

Research Paper

Inclusions and Exclusions of Social Tourism

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Abstract: The term 'social tourism' has been ambiguously interpreted since its inception in the early 20th century, when the focus of tourism was mainly for the financially disadvantaged and socially excluded travellers. Such concept was indeed important to increase social participation in tourism through social and political interventions. Tourism today has transformed with several innovative business ideas, diverse stakeholder participation, new forms of tourism involving the ageing population and people with disability, decreased cost of travelling that allows the inclusion of more middle income groups in leisure trips, rapid growth of tourism in emerging economies, and the recognition of tourism as more than a luxury phenomenon. Literature rarely discusses the inclusive aspects of social tourism when new forms of tourism arise. This study attempts to describe three aspects of social tourism: (a) how social tourism is perceived in different socio-cultural and geographical settings; (b) what are the excluded elements of social tourism; and (c) change in demography of potential socially excluded groups. The study also explains the trends of special forms of tourism and its relevance to social tourism inclusion. The paper offers a wider theoretical engagement and understanding of a growing shift in patterns of social tourism and touristic experience in the present and future.

Keywords: Social tourism, inclusive tourism, ageing population, senior tourism, disability, demography

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Introduction

The evolutionary concept of social tourism describes how socially excluded groups will benefit from the opportunity to experience holidays through financial support (McCabe, 2009). The earlier concept of social tourism that was governed by the International Bureau of Social Tourism (ISTO) sets its key objective as 'a shaper of the society' through economic growth, regional and local development, as well as

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a partner in global development programmes (McCabe, Minnaert & Diekmann, 2011). A later development of the ISTO's objective was reinforced in 2006 with more emphasis on international development solidarity aspects of social tourism. It was, perhaps, the beginning of a noble mission of 'tourism for all'. All along, the beneficiary of social tourism was only tourists who are in the low income brackets. There was a semantic barrier on the concept of social tourism by which several forms of tourism have social relevance, such as accessible tourism, inclusive tourism, responsible tourism, and others, with the objectives of providing recreation opportunities for low income groups, for them to access infrastructure to hotels, tour operators offering holidays that are socially sustainable, community-based tourism, volunteering, and tourism for senior citizens vaguely incorporated in these important social aspects of tourism. In analysing several interpretations of the concept, accessible tourism and similar tourism typologies fall under the umbrella of 'social tourism', with two major aspects, such as tourism for the economically weak or otherwise disadvantaged elements in society (Hunziker, 1951). Academic literatures almost stopped discussing about social tourism in its original context, and more discussions and debates have moved on to senior tourism as changes in demographic trends is one of the highlights of the future of tourism in this aspect. Key concepts derived from the idea of 'tourism for all' are currently deemed unclear due to the interpretation and usage of such terms. Many terms are used and interpreted interchangeably, thus, creating confusion among practitioners and scholars. There is no evidence in the literature that the social tourism concept clearly indicates tourism for the disadvantaged. Also, it is clearly evident that the excluded elements of social tourism are debated and explored as standalone concepts and are, therefore, unrelated to the concept of social tourism.

The Broader View of Social Tourism

While discussing about social tourism and inclusiveness of social participation, I have encountered four questions: (a) Does the concept absolutely follow its original idea?; (b) Have the structural changes of tourism amalgamated into this concept from time to time?; (c) Has it addressed the present and future demographic profile of tourists?; and (d) Is the cost-efficient competency model (low-cost tourism) - addressed in the social tourism concept? Most researchers argue that social tourism is not well-defined (Lundberg, 1972). It implies a partial subsidy of travel itself or destination experiences (Lundberg, 1972), which is mainly meant for those who cannot afford a holiday. However, during the transition phase of tourism growth in 1965, many of the infrastructure in Western countries developed luxuriously and the rate charged was such that they would be highly inaccessible for low income groups; the twist of the social tourism and the new social tourism concept that arose

is termed as 'tourism for the middle class' (Lundberg, 1972). When tourism was accepted as a social phenomenon, and there was massive participation of travellers for the purpose of leisure-related activities, the principle of social tourism could not be carried forward with its noble idea of social participation in tourism that transforms the basic principles of the universal right to rest and leisure into practical reality. Many groups still are in need of intervention to obtain tourism goods (Haulot, 1981). The Manila Declaration on World Tourism emphasises the importance of social inclusions in modern tourism and recognises the basic human right to rest and leisure (Haulot, 1981). With the debate of social tourism and commercial tourism, it is evident that without social intervention, millions of people would not be able to access the joys and benefits of what can be called 'classical' forms of tourism (Haulot, 1981). Hault also describes that the purpose of social tourism should be considered for what it is, and not as a 'low level' but is instead the expression of people who are less advantaged to enjoy the beauty of the world – something that should to seen by each person. The extent of the 'social tourism' phenomenon also deliberates more on social inclusions by the economically disadvantaged. None of the research explicitly argues on the inclusivity of the meaning 'disadvantaged'. The basic human right of leisure is skewed towards the economic capability of the society rather than considering the physical and mental capability of tourists' participation. Research on social tourism halted by its very nature in the 1980s. There was a gap in the literature of transitioning the concept of social tourism from the 1980s, 1990s, and then now, where more crucial social participation of tourism has emerged, such as 'ageing population' (senior tourism), and accessible tourism (tourism for people with different physical abilities). Tourism of such social groups were less deliberated under the concept of social tourism; instead, such forms of tourism were researched separately for its own identity.

In 2009, the European Commission launched the Calypso 27 project (aligned with the objectives of social tourism), arguing that by increasing the accessibility of disadvantaged populations to tourism, social tourism contributes towards achieving the key objectives of the Lisbon Strategy (Darcy & Dickson, 2009). This project has four target groups: senior citizens and retirees, youths, the disabled, and families with difficulties (e.g., social, financial). But inclusion of such diverse social groups in tourism is not evident in any source of communication. Recent studies show that there is more emphasis on the inclusion of the ageing population and people with disabilities to satisfy the fundamental travel right of each human being. Although these segments of tourism have not been given importance or acknowledged in the past, their importance is now growing and they have been established as priorities in policy lines of action (Darcy & Dickson, 2009). Leisure travel has become increasingly popular in the older segments of the world population, as a consequence of global factors such as rise in life expectancy, improved health conditions, higher

disposable income, and increased availability of discretionary time in retirement age. Thus, researchers have become more interested in studying the motivations for travel of seniors (Patuelli & Nijkamp, 2016). Accessible tourism is a large and profitable market that the tourism industry has largely ignored for a long time. It is estimated that by the end of 2020, it will reach an approximate 1.2 billion people (Darcy, 2010). There will be an increase in the number of elderly tourists, a change from active vacations to experience-based holidays, and an ever increasingly complex segmentation of demand to comply with the different objectives or purposes of traditional travel (Alén, Domínguez & Losada, 2012) with greater social significance.

Overview of Low Income Social Group

The world population is dominated by the low income society; there is a significant progress of the poor society towards the low income demographic segment, which is currently 56% of the world population and a greater reduction of poor, that is, 16% of the world population (World Bank, 2017). Based on the data for global economic demography, a majority of the world population still falls under low income brackets and such massive economic transformation is taking place in the two of the largest populated countries of China and India. The practice of social tourism with large numbers of low income groups is not practical in all socio-economic and geographical contexts, with the realisation that social tourism in advanced economies may be a socially accepted phenomenon. However, in the context of the emerging and developing economy, where leisure and recreation is traditionally perceived as a luxury activity, there are still several socio-economic barriers prevailing in many countries to consider it as a normal social phenomenon.

Social Aspects of Tourism

Social tourism can be viewed as an umbrella concept, incorporating many different types of initiatives, which includes public, private and third sector stakeholders. The complexity of the concept has an impact on defining social tourism (Minnaert, Diekmann & McCabe, 2012). At the basic level, there are two target groups: they are the economically weak or otherwise disadvantaged elements of the society, but the term 'social' can apply both to tourists as well as the host community. Nevertheless, when the concept emerged, the importance of tourism was focused on the travellers and rarely was the community impact subsumed in the tourism phenomena. However, community well-being and social development are some of the main functions of tourism development at present. The perceived notion of social tourism is, however, viewed differently based on the geographical context. In Europe, social tourism is skewed more towards 'economically disadvantaged traveller groups'. The emphasis on social tourism in developing economies is skewed more towards the

destination community and social developments as tourism in emerging and Less Developed Countries (LDCs) are perceived as a social phenomenon with economic significance. By meaning and nature, both contexts do indicate the real meaning of 'social tourism', but are applied in different socio, economic and geographical contexts with significantly different social relevance.

A Content Analysis of the Themes in Discussion

Social Tourism, Senior Tourism and Accessible Tourism falls under the socially determined model in the social tourism segment. Examples show that the concept has been implemented in many different ways to suit national contexts and that the justifications and goals of social tourism can differ greatly (Minnaert, Maitland & Miller, 2011). Though social tourism has emerged as a phenomenon that supports people with less income, its dimension was extended to include those 'less fortunate' with several social, health and wealth reasons. The importance of social tourism, which aims to include people with limited capabilities or disabilities in recreational activities are growing (Minnaert et al., 2011). The concept of social tourism has been researched less in the academic community that includes mainly the concepts, nature and issues (Reece, 2004). Senior tourism is one of the most studied area addressed by scholars and the fastest growth segment of the tourism demography. Studies, so far, addressed in this segment include 'host guest interactions', senior tourism market (Ward, 2014), motivation (Jang, Bai, Hu, & Wu, 2009), typology, shopping behaviour (Littrell, Paige, & Song, 2004), safety, participation, constraints (Kazemina, Chiappa & Jafari, 2015), profit modelling, perception, comparison with new tourists, psychological well-being, and travel patterns and experiences (Lohmann & Danielsson, 2001). The research in accessible tourism addresses topics such as concepts, infrastructure (Sen & Mayfield, 2004), design of assistive devices, site access and access to friendly destinations, experience, future opportunities and sustainability (SOUCA, 2010). The low cost model travel has created increased consumption choices, greater flexibility of travel and significantly reduced the cost of air travel, thus leading to the introduction of 'low cost tourism'. Theories around consumption, social class and cultural and material capital need to be redrawn to theorise the current shift regarding access to and place of air travel in our daily lives (Casey, 2010). Based on the narratives, a wide range of 'social aspects' can be immersed in the social tourism segment, which are described in Figure 1.

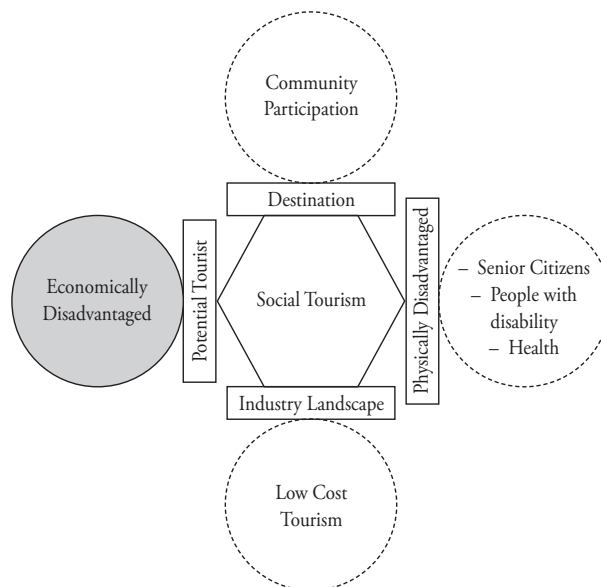


Figure 1. Social Tourism Segments

Methodology

This research employed secondary data analysis. A vast amount of data that are relevant to 'social tourism' were collected and archived. The utilisation of this existing data provides a viable option for researchers who may have limited time and resources (Johnston, 2017). It is also an empirical exercise and secondary data analysis is a systematic method with procedural and evaluative steps (Doolan & Froelicher, 2009) just as in collecting and evaluating primary data (Johnston, 2017). This study was conducted systematically using an identification of data set that allowed the researcher to develop several correlations between selected secondary data sources. In order to address the possible inclusions of several larger growing segments of tourism with social significance, three forms of tourism were identified as having relevance to the field of social tourism, which included: (a) ageing population, (b) disability, and (c) health. Economic capabilities were also considered for the participation of the less advantaged. Those quantitative data were then analyzed against the selected social groups in the tourism statistics. All these areas are increasingly important in addressing current and future tourism associated with social relevance. So far, no research has triangulated the data of these three areas under the social tourism segment. Data sourced for the ageing population were from: firstly, WTO report in on (1) (World Population and Ageing) and key chapters on (a) levels and trends in population ageing under which trends and demographic characteristics were

considered for data analysis; (2) Population ageing and sustainable development where, in this source, population ageing and health-related data were considered; (3) Figures of population (a) aged 60-79 years and above 80 by the development group for 2000, 2015, 2030 and 2050; and (b) projected change in the population aged 60 years or over between 2015 and 2030 versus the level of gross national income per capita in 2014. Secondly, in order to draw data on disability, WHO's World Report on disability was used to create a data set and analyse the data. Thirdly, for Health (1) World Health Statistics from the WHO Chapter 3 (monitoring the health goal – indicators of overall progress) were used. Fourthly, world population by age group and international tourist arrivals published by the European Commission were extracted to reflect the inclusion of elderly people in leisure activities. Narrative data from published journals, Global Issues 2014, UNDESA (n.d.) and UNWTO reports were also used to correlate the data in the context of social tourism. To reaffirm the involvement of the above discussed social tourism segments, statistical records from UNWTO were used to validate the involvement of the above discussed social tourism segments.

Data Analysis

Two different analytical techniques were employed in this study. The first part of the research used systematic literature review, specifically on social tourism and possible segments of tourism that are related to this concept. These comprise of narratives of the literature: (a) the depth of coverage of 'social tourism'; (b) socio-economic differences and interpretation of social tourism; and (c) geographical differences and interpretation of 'social tourism'. The second part of this research was based on the secondary data extracted from the relevant reports, and based on the stated methods, the five identified themes of disability data, ageing population, health statistics, global economic demography, and demographic distribution of tourism participation, were then plotted in an excel sheet. Data on trend set captured were based on current year, 2030 and 2050 for the relevant themes mentioned earlier. The captured numerical data were then analysed using row wise and column wise in setting the possible trend. Such data were described and validated based on the existing literatures to come up with the conclusion of the current research.

Findings

Social tourism is a broad concept, its meaning arguably interchangeable between tourists, society as well as the industry. However, there is no systematic classification and clarification of the context of the term and the concept in academic literatures. Indeed, due to the changing nature of the tourism industry, emphasis on destination community, booming tourism in emerging economies, structural changes of tourism

Table 1. Data distribution on social tourism segments

Ageing Population (M)				Health				Economic Capabilities (%)					Special Group in Tourism Statistics (out of 100) (%)															
60s (Old)		80s (oldest old)		Health Trends		Poor	Low Income	Middle Income	Upper Middle	High Income	World																	
2015	2030	2050	2015	2030	2050						2001	2011	2030	2010	2020	2030												
Africa	64.4	105.4	220.3	5.7	9.3	22.2	Africa	1.6m	Current	2030	2001	2011	2030	29%	15%	50%	56%	7%	13%	7%	9%	6%	7%	11.1	13.4	16.3		
										More than one-half of the population, no disease burden in low-income countries	Among the 60-and-over population, communicable diseases already account for more than 87% of the burden in low-, middle-, and high-income countries.	Longer living, Additional years spent in poor health																
Asia	508.0	844.5	1293.7	60.00	103.7	255.7	Asia	650m		Disability																		
Europe	176.5	217.2	242.0	34.6	46.1	71.0	Europe	45m.	Population	15% of	Increase due to chronic health condition, road traffic injury, poor working conditions, climate related disasters																	
Latin America	70.9	121.0	200.0	10.3	18.7	44.8	South America	66m																				
Oceania	6.5	9.6	13.2	1.1	2.0	3.6	Oceania	4m.																				
North America	74.6	104.8	122.7	13.6	22.0	37.2	North America	51.2m																				

industry, introduction of low cost travel and low cost tourism, changing attitude of the middle class towards travel and leisure, demographic bulge of the middle class in developing economies, emergence of new forms of tourism that promotes ‘everyone can travel’, and travel and leisure being recognised as a fundamental right of every human being, the concept of social tourism needs to be emphasized by including all aspects of ‘social relevance’ in different capacities in the tourism industry that benefits all. Statistical information on ‘several potential segments of social tourism such as ‘disabled’, ‘ageing’ are not currently captured and limits the possibility of extended research in the area of socially-inclusive tourism. The triangulated data of the ageing population, disability, health, economic capabilities, and special groups in tourism statistics clearly reflect this future growing segment of tourism by involving people with special needs.

Ageing Population, ‘Old’ and the ‘Oldest Old’

An increasing share of older persons in the population is poised to become one of the most significant social transformations of the twenty-first century, with implications for nearly all sectors of society, including labour and financial markets, and the demand for goods and services (WHO, 2015). Based on the extracted data for the purpose of this research, Asia will have the highest increase in the old and “oldest old” ageing groups in 2030 and 2050, followed by Europe. However, Europe shows a significant decline in the percentage of old and “oldest old” ageing groups by 2050. The decrease in the percentage is due to the slow increase of birth rate, from 505 million currently to 510 million by 2030, and 526 million by 2050 and thereafter a decline to 465 million by 2100. However, the European population would have greatly aged based on the analysis of the data. In the meantime, some of the largest populated countries such as China and India will be grouped in upper-middle income and lower-middle income countries, respectively; this will propel more regional trips with the invention of ‘low-cost regional tourism’ with a greater contribution of old and oldest people living in India (69%) and China (71%). The discretionary income of the retirees in Europe as well as in Asia will rise leading to increased purchasing power (Bussolo, Koettl, & Sinnott, 2015) and leisure and recreation are currently some of the popular activities of the retirees.

Evidence of the ‘Three Peak Model’ in Tourism Trends

In the case of the ageing population, a tourism trend report has been generally referred to in planning the changing trend of the demographic profile of travellers. It is interesting to note that three age groups are significantly evident in the tourism statistics. The grouping is based on: (a) 0-14 years, (b) 15-59 years, and (c) 60 and above (UNDESA, 2016). The statistical evidence shows that there is an increase

in tourist flow for travellers aged above 60 years and a decrease of tourist trips for those in the group of 0-14. A comparative analysis of data between 'World' and 'Asia Pacific' indicates that the ageing population in Asia dominates participation in leisure (17%) in comparison to the world average of 16.3%.

Differently Abled People

There are over 1 billion people with disabilities (PWD) in the world. This corresponds to about 15% of the world's population (WHO, 2016). Asia and the Pacific contribute the largest percentage of people with disability; this is in the right ratio in terms of population by region. Statistical data shows that there is a direct correlation between the ageing population and disability, as an increase in the ageing population directly corresponds to disability. In this context, the future of tourism will also be threatened with the increase of the disability ratio. According to ESCAP, people with disability are likely to increase as a result of the population ageing, climate-related disasters, chronic health conditions, road traffic injuries, and poor working conditions (ESCAP, 2016). The existence of disability in the society is mainly due to the approach taken towards disability (attitudinal) as society fails to provide support to all the needy in the society (Minnaert et al., 2012). The nature of both impairment and barriers change over time (Valassa, 2017). Thanks to technological advancement and universal design of infrastructure, the employment gap between people with and without disability is reducing significantly all over the world. Almost all jobs can be performed by someone with disability, and given the right environment, most people with disability can be productive. Nevertheless, the World Bank estimates that the global GDP loss due to disabilities run between \$1.71 trillion to \$2.23 trillion annually. Accessibility is a central element of any responsible and sustainable development policy (UNWTO, 2014). Even with modern technologies, those with visual, hearing, mobility or cognitive impairments are being left behind in many tourism destinations (UNWTO, 2015). As an emerging form of tourism, there are no clear statistics on the accessibility for such tourists worldwide. However, there are several initiatives already in action globally. The involvement of people with disability in tourism is evident in Europe, where the accessible tourism market has been estimated to involve approximately 27% of the total population and make up 12% of the tourism market. However, a measurable and statistically-evident involvement of socially disadvantaged people in tourism is not captured in emerging economies.

Health Tourism

International health tourism and medical travel are increasingly used as tools of national health care and economic development. Health travel depends on attracting non-local customers (McCarthy, 2015). The social benefits are less addressed as this

growing sector has been globally recognised as a lucrative activity. In view of this, such tourism carries less significance as a sector that considers social importance that benefits the community. It is important to distinguish the meaning of health and medical tourism as well as health travel. Experts label such patients as “health tourists” or “medical tourists”. However, this term suggests that patients travel abroad for pleasure, as opposed to the anxiety and pain often involved in medical treatment (Helble, 2011). It arguably coexists in many contexts and eventually suppresses health travel. People in poor countries tend to have less access to health services than those in better-off countries (Peters, Garg, Walker, Brieger, & Hafizur, 2008). In a today’s globalised world, public health is no longer confined by national borders (Helble, 2011). The total number of patients travelling abroad to seek medical treatment is yet unknown. However, several countries have an increased magnitude due to the lack of available essential treatments in the home country. A majority of health care worldwide is delivered, funded and regulated locally. McCarthy (2015) described it as a type 1 challenge. This dichotomy causes difficulties for health planners who may lack the authority, experience and most critically, information to plan beyond the local context (McCarthy, 2015). There are no discussions in academic literature on the social aspects of cross-border ‘health travel’ for essential health access. Cross-border ‘medical tourism’ dominates and dilutes such measurements. Also, there are no evidences of the inclusion of such trips within the scope of ‘social tourism’. WHO reports indicate that 1 billion people lack access to a basic healthcare system and there will be a rapid increase in non-communicable diseases and increase of health issues in the future (Global Issues, 2014). The profile of health risk changes considerably by age. In the next 10 to 15 years, health problems associated with the wealthy and aged populations will affect a wide and expanding swath of the world population (WHO, 2011).

Discussion

There are several transformations that have taken place since the inception of ‘social tourism’. It has been highly encouraged by developed nations to ensure social equity in tourism participation. Although tourism has evolved significantly around the world, the need for social tourism still persists in several countries; however, addressing the inclusion of tourism for the economically disadvantaged has not been consistently practiced in the world. The radical change of the economic demography in different geographical regions, and sociocultural acceptance of ‘social tourism’ (for the economically disadvantaged) are indeed different from country to country. Due to the emergence of new tourism forms that have a significant association with social tourism, this has also not been acknowledged aptly in this noble concept. There has been a significant gap in translating and disseminating the practical side of

social tourism since; from its evolution, it has eventually isolated this phenomenon out from the real practice. The basic concept of social tourism is to include socially excluded groups in tourism, and while financial capability is the usual yardstick, it cannot be the only determinant factor as there are several other ways a person can be socially excluded. Participation of people with access issues due to their physical, psychological and age-related disabilities are significantly evident in the travel and tourism industry as they are acknowledged as one of the largest potential markets for tourism in the coming years. Social tourism is a broad concept - its functionality is half-hearted and isolated, and bringing them under one roof will help to build and strengthen its form, thus competitively progressing by benefiting the needy. One main reason for isolation of the concept for people with physical disability and tourism for the ageing population is due to the fragmented research and implementation of the concept by many disciplines. There are several researches on demography, disability, ageing population and tourism being discussed in journals unrelated to social science and tourism. Such studies do not critically debate on the concept of 'social tourism'; but rather on the practicality of including socially excluded groups in tourism and leisure-related activities.

It is expressively evident that the pattern of demography is changing all over the world and the tourism industry has been continuously outfitting the changing trends. However, due to the expected decline of fertility rates, the nuclear family system, and the ageing population with discretionary income, the emphasis of tourism may be skewed more in terms of demographic participation in the coming years. Many countries are strategising the inclusion of differently abled people in their national workforce which will eventually increase the GDP of the nation and equate the social responsibility agenda of the nation. This, in turn, allows individual discretionary income to be boosted. The accessible travel market presents a golden opportunity for destinations that are ready to receive such visitors. Research also shows that since people with disability prefer to off-season travels, destinations that are affected by seasonality can harness this exceptional business opportunity and develop their tourism by incorporating universal design and access in their infrastructure for such groups (UNWTO, 2016).

Finally, it is evident that the structural changes of the tourism industry is moving from a historical elite-oriented towards low-cost budget travellers. Technological interventions, the burgeoning low-cost air travel, cost-effective transportation system such as OLA, Grab, Uber, Lift and cost-effective accommodation options such as Airbnb, Agoda, Trivago, Booking.com etc., have enabled increased participation of low income travellers, as evidently seen in developing regional tourism markets. In a way, these new business model entries in the tourism market can offer something more than merely subsidised travel.

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