensure that all accepted and legislated policies be translated into action, the Integrated National Disability Strategy is an important policy for attempting to ‘equalise’ those that are physically challenged with those that are not [<http://www.info.gov.za> (2005)]. The latter is achieved through advocating a shift from a focus on disabled people as "poor helpless individuals" to addressing the factors in society that

continue to exclude and marginalise people with disabilities. For example, Tourism KwaZulu-Natal (TKZN, 2007), as an organisation responsible for promoting tourism in KwaZulu-Natal, is in the process of implementing some of the principles associated with the Integrated National Disability Policy as part of its tourism strategy. Some of these include:

- Developing a database (in the current tourism asset database) on accessible tourism services and attractions, to enable Information Officers to disseminate appropriate information to tourists with disabilities.
- Providing training to frontline staff on the information of accessible services and attitudinal training for appropriate customer care.
- Marketing tools to include specific reference to where information can be obtained on accessible tourism services and attractions, such as the TKZN website, information offices, Disability Tourism Forum, etc. [<http://www.info.gov.za> (2005)].

In order to further address the study objective relating to the implementation of the integrated national disability policy, in the context of recreation and tourism, some of the tourism stakeholders; the service providers, recreators/tourists and local community member, were asked to reveal their awareness of the existence of the Integrated National Disability Policy. This policy is presented and made available for all in the Integrated National Disability Policy White Paper [<http://www.info.gov.za> (2005)].

Earlier in this chapter [refer to Figure 4.2] it was established that the majority [68%] of the service providers intimated that they were poor [48%] and not sure [20%] about the provision of recreation facilities and services for the differentially-able people in the study area. Only 32 percent of the service providers indicated that the recreation services were good or adequate.

Similarly, the majority of recreation and tourism officials [56%] indicated that the services for the differentially-able people in the study area were poor or they were not sure about the situation. Only 44 percent of the recreation officials thought that there was good or adequate provision of recreation facilities and services.

On further analysing the minority scores of service providers [32%] and recreation and tourism officials [44%] holding a view that there were good or adequate provision of recreation facilities and services [refer to Figure 4.2] for the differentially-able tourists in the study area, interesting outcomes have emerged. What is shown in Table 4.3, are the responses associated mainly with the good provision or adequately provided facilities for the differentially-able tourists, shown earlier in Figure 4.2. On the whole, there was on average a majority of 58 percent of the respondents who indicated that they were not aware of the existence of the INDP document or White Paper. About 39 percent indicated that they were aware of the White Paper and its contents.

**TABLE 4.3: AWARENESS OF THE INTEGRATED NATIONAL DISABILITY POLICY WHITE PAPER**

<b>AWARENESS RESPONSE</b>	<b>SERVICE PROVIDERS</b> <i>f</i> (23) = [32%]		<b>TOURISM OFFICIALS</b> <i>f</i> (11) = [44%]		<b>AVERAGE FOR BOTH</b> <i>f</i> (17) = [38%]	
<b>YES</b>	<i>f</i> 06	25%	<i>f</i> 06	52%	<i>f</i> 06	38%
<b>NO</b>	<i>f</i> 16	71%	<i>f</i> 05	46%	<i>f</i> 10	58%
<b>NOT SURE</b>	<i>f</i> 01	04%	<i>f</i> 00	02%	<i>f</i> 01	03%
<b>TOTAL</b>	<i>f</i> (23)	100%	<i>f</i> 11	100%	<i>f</i> (17)	100%

*Note: [Analysis of data in this Table is based on values acquired from Figure 4.2]*

Of the [32%] service providers interviewed only 25 percent indicated that they were aware of the INDP document and 71 percent were not aware. This outcome is indicative of the gap that exists among recreation service providers and the task of creating awareness has to be the responsibility of tourism authorities and other organisations and groups. The fact there is little knowledge of the policy and related strategy means that they are unable to cater for physically changed market.

What is interesting, though, is that 52 percent of the recreation and tourism officials indicated that they were aware of the White Paper and its contents. These officials are a percentage of those [44%] that had responded positively to the provision of the recreation facilities for the differentially-able tourists.

One of the greatest hurdles disabled people face when trying to access mainstream programmes is the inadequacy of supply of facilities and the accompanying negative attitudes. It is these attitudes that lead to the social exclusion and marginalisation of people with disabilities. The findings discussed above [refer to Table 4.3], somehow reinforce the negative attitudes of main stakeholders. Unfortunately, in this instance, disability continues to be portrayed as a 'problem'. People with disabilities are viewed as helpless and dependent; as ill and in constant need of care and medical treatment, or as tragic victims. Culture and attitudes play an important role in the way we relate to people with disabilities. This contributes to the perception of people with disabilities as different or 'outsiders' [<http://www.info.gov.za> (2005)].

Flowing from the above-analyses regarding the majority of the respondents indicating their lack of awareness about the existence of the INDP document or White Paper, it may be reasonably concluded that Hypothesis 5, which

states: *“That the recreation service providers implementing the policy of Integrated National Disability Strategy, relating to recreation service provision for the differentially-able [physically challenged] persons in the study area, are successfully doing so”*, should be supported or accepted. The basis for the support is that the respondents were consistently revealing that there is lack of a coherent link or alignment between policy formulation and policy implementation in the study area.

#### **4.10 CONCLUSION**

Although the South African government has introduced legislation on facilities for special needs of travellers, and gradual progress is being made, special-needs facilities are still lacking in many places. Many game reserves and places of interest have specially adapted accommodation and wheelchair-friendly facilities and walks. Some short trails also have Braille interpretation plaques. Notwithstanding, these changes have not reached their optimum. The changing of attitudes is not something that happens automatically or spontaneously. Attitude change is a complex process which involves moving, in a series of stages, from one set of attitudes to another. The Integrated National Disability Strategy White Paper in its present form sees recreation more in the context of sport rather than as an aspect of leisure and relaxation. The task of implementing policies relating to tourism for the differentially-able has been left to the various departments in the South African government.

This chapter has paid attention to the analysis and interpretation of variables, factors, policies and practices that play a role in the provision, participation and management of recreation and tourism facilities and services for the differentially-able tourists. These factors were analysed with a view to

finding out the extent to which the Integrated National Disability Policy was known in the study area. The analysis and interpretation of data was achieved by utilising the objectives and hypothesis as a point of departure. Furthermore, the analyses, interpretations and outcomes are expected to lead to some useful recommendations, which are presented in the next chapter. Furthermore, the next chapter, Chapter 5, summarises and deals with the findings of this research study, in the context of the objectives and hypotheses postulated. As such, the next chapter also seeks to indicate outrightly whether the development and supply of recreation services for the differentially-able persons, and related strategies or practices are achievable at the eThekweni Regional Municipality.

## **C H A P T E R 5**

### **SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1 INTRODUCTION**

Research is mainly relevant if it has implications for the improvement of the human condition. In any recreation and tourism development initiative, the planning and management of tourism resources and programmes is best carried out, if existing tourism policies are followed to the letter (Magi, 2007; Magi & Nzama, 2009a). The planning of any recreation and tourism resources is one of the means through which the provincial and national governments can fulfil their reconstruction and development programme, as well as the tourism policy framework for the entire country (ANC, 1994; DEAT, 1996).

The previous chapters were devoted to providing the theoretical framework to the research problem, the physical setting of the study and the analysis and interpretation of data collected from the eThekweni Region. This chapter therefore seeks to report on the findings relating to the objectives and hypotheses of the study. In other words, the chapter presents some of the summary of conclusions, recommendations and the final conclusion of the study based on all chapters. Under summary the chapter reflects on the existing relationship between the stakeholders and their perceptions of the provision, participation and management practices of the recreation and tourism facilities

and services for the differentially-able recreators and tourists in the study area. The summary is also built around the objectives and hypotheses of the study.

## **5.2 SUMMARY OF THE STUDY**

In summary, the study has attempted to give a considered interpretation of the research problem. The study was presented on the basis of the study objectives, an assessment of the hypotheses and reaching conclusions based on the outcomes of the analysis and interpretation of data collected. The summary of these chapters is presented below.

The general conclusions established in the study are based on the research objectives, given in Chapter 1 [page 9]. The intention of the study was based on how the respondents or stakeholders: (a) understand the meaning and importance of tourism for the differentially-able in the study area; (b) are aware of the adequacy and provision of recreation facilities and services for the differentially-able; (c) appreciate the extent to which the differentially-able tourists visit and participate in recreation activities; (d) recognise the effectiveness of tourism strategies or management practices, which are used by the eThekweni Municipal authorities to offer services to the differentially-able tourists; (e) perceive the extent to which recreation service providers are implementing the policy of Integrated National Disability Strategy, relating to recreation service provision for the differentially-able persons in the study area. In this first chapter the delimitations of the study, its significance, the definition of operational terms and the methodological procedures for data analysis were mapped out.

The theoretical framework for the study was highlighted in Chapter 2 [page 27]. The conceptual framework of the study was structured on the basis of the statements associated with the study objectives. The key concepts and principles on recreation, tourism and the relevant policies on the differentially-able were examined. The concepts discussed involved the following: the definition and importance of tourism, the provision and management of tourism resources, the disability models and human rights, barriers and attitudes experienced by the differentially-able persons, and policy formulation and implementation.

Chapter 2 [page 57] highlights the physical setting of the study. It addresses the geographical and environmental elements of the study area, eThekweni Region. The general physical environment is explained paying attention topography, geology, climate, vegetation and natural resources. A brief exposition of the population, socio-spatial environment, economy, and economic development planning and facilitation are also given attention. Some recreation and tourism attributes in the study are also presented.

The heart of the study is based on Chapter 4 [page 77], which focussed on the analysis and interpretation of collected data. This process of analysis was achieved through relating to the various objectives and hypotheses, which were mentioned earlier in this section. A variety of findings and conclusions were attained from this process. The latter are presented in greater detail in the next section.

Finally, Chapter 5 [page 109] has conclusively established that, in addition to the above findings, there are evidently negative perceptions relating to provision, participation, management practice and awareness of policy

governing the offering of recreation services to the differentially-able persons in the study area. These findings lend themselves to the need for government or municipal intervention in the development and promotion of a tourism policy for the physically challenged.

### **5.3 THE FINDINGS BASED ON OBJECTIVES**

The premise powering this research investigation revolves around the notion that the rights of people with disabilities are protected by the South African Constitution (RSA, 1996). People with disabilities should be able to access the same fundamental rights and responsibilities as any other South African. People with disabilities are equal citizens and should therefore enjoy equal rights and responsibilities. In line with this notion, tourism opportunities and equal participation in tourism activities should be the norm but this is not evident in the study area. The government has the responsibility of ensuring that all people, physically challenged or not get the benefit of using recreation and tourism resources. Relating to community benefits, Lubbe (2003) has argued that communities pay enormous prices for allowing tourism to operate efficiently in their areas of operation. This research study therefore sought, *inter alia*, to find out whether the established policies and management practices in the study area do benefit the differentially-able persons within the local communities. If tourism is planned with the benefit of the community in mind and sincere consultation with the community, innumerable benefits can accrue to the local community.

#### **5.3.1 Objective 1**

The first objective of the study sought to establish the respondents' understanding of the meaning and importance of tourism for the differentially-

able in the study area. An acute sense of understanding the importance of tourism for the differentially-able tourists implies the raising of the market share of tourism within the study area. In other words, this objective sought to investigate the extent to which stakeholders, such as recreators/tourists, tourism officials, service providers and community members understand the management of tourism in the study area.

The analysis of this objective on awareness of the importance of recreation for differentially-able inhabitants of the eThekweni Region, showed that the majority of respondents indicated that they thought recreation and tourism were important for differentially-able inhabitants of the eThekweni Region. In view of these outcomes it was found reasonable to conclude that Hypothesis 1, which states: *That the respondents in the study area understand the meaning and importance of tourism for the differentially-able [physically challenged]*, should be supported and thus accepted. The basis for accepting this hypothesis was that the majority of surveyed respondents supported the development of tourism services for the differentially-able inhabitants in the study area.

### **5.3.2 Objective 2**

The basic intention of this objective was to investigate the adequacy and provision of recreation facilities and services for the differentially-able tourists in the study area. The examination of this objective was driven by the knowledge that provision of recreation facilities and services would have substantial benefits for the differentially-able tourists. Some of these are: the spiritual restoration, remediation and rehabilitation of the differentially-able tourists, which would improve functioning and independence of the respondents who are physically challenged.

The outcomes of the analysis indicated that small majority of the recreation officials felt that the provision of recreation facilities for the differentially-able tourists was good or adequate. On the other hand, a majority of the service providers thought that the provision of recreation facilities and services was poor or inadequate for the differentially-able people. From this analysis, it may be concluded that Hypothesis 2, which states: *That the provision of recreation facilities and services for the differentially-able [physically challenged] recreators/tourists are inadequately delivered in the study area*, should be supported. The basis of support is that a significant number of officials and service providers stated that there was an inadequate supply of facilities.

### **5.3.3 Objective 3**

Fundamentally the target of objective 3 was to determine the extent to which the differentially-able tourists visit and participate in recreation activities in the study area. In other words the objective sought to find out any variations in recreators/tourists, tourism officials, service providers and local communities perceive the participation of the differentially-able persons in tourism activities.

The findings of the study indicated that the majority of respondents thought that there was no participation of the differentially-able tourists or recreators in the study area. On the basis of these findings it was concluded that Hypothesis: 3, which states: *That the participation of differentially-able [physically challenged] recreators/tourists in recreation activities in the study area is not extensive or substantial*, should be supported. The basis for this support is that there are few people who confirmed that there was adequate participation in recreation-based services for the differentially-able tourists.

#### **5.3.4 Objective 4**

The fourth objective of the study sought to ascertain the strategies or management practices, which are used by the eThekweni municipal authorities to offer services to the differentially-able tourists in the study area. In other words, this objective examined the adequacy and effectiveness of tourism management practices that are geared to benefit the local physically challenged communities in the study area. It was anticipated that the benefits of an effective tourism management practice, would assist in establishing an effective tourism delivery strategy for differentially-able tourists in the area.

The outcomes of the related analysis indicated that the majority respondents in all stakeholder-categories; the service providers, recreators/tourists and the local community, were of the view that the recreation promotion strategies or management practices for the differentially-able were poor. The possible reasons for the response were that the service providers are supporting government policy which gives jobs or business to them, and therefore tended to support government policy. The possible justifications for the negative response from the local community, were that they basically poor; less educated and excluded from participating in the outdoor recreation activities. The situation was perceived to worsen if they happened to be physically challenged. In short, the communities were overtly unhappy with the tourism development processes managed by the by local tourism authorities.

The outcomes of these analyses, on recreation management practices for differentially-able tourists, showed a negative outlook. From these outcomes it was concluded that Hypothesis 4, which states: *That the strategies or management practices, which are used by the eThekweni Municipal authorities*

*to offer services to the differentially-able [physically challenged] tourists in the study area, are not well developed, should be supported and therefore accepted.*

### **5.3.5 Objective 5**

The basic intention of objective 5 was to investigate the extent to which recreation service providers are implementing the policy of Integrated National Disability Strategy, relating to recreation service provision for the differentially-able persons in the study area. Working from the premise that many of the authorities engage in the tourism facilities and services, with the intention of fulfilling national tourism priorities, they have put up strategies for successful implementation of recreation and tourism development initiatives (Njobe & Botha, 2003). The policies and management practices used by the eThekweni Municipality have sought to encourage local communities, and more specifically the differentially-able members, but have not necessarily met with success.

The analysis of this objective indicated that the majority of the stakeholders; the recreators/tourists, service providers and local communities revealed that there was no coherent link or follow through process, between policy formulation and policy implementation for the differentially-able recreators or tourists. On the whole, the majority in each of the stakeholder-categories were of the view that the implementation of the integrated national disability policy, in the context of recreation and tourism, was poorly executed. The possible reason for these responses was that the service providers were intimately familiar with policy matters and were part of the implementation structure, yet they were not achieving good results. Perhaps they were also sympathetic and understood the difficulty of implementing existing policy.

On the basis of the above-stated analysis, it was concluded that Hypothesis 5, which states: *“That the recreation service providers implementing the policy of Integrated National Disability Strategy, relating to recreation service provision for the differentially-able [physically challenged] persons in the study area, are successfully doing so, should be supported or accepted.* The ground for support were that respondents were consistently revealing that there is lack of a coherent link or alignment between tourism policy formulation and its implementation in the study area.

#### **5.4 CONCLUSION**

On the whole, this research investigation revealed that a substantial amount of evidence about policy formulation and implementation in the realm of recreation and tourism provision for the differentially-able persons, was very important. Although the notion of benefiting the physically challenged through tourism is still growing within the study area, this study has attempted give it more focus in meaning and interpretation. The analysis of variables and principles such as understanding of tourism, provision, participation, management practices and the application of tourism policies, have brought new insights into the recreation and tourism story for the physically disabled people of eThekweni.

The Mayor of eThekweni [Durban], Mr Obed Molaba, is however positive about the future of the area and its involvement in tourism policies and activities. He states that:

One of the actions that we as government have taken is the establishment of ‘Durban Africa’ as a tourism arm, with one of its main objectives being to market and promote the city. In

doing so they will foster awareness among our communities of the importance tourism and it is social, cultural and economic value. What we want to offer visitors is authentic experiences unique to our diverse cultures. This way, the people of our city who are the custodians of our culture, can become role players in the tourism industry. All the people coming to the Durban for conferences, sporting tournaments and holidays are going to be looking for tours, accommodation, entertainment and arts and craft (Mlaba, 2006: 20).

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## APPENDIX – A

### QUESTIONNAIRE 1

#### [TO THE DIFFERENTIALLY-ABLE]

#### Recreation Service Provision for the Differentially-Able Tourists

Tick [√] the Appropriate Response.

#### 1. PERSONAL BACKGROUND

1.1 To which of the following age groups do you belong:

(a)	Below 20	<input type="checkbox"/>
(b)	21 - 30	<input type="checkbox"/>
(c)	31 - 40	<input type="checkbox"/>

(d)	41 – 50	<input type="checkbox"/>
(e)	51 – 60	<input type="checkbox"/>
(f)	Above 60	<input type="checkbox"/>

1.2 What is your gender?

(a)	Male	<input type="checkbox"/>
-----	------	--------------------------

(b)	Female	<input type="checkbox"/>
-----	--------	--------------------------

1.3 Are you

(a)	Married	<input type="checkbox"/>
-----	---------	--------------------------

(b)	Single	<input type="checkbox"/>
-----	--------	--------------------------

(c)	Divorced	<input type="checkbox"/>
-----	----------	--------------------------

1.4 What education qualification do you have?

(a)	Primary Level	<input type="checkbox"/>
(b)	Grade 8 to 12	<input type="checkbox"/>
(c)	Post Matric Certific.	<input type="checkbox"/>

(d)	Post Matric Diploma	<input type="checkbox"/>
(e)	University Level	<input type="checkbox"/>
(f)	Other [Spfecy	<input type="checkbox"/>

1.5 What is your total household income per month?

(a)	Less than R4000	<input type="checkbox"/>
(b)	R4 001 to R8 000	<input type="checkbox"/>
(c)	R8 001 to R12 000	<input type="checkbox"/>

(d)	R12 001 to R16 000	<input type="checkbox"/>
(e)	R16 001 to R20 000	<input type="checkbox"/>
(f)	Over R20 000	<input type="checkbox"/>

1.6 What is your place of origin? [Where is your home?]

(a)	Durban Metro	
(b)	KwaZulu- Natal	
(c)	Other Province [SA]	

(d)	In Southern Africa	
(e)	In Africa	
(f)	Overseas	

1.7 If you are South African, to which race group do you belong?

(a)	Black African	
(b)	White	
(c)	Indian	

(d)	Coloured	
(e)	Asian	
(f)	Other	

1.8 If you are an international tourist, where is your country?

(a)	Europe	
(b)	North America	
(c)	South America	

(d)	Asia	
(e)	Africa	
(f)	Australia	

1.9 If you are a domestic tourist, which is your province?

(a)	KwaZulu-Natal	
(c)	Eastern Cape	
(e)	Northern Cape	
(g)	Mpumalanga	
(i)	North West	

(b)	Western Cape	
(d)	Limpopo	
(f)	Gauteng	
(h)	Free State	

## 2. DISABILITY CHARACTERISTICS

2.1 To which differentially-abled group do you belong to?

(a)	Physically challenged	
(b)	Hearing impaired	
(c)	Visually impaired	
(d)	Mentally challenged	
(e)	Aurally impaired	

(f)	Temporarily disabled	
(g)	Limited by unseen disability	
(h)	Mature age / Aged	
(i)	Pregnant	
(j)	Other [Specify]	

2.2 Do you regard yourself as physically disabled or differentially-abled?

(a)	Yes	<input type="checkbox"/>
-----	-----	--------------------------

(b)	No	<input type="checkbox"/>
-----	----	--------------------------

(c)	Not sure	<input type="checkbox"/>
-----	----------	--------------------------

2.3 Give a reason for your response in 2.2.

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2.4 Do you participate in any recreation activities for the physically disabled or differentially-abled?

(a)	Yes	<input type="checkbox"/>
-----	-----	--------------------------

(b)	No	<input type="checkbox"/>
-----	----	--------------------------

(c)	Not sure	<input type="checkbox"/>
-----	----------	--------------------------

2.5 If you do not participate, why not?

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### 3 SERVICES – REQUIREMENTS AND PROVISIONS

3.1 Are you aware of any facilities that are specially provided for the physically disabled or differentially-abled in the eThekweni area?

(a)	Yes	<input type="checkbox"/>
-----	-----	--------------------------

(b)	No	<input type="checkbox"/>
-----	----	--------------------------

(c)	Not sure	<input type="checkbox"/>
-----	----------	--------------------------

3.2 Why is it so? \_\_\_\_\_

---

3.3. How many times have you visited this facility

(a)	once	<input type="checkbox"/>
-----	------	--------------------------

(b)	twice	<input type="checkbox"/>
-----	-------	--------------------------

(c)	More than two	<input type="checkbox"/>
-----	---------------	--------------------------

3.4. If you are a repeat visitor, what aspect of this facility encourages you to do so? \_\_\_\_\_

---

3.5. Does this facility cater for your specialised requirements?

(a)	Yes	
-----	-----	--

(b)	No	
-----	----	--

3.6. If your response is yes, name some of the facilities that have been provided for you.

---

---

3.7. If no, what would you like the facility to provide for you?

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3.8. Does the facility provide recreation services that take into consideration your limitations?

(a)	Yes	
-----	-----	--

(b)	No	
-----	----	--

3.9. Do you think the staff are trained to assist you?

(a)	Yes	
-----	-----	--

(b)	No	
-----	----	--

3.10. If your response is no, what aspects of the staffs' behaviour are you dissatisfied with?

(a)	assistance	
(b)	special services	
(c)	Information for disabled	

(d)	communication	
(e)	attitude	

**APPENDIX – B**

<p><b><u>QUESTIONNAIRE 2</u></b> <b>[TO THE SERVICE PROVIDERS]</b> <b>Recreation Service Provision for the Differentially-Able Tourists</b></p>
---

Tick [√] the Appropriate Response.

1.1. Is your recreation service facility located in

(a)	urban	<input type="checkbox"/>	(b)	rural	<input type="checkbox"/>	(c)	peri-urban?	<input type="checkbox"/>
-----	-------	--------------------------	-----	-------	--------------------------	-----	-------------	--------------------------

1.2. Do you advertise your facility in the media.

(a)	Yes	<input type="checkbox"/>	(b)	No	<input type="checkbox"/>
-----	-----	--------------------------	-----	----	--------------------------

1.3. Which of the following media do use when you want to advertise your recreation facility?

(a)	print media	<input type="checkbox"/>	(c)	television	<input type="checkbox"/>
(b)	radio	<input type="checkbox"/>	(d)	Internet	<input type="checkbox"/>

1.4. Are you familiar with the Integrated National Disability Strategy White Paper published in 1997?

(a)	Yes	<input type="checkbox"/>	(b)	No	<input type="checkbox"/>
-----	-----	--------------------------	-----	----	--------------------------

1.5. If your response is yes, does your facility cater for differentially- able tourists?

(a)	Yes	<input type="checkbox"/>	(b)	No	<input type="checkbox"/>
-----	-----	--------------------------	-----	----	--------------------------

1.6. Is your staff trained in the awareness of the various forms of prevalent disabilities?

(a)	Yes	
-----	-----	--

(b)	No	
-----	----	--

1.7. Has your facility helped your staff to engage in programmes which assists them in dealing with the disabled?

(a)	Yes	
-----	-----	--

(b)	No	
-----	----	--

1.8. In your programme planning ,are your activities for the able and disabled

(a)	combined	
-----	----------	--

(b)	separate?	
-----	-----------	--

1.9. Do you make alternative arrangements for the disabled to enjoy the facilities if they are excluded to do so physically?

(a)	Yes	
-----	-----	--

(b)	No	
-----	----	--

1.10. What type of recreation services or programmes have you designed for your guests, if any?

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1.11. Does your facility have a policy of empowering staff to be more service orientated ?

(a)	Yes	
-----	-----	--

(b)	No	
-----	----	--

1.12. Are your staff empowered by attending

(a)	workshops	
-----	-----------	--

(b)	in- service- training	
-----	-----------------------	--

(b)	courses at institutions?	
-----	--------------------------	--

1.13. What method of feedback do you use to get your guests to evaluate your provision of recreation services or recreation facility?

(a)	No method	<input type="checkbox"/>	(c)	Questionnaires	<input type="checkbox"/>
(b)	Verbal communication?	<input type="checkbox"/>			

1.14. Does your facility provide booking information in a variety of formats to cater for various forms of disabilities?

(a)	Yes	<input type="checkbox"/>	(b)	No	<input type="checkbox"/>
-----	-----	--------------------------	-----	----	--------------------------

1.15. If your response is yes, name the format used .

---

---

1.16. If your response is no, why haven't you considered it?

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---

1.17. Do you make provision for mobility vehicles for your disabled guests?

(a)	Yes	<input type="checkbox"/>	(b)	No	<input type="checkbox"/>
-----	-----	--------------------------	-----	----	--------------------------

**APPENDIX – C**

**QUESTIONNAIRE 1**  
**[TO THE KZN TOURISM AUTHORITY]**  
**Recreation Service Provision for the Differentially-Able Tourists**

Tick [√] the Appropriate Response.

1. AWARENESS AND IMPLEMENTATION

1.1 Does the KwaZulu-Natal Tourism Authority have any policy relating to the differentially-able or physically challenged?

(a)	Yes	<input type="checkbox"/>
-----	-----	--------------------------

(b)	No	<input type="checkbox"/>
-----	----	--------------------------

(c)	Not sure	<input type="checkbox"/>
-----	----------	--------------------------

1.2 Why is it so? \_\_\_\_\_  
\_\_\_\_\_

1.3 Has the Disabled Tourism Association of KwaZulu-Natal as per Tourism KwaZulu-Natal and Tourism Department's vision been set up?

(a)	Yes	<input type="checkbox"/>
-----	-----	--------------------------

(b)	No	<input type="checkbox"/>
-----	----	--------------------------

1.4 If your response is no, state possible reasons for its non-establishment at this point in time. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Has Tourism KwaZulu-Natal made provision for the various disabled tourists to access your website?

(a)	Yes	<input type="checkbox"/>
-----	-----	--------------------------

(b)	No	<input type="checkbox"/>
-----	----	--------------------------

3. If not, why not ?

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---

---

4. Does Tourism KwaZulu Natal have a data base of recreation service providers for the disabled in the eThekwini region ?

(a)	Yes	<input type="checkbox"/>
-----	-----	--------------------------

(b)	No	<input type="checkbox"/>
-----	----	--------------------------

5. Has TKZN established a brochure of disabled –friendly of recreation and tourism service providers which cater for their needs ?

(a)	Yes	<input type="checkbox"/>
-----	-----	--------------------------

(b)	No	<input type="checkbox"/>
-----	----	--------------------------

6. What strategies is TKZN using, if any, to encourage domestic tourism amongst disable? \_\_\_\_\_

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7. What strategies is TKZN using to market eThekwini as a destination for international disabled tourists ? \_\_\_\_\_

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8. Has your organisation taken any steps to create awareness and to empower the various recreation service providers with regard to the services that are required by the differentially – able?

(a)	Yes	<input type="checkbox"/>
-----	-----	--------------------------

(b)	No	<input type="checkbox"/>
-----	----	--------------------------

9. If your response is no , do you plan to do so in the future?

(a)	Yes	
-----	-----	--

(b)	No	
-----	----	--

10. If your response is yes, briefly elaborate on the measures taken thus far.

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**APPENDIX – D:**

**TRANSMITTAL LETTERS**

**University of  
Zululand:**

**DEPT. OF RECREATION  
& TOURISM**



**Private Bag X1001**

**KwaDlangezwa 3886**

South Africa

Tel: 035 902 6719

**Fax: 035-902 6073**

Ref:

20 March 2008

To whom it may concern

Dear Sir /Madam

**RE: REQUEST TO CONDUCT RESEARCH**

The students Ms. Suraya Naidoo [Reg: **056278**] is a part-time postgraduate student in the Department of Recreation and Tourism at the University of Zululand. She is busy doing the Masters of Recreation and Tourism [MRT] degree. The MRT students are required to undertake a research study as part of their degree work. The attached questionnaire is part of her research project seeking to establish the existing patterns of recreation service provision for differentially-able recreators and tourists in the eThekweni Region, KwaZulu-Natal. The title of the research project is:

**Recreation service provision for the differentially-able tourists in the  
eThekweni Region**

This research is undertaken mainly for academics purposes and it is hoped that its findings will make a meaningful contribution to the field of recreation and tourism, as well as the understanding of recreational tourism among the people of eThekweni, and KwaZulu-Natal as a whole.

All information collected from you through the interviews or questionnaire will be kept in strict confidence.

Your assistance in this regard will be highly appreciated.

Yours faithfully

---

Prof. L.M Magi

Professor: MRT-PDRT Programme  
Department of Recreation and Tourism  
University of Zululand

## LETTER TO RECREATION SERVICE PROVIDERS

23 June 2006

The Manager

Dear Sir/ Madam

### RE: REQUEST TO CONDUCT RESEARCH AT YOUR FACILITY

I am a second year Masters student in Tourism and Recreation at the University of Zululand. I am currently doing research on “ **Recreation service provision for the differentially-able tourists in the eThekwin Region**” as part of the requirements for my degree.

I hereby request your kind permission to undertake such research at your institution .Two types of questionnaires are being sent to you. One should be

answered by differentially – able tourists visiting your facility and the second is for the manager of the facility.

This research is undertaken mainly for academic purposes. All information collected from your facility will be kept with strictest confidentiality possible. I would appreciate it if these questionnaires could be completed by the 23 July and I would collect them by the 25 July.

Your assistance in this regard will be highly appreciated.

Yours faithfully

---

Suraya Naidoo

## LETTER TO DIFFERENTIALLY-ABLE TOURISTS

23 June 2006

The Tourist

Dear Sir/ Madam

RE: ASSISTANCE WITH ANSWERING OF QUESTIONNAIRES

I am a second year Master's student in Tourism and Recreation at the University of Zululand. I am currently doing research on “ **Recreation service provision for the differentially-able tourists in the eThekweni region**” as part of the requirements for my degree.

I would appreciate it if you could take time off to answer the questionnaire which would assist me in my research. This research is undertaken mainly for academic purposes. All information collected from you will be kept with strictest confidentiality possible. I would appreciate it if the questionnaire could be completed by the 23 July and left with the management to be collected by the 25 July.

Your co- operation in this regard will be highly appreciated.

Yours faithfully

---

Suraya Naidoo

---

LETTER TO TOURISM KWAZULU NATAL

23 June 2006

The Manager

Dear Sir/ Madam

RE: REQUEST TO CONDUCT RESEARCH AT YOUR FACILITY

I am a second year Masters student in Tourism and Recreation at the University of Zululand. I am currently doing research on “ **Recreation service provision for the differentially- able tourists in the eThekwinini region**” as part of the requirement for my degree.

I would appreciate it if you could take time off to answer the questionnaire that I have drawn up. This research is undertaken mainly for academic purposes. I would appreciate it if this questionnaire could be completed by the 23 July and I would collect it by the 25 July.

Your assistance in this regard would be highly appreciated.

Yours faithfully

---

Suraya Naidoo

## APPENDIX – E:

### SAMPLE SIZE FORMULA

The selection of the sample from the population was carried out with the assistance of a sampling formula. The formula for estimating a randomly selected sample from the given population has been applied: -

$$S = \frac{X^2 (NP) (1-P)}{D (N-1) + X P (1-P)}$$

Where:

- S = The required sample size, N = The given population size
- P = The population proportion assumed to be 0,5. This magnitude yields the maximum possible sample size required.
- d = The degree of accuracy as reflected by the amount of error to be tolerated with changes in sample proportion  $p$  about population proportion P [the value of  $d = 1,96 s_p$ ].
- X<sup>2</sup>= Table value of chi-square for one degree of freedom relative to the desired level of confidence, which is 3,841 for the 0,95 confidence.

It is important to note that a table of a range of sample sizes, which is worked out for a variety of finite populations, is given:

#### E. Estimation of Sample Size from a Given Population

This table is for determining the needed size  $S$  of a randomly chosen sample from a given finite population of  $N$  cases such that the sample proportion  $p$  will be within  $\pm .05$  of the population proportion  $P$  with a 95 percent level of confidence. [ $N$  is population;  $S$  is sample].

$N$	$S$	$N$	$S$	$N$	$S$	$N$	$S$
100	80	210	136	340	181	650	242
110	86	220	140	360	186	700	248
120	92	230	144	380	191	750	254
130	97	240	148	400	196	800	260
140	103	250	152	420	201	850	265
150	108	260	155	440	205	900	269
160	113	270	159	460	210	950	274
170	118	280	162	480	214	1000	278
180	123	290	165	500	217	1100	285
190	127	300	169	550	226	1200	291
200	132	320	175	600	234	1300	297

THE END