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Healthy Ageing, Ethics and Accesible Tourism in Mexico. An Analysis from Psychosocial Gerontology

Envejecimiento saludable, ética y turismo accesible en México. Un análisis desde la gerontología psicosocial

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Abstract

The objective of this article is to analyse the current situation of older adults in relation to accessible tourism as a human and constitutional right, which seeks the successful ageing and emotional well-being of the people. It seeks to propose a critical reflection on certain inappropriate and discriminatory behaviors that threaten the dignity, the ethical values and the rights of older adults and/or disabled people in the Tlaxcala society. On the other hand, chronic gerontological symptoms and accelerated population ageing cause an uncomfortable situation and indicate an informality of the national health system, therefore, the efficient care and leisure of this population should spearheading state priorities to sustain inclusion and preventive health. It is a qualitative research where the inductive-analytical method is used to generate the pertinent conclusions on this topic related to the ethics applied to alternative tourism.

Keywords: Accessible tourism, Elderly people, Ageing, Ethics, Discrimination of the Elderly.

Resumen

El objetivo de este artículo es analizar la situación actual de las personas adultas mayores en relación al turismo accesible como un derecho humano y constitucional, lo cual procura el envejecimiento exitoso y bienestar emocional de la gente. Se busca proponer una reflexión crítica sobre ciertos comportamientos inadecuados y discriminatorios que atenten contra la dignidad, los valores éticos y derechos de las personas adultas mayores y/o discapacitados en la sociedad tlaxcalteca. Por otra parte, los síntomas gerontológicos crónicos y el aceleramiento del envejecimiento poblacional provocan una situación incómoda e indican una informalidad del Sistema Nacional de Salud. Por tanto, los cuidados eficientes y el acceso al ocio de dicha población deberían encabezar las prioridades del Estado para sostener la inclusión y la salud preventiva. Es una investigación cualitativa donde se utiliza el método inductivo-analítico para generar las conclusiones pertinentes sobre este tema relacionado a la ética aplicada al turismo alternativo.

Palabras clave: Turismo accesible, Personas mayores, Envejecimiento, Ética, Discriminación Mayores.

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1. Introduction

Today, the tourism sector shows an increase in the creation of new segments by seeking to satisfy the needs of participation, leisure, identity and freedom of tourists in their different existential categories, so that they can be autonomous and recognized for the purpose of having fun and integrating with equal rights; through their displacement to desired environments and landscapes in their spare time. Therefore, the human being always and still has the need to be in relation to the environment regardless of their conditions and age. Although this sector worldwide has been able to adapt to the social and economic changes dictated by the new market demands, it still faces an important niche of opportunity because it concerns the segment of older adults and those who they manifest diminished capacities and demand special accessibility needs (Solis, 2018).

Therefore, the satisfaction of this need strives for well-being as long as the individual respects and values the environment in which he resides temporarily. In this regard, it can be said that accessible tourism is an opportunity to demonstrate that the state and private companies are committed to facilitating democratic processes and social inclusion, which are fundamental elements for promoting the principles of Equality and non-discrimination. Likewise, it is the right of all human beings to be equal in dignity, to be treated with respect and consideration and to participate on equal bases in any area of economic, social, political, cultural or civil life... The principles of equality reflect the moral consensus among professionals of equity and human rights. It is based on concepts and jurisprudence developed in international, regional and national contexts (COPRED, s/f). While Rodríguez (2017, p. 19) states that "the right to non-discrimination is the right of every person to be treated homogeneously, without arbitrary exclusion, distinction or restriction, so that he is able to take full advantage of the rest of his Fundamental rights and freedoms and free access to socially available opportunities. " In this case, there is a link between mutual and equal treatment, education, the procuring of justice, empathy and ethical behavior, without overlooking the moral and environmental conscience. In this way, equality is an inseparable assumption of morality, which recognizes equality as the very dynamics of morality; Since it would not be possible to raise universality, which is the particular characteristic of a moral judgment, if there is no provision to consider that others have such legitimate and secure desires and rights as ours; Morality is unthinkable without the notion of equality (Valcárcel 1994, p. 1).

For Campbell (2002) quoted by Villegas & Toro (2010, p. 104) "The notion of equality is simplified in that" a person's pleasure is as important as anyone else's. Your pleasure is as important as mine and my desires have the same moral value as any other person. "It is understood that to assume equality as an ethical principle and to claim it for oneself it is necessary to recognize "the duty to think of the other as a self". Now we can say that equality refers more to a question of moral codes (right and wrong) to carry out ethical actions that favor civic coexistence. For this reason, the State should work in favor of equality and non-discrimination of all persons living and transiting in the communities; Respect and enforce the law to prevent and eliminate discrimination, in order to ensure social coexistence. Similarly, the principles of equality and non-discrimination are legally supported by the law on the rights of older adults in the Federal District promulgated on March 7, 2000 and the Mexican Constitution according to the definition found in Article 5 of the Law to prevent and eliminate discrimination in the Federal district:

Any distinction, exclusion, restriction or preference which, by action or omission, with or without intent, is not objective, rational or proportional and has the object or result of hindering, restricting, preventing, impairing or nullifying the recognition, enjoyment or Exercise of human rights and freedoms, when based on

one or more of the following reasons: ethnic or national origin, skin color, culture, sex, gender, age, disability, social, economic, health or legal status, religion, the physical appearance, the genetic characteristics, the migratory situation, the pregnancy, the language, the opinions, the sexual preferences, the identity or political affiliation, the marital status, the family situation, the family responsibilities, criminal records or any other reason.

It seems that tourism for all as a human right is not yet specifically applied to older adults in Mexico, are these individuals marginalized because this type of tourism is recent or because there is a misguided trend that the elderly have enjoyed your time then are you coming to an end? Better said, there is much to do to respect and accept their vulnerable conditions and to facilitate their full enjoyment to grow happily and healthy. It is stressed that older adults are one of the social groups most prone to psychological, economic, patrimonial and sometimes physical violence by their own people. It should be mentioned that social marginalization is strictly linked to the social imaginary and human apathy and loss of values. But also a lack of knowledge and moral reasoning on the part of those people with an "ageing phobia" who consider aging and the prolongation of life as a sign of shame, piety and weakness. On the contrary, ageing is a symbol of a successful life, of lived experience and of great learning. To the place of being forgotten, abandoned and abused the older adults, deserve all the attention and valuable participation in the social life like all the human beings.

2. Relationship between accessible tourism, health and ageing

Due to the emotional burden that older adults carry on, tourism has a special role in the quality of life emotional and bioethical of these individuals. Because it certainly allows enlarge the illusions and hope to go ahead and enjoy happily the times that subtract them. In addition, physicians strongly recommend their patients to do tourism as a medical alternative. What the author of this article calls "Alternative therapy tourism" to take care of the health and well-being of those patients. Unlike groups, tourist access and social inclusion of the elderly and people with disabilities is a wise and humanitarian act. It will be everyone's job to choose to care for and accompany them affectionately in this aging process as a fascinating and ethical action. Any other attitude can easily provoke depressive scenes and other chronic illnesses because of their conditions and the physical and emotional fragility. In the same tenor, WHO (2018) states:

Common conditions of old age include hearing loss, cataracts and refractive errors, back and neck pain and osteoarthritis, chronic obstructive lung diseases, diabetes, depression, and dementia. What's more, as adults get older, the likelihood of experiencing several conditions at the same time is greater. Old age is also characterized by the emergence of several complex health states that usually occur only in the last stages of life and are not framed in specific categories of morbidity. These health states are usually called geriatric syndromes. They are usually the result of multiple underlying factors that include, among others, the following: fragility, urinary incontinence, falls, delirious states, and pressure ulcers.²

Similarly, reduced longevity and health problems due to old age affect the capacities to perform, therefore depend on the care of other members of the household or managers, also their

² De igual forma, los síndromes geriátricos parecen predecir mejor la muerte que la presencia o el número de enfermedades específicas. Ahora bien, a excepción de los países que han desarrollado la geriatría como disciplina médica, con frecuencia se dejan de lado en los servicios de salud de estructura tradicional y en la investigación epidemiológica.

power and authority are diminished, which causes the Nostalgia. So leisure and continuous care are crucial and indispensable for older adults and/or disabled people because not everyone can take care of themselves. Therefore, the National Institute of Geriatrics (2016, p. 22) points out that in 2013, 63.2% of deaths were people aged 60 years or older. Eight out of ten deaths in this population were non-communicable diseases and 63% resulted from the top ten causes of disease. It continues, although the origin of the deaths is similar between men and women, up to 5.1% of the female death is still due to low acute respiratory infections and calorie-protein malnutrition, which are highly preventable. Therefore, all members of the family should be kept on the alert to assert their survival according to their degree of vivacity. As a result, accessible tourism and social tourism give priority to these vulnerable groups to enjoy opportunities in a fair and equitable manner, favoring healthy and successful ageing at a calm and reliable pace. Similarly, WHO (2018) states that:

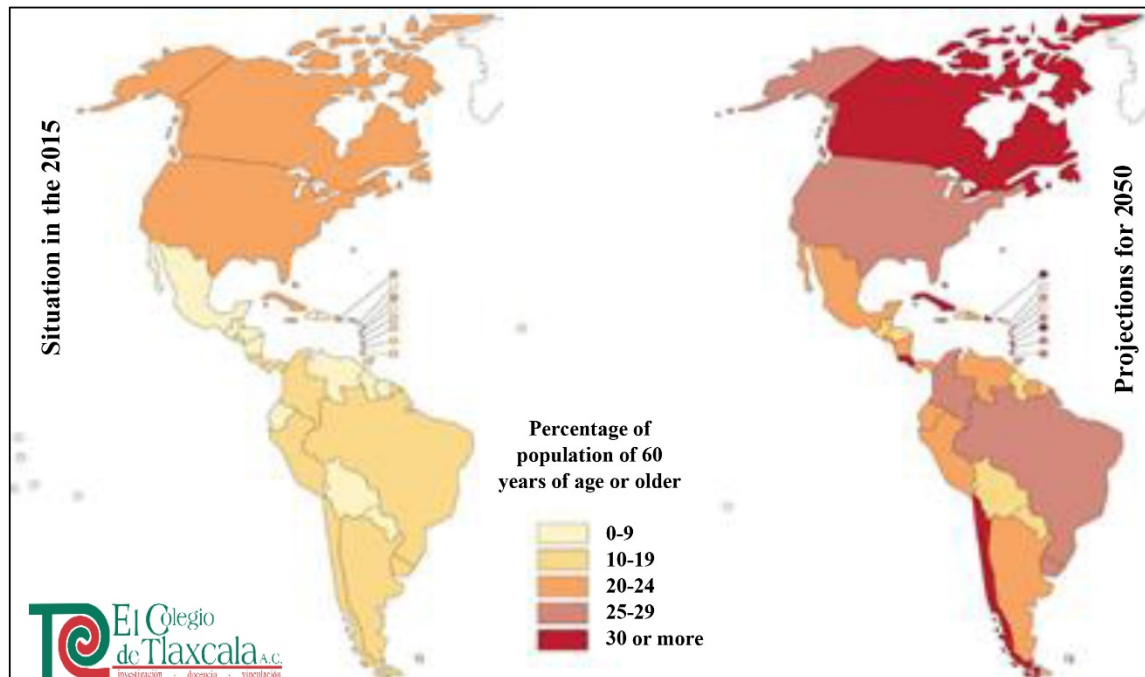
The extension of life expectancy offers opportunities, not only for the elderly and their families, but also for societies as a whole. In those years of additional life, new activities can be undertaken, such as continuing studies, starting a new profession or retaking old hobbies. In addition, older people contribute in many ways to their families and communities. But the scope of these opportunities and contributions is largely dependent on one factor: health. Biological changes, aging is also associated with other life transitions such as retirement, moving to more appropriate housing, and the death of friends and partners.

This statement makes it possible to emphasize the situation of fragility and geriatric symptoms in Mexico because older adults are more likely to suffer from chronic illnesses as time passes. A report published by the National Institute of Geriatrics (2016, p. 7) states that "for the first time in the history of the country there are more people over 60 years than children under five. Demographic and epidemiological change, along with urbanization, modernization, globalization and the transformation of lifestyles, have increased the absolute and relative importance of chronic diseases as they age". What literally means that the Mexican population is old and social events show that the national health system is not prepared, for the moment, to meet the needs of these citizens in an efficient, safe and effective way.

It should be mentioned that rapid ageing is a phenomenon that disturbs all international states. According to WHO (2018), between 2015 and 2050, the percentage of the planet's inhabitants over 60 years old will almost double, from 12% to 22%. For 2020, the number of people 60 years or older will be higher than for children under the age of five. In 2050, 80% of older people will live in low-and middle-income countries. The ageing pattern of the population is much faster than in the past. All countries face important challenges to ensure that their health and social systems are prepared to cope with this demographic change. While the Pan American Health Organization (2017) states that the population of all the countries of the Americas is in the process of ageing, although in different countries it ages at speed and at different times. The decline in fertility and mortality indicators, mainly at early life, is leading to a very rapid demographic transition in the region.³ (See graph 1)

³ It continues to say that not only has increased the proportion of older people in the population of the continent, but has also increased significantly the life expectancy at birth and by specific ages. Today, life expectancy at 60 years has been calculated in 21 years; 81% of the people born in the region will live until 60 years, while 42% of them surpass the 80 years of age.

Graph 1. Older Adult population (60 years and over), Region of the Americas, 2015-2050

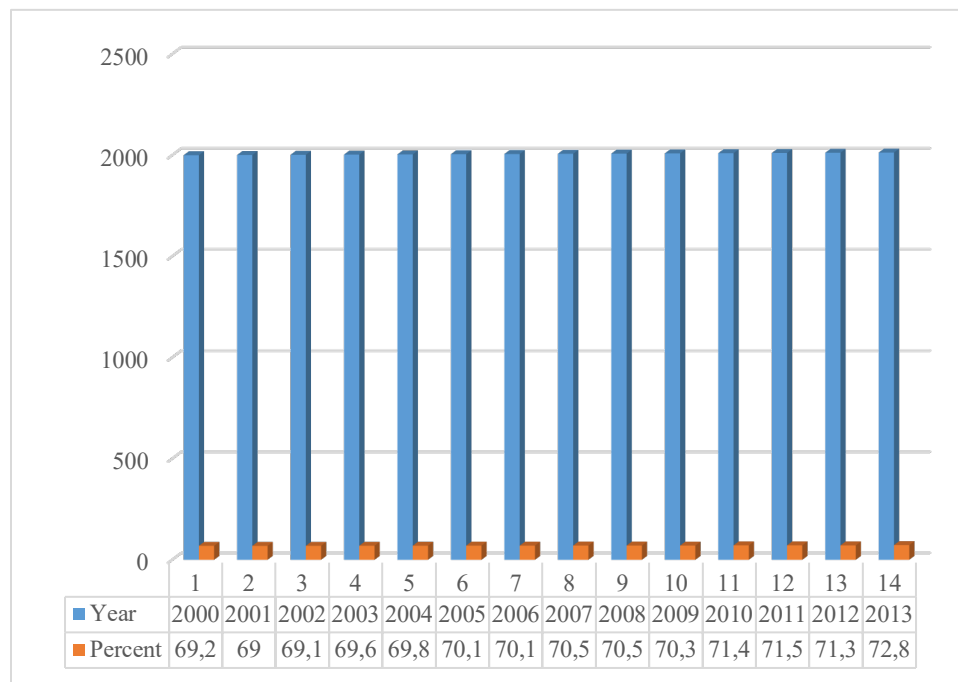


Source: own elaboration based on WHO. World Report on ageing and health. Geneva, 2015.

As can be seen between 2010 and 2015, countries such as Canada, Cuba, Puerto Rico and Martinique showed ageing rates above 100. Which means that these countries have a higher proportion of people older than children. Instead, countries like Belize, Guatemala, Haiti, and Honduras show an ageing rate of around 20 seniors per 100 children. It should be mentioned that the Haitian population has an overpopulation where the average household member is 7.2 approximately, therefore, older adults die from the structural problems particularly health and food insecurity.

Similarly, Graph 2 reveals that the increase in life expectancy and the expansion of life to advanced ages is notoriously flashed in proportional mortality. The data show a significant increase in adults over 60 years deceased, from 69.2% in 2000 to 72.8% in 2013 where from 2007 there is a proportion that reached 70.5% in the region, in less than 14 years.

Graph 2. Proportion of deaths in older than 60 years of age, region of the Americas, 2000-2013



Source: own elaboration based on the Pan American Health Organization. Regional Mortality Information System, 2015.

Table 1 presents the total proportion of deaths by age groups and countries, region of the Americas, 2012. The data show that Aruba occupies the first place with 22.5% of deceased of 0-59 age, 44.4% (60-79 of age) and 33% (80 and more). Cuba arrives in second place with 19.1% (0-59), 40.7% (60-79 of age) and 40.2% (80 and more). While Dominica has 25% (0-59), 38.8% (60-79) and 36.1% (80 and more). On the other hand, Argentina and Chile occupy the fourth position respectively with 22.1% (0-59), 38.3% (60-79), 39.6% (80 and more), and 22.6% (0-59), 38.3% (60-79) and 39.1% (80 and more). It is important to note that Mexico has 37.8% of deaths (0-59), 34.9% (60-79) and 27.3% (80 and more). This explains why the country is still in an awkward position where adults over 60-79 remain very vulnerable, so they deserve special and timely attention to reduce the rate of deaths.

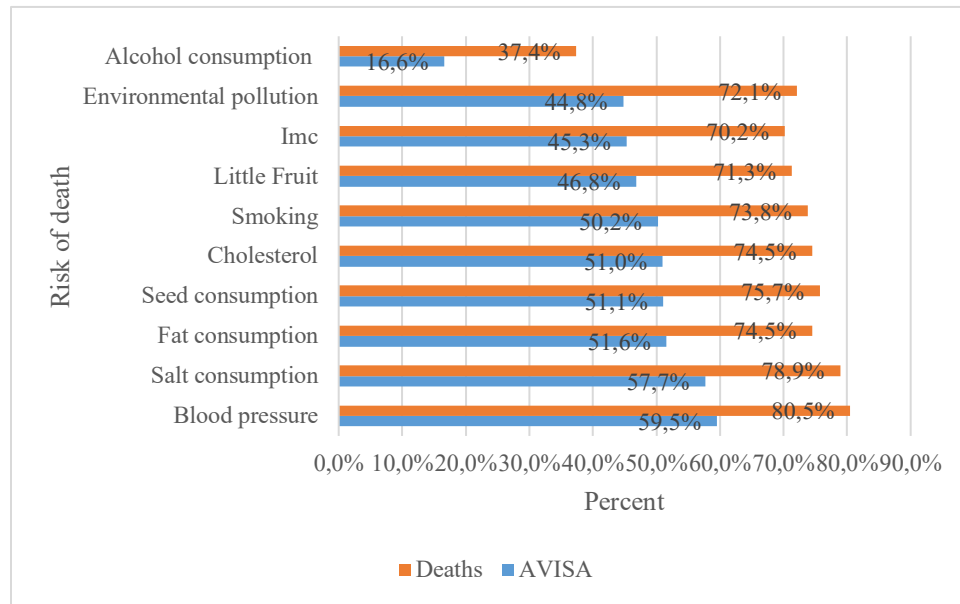
Table 1. Proportion of deaths by age group and countries, region of the Americas, 2012

Country	0-59	60-79	80 and more
Barbados	22.0	32.1	45.9
Uruguay	17.2	37	45.8
Argula	20.6	33.8	45.6
United States of America	19.8	34.8	45.4
Montserrat	22.7	34.1	43.2
Puerto Rico	19.8	38	42.2
Bermuda	20.3	38	41.7
Cuba	19.1	40.7	40.2
Argentina	22.1	38.3	39.6
Chile	22.6	38.3	39.1
Grenade	30.6	32.7	36.7
Dominica	25	38.8	36.1
Saint Kitts and Nevis	37	27.6	35.5
Saint Lucia	32.7	32.3	35
Costa Rica	31.1	34.1	34.8
Peru	33.2	32.9	33.8
Antigua and Barbuda	30.8	36	33.1
Aruba	22.5	44.4	33
Virgin Islands (USA)	29.8	37.5	32.7
Ecuador	36.9	30.4	32.7
Panama	37.1	31.3	31.6
Saint Vincent and the Grenadines	35.4	33.9	30.7
El Salvador	37	32.4	30.6
Colombia	35.7	34.2	30.1
Paraguay	37.3	34.9	27.9
Mexico	37.8	34.9	27.3
Brazil	37.2	36.2	26.7
Dominican Republic	45	30.9	26.7
Nicaragua	47.3	29.9	22.8
Venezuela	46.4	31.3	22.3
Suriname	41	37.5	21.4
Guatemala	51.4	27.3	21.3
Bahamas	46.1	32.7	21.2
Belize	52.7	26.8	20.5
Honduras	60.7	26.5	12.9

Source: own elaboration based on the Pan American Health Organization. Regional Mortality Information System

With regard to Mexico, the National Institute of Geriatrics (2016, p. 21) states that four out of ten men and three out of ten women of 60 years or older say they have a good/very good/excellent health status. Data from graph 3 show that in 2012, 18.9% of women and 13.4% of men considered their state of health to be bad. To reach this conclusion, the perception of health was considered as a relevant indicator to measure the level of health of the population, since it contains social and cultural elements that influence the physical and mental conditions of the people Greater. In the same way, hypertension, excessive consumption of salt and saturated fats, low consumption of grains and seeds and high cholesterol are the individual risk factors that contribute most to the loss of healthy years of life (AVISA) and that more contribute to Deaths of Older persons (National Institute of Geriatrics, 2016, p. 23). Data from graph 3 reveal that the 5 main causes of deaths in the population of 60 years and over in Mexico are: blood pressure (80.5%), consumption of salt (78.9%), consumption of fats (74.5%), consumption of seeds (75.7%) and cholesterol (74.5%).

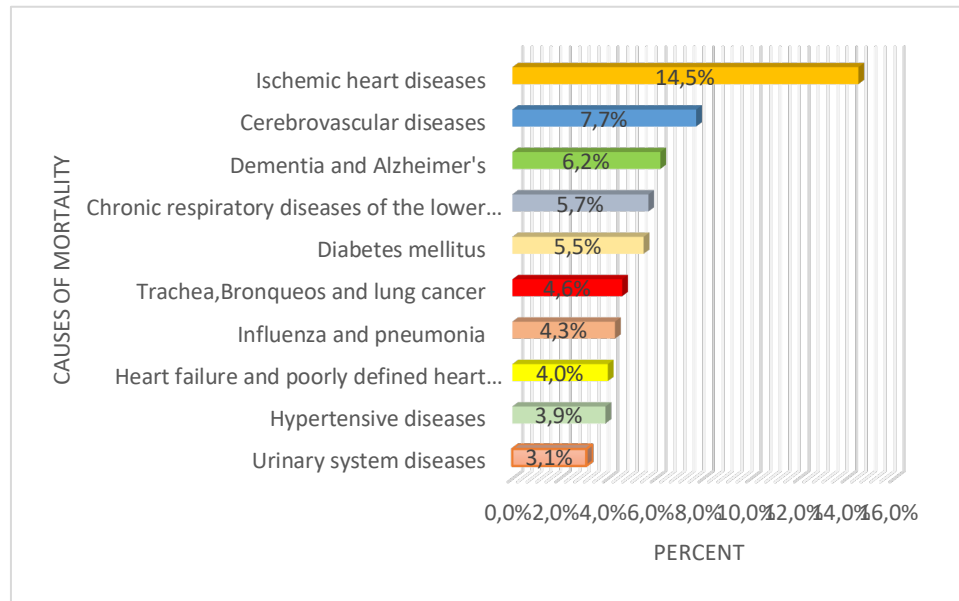
Graph 3. Percentage of deaths and years of healthy Life (AVISA) by risk factor in the population of 60 years or more. Mexico, 2010



Source: Own elaboration based on Gómez Dantes and collaborators, 2014.

Graph 4 shows the top 10 causes of mortality in the population of 60 years of age and older, region of the Americas, 2012. The results show that ischemic heart disease constitutes the first cause of mortality in the adult population (14.51%), followed by cerebrovascular diseases (7.67%) and dementia and Alzheimer's disease (28.4%), which significantly increases its specific weight among the causes of death in the region (see graph 4). According to PAHO (2017) cited by the National Institute of Geriatrics (2016), the first five causes of death shown below were responsible for 40% of deaths in the population of 60 years and older. It should be recalled that all these gerontological ailments percuss the physical and mental health of older adults where many live a nightmare in their own home, therefore need psychological and legal accompaniment timely perhaps, as well as times free to relax and regain energy.

Graph 4. The top 10 causes of mortality in the population of 60 years of age and older, region of the Americas, 2012.



Source: own elaboration based on the Pan American Health Organization. Regional Mortality Information System

It is also revealed that *diabetes* represents an important burden of premature mortality, therefore this condition is responsible for 10% of the years of life lost by disability (AVD) for men and women at 70 years or older. However, the disability also contributes significantly a series of disorders (such as musculoskeletal disorders, sensory auditory or visual impairment, Alzheimer's disease, among others) that imply loss of years of Healthy Life (Institute National geriatrics, 2016, p. 27).

For the above inclusive and accessible tourism can contribute to the longevity of older adults facing chronic gerontological symptoms, disability and recurrent depressive episodes. In the same way, the World Tourism Organization (UNWTO) proposed for the first time a link between the concepts of tourism and accessibility in the declaration of Manila in 1980, where it identifies the tourism activity, in its conception of enjoyment of free time, as a fundamental right and a key way for the intrapersonal development of individuals. It is also recognized that the attentions of the sector should be equitably oriented to young people, seniors and persons with disabilities (UNWTO, 1980).

Years later, the concept of accessible tourism would appear in the wake of the Baker report of 1989, considering that it consents to the full enjoyment of the tourist destinations by the users who present some physical, mental or sensory disability (SECTUR, 2018; Soriano, 2017). It should be mentioned that during this same year the definition of tourism for all emerged, launched in the Tourism for all campaign that took place in the United Kingdom, referring to this activity as "that form of tourism that plans, designs and develops activities tourist leisure and free time so that they can be enjoyed by all kinds of people regardless of their physical, social or cultural conditions" (UNWTO, 2014, p. 21). It should be emphasized that after years the UNWTO (2016) had defined

accessible tourism as the one that prioritizes the adequacy of tourist spaces, products and services, so that they can fully include the whole of society, based on the principles of the universal design. According to the Ministry of Tourism of the province of Buenos Aires and Urban municipality of the coast (2011) quoted by Méndez (S/f), accessible tourism is destined to this group of people with special needs, in the intention of giving solutions that consist basically in establishing guidelines for inclusion, so that tourism is an activity enjoyed by all.

According to the foregoing, it is inferred that for almost four decades tourism is being oriented so that every individual wishing to do leisure and recreation activities can do it anywhere, considering that the destinations should have Infrastructure, services, information and ad hoc attention to the requirements of subjects who possess some type of disability or physical and mental limitation, including of course older adults (OA). However, the needs of these vulnerable groups were not effectively addressed by the lack of accessibility. Recently, Galacia (2018) touched on this problem when he pointed out "the difficulties of inclusive tourism in Mexico, originate from ignorance about accessibility, since talking about accessibility does not mean just talking about access ramps for people with disabilities to public places, means offering access to any space to older adults, pregnant women, people with disabilities, people with temporary disabilities, people with obesity, people of low stature, parents with strollers, I mean, we're talking about 50% of the population. "

In this case, tourism for all offers great advantages to professional tour service providers, to investors as well as to the elderly and disabled. In other words, inclusive tourism in addition to being innovative and profitable for the sector seeks the welfare and preservation of life for older adults as long as they have plenty of free time to enjoy nature. Similarly, Montejano (2002) points out the people's free time is that of which the individual is available once he has freed himself from the obligation to work and a series of activities that he must attend to in the development of his daily life. We also agree with Zorrilla (1995), when he added that free time cannot always be considered as a form of leisure. Therefore, leisure is free time, but it requires the realization of an activity to be considered as such.

Considering these previous definitions, we can say that accessible tourism allows people with disabilities and older adults to enjoy greater personal autonomy and social and family coexistence, as well as enjoy their right to rest and Social inclusion. Therefore, it is understood as "leisure activities that people make in their spare time because they want, in their own interest, for fun, entertainment, personal improvement or any other voluntarily chosen purpose that is different from a benefit Material "(Argyle, 1996, p. 3). For Alvarez & Rodríguez (1998), leisure time for tourism and recreation is one of the variables of greater integration and valorization of quality of life. We add that tourism brings great benefits for man because it is an indispensable means by which individuals relate to nature, to know other cultures and to retake energies to move forward with their respective activities. With regard to the elderly, De Castro (1990) mentioned that once removed from the labor market and family demands, they primarily demand leisure experiences that enable them to meet their activity needs, and at the same time contribute to improve their quality of life.

As far as older adults are concerned, they have been considered as an emerging market niche, and therefore the concept of senior tourism, grey tourism, or as is known in Latin America, tourism for older adults has been introduced. This concept refers to those tourists of 60 years old or older with temporary and economic possibilities to travel, which are usually withdrawn from the

labor market and come to present some deterioration in their health (Sniadek and Zajadacz, 2010; Sniadek and Majchrzak, 2008).

There, the concept "*Tourism for all*" is conceived as an inalienable right of man, therefore, it presents certain difficulties both in its theoretical dimension and practice in analyzing the exclusion of older adults with low economic resources to enjoy tourism; such a situation considerably disturbs the psychosocial aspects linked to the successful ageing and social rights of individuals. As a result, accessible and inclusive tourism should not focus only on older adults or disabled people with adequate economic resources, but also the right to tourism for poor populations should be considered. Indisputably, accessible and inclusive tourism becomes one of the challenges to meet the needs of the populations and to give our approval to the Mexican state in terms of policies of equality and non-discrimination. Progress is appreciated for the social, political and cultural inclusion of vulnerable groups but the way to build a democratic and equitable state is very long. According to WHO (2014) cited by Inmujeres (2015, p. 1), the ageing of the population can be considered a success of public health policies and socioeconomic development, but it is also a challenge for society, which must adapt to it, with the objective of improving to the maximum the health and the functional capacity of the elderly people, as well as their social participation and their security. In the same way, ageing is considered as a natural, gradual, continuous and irreversible process of changes over time. These changes occur at the biological, psychological and social levels and are determined by the history, culture and socioeconomic conditions of groups and people. Therefore, the way of ageing of each person is different (Inmujeres, 2015).

Unfortunately, in Mexico this type of tourism is incipient, not only because its offer lacks the physical adjustments necessary to receive the elderly adults and all those who live with some disability or limitation of their functions, but Also because the providers of tourist services that do not have the training, humanity neither the moral and ethical conscience and professional to serve them. It is noted that currently the population of Tlaxcala presents many weaknesses with respect to tourist access egalitarian, senior and social inclusion, which provokes certain disagreements and complaints that are left without effects.

3. Relationship between ethics, violence and accessible tourism

The Universal Declaration of Human Rights established in 1948 establishes in article 24 that "everyone has the right to rest, to enjoy free time, to a reasonable limitation of the duration of the work and to periodic holidays paid." (United Nations, 2015, p. 50). Considering the foregoing, individuals are in the eternal pursuit of an improvement in the quality of life or the consolidation of it. Pascucci (2012) argues that leisure can be a central axis for this to be a reality because it has the ability to potentiate the sensations of satisfaction, well-being, joy, and even self-realization and confidence of individuals.

Older adults who make up individuals 60 years of age from now on, it can be highlighted what the World Health Organization (WHO, 2015, p. 3): "Older people make contributions to society in many ways, either within their families, in the local community or in society at large." For this reason, the way in which they occupy their free time, in addition to their social relations, are essential both for their state of health and for feeling happiness (Alcántara da Silva, 2014); However, they recognize that their right to accessibility and mobility has been violated, because

there is no feasible, physically accessible, available transport that represents free usability (The Global Alliance for the Rights of Older People, 2015). This is certainly a highlight for the consideration of older adults as a group that requires representation (United Nations, 2009; Kanter, 2009).

Similarly, the role of the National Human Rights Commission of Mexico (CNDH) has been vital to recognizing that older adults are a vulnerable group, so it is necessary to remember that they are creditors to all rights recognized in the Constitution Policy of the United Mexican States and the international treaties to which the State is a party (CNDH, 2012). We cannot overlook the violence of couples and families experienced by older adults. According to Inmujeres (2015, p. 29), "the prevalence of recent violence, experienced during the year prior to the ENDIREH interview, is 12.5% of the total older adults. The situation is more frequent among those of the group between 60 and 69 years, with prevalence of 6.9% of emotional violence, 3.7% economic violence, 1.9% physical violence and 0.8% sexual violence. The data indicate that the violence decreases as the age increases, since while 9.0% of women between 60 and 69 years suffered some type of violence in the last year, the percentage declined to 0.8% of those of 80 years or more. "That is, 44.6% of the older adult women who are married or United has suffered at least one incident of violence on the part of their partner throughout their life in Mexico. With this data we can clearly understand the extent of the problem caused by the lack of ethics, empathy and humanity. There is a high proportion of older adults who are victims of some kind of violence.

These older women were asked about other situations of violence that they might be exposed to in their home. 18% of them have suffered some kind of violence by their sons or daughters, grandchildren, nephews or other relatives or non-relatives. The most frequent episodes of violence are the emotional type: A 10.7% have stopped talking, 6% of them said they leave alone or leave them and 3.3% have told or make you feel that is a hindrance. Other manifestations of violence are related to carelessness or negligence: at 2.7% they neglect it when they get sick or stop giving their medications and 3.2% have refused help when they need it. Similarly, 34.8% of people consider that the rights of this population group are not respected at all and another 28.7% say that they are respected little. (Inmujeres, 2015, pp. 30-31).

It is known that this group of people is harmless and relatively dependent, although their temperament may change from time to time by their age but they deserve the best attention. By this last data, ethical and moral principles and values are indispensable, so that their close relatives and neighbors may feel the need to treat them with affection, respect, patience, diligence, empathy and humanity, as well as to ensure their well-being Emotional, economic, social and cultural, and tourism is a useful tool to achieve this noble goal. However, we are faced with a different reality where older adults usually face negative and evil attitudes and certain wicked remarks of close beings.

In addition, there are rules that support social rights and inclusive tourism for older adults. However, we understand the importance of ethical and moral behavior as well as respect for human rights in order to act in a correct and congruent way in society. The greatest explanation of violence against older adults and abandonment lies in wickedness, insensibility, concupiscence, apathy and vice that are all contrary to moral virtue, Plato and Aristotle would say. In this case, ethics must be a preventive and perfective habit of mentally and spiritually healthy men. It is essential to apply this rule in everyday life in the face of any circumstance because ethics seek human coexistence, in a continuous way. Consequently, values and moral behavior determine ethical behavior, cognitive perception and emotional reasoning to mental hygiene. Therefore, good or bad deeds will have personal and/or collective consequences also speak for us. As Bauman (2005) points out:

A minimum action that is has consequences in another or other; but not only this, an act can bring consequences not with one but with many or with humanity itself. The hope that human behavior could be encompassed by precise rules, rigid and without exceptions, without being subject to multiple interpretations, gradually faded to almost disappear in the current ethical texts; instead there has been a curious investment of ends and means. Instead of seeking a broad code – or universal principle – of moral action that can guide all of our life situations, twentieth-century ethical philosophers increasingly tend to focus on behavior and not on elections that could be prescribed in a way undoubted.

In Mexico, the Law on the rights of older adults has been promulgated, elaborated by the secretariat of Social Development (SEDESOL in Spanish) and the National Institute of Older Adults (INAPAM in Spanish). This law states in its article fifth part I, subparagraph (g), that these individuals have the right to live in dignified environments that meet their needs and requirements; In addition, part VII, subsection D, points out that they can participate in the cultural, sporting and recreational life of their community (SEDESOL and INAPAM, 2015).

Said above, leisure or enjoyment of free time for older adults can be understood in two ways: as a right and as a necessity. In this context, although human rights are universal, it cannot be ignored that persons with disabilities or older adults have faced episodes of discrimination and marginalization that prevent them from making this right effective, as well as by barriers (structural, social, political, among others) that limit the power to meet that need because they are constantly neglected and excluded from the social environment, including the tourism field (The Global Alliance for the Rights of Older People , 2015). It should be noted that the World Health Organization (WHO) developed global strategies and an action plan on ageing and health for the years 2016 to 2020. This plan is aimed at facilitating the affordability of people with different levels of capacity to ensure continuity of the activities they value, through the development of friendly environments that promote health, eliminate barriers and, above all, to ensure the growth-ageing of individuals by allowing them to unwrap fully in suitable spaces for them (WHO, 2017).

Therefore, it is appropriate to determine the concept of ageing which, despite its different meanings, is summarized as the process inherent in human life where physical, psychological and social changes are experienced (Alvarado and Salazar, 2014); which consequently lead to the last stage of the life cycle or old age. Similarly, the formulation of an ethical judgment has to go beyond personal or sector interests, and take into account those of all concerned. This means that we weigh the interests considered simply as such, not as our interests, (or those of others). This gives us a basic principle of equality: the principle of equal consideration of interests. [The essence of this principle rests] [...] In that in our moral deliberations we assign equal weight to the similar interests of all those whom our actions affect [...] An interest is an interest, whoever it may be. (Singer, 1979). Similarly, accessible tourism and ethics favor social and natural coexistence that becomes a common matter. As Buchheim points out (1995) quoted by Villegas & Toro (2010):

"In the coexistence [...] every issue is a matter of someone [...] who wants to promote the issue, has to promote the people who have taken it as their own [...] any decision of one thing is also a decision on personal matters. Thinking and acting politically means taking into account these factors in particular and including them in the calculation "(p. 108).

For this reason we believe that accessible and inclusive tourism is linked to empathy and especially to altruism because it is known and understood the inalienable needs and rights of vulnerable groups to enjoy tourism equally. Moreover, it is a fact that every being will come to old age as part of our life cycle and/or will reduce vitality over time. In this sense, tourism for all is beneficial for present and future generations. It should be added, that the characteristics of this

group of the population are heterogeneous, however, Rosow, Breslau & Guttman (1966) identifies particular needs in senility as the creation of a new time structure, goals and different relationships; the search for new activities and use of time; the requirement of specific health care, products and welfare resources (Lorenzo, Maseda and Millán, 2008, p. 16); caused by limitations of a physical or motive, intellectual, auditory or visual nature (Fernandez Alles, 2012); derivatives according to WHO (2015) of the general and progressive deterioration of many functions of the body.

In this context, the role of the United Nations in recognizing Member States of the rights of the senile population has been distinguished since 1982 when the principles and recommendations for promoting their independence, participation, care, self-realization, and dignity (United Nations, 2002); preventing discrimination, abuse or violence (United Nations, 2009). Likewise, in Spain, its importance was emphasized in the society and from the year 2002 have been promoted changes in the attitudes, policies and practices of all the sectors and levels of the society to consolidate the potential of this population group (United Nations, 2002).

The Secretary of Tourism of Mexico (2014) recognized the importance of accessible tourism as a key to integral and regional development based on accessibility criteria, so that it promoted the label inclusive tourism to encourage in the country the practices oriented to this type of tourism. According to data provided by the SECTUR (2017), it is appreciated that only 26 companies dedicated to the sector were awarded with this distinctive; Guanajuato with 30%, followed by Durango with 15% and Nuevo León and Quintana Roo with 4% of the total. According to Buhalis *et al.*, (2012) quoted in the International Organization of Social Tourism (2010):

Accessible tourism is not only about access to tourist services for people with disabilities but also includes the universality of the environment, services and information, which allow better accessibility to People with temporary disabilities, families with young children, aging people, or employees in the context of their work. This publication presents numerous evidence on the fact that accessible tourism organizations and destinations can increase their potential market and improve the quality of services, as well as increase customer satisfaction by getting more Performance for your business.

It is a fact that the inclusion, disability and ageing of the population become increasingly momentous in terms of the right to tourism because of its implications for tourism supply and demand and the potential market. Therefore, we add that accessible and inclusive tourism offers great benefits from technological innovation to national and international market competition and human well-being. In view of this, it seems that it is very profitable the business of the company Mexico accessible, which is dedicated to attending the segment of seniors in Puerto Vallarta and provides the service of transportation and rental of special equipment such as wheelchairs for beach; However, this service only focuses on those who have a motor disability (Mexico accessible, s/f.). The interest in this market is permeating the current sector in Mexico, however, the reality of the tourist spaces still represents a vast amount of obstacles for those older adults who also have some kind of disability and therefore In order to develop independently in the environment, they require different satisfactory than conventional ones. Consequently, if companies do not meet the needs of other people with some other type of disability (auditory, visual, and mental), it can also be considered as a discriminatory act. There is no doubt that accessible tourism requires greater investment, will, sense of service, humanity and business ethics.

The market for older adults is significant analyzed from two perspectives, business and social responsibility. Older people are a large and constantly growing group with significant purchasing potential; In addition, to include this sector is a socially responsible form of tourism that aims to address the rights of each person to travel and enjoy the tourist services and

opportunities (Sibi, 2017). For this reason, professional tourism agents and entrepreneurs and the state themselves must ensure accessible and inclusive travel for the elderly and disabled in accordance with current norms, human rights and business ethics. We conclude and agree that the solution to the problems that afflict us is not only economic, technical, political, tourist, legal, public order, insecurity, unemployment, etc., but also and mainly, ethical order, understood as ethics quality of human acting individually and socially. Y esto, porque muchos de esos problemas se originan, precisamente, en la falta de ética, de los individuos y los grupos (Peláez, 1990, p.134).

It is very true what Roa mentions (1988) quoted by Peláez (1990) "Man is not only an ethical being, when you need values and principles to which you have to abide because otherwise your life would be unlivable, but also a political being because Who needs to be able to subsist, an organization, no matter how precarious, "in which it satisfies its most varied needs according to the different aptitudes of each one for different tasks and where it is quench that peremptory demand of communication " spiritual Man's own. " This critical analysis allows us to consider necessary to carry out an investigation on the current situation of the older adults in Tlaxcala with respect to the accessible tourism to gather their opinions and necessities since the praxis. The question is: can we consider the state of Tlaxcala as an accessible and inclusive tourism destination?

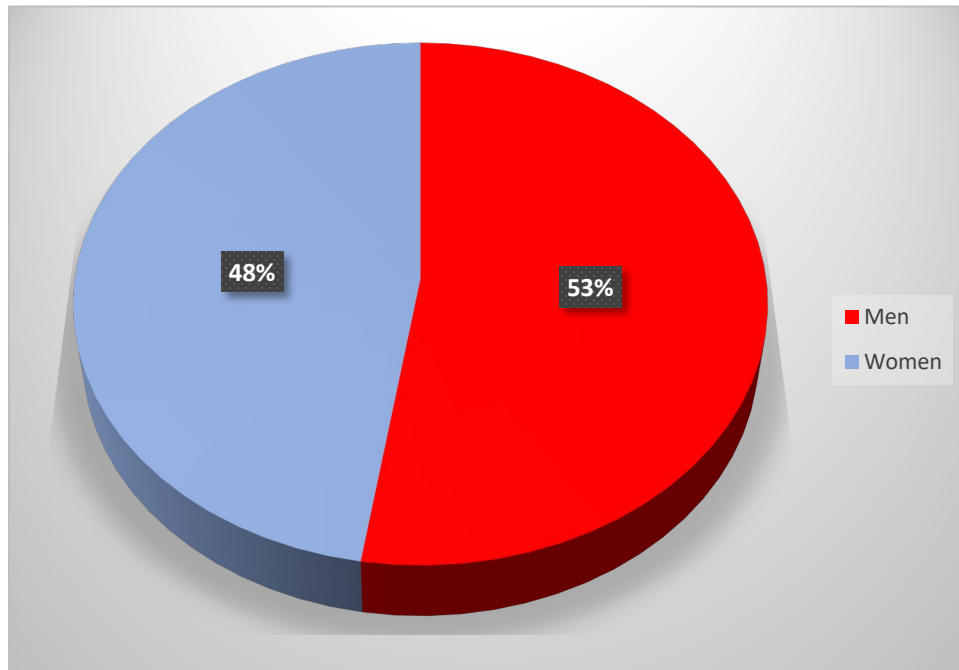
4. Methodology

By its nature, this article is of qualitative type with an inductive-analytical approach that allows to reach useful conclusions to reach the objectives before posed from a concrete and profound analysis of the current social situation of the people older adults and the consultation of certain relevant bibliographies found in national and international indexed journals that handle topics related to tourism, healthy ageing, equality and non-discrimination, among others. The target population is made up of adults older than 60 and more years of age. We opted for the interview technique, using as an instrument the survey to obtain information about the older adults of the city of Tlaxcala. The field work was carried out during the period May-June of 2019. In the same way, it was formalized on different days of the week because of the health and non-availability conditions of the elderly retired and pensioned adults who were located in shopping centers, medical clinics, supermarkets and the central park. Also, the representative sample comprised a total of 100 subjects of both sexes randomly selected. Therefore, a questionnaire of 13 semi-closed and semi-structured and open questions was applied to collect data on the opinions, attitudes and aspirations of these people. This manuscript is aimed at analyzing whether accessible tourism, according to its conceptualization, is an alternative for older adults in the state of Tlaxcala, based on the basic principles of accessibility and equality.

5. Main findings and discussion

The survey of this work was carried out with 57 men and 63 women of 60 years of age and more where an average is 68. (See graph 5). It should be mentioned that all older adults settle in the state of Tlaxcala but reside in various municipalities.

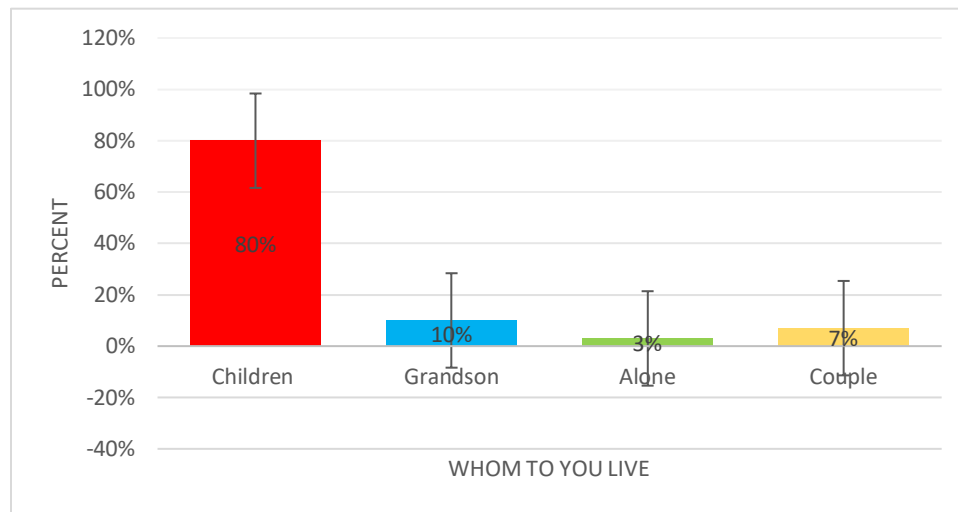
Graph 5. Percentage of adults over 60 years of age and older, by sex and place of residence.



Source: Own elaboration in field work results, 2019

The results of Graph 6 show that 80% of adults over 60 years of age and more live with their children. 10% with grandchildren and 7% live with their partner. By contrast, 3% of these older adults reside alone. It is important to note that the group of elderly people who live alone, 2 of them have their own home, however, do not live so far from their relatives. While the third person of male sex dwells in a borrowed house.

Graph 6. Currently, with whom do you live?

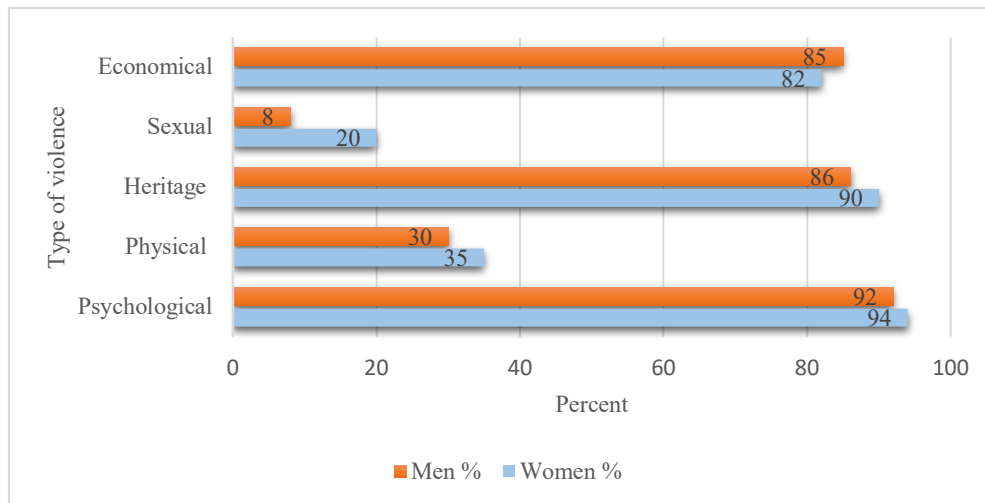


Source: Own elaboration in field work results, 2019.

According to WHO (2018), elder abuse is a single or repeated act that causes harm or suffering to an older person, or the lack of appropriate measures to avoid it, which occurs in a trust-based relationship. This type of violence constitutes a violation of human rights and includes physical, sexual, psychological or emotional abuse; violence for economic or material reasons; abandonment; negligence; and the grave impairment of dignity and disrespect. Abuse of older people can lead to severe physical injury and prolonged psychological consequences. With regard to domestic violence experienced by older adults, the results of graph 7 reveal that 94% of women experience psychological violence during the last 3 months in their family environment compared to 92% of men. Its main manifestations are: cries, threats of abandonment, scolding, derogatory comments, marginalization, exclusion and rudeness, among others.

Similarly, 90% of women say they have suffered from the property violence while 86% of men are in this situation. A considerable proportion of older adults who have been victims of economic violence by their children and/or grandchildren and their respective sentimental partners have also been reported. 85% of men are registered against 82% of women. With regard to physical violence it is shown that women are more prone to this type of violence that is manifested by milestones, slaps, shoving, scratches and bruises, among other ill-treatment. Therefore, 35% of women are registered against 30% of men. On the other hand, 20% of the women interviewed say they have suffered sexual violence in the couple against only 8% of men during the last 3 months. As we can see the psychological violence is superior in older adults of both sexes, also, the economic and patrimonial violence give that to reflect especially when the aggressor depends economically on the elderly person, the risk of ill-treatment is greater. The data show that older women are more likely to suffer some type of violence than men, except economic violence (82%). Similarly, cases of sexual and physical violence worry and challenge us to think potentially about unethical and inhuman attitudes toward older adults in society.

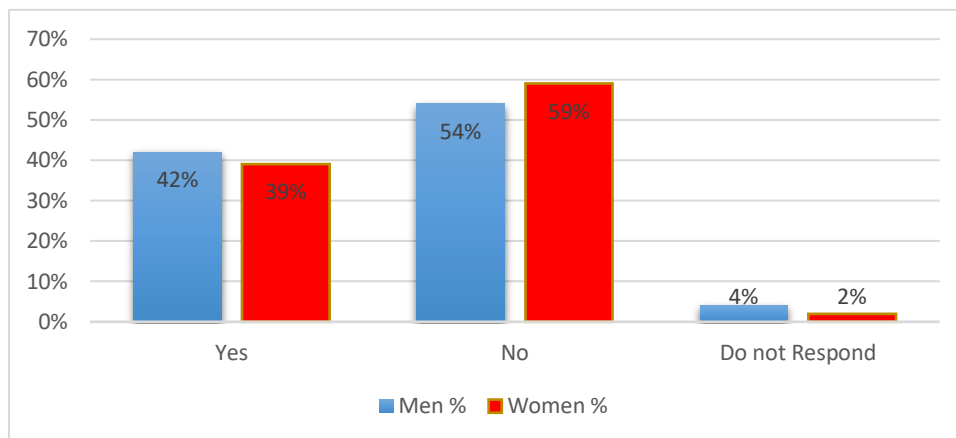
Graph 7. Proportion of adults over 60 years of age and more victims of some type of violence during the past 3 months, by sex.



Source: Own elaboration in field work results, 2019.

In order to achieve the objective of the research based on the collection of data on the views of older adults on accessible tourism and their rights to enjoy tourism; this question was asked: Has any member of your family taken you to visit a certain tourist spot for the last 6 months? The results of the field work reveal that 42% of men against 39% of women responded affirmatively. While 54% of men versus 59% of women have responded negatively. On the other hand, 4% of men versus 2% of women did not answer the question (See graph 8). It should be mentioned that all respondents agreed that tourism is a universal and human right and should access activity equally. They also feel that people are still violating their human right and freedom.

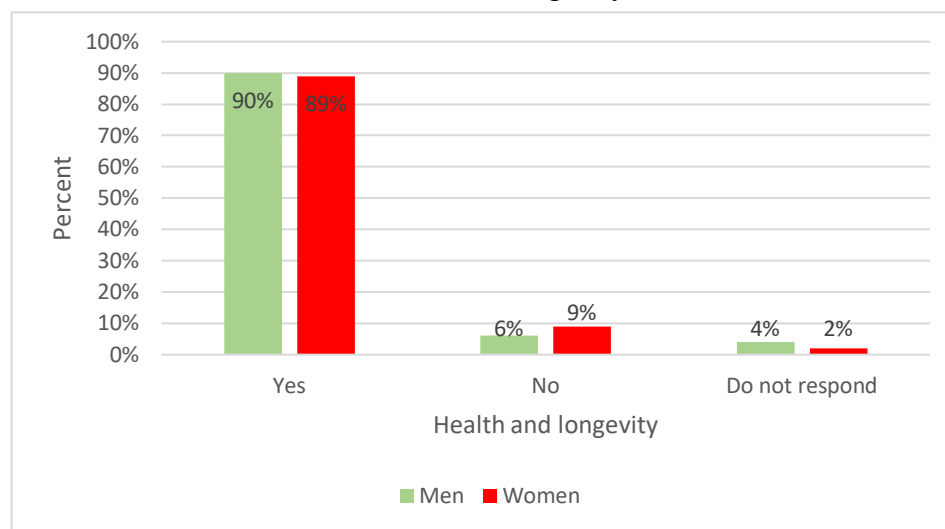
Graph 8. Has any member of your family taken you to visit a certain tourist spot for the past six months?



Source: Own elaboration in field work results, 2019.

With respect to the question: Do you consider that accessible and inclusive tourism can contribute to improve your health and longevity? All respondents agree that free time can contribute to the improvement of their health and allow for excellent longevity. Therefore, 90% of men versus 89% of women said yes tourism is an alternative to alleviate emotional problems and facilitate healthy and successful aging. While 6% of men versus 9% of women responded negatively. On the other hand, 4% of men versus 2% of women did not answer the question.

Graph 9. Do you consider that accessible and inclusive tourism can contribute to improve your health and longevity?



Source: Own elaboration in field work results, 2019.

6. Conclusion

As we saw during the development of this article, accessible tourism is understood as a universal right, an innovation and a business opportunity. Good accessibility practices facilitate the process of integration and democratization in society. We live in difficult times where human rights tend to be violated because of discrimination, marginalization, and poverty, violence in all forms, health problems, unprecedented pollution, etc... But also the loss of ethical values, empathy and responsibility for the psychological, physical, economic, heritage and sexual violence that older adult people continue to experience in the state of Tlaxcala. The results of this research demonstrate a significant proportion of adults over 60 years of age and older. It should be remembered that there are more women who are victims of some kind of violence in their family and social environment than men, except economic violence. This valuable discovery makes it possible to better understand and address the basic needs of this vulnerable group linked to gerontological and psychological diseases arising from ill-treatment from a perspective of justice, social rights and human rights. As a result, tourism for all facilitates integration, enjoyment, healthy and successful aging for both

older adults and people with disabilities. In this sense, accessible tourism is an alternative to prevent certain psychological and medical conditions from biogerontology and alternative and preventive medicine, in order to better appreciate the process of aging and the proper care of older adults.

It is common ground that the tourist demand for older adults and people with disabilities is growing. But it seems that professional tourism agents still do not manage to respond efficiently and effectively to this need and right of this group; Moreover, the household members of these elderly and disabled adults prove to have little interest in their tourist enjoyment, although the elderly know and claim their right to a decent life in every way. The sensitivity and business ethics of professional tourism service providers will improve their current situation through the application of existing human and constitutional rights laws, for example the law on equality and not discrimination; law for the inclusion of persons with disabilities, and the Law on the Rights of Older Persons (OP).

Investment in tourism so that every aspect of travel is stress-free and accessible will not only improve tourism income and employment opportunities significantly, but will also represent a benefit for local populations of disabled people because it enhances independent living (Frye, 2015). It is important to emphasize that this tourism demand is in the latent phase. It has tourist infrastructure, so this niche market requires the adaptation of the offer with viable conditions in all tourist services (Molina and Cánoves, 2010). Finally, accessibility does not refer to allowing access to older adults as potential tourist consumers because of their good economic resources but restricting the opportunities of others with limited resources. On the contrary, tourism should be a right for all without exception.

7. References

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