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ACCESSIBLE TOURISM EXPERIENCES IN RESTAURANTS: THE CASE OF PERSONS WITH DISABILITIES RESIDING IN BULACAN

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Abstract

The fundamental frame of responsible and sustainable tourism called the Global Code of Ethics for Tourism of the United Nations World Tourism Organization stipulates that everyone who engages in tourism activities should be free to exercise their rights to enjoy themselves without the possibility of experiencing various hindrances. This is a global framework essential for the responsible and sustainable growth of the sector highlighted in Article 7. To assist persons with specific requirements related to physical, sensory, and intellectual disabilities to live, act, and function independently, every tourist service provider should have accessible facilities that go beyond conventional design. Consequently, this study aimed to assess the restaurant facilities in Bulacan that focus on the experiences of persons with disabilities. This research could be valuable, especially to food and beverage businesses, as this will give them information that would leverage their facilities to cater to the needs of PWDs. The researchers used quantitative and descriptive methods and techniques to describe whether the restaurants in the province of Bulacan are PWD-friendly. This research was demarcated to the PWDs of Bulacan who have sensory, physical, and intellectual disabilities, and they were chosen using purposive and convenience sampling. A total of 171 PWD respondents took part in answering survey questionnaires containing questions based on a 5-point Likert scale. The results showed that most of the restaurant facilities in Bulacan are accessible for disabled persons and are considered PWD-friendly for persons with sight (visual), hearing, speaking (speech), physical, and intellectual disabilities. However, the study recommends having further research to improve accessible facilities for the restaurants.

Keywords: PWDs, Accessibility, Physical Disability, Sensory Disability, Intellectual Disability, Restaurant, Tourism, Visual, Hearing, Speech.

Introduction

Tourism is one of the developing sectors that make a significant economic contribution to many countries as a whole, bringing with it a plethora of far-reaching benefits and advantages (Maráková, Dyr, Wolak-Tuzimek, 2016) [21]. It serves as an engine for growth and development in a host country by enhancing not only its financial well-being and cultural assets but also the country's brand value, image, and identity. In this way, it results in taking advantage of producing more innovations as new strategies for the development of tourism are being devised in the present day and age that focus on accessibility and social policy considerations to reach out to the hidden market of tourism, which are the disabled people.

Every person desires a unique experience that best suited to their specific demands. The fundamental frame of responsible and sustainable tourism called the Global Code of Ethics for Tourism of the United Nations World Tourism Organization stipulates that everyone who engages in tourism activities should be free to exercise their rights to enjoy themselves without the possibility of experiencing various hindrances. This is a global framework essential for the responsible and sustainable growth of the sector highlighted in Article 7. Furthermore, tourism has a significant role in improving the quality of life of people in terms of physical, psychological, and mental health that contributes to having a fulfilling life. This must be taken into consideration, given that 15% of the world's population is composed of people who have some form of disability. Families with small children and elders, people with disabilities, or other specific needs constitute a sizable proportion of the more than one billion tourists worldwide who travel each year. However, it is vital that tourism service providers must

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implement appropriate accessibility measures to ensure that everyone can participate in an equitable manner (UNWTO, 2016) [30, 31].

To assist persons with specific requirements related to physical, sensory, and intellectual disabilities to live, act, and function independently, every tourist service provider should have accessible facilities that go beyond conventional design. According to Linderova & Janecek (2017), tourism facilities that are functional, useable, and designed in compliance with accessibility standards create a bridge towards the development of the tourism sector. However, people with special needs should feel included and fully integrated into all aspects of society. In line with this context, inclusive tourism for all should be perceived as a platform to improve personal well-being and quality of life for everyone who participates, thereby implying a wide range of social advantages (Moura & Kastenholz, 2010) [22].

Accordingly, an environment (e.g., a site, facility, workplace, service, or program) is considered accessible when a person with a disability may approach, enter, operate in, or use it in a safe and dignified manner. Parking and entrances, products and services, and bathrooms were identified as the three principal areas of activity that were impacted by an architectural obstacle in a study to detect architectural impediments in public facilities. With or without disabilities, physical environments affect various aspects of life. When it comes to reducing conflict, having an easily accessible constructed environment can be beneficial.

Restaurants are one of the significant providers of the hospitality industry and an essential form of structure since dining out away from home is one of the most prevalent and regular activities for everyone, including individuals living with disabilities (Kaufman Scarborough & Bakers, 2005) [17]. This is the sole reason the foremost responsibility of the hospitality industry is to meet the demands of their consumers regardless of their well-being as they do not only offer meals to customers but also an experience that satisfies them. A dining experience that does not discriminate against anyone and does not place any limitations on their preferences or requirements allows everyone, including those with disabilities, to engage fully in dining activities. In addition, restaurants also cater to the needs of people for a variety of activities in terms of social and intimate affairs such as family reunions, small office meetings and training, social gatherings, regional events, and relaxation that can be fulfilled successfully if it is equitable to everyone.

The number of disabled persons has risen steadily throughout time because of various unfortunate and unwanted events and tragedies. Thus, people with disabilities have faced discrimination and exclusion from a range of different opportunities such as employment, education, and leisure activities like dining outdoors (Chia-Hsin, 2020) [7].

Providing an outstanding, safe, and comfortable environment is one of any restaurant's most fundamental goals for all its patrons to ensure that they have a positive dining experience to leverage their satisfaction. Progress has been made, but unfortunately, not all people could benefit from this because some must deal with the polar opposite of hospitality as restaurants are still unable to provide the needs of disabled customers as accessibility in some facilities is still lacking, resulting in unnecessary exasperation and embarrassment to them. As stated by Dejong & Lifchez (1983) [8], there is a wide range of access issues that exist in the environment of restaurants that are more often experienced by people with disabilities, which limit the number of available choices, aggravate self-help practices, create prejudice, and obstruct integration of diversity. Many restaurants appear to be quirky as one of their assets and a way to draw in to attract, nurture and gladden guests, yet this makes no sense as there are functions that may seem to be easy and convenient for others but pose a significant challenge for some especially for people with disabilities. These functions are taken for granted by the general public, but they represent a severe challenge for disabled people, primarily because their requirements were not considered when the features were designed. Excellent services and facilities may be present in the sector, but they will potentially be outweighed by a lack of accessibility. Disability types and accessibility levels considerably affect the types of constraints and experiences that people will have. The immediate result is that individuals with disabilities frequently lack an understanding of what to anticipate when they dine out.

A gradual decline in architectural impediments can be attributed to the efforts of many governments to make their infrastructure more handicapped-accessible. Although the process of making public buildings accessible is still in its early stages, people with disabilities may continue to be refused access to public buildings, preventing them from participating fully in their community.

People living with disabilities have a legal right to equitable access to all tourism-related infrastructure, products, and services, including benefits that the hospitality industry can provide. Consumers should be guaranteed full participation and protection regardless of their disabilities. They should be offered equal rights and offered the same opportunities (Amer & Tamer, 2008) [1]. Therefore, addressing this critical issue will benefit not only

disabled people but also individuals without disabilities.

As stated in Chapter VI Section 25 of Republic Act no. 7277, Magna Carta of Disabled persons, one of the rights and privileges afforded to disabled individuals is to have a "Barrier-Free Environment" wherein disabled person will have full access to public and private buildings and establishments and such other places mentioned in Batas Pambansa 344. It is also mandated that the government allocate funds to renovate architectural establishments that will accommodate their needs.

Sec. 26. Mobility: The State must encourage the mobility of disabled persons. Disabled individuals should be authorized to operate motor vehicles, according to the rules and regulations issued by the Land Transportation Office pertaining to the nature of their disability and the required adaptations or modifications performed upon these vehicles.

Sec. 27. Access to Public Transport Facilities: The primary Department of Social Welfare and Development should establish a program to help disadvantaged disabled individuals in obtaining access to public transportation. This aid might take the shape of discounted transit fares.

The said department is responsible for allocating such funds that may be required to efficiently operate the public transport program for disabled persons. The "Accessibility Law," as modified, shall be rendered suppletory to this Act and shall have precedence over it.

Sec. 28. Implementing Rules and Regulations: The primary Department of Transportation and Communications shall adopt the rules and regulations required to carry out this chapter's requirements.

The researchers have seen how inaccessibility adversely affects people with disabilities' dining out experiences that limit them. Though a republic act exists to aid in enhancing a disabled person's mobility, it appears that most public spaces are still frequently and rarely created with proper accessibility in mind for individuals with impairments, effectively isolating them from the rest of society. Many operators still have a long way to go when it comes to making it easier for disabled individuals to access their facilities and making them comfortable. For this reason, the researchers aim to assess and describe the accessibility of facilities that are suitable for physically, sensory, and mentally disabled people. This paper considers and addresses the issues regarding PWD consumers and how restaurants of Bulacan cater to them. This chapter summarizes the research that reveals critical information on the needs of our fellow PWDs.

Study Area

Bulacan is a province situated in the region of Central Luzon of the Philippines. It is considered one of the most progressive provinces in the country as it is noted for its small and medium-scale industries. In total, there are 569 barangays spread throughout 21 municipalities and three cities, such as Malolos, the provincial capital, Meycauayan, and San Jose del Monte. Bulacan has a total population of 3,708,890 individuals, according to the 2020 census, which was undertaken on May 1, 2020. These population numbers show that, following Cebu and Cavite, it is the most populated province in Central Luzon and the third most populous province in the Philippines. In terms of atmosphere, the province has aspects of both a commercialized urban city and a relaxed and leisurely country province.
(https://www.philatlas.com/luzon/r03/bulacan.htm)

Statement of the Problem

In the tourism industry, the large number of disabled individuals may constitute a significant untapped market. However, unfortunately, as the country's population of disabled people grows, the barriers they encounter grow as well, particularly those linked to seeking quality experiences in various tourism service suppliers.

In this particular situation, this proposed study primarily focused on the accessible tourism experience of PWDs in restaurants in the province of Bulacan. Considerably, the researchers formulated questions to assess the accessibility of various facilities of restaurants.

Research Objectives

1. How may the respondents be described in terms of:
   1.1 Age
   1.2 Gender
   1.3 Type of Disability
   1.4 Residence
2. How may the accessibility of Bulacan restaurants in terms of facilities for sensory disabled persons be described?
   2.1 Sight Disability Facilities
   2.2 Hearing Disability Facilities
   2.3 Speaking Disability Facilities
3. How may the accessibility of Bulacan restaurants in terms of facilities for physically disabled persons be described?
4. How may the accessibility of Bulacan restaurants in terms of facilities for intellectually disabled persons be described?
5. Is there a significant difference in the perception of respondents-PWDs in the

accessibility of facilities of Bulacan restaurants when respondents-PWDs grouped according to profile?

6. What recommendations may be made based on the results of the study?

Null Hypothesis: There are no significant differences in the perception of respondents-PWDs in the accessibility of facilities of Bulacan restaurants when grouped according to profile.

Significance of the Study

The study would be beneficial for the **People with Disabilities** as the direct recipients this will help formulate policies that aim to improve restaurants facilities for PWDs. This is significantly relevant to them as it will emphasize and broaden their rights to be active and participate in touristic activities in an autonomous and inclusive approach as part of their citizenship, which in turn will contribute to improving their quality of life and promote their dignity.

This would also be beneficial for **Food and Beverage Businesses** as one of the tourism service suppliers; this study will assist them in applying the recommendations provided by the researchers, which emanated from the results of the study, as their action in provisioning universal design for their facilities.

For the **Policy and Planning Agencies**, this study will help them track and assess the demographic profile of the PWDs through a thorough review of the surveys answered by the PWDs, especially on the type of disability they have. A more comprehensive understanding of disability can be beneficial in all aspects of policymaking in developing more effective plans and solutions for meeting the needs of individuals with disabilities to ensure the continuity of accessibility measures.

Moreover, **Academe** as one of the tourism industries partners in the provision of tourism education, this study will help the academic field grasp the broader picture of universal accessibility in the tourism industry and draw valuable perspectives and knowledge that will contribute to students' growth.

Furthermore, **Tourism Students** as one of the catalysts for the promotion of sustainable tourism development and future industry assets, the information provided in this study will enable them to raise their level of awareness about the niche market in tourism, particularly the challenges faced by PWDs and the necessity of creating a barrier-free travel experience for them.

And lastly, for **Future Researchers**, this will serve as a useful reference or supporting study for future researchers through citation or additional literature in conducting a study in connection to assessing the accessible tourism experiences of PWDs.

Scope and Limitations of the Study

The data needed for this study was collected through the distribution of survey questionnaires among the persons with physical, intellectual, and sensory disabilities that are currently residing in the province of Bulacan. Data collection started from November 9 to November 30, 2021, to identify and assess the diverse types of facilities for each specific disability of the respondents. The survey form was categorized based on their particular kind of disabilities to have a direct and appropriate answer, which was prepared by the researchers. Overall, the researchers achieved a total number of 171 respondents using convenience and purposive sampling.

Although the researchers have achieved the objective of the study, inevitable limitations were encountered that prevented them from collecting the data from some of the PWD respondents during the data gathering procedure. Due to the respondents' conditions, some of them could not complete the survey independently. As a result, the survey form was completed by their parents or guardians, which inhibited the researchers from having a first-hand look at the experiences of the several PWD respondents.

As this study used online surveys, technical difficulties mainly were encountered by the respondents in accessing Google Forms due to poor internet connections, lack of access to the internet, and unavailable Google accounts.

Theoretical Framework

In the words of Darcy and Dickson (2009), persons with access requirements (such as those related to sight, hearing, mobility, and cognitive traits) may engage in accessible tourism in order to be able to operate freely, with equality, and with dignity in their communities. Tourism facilities, goods, environments, and services that are generically developed are made available to visitors. The elderly and individuals with physical disabilities are included in this category. The definition provided by Buhalis & Michopoulou (2011) is slightly different from Darcy and Dickson's, the term "accessible tourism" refers to any market group that has an easy means of gaining access to tourist attractions.

Darcy and Dickson's definition of accessible tourism is the most applicable to the aims of this study, providing awareness about the scope of accessibility. Accessibility plays a vital role in the experiences of PWDs promoting equal opportunities and can lead to multiple benefits. The study is

anchored from the theoretical support, introducing the following:

Leisure Constraints Theory

The significant finding of this theory is that various forms of constraints impact participation, stated by Crawford et al. (1991). That can be classified into three: interpersonal, structural, and intrapersonal. If intrapersonal limitations are effectively overcome, the two restrictions will follow, and participation will be guaranteed. People with disabilities' engagement in physical activity is determined by intrapersonal limitations (age, type of disability, gender, limitations, and origin), interpersonal constraints (relationships, children), and lastly, structural constraints (education, work). Inaccessible environments give barriers for people with disabilities in facilitating the community. That is why accessibility is the key to developing particular strategies for PWDs to overcome the barriers that limit their performance. This enters the first approach of the researchers, which is to know the age, gender, type of disability, and residence of every respondent.

Accessible Tourism Theory

According to Loi (2015), the majority of research on accessible tourism theory is concerned with obstacles and accessibility in tourist facilities. The researcher went on to say that disabled research must be included as part of comprehensive disability studies in order to obtain a better knowledge of accessible tourism. At this point, three different theories will be introduced to help understand the critical role of accessibility for people with disabilities including the Social Approach, Human Rights Approach, and Corporation Approach.

Social Approach

According to Lang (2021), social theory corresponds to disability as a result of people's interactions with their environment, such as physical, communication, and social limits. It implies that empowering people with disabilities to participate fully in society." Aim to transform society in order to assist persons who are disabled. It is not about modifying disabled people just to fit in with society. Disabled people are human beings with the exact needs as the rest of us, one of which is to be understood and treated with dignity. Our essential role is to guarantee that people have the same level of respect for people with disabilities.

Human Rights Approach

According to BEZEV (2015), concerns such as disability inclusion and barrier-free practices, which had hitherto been overlooked, were brought to light. Accessibility is rising on the political agenda, which is positive, but there are challenges at various levels in both developed and developing countries." The government is providing a level of responsibility that allows persons with impairments to perform. It is all about the action steps that need to be taken, such as policies, legislation, and regulations for people to enjoy their rights. Changes and development of access for people with disabilities can lessen these challenges of PWD. We can play a significant role for persons with disabilities to generate recommendations to reduce the barriers. Furthermore, the researchers aim to share information to gain a better understanding of the experiences of the person with a disability. Through this research, we will raise awareness and share those perspectives with everyone.

Corporation Approach

It was claimed by Loi (2015) that if accessible tourism is classified as a special-interest group under mixed interest tourism, tour operators may apply approaches for individuals with people with disabilities. As a result of this strategy, corporations may be able to make further expenditures in accessible tourism. One of the consequential sectors for disabled people is tourism service providers. This also creates a favorable environment where tourism service providers take into account the needs of disabled persons. As a result, they develop the level of environmental features such as facilities to provide appropriate possibilities for persons with disabilities to overcome the most significant obstacles in their lives. Several types of access such as Assistive Devices, Services, and Personal Assistance will benefit and help deal with this. Furthermore, it is essential to know the experiences in using these devices/ technologies and services (satisfaction/ dissatisfaction of device or services, to use/ discontinuance of assistive technologies). The researchers do not necessarily want to know the satisfaction itself; instead, the purpose of this research is to understand the overall experiences of the PWDs in using the facilities given.

Research Methodology

Quantitative-Descriptive Research

Quantitative-descriptive research was the appropriate design to identify and provide answers to the study. It was quantitative in nature because it deals with numbers that analyze problems using numerical variables. The quantitative method helps the process of the study to collect data in a manner that aims to describe and identify the characteristic of the problems encountered by the PWDs in utilizing and maximizing the use of facilities of restaurants in Bulacan. Furthermore, as this study used the descriptive method, it describes the characteristics of the population that is being studied. This design is always more concerned with

the research subject than the why of the research subject. (Babbie, 1990)

According to Krathwohl, D. R. (2009), descriptive research is a means of collecting data about current situations and trends that create an appropriate and correct understanding of specific data, with or without statistical methodologies. In addition, it provides a thorough and accurate description of the topic of interest that allows the researchers to comprehend the study thoroughly. It can also determine how a person, group, or thing acts or functions in the present situation. This descriptive research aims to describe in detail the accessibility of restaurant facilities that corresponds to a specific type of disability.

Respondents were asked to rate their accessibility of the facilities of restaurants in the province of Bulacan in a Likert-scale format.

Research Instrument

In this conducted study, the instrument utilized to gather and collect all the data needed was the survey questionnaire. This was utilized considering that it was able to gather data faster than any other method. The respondents needed for this survey were the persons with disabilities. The researchers prepared their own questionnaire, which is in Likert scale type to answer all the specific questions under the statement of the problem. It was constructed based on the readings of published and unpublished thesis that were relevant to the study. Particularly, the draft of the questionnaire was drawn out from these previous studies.

The instrument was also measured through reliability testing by a statistician. This is to ensure that each section of the questionnaire produces similar or comparable results, and that each section measures the proper construct.

Validation of Instrument

Items	Cronbach's Alpha	N of Items
Physical Disability	0.831	9
Intellectual Disability	0.742	8
Visual Disability	0.865	9
Hearing Disability	0.764	5
Speech Disability	0.556	7

Table 1: Results of Reliability Statistics

The researchers conducted a pilot test on 15 PWD respondents to each type of disabilities to evaluate the level of validity and reliability of the quantitative instrument formulated by the researchers. The questionnaire was categorized according to each type of disability to specify the facilities that correspond to their needs.

The Cronbach's alpha calculation carried out in SPSS Statistics was utilized to measure the overall reliability or internal consistency of the questionnaire. Each question has a 5-point Likert item from excellent, very good, good, fair, and poor.

A value above 0.6 was considered high reliability and an acceptable index. Based on table 1 of the result of reliability statistics shows that the four disabilities have a total value ranging from 0.865 to 0.742, which considered the items as valid, reliable, and can be applied since they produced values that are above 0.60. Moreover, this is acceptable to conduct with any further testing.

On the other hand, on the part of 7-item speech disability, Cronbach's alpha is less than 0.6 as it resulted in 0.556. Some studies stated that 0.5 values are high and acceptable, which can be cited in the study of Daud et al. (2018), whereas the validity of the instrument exceeding the 0.3 indexes of correlation is also shown high. Ekolu & Quainoo (2019) also added that Cronbach's alpha values exceeding 0.3 imply that the test items or questions on the assessment are balanced and reliable.

Data Processing and Analysis

Following the collection of data, a statistician was consulted by the researchers to interpret, verify, and analyze the statistical data of the study to determine its accuracy.

The data collected was interpreted using ANOVA, Frequency and Percentage, Mean, and Standard Deviation.

In terms of the analysis of results, the values of the Likert Scale are used. The values are presented below:

VALUE	RESPONSE
4.21 – 5.00	Excellent
3.41 – 4.20	Very Good
2.61 – 3.40	Good
1.81 – 2.60	Fair
1.00 – 1.80	Poor

Results and Discussions

Table 1: Frequency Distribution Table of the Respondents in terms of Age

Table 1.1: Persons with Sight (Visual) Disabilities

As shown in table 1.1, Persons with Sight (Visual) Disabilities, out of 34 respondents, the data was interpreted from highest to lowest frequency. 20-25 Years Old, has the highest frequency of 8, with a percentage of 23.53%. The least is 56-60 years old, having a frequency of 0, with a percentage of 0.00%.

Variable	Frequency	Percentage
Age		
Below 20	4	11.76%
20-25	8	23.53%
26-30	2	5.88%
31-35	3	8.82%
36-40	3	8.82%
41-45	4	11.76%
46-50	2	5.88%
51-55	5	14.71%
56-60	0	0.00%
Above 60	3	8.82%
TOTAL	**34**	**100.00%**

Table 1.2: Persons with Hearing Disabilities

As shown in the table 1.2, Persons with Hearing Disabilities, out of 21 respondents, the data was interpreted from highest to lowest frequency. Below 20 Years Old, has the highest frequency of 6, with a percentage of 28.57%. The least is Above 60 years old, having a frequency of 0, with a percentage of 0.00%. This implies that most of the respondents under Persons with Hearing Disabilities are Below 20.

Variable	Frequency	Percentage
Age		
Below 20	6	28.57%
20-25	2	9.52%
26-30	3	14.29%
31-35	4	19.05%
36-40	1	4.76%
41-45	1	4.76%
46-50	1	4.76%
51-55	2	9.52%
56-60	1	4.76%
Above 60	0	0.00%
TOTAL	**21**	**100.00%**

Table 1.3: Persons with Speaking (Speech) Disabilities

As shown in table 1.3, out of 32 respondents, Below 20 Years Old, has the highest frequency of 13, with a percentage of 40.63%. The least are 31-35, 51-55, 56-60 and Above 60 years old, having a frequency of 1, with a percentage of 3.13 %. This implies that most of the respondents under Age distribution of Respondents are Below 20.

Variable	Frequency	Percentage
Age		
Below 20	13	40.63%
20-25	6	18.75%
26-30	2	6.25%
31-35	1	3.13%
36-40	2	6.25%
41-45	3	9.38%
46-50	2	6.25%
51-55	1	3.13%
56-60	1	3.13%
Above 60	1	3.13%
TOTAL	**32**	**100.00%**

Table 1.4: Persons with Physical Disabilities

As shown in the table 1.4, out of 40 respondents, the data was interpreted from highest to lowest frequency. 51-55 Years Old, has the highest frequency of 9, with a percentage of 22.50%. The least is 36-40 years old, having a frequency of 1, with a percentage of 2.50 %. This implies that most of the respondents under Age distribution of Respondents are 51-55.

Variable	Frequency	Percentage
Age		
Below 20	6	15.00%
20-25	4	10.00%
26-30	3	7.50%
31-35	3	7.50%
36-40	1	2.50%
41-45	3	7.50%
46-50	2	5.00%
51-55	9	22.50%
56-60	6	15.00%
Above 60	3	7.50%
TOTAL	**40**	**100.00%**

Table 1.5: Persons with Intellectual Disabilities

As shown in the table 1.5, out of 44 respondents, the data was interpreted from highest to lowest frequency. Below 20 Years Old, has the highest frequency of 29, with a percentage of 65.91%. The least are 51-55, 56-60 and Above 60 years old, having a frequency of 0, with a percentage of 0.00 %. This implies that most of the respondents under Age distribution of Respondents are Below 20 Years Old.

Variable	Frequency	Percentage
Age		
Below 20	29	65.91%
20-25	7	15.91%
26-30	3	6.82%
31-35	2	4.55%
36-40	1	2.27%
41-45	1	2.27%
46-50	1	2.27%

51-55	0	0.00%
56-60	0	0.00%
Above 60	0	0.00%
TOTAL	**44**	**100.00%**

Table 2: Frequency Distribution of the Profile of the Respondents in terms of Gender

Table 2.1: Persons with Sight (Visual) Disabilities

As shown in the table 2.1, out of 34 respondents, Both Male and Female have the same frequency of 17 with a percentage of 50%. This implies that the respondents Gender frequency distribution in Persons with Sight (Visual) Disabilities consist of an equal frequency distribution.

Variable	Frequency	Percentage
Gender		
Male	17	50.00%
Female	17	50.00%
TOTAL	**34**	**100.00%**

Table 2.2: Persons with Hearing Disabilities

As shown in the table 2.2, out of 21 respondents, the data was interpreted from highest to lowest frequency. Male, has the highest frequency of 11, with a percentage of 52.38%,

The least is Female, having a frequency of 10, with a percentage of 47.62 %. This implies that most of the respondents under Persons with Persons with Hearing Disabilities are male.

Variable	Frequency	Percentage
Gender		
Male	11	52.38%
Female	10	47.62%
TOTAL	**21**	**100.00%**

Table 2.3: Persons with Speaking (Speech) Disabilities

As shown in table 2.3, out of 32 respondents, the data was interpreted from highest to lowest frequency. Male, has the highest frequency of 21, with a percentage of 65.63%,

The least is Female, having a frequency of 11, with a percentage of 34.38%. This implies that most of the respondents under Persons with Persons with Speaking (Speech) Disabilities are male.

Variable	Frequency	Percentage
Gender		
Male	21	65.63%
Female	11	34.38%
TOTAL	**32**	**100.00%**

Table 2.4: Persons with Physical Disabilities

As shown in table 2.4, Persons with Physical Disabilities, out of 40 respondents, the data was interpreted from highest to lowest frequency. Male, has the highest frequency of 28, with a percentage of 70.00%,

The least is Female, having a frequency of 12, with a percentage of 30.00%. This implies that most of the respondents under Gender frequency distribution of Persons with Physical Disabilities are Male.

Variable	Frequency	Percentage
Gender		
Male	28	70.00%
Female	12	30.00%
TOTAL	**40**	**100.00%**

Table 2.5: Persons with Intellectual Disabilities

As shown in the table 2.5, Persons with Intellectual Disabilities, out of 44 respondents, the data was interpreted from highest to lowest frequency. Male, has the highest frequency of 24, with a percentage of 54.55%,

The least is Female, having a frequency of 20, with a percentage of 45.45%. This implies that most of the respondents under Persons with Intellectual Disabilities are male.

Variable	Frequency	Percentage
Gender		
Male	24	54.55%
Female	20	45.45%
TOTAL	**44**	**100.00%**

Table 3: Frequency Distribution of the Profile of the Respondents in terms of Type of Disabilities

Table 3.1: Sensory Disabilities

As shown in the table 3.1, Sensory Disabilities, out of 87 respondents, the data was interpreted from highest to lowest frequency. Sight Disabilities (Visual), has the highest frequency of 34, with a percentage of 19.88%, followed by Speaking Disabilities (Speech) having a frequency of 32 with a percentage of 18.71%.

The least is Hearing Disabilities, having a frequency of 21, with a percentage of 12.28%. This implies that most of the respondents under Sensory Disability are Sight Disabilities (Visual).

Variable	Frequency	Percentage
Types of Disability	34	19.88%

Speaking	21	12.28%
(Speech)	32	18.71%
Disabilities		
Hearing		
Disabilities		
Sight		
(Visual)		
Disabilities		
TOTAL	**87**	**100.00%**

Table 3.2: Types of Disabilities

As shown in table 4.2, Types of Disabilities out of 84 respondents, the data was interpreted from highest to lowest frequency. Intellectual Disabilities, has the highest frequency of 44, with a percentage of 25.73%,

The least is Physical Disabilities, having a frequency of 40, with a percentage of 23.39%. This implies that most of the respondent Types of Disabilities are from Intellectual Disabilities.

Variable	Frequency	Percentage
Types of Disability		
Physical	40	23.39%
Disabilities	44	25.73%
Intellectual		
Disabilities		
TOTAL	**84**	**100.00%**

Table 4: Frequency Distribution of the Profile of the Respondents in terms of Residence

Table 4.1: Persons with Sight (Visual) Disabilities

As shown in the table 4.1, out of 34 respondents, the data was interpreted from highest to lowest frequency. City of Meycauayan, has the highest frequency of 9, with a percentage of 26.47%, followed by Balagtas having a frequency of 7, with a percentage of 20.59% followed by Paombong having a frequency of 6 with a percentage of 17.65%.

Second to the least are Bocaue, Bustos, Calumpit, Guiguinto and City of Malolos having the same frequency of 1 with a percentage of 2.94%. This implies that most of the respondents with Persons with Sight Disabilities (Visual) under terms of Residence are from the City of Meycauayan.

Variable	Frequency	Percentage
Residence		
Angat	0	0.00%
Balagtas	7	20.59%
Baliuag	5	14.71%
Bocaue	1	2.94%
Bulakan	0	0.00%
Bustos	1	2.94%
Calumpit	1	2.94%
City of	1	2.94%
Malolos	9	26.47%
City of	0	0.00%
Meycauayan	0	0.00%
City of San	1	2.94%
Jose Del Monte	0	0.00%
Dona	0	0.00%
Remedios	0	0.00%
Trinidad	0	0.00%
Guiguinto	0	0.00%
Hagonoy	6	17.65%
Marilao	2	5.88%
Norzagaray	0	0.00%
Obando	0	0.00%
Pandi	0	0.00%
Paombong	0	0.00%
Plaridel	0	0.00%
Pulilan		
San		
Ildefonso		
San Miguel		
San Rafael		
Sta. Maria		
TOTAL	**34**	**100.00%**

Table 4.2: Persons with Hearing Disabilities

As shown in table 4.2, out of 21 respondents, the data was interpreted from highest to lowest frequency. Balagtas, has the highest frequency of 5, with a percentage of 23.81%. Second to the least are Baliuag, Bustos, Calumpit, City of Malolos, City of Meycauayan, City of San Jose Del Monte, Guiguinto, Hagonoy, Marilao, Pulilan and San Rafael having the same frequency of 1 with a percentage of 4.76%. This implies that most of the respondents under Persons with Hearing Disabilities are from Balagtas.

Variable	Frequency	Percentage
Residence		
Angat	0	0.00%
Balagtas	5	23.81%
Baliuag	1	4.76%
Bocaue	0	0.00%
Bulakan	0	0.00%
Bustos	1	4.76%
Calumpit	1	4.76%
City of	1	4.76%
Malolos	1	4.76%
City of	1	4.76%
Meycauayan	0	0.00%
City of San	1	4.76%
Jose Del Monte	1	4.76%
Dona	1	4.76%
Remedios	0	0.00%
Trinidad	0	0.00%
Guiguinto	0	0.00%
Hagonoy	3	14.29%
Marilao	2	9.52%

Norzagaray	1	4.76%
Obando	0	0.00%
Pandi	0	0.00%
Paombong	1	4.76%
Plaridel	0	0.00%
Pulilan		
San Ildefonso		
San Miguel		
San Rafael		
Sta. Maria		
TOTAL	**21**	**100.00%**

Table 4.3: Persons with Speaking (Speech) Disabilities

As shown in the table 4.3, out of 32 respondents, the data was interpreted from highest to lowest frequency. City of Malolos, has the highest frequency of 8, with a percentage of 25.00%.

The remaining residencies have no frequency of Persons with Speaking (Speech) Disabilities. This implies that most of the respondents under Persons with Speaking (Speech) Disabilities are from City of Malolos.

Variable	Frequency	Percentage
Residence		
Angat	0	0.00%
Balagtas	7	21.88%
Baliuag	3	9.38%
Bocaue	0	0.00%
Bulakan	1	3.13%
Bustos	0	0.00%
Calumpit	1	3.13%
City of Malolos	8	25.00%
City of Meycauayan	6	18.75%
City of San Jose Del Monte	0	0.00%
Dona	0	0.00%
Remedios	0	0.00%
Trinidad	0	0.00%
Guiguinto	0	0.00%
Hagonoy	0	0.00%
Marilao	5	15.63%
Norzagaray	1	3.13%
Obando	0	0.00%
Pandi	0	0.00%
Paombong	0	0.00%
Plaridel	0	0.00%
Pulilan	0	0.00%
San Ildefonso		
San Miguel		
San Rafael		
Sta. Maria		
TOTAL	**32**	**100.00%**

Table 4.4: Persons with Physical Disabilities

As shown in the table 4.4, Persons with Physical Disabilities, out of 40 respondents, the data was interpreted from highest to lowest frequency. City of Meycauayan, has the highest frequency of 14, with a percentage of 35.00%. The remaining residencies have no frequency of Persons with Physical Disabilities. This implies that most of the respondents under Persons with Physical Disabilities are from City of Meycauayan.

Variable	Frequency	Percentage
Residence		
Angat	0	0.00%
Balagtas	11	27.50%
Baliuag	0	9.38%%
Bocaue	0	0.00%
Bulakan	2	5.00%
Bustos	0	0.00%
Calumpit	0	0.00%
City of Malolos	5	12.50%
City of Meycauayan	14	35.00%
City of San Jose Del Monte	0	0.00%
Dona	0	0.00%
Remedios	0	0.00%
Trinidad	0	0.00%
Guiguinto	0	0.00%
Hagonoy	0	0.00%
Marilao	8	20.00%
Norzagaray	0	0.00%
Obando	0	0.00%
Pandi	0	0.00%
Paombong	0	0.00%
Plaridel	0	0.00%
Pulilan	0	0.00%
San Ildefonso		
San Miguel		
San Rafael		
Sta. Maria		
TOTAL	**40**	**100.00%**

Table 4.5: Persons with Intellectual Disabilities

As shown in table 4.5, Persons with Intellectual Disabilities, out of 44 respondents, the data was interpreted from highest to lowest frequency. Balagtas, has the highest frequency of 13, with a percentage of 29.55%.

The remaining residency has no frequency of Persons with Physical Disabilities. This implies that most of the respondents Persons with Intellectual Disabilities are from Balagtas.

Variable	Frequency	Percentage
Residence		
Angat	0	0.00%

Balagtas	13	29.55%
Baliuag	0	0.00%
Bocaue	0	0.00%
Bulakan	4	9.09%
Bustos	0	0.00%
Calumpit	1	2.27%
City of	11	25.00%
Malolos	9	20.45%
City of	0	0.00%
Meycauayan	0	0.00%
City of San	0	0.00%
Jose Del Monte	0	0.00%
Dona	2	4.55%
Remedios	0	0.00%
Trinidad	0	0.00%
Guiguinto	0	0.00%
Hagonoy	4	9.09%
Marilao	0	0.00%
Norzagaray	0	0.00%
Obando	0	0.00%
Pandi	0	0.00%
Paombong	0	0.00%
Plaridel	0	0.00%
Pulilan		
San Ildefonso		
San Miguel		
San Rafael		
Sta. Maria		
TOTAL	**44**	**100.00%**

Table 5: Frequency Distribution Table of the accessibility of Bulacan restaurants in terms of facilities for sensory disabled persons

Table 5.1: Sight Disability (Visual)

Facilities for Persons with Sensory Disabilities	**Mean**	**Standard Deviation**	**Verbal Interpretation**
Sight Disability (Visual)	2.40	1.40	Fair
Braille	3.60	0.98	Very
Menus	3.80	0.94	Good
	2.20	1.37	Very
Menus/monitor	3.80	1.08	Good
with large-print	3.26	1.27	Fair
font	3.73	1.22	Very
Low	3.46	1.30	Good
Intensity Light			Good
	3.86	1.18	Very
Accommodatin			Good
g Service Dogs			Very
Tables			Good
Ramps			
Elevator			Very
Specific			Good
route			
forrestrooms/exclusive restroom			
Restroom			
Grand Mean (Visual)	**3.35**		Good

As shown in the table above, accessibility of restaurants in Bulacan for sensory disabled persons, sight disability (visual), the data was interpreted from highest to lowest weighted mean. 9 indicators are presented in this table. The highest weighted mean of 3.86, interpreted as "Very Good" fell under restroom. As restroom is part of the general requirements for accessibility of disabled persons, restrooms must be conveniently accessible and visible in hospitality establishment locations like hotels and restaurants. Their design must meet particular criteria to cater the needs of disabled people. For instance, the door to the restroom must swing open to provide more extra interior space and emergency escape security. To accommodate a wheelchair, the sink's height must be at least 70 cm. (Pehlivanoglu, 2019). According to Lynda Jones (2018), contrasting colors for the walls, counters, and floors should be used for all plumbing fixtures in the bathroom. Toilet partition walls should be a different color from the rest of the restroom's walls and flooring. In addition to being simpler to clean and repair, white toilets, lavatories, and other plumbing fixtures should stand out more against darker backgrounds. Minimizing glare effect from faucets and flush valves must also be considered to avoid detrimental effect to visually-impaired person. Glare effect should be minimized while yet providing enough illumination for the user's face as well as their vanity top. Contrasting finishes might make it easier to find toilet paper holders, toilet seat covers, paper towels, and soap dispensers. To eliminate shadows and dark regions that might cause pain and confusion due to a reduction in visual functioning, ambient lighting for toilets should be distributed uniformly across the space, including toilet stalls and foyer-like entrances, among other things.

The category with least weighted mean value of 2.20, interpreted as "Fair" fell under accommodating service dogs. A service dog owner has the right to go wherever with their pet, but according to Takayanagi & Yamamoto (2019), there are certain places including restaurants, hotels, and stores that do not accept dogs. With the help of a service dog, people with certain disabilities can carry out their daily routines. According to research, people with disabilities who own service dogs perceive that their dogs provide them with a sense of comfort, security and companionship.

The accessibility of restaurants in Bulacan for sensory disabled persons, sight disability (visual) has a general weighted average of 3.35, interpreted as "Good". This implies that the respondents have good feedback on accessibility of restaurants in Bulacan for persons with sight disabilities (visual).

Table 5.2: Hearing Disability

Facilities for Persons with Sensory Disabilities	Mean	Standard Deviation	Verbal Interpretation
Hearing Disability	3.00	1.19	Good
Installing Sound Dampeners	3.26	1.09	Good
Low Intensity Sound/Acoustic	3.60	1.05	Very Good
Handicap Parking	3.46	1.18	Good
Elevators	3.33	1.44	Very Good
Restroom			Good
Grand Mean (Hearing)	**3.33**		Good

As shown in the table above, accessibility of restaurants in Bulacan for sensory disabled persons, hearing disability, the data was interpreted from highest to lowest weighted mean. 5 indicators are presented in this table. The highest weighted mean of 3.60, interpreted as "Very Good" fell under handicap parking. Julius et al (2022) state that accessible parking facilities should be provided as near as feasible to the point of destination. The placement of signages close to the major entrances with maximum 50 meters should be considered if there are no public parking spaces available.

The category with least weighted mean value of 3.00, interpreted as "Good" fell under installing sound dampeners. According to Schnitta (2016), the reverberation duration should be less than 0.4 seconds for those with hearing impairment. A person with hearing disability will have positive benefit if the space has a suitable acoustic environment.

The accessibility of restaurants in Bulacan for sensory disabled persons, hearing disability has a general weighted average of 3.33, interpreted as "Good". This implies that the respondents have good feedback on accessibility of restaurants in Bulacan for people with hearing disabilities.

Table 5.3: Speaking (Speech) Disabilities

Facilities for Persons with Sensory Disabilities	Mean	Standard Deviation	Verbal Interpretation
Speaking (Speech) Disabilities	2.40	1.29	Fair
Voice	2.40	0.82	Fair
Assistive Device	2.33	0.97	Fair
Communication Boards	3.13	0.74	Good
Installing Sound Dampeners	3.13	1.30	Good
Low Intensity Sound/Acoustic	3.66	1.11	Very Good
Handicap Parking	3.86	0.74	Good
Elevator			Very Good
Restroom			Good
Grand Mean (Speaking)	**2.99**		Good

As shown in the table above, Speaking Disability, the data was interpreted from highest to lowest weighted mean. 7 indicators are presented in this table. The highest weighted mean of 3.86, interpreted as "Very Good" fell under restroom. According to IRR of Batas Pambansa 344 of National Council on Disability Affairs, easily accessible restrooms and toilets with sufficient turning space are required.

The category with least weighted mean value of 2.33, interpreted as "Fair" fell under installing sound dampeners. This feature reduces and appropriately control noise levels in the dining area, enabling a good communication among speech disabled person with other people (Ghasemi et al., 2022).

The accessibility of restaurants in Bulacan for sensory disabled persons, speaking (speech) disability has a grand mean of 2.99, interpreted as "Good". This implies that the respondents have good feedback on accessibility of restaurants in Bulacan for persons with speaking (speech) disabilities.

Table 6: Frequency Distribution Table of the accessibility of Bulacan restaurants in terms of facilities for physically disabled persons

Facilities for Persons with Sensory Disabilities	Mean	Standard Deviation	Verbal Interpretation
Physical Disabilities	3.66	0.81	Very Good
Ramp for Wheelchair/Powerchair/Crutches	3.60	1.05	Very Good
Organize floor layout for Wheelchairs/Powerchair/Crutches	4.06 3.73	0.88 1.03	Very Good
Parking Area (Accessible parking space)	3.80 4.20	0.77 0.77	Very Good
Counter Tops	4.13	0.64	Very Good
Tables	4.13	0.63	Very Good
Rest Rooms (Accessibility of the restroom in a restaurant)	4.26	0.70	Excellent
Main Entrance (Accessible doorway)			
Interior Pathways			
Dining Area			
Grand Mean (Physical Disability)	**3.95**		Very Good

As shown in the table above, accessibility of restaurants in Bulacan in terms of facilities for physically disabled persons, the data was interpreted from highest to lowest weighted mean. 9 indicators are presented in this table. The highest weighted mean of 4.26, interpreted as "Excellent" fell under dining area. The category with least weighted mean value of 3.60, interpreted as "Very Good" fell under organize floor layout for wheelchairs, powerchairs, and crutches. The accessibility of restaurants in Bulacan in terms of facilities for physically disabled persons has a grand mean of 3.95, interpreted as "Very Good". According to Linderova and Janecek (2017), it is critical to ensure easy and pleasant movement between tables in restaurant & catering facilities, as well as hotel restaurants, cafés, and so on. It is suggested that the passing area be 800–900 mm wide. It is important to take into consideration the available maneuvering space to turn the wheelchair in a circle with a minimum diameter of 1,500 mm. Dining room furniture must be modified to accommodate the wheelchair by making it large enough to accommodate the wheelchair beneath it. The wheelchair armrests will be able to be tucked beneath the dining table if this is feasible. The ideal height for a dining table is between 720 and 750 mm high. The minimum amount of table space required per person is 900 mm. If a restaurant has a terrace or garden, the portions linking the interior with the terrace or garden shall not have a gradient more than 10%.

This implies that the respondents have very good feedback on accessibility of restaurants Bulacan in terms of facilities for persons with physical disabilities. Due to its accessibility, restaurants in Bulacan are considered to be PWD-friendly. Guests with physical limitations are welcome, as is everyone else. It is critical that they have the ability to access hotel or restaurant and catering facilities (Linderova and Janecek, 2017).

Table 7: Frequency Distribution Table of the accessibility of Bulacan restaurants in terms of facilities for intellectually disabled persons

Facilities for Persons with Sensory Disabilities	Mean	Standard Deviation	Verbal Interpretation
Intellectual Disabilities	3.60	0.50	Very Good
Lighting Level	3.60	1.05	Very Good
Décor and design (pattern, shapes, surfaces)	3.80 3.26 3.40	0.77 0.88 0.73	Very Good
Interior Color	2.93	1.33	Good
Way Finding Visuals (maps, arrows, signage, photos, labels, etc.)	3.20 3.53	1.08 0.83	Good Good Good Very Good
Low Intensity Sound/Acoustic			
Quiet Spaces to limit disturbances			
Safe Spaces			
Smell			
Grand Mean (Intellectual Disability)	**3.41**		Very Good

As shown in the table above, the accessibility of Bulacan restaurants in terms of facilities for intellectually disabled persons, the data was interpreted from highest to lowest weighted mean. 8 indicators are presented in this table. The highest

weighted mean of 3.80, interpreted as "Very Good" fell under interior color. Researchers found that 85% of autistic sees colors with higher vibrancy and intensity, making them more sensitive. Modification in the intensity of color that causes overstimulation has a detrimental impact on the behavior of people with ASD. As children with autism typically have trouble interpreting intricate patterns, the use of neutral and earthy colors with a simple or no pattern can help reduce sensitivity and emotional balance in children with autism and promote appropriate behavior (Anous, 2015; Mostafa, 2021).

The category with least weighted mean value of 2.93, interpreted as "Good" fell under quiet spaces to limit disturbances. The accessibility of restaurants in Bulacan in terms of facilities for intellectually disabled persons has a grand mean of 3.41, interpreted as "Very Good". A study conducted by Jasim (2020) proved that 89% of parents have stated that their autistic and learning-disabled children are sensitive to sound and what triggers their child in the public atmosphere are principally the noises and crowd. The attention spans and response times of children with autism are improved when noise levels, echo, and reverberation are minimized in their environments (Ibraimi, 2021).

This implies that the respondents have very good feedback on accessibility of Bulacan restaurants in terms of facilities for persons with intellectual disabilities. Due to its accessibility, restaurants in Bulacan are considered to be PWD-friendly.

Table 8: Is there a significant difference in the perception of respondents-PWDs in the accessibility of facilities of Bulacan restaurants when respondents-PWDs grouped according to profile?

Table 8: Sight (Visual) Disabilities

As show in the table below sight disability results were; for age using One-Way ANOVA, F - Value of 0.515 and P-value of 0.743 interpreted as Not Significant. For gender using One-Way ANOVA, F - Value of 12.094 and P-value of 0.018 interpreted as Significant. For residence using One-Way ANOVA, F - Value of 0.206 and P-value of 0.921 interpreted as Not Significant. Overall, in using One-way ANOVA, both age and residence resulted to accepting the null hypothesis suggesting a no significant difference since their p-value is greater than 0.05 while gender resulted to rejecting the null hypothesis suggesting a significant difference since its p-value is less than 0.05.

This implies that there is no significant difference in visual difference when grouped according to age and residence.

Sight (Visual) Disabilities	**F (ANOVA)**	**Sig.**	**Verbal Interpretation**
Age	0.515	0.743	Not Significant
Gender	12.094	0.018	Significant
Residence	0.206	0.921	Not Significant

If P-value < 0.05: Reject Ho

Table 9: Hearing Disabilities

As show in the table below hearing disability results were; for age using One-Way ANOVA, F - Value of 0.051 and P-value of 0.002 interpreted as Significant. For gender using One-Way ANOVA, F - Value of 0.229 and P-value of 0.046 interpreted as Significant. For residence using One-Way ANOVA, F - Value of 37.615 and P-value of 0.119 interpreted as Not Significant. Overall, in using One-way ANOVA, in residence resulted to accepting the null hypothesis suggesting a no significant difference since its p-value is greater than 0.05 while age and gender resulted to rejecting the null hypothesis suggesting a significant difference since its p-value is less than 0.05.

This implies that there is a significant difference in hearing disability when respondents are grouped according to gender and age.

Hearing Disabilities	**F (ANOVA)**	**Sig.**	**Verbal Interpretation**
Age	0.051	0.002	Significant
Gender	0.229	0.046	Significant
Residence	37.615	0.119	Not Significant

If P-value < 0.05: Reject Ho

Table 10: Speaking (Speech) Disabilities

As illustrated in the table below speaking disability results were; for age using One-Way ANOVA, F - Value of 0.515 and P-value of 0.743 interpreted as Not Significant. For gender using One-Way ANOVA, F - Value of 12.094 and P-value of 0.018 interpreted as Significant. For residence using One-Way ANOVA, F - Value of 0.206 and P-value of 0.921 interpreted as Not Significant. Overall, in using One-way ANOVA, both age and residence resulted to accepting the null hypothesis suggesting a no significant difference since their p-value is greater than 0.05 while gender resulted to rejecting the null hypothesis suggesting a significant difference since its p-value is less than 0.05.

This implies that there is a significant difference in speaking disability when respondents are grouped according to gender.

Speaking Disabilities	F (ANOVA)	Sig.	Verbal Interpretation
Age	0.515	0.743	Not Significant
Gender	12.094	0.018	Significant
Residence	0.206	0.921	Not Significant

If P-value < 0.05: Reject Ho

Table 11: Physical Disabilities

As show in the table below physical disability results were; for age using One-Way ANOVA, F - Value of 0.436 and P-value of 0.508 interpreted as Not Significant. For gender using One-Way ANOVA, F - Value of 3.819 and P-value of 0.029 interpreted as Significant. For residence using One-Way ANOVA, F - Value of 4.789 and P-value of 0.062 interpreted as Not Significant. Overall, in using One-way ANOVA, both age and residence resulted to accepting the null hypothesis suggesting a no significant difference since its p-value is greater than 0.05 while gender resulted to rejecting the null hypothesis suggesting a significant difference since its p-value is less than 0.05.

This implies that there is no significant difference in physical disability when respondents are grouped according to age and residence.

Physical Disabilities	F (ANOVA)	Sig.	Verbal Interpretation
Age	0.436	0.508	Not Significant
Gender	3.819	0.029	Significant
Residence	4.789	0.062	Not Significant

If P-value < 0.05: Reject Ho

Table 12: Intellectual Disabilities

As show in the table below intellectual disability results were; for age using One-Way ANOVA, F - Value of 2.003 and P-value of 0.297 interpreted as Not Significant. For gender using One-Way ANOVA, F - Value of 3.190 and P-value of 0.124 interpreted as Not Significant. For residence using One-Way ANOVA, F - Value of 1.472 and P-value of 0.452 interpreted as Not Significant. Overall, in using One-way ANOVA, age, gender, and residence resulted to accepting the null hypothesis suggesting a no significant difference since its p-value is greater than 0.05

This implies that there is no significant difference in intellectual disability when respondents are grouped according to age, gender and residence.

Intellectual Disabilities	F (ANOVA)	Sig.	Verbal Interpretation
Age	2.003	0.297	Not Significant
Gender	3.190	0.124	Not Significant
Residence	1.472	0.452	Not Significant

If P-value < 0.05: Reject Ho

Table 13.1: Recommendations

Recommendations	Frequency
Separate space	6
Sensory kit (e.g., headphone to cancel noise)	1
Stress relief items	1
Small quiet space	1
Space must not be directly accessible to unsafe are like kitchen	1
Strict implementation of building code for restaurants	3
Maintain hygiene, and cleanliness	3
Train employees for an excellent customer service to assist PWDs	1
Make use of technology to assist PWDs	2
More signages/symbols or visuals/illustrations for intellectually disabled person who have reading difficulties	4
Improve signages to see it easily	1
Ensure precautions for everyone's safety	1
A larger area for easier mobility for wheelchair user	1
Create a universal type of restaurant layout for PWDs	1
Well-trained security guard for the safety of PWDs	2
More comfort room for PWDs	2
More lanes for PWDs	2
Offer healthy and gluten-free food with no MSG	1
More table, chairs, and space for PWDs	1
Bio security restrictions	2
Large font on the menu and monitor display	2
Low intensity light	1
More parking space	1
Improve the environment or ambiance for PWDs	2
No barriers or blocks on ramp area	
Braille letters	
Service crews' knowledge about sign language	

As shown on the table above, recommendations made based on the results of the study, most of the respondents suggest of having a separate space, larger area for easier mobility for wheelchair user, more table, chairs, and space for PWDs, maintain hygiene, and cleanliness, train employees for an excellent customer service to assist PWDs and large font on the menu and monitor display as a support to the respondents with disabilities.

Conclusion and Recommendations

The aim of this paper is to assess the accessibility of facilities provided by restaurants for persons with sensory, physical, and intellectual disabilities.

Persons with disabilities are identified as a rapidly growing market segment nowadays due to the aging population. Their participation and integration into their society are imperative, just as it is for other abled people. Thus, bringing attention to the importance of designing a barrier-free environment gives them the same opportunities and equal access that enable them to live a good life. Persons with disabilities, as well as the general public, benefit from accessible tourism practices, which is the sole reason effective development and operation in tourism establishments must be addressed in order to improve and promote this continuing endeavor.

Furthermore, as the researchers conducted survey among the 171 PWDs residing in Bulacan, the findings of the study shows that the state of restaurant facilities in Bulacan are regarded as accessible to sensory, physically, and intellectually disabled persons, implying that the establishments were regarded as PWD-friendly. For physical and intellectual disabilities, the result on the assessment of facilities was very good, which had the value of 3.95 for physical and 3.41 for intellectual. Moreover, facilities that correspond to sensory disabilities were also considered as PWD-friendly, which had the value of 3.35 for sight (visual), 3.33 for hearing, and 2.99 for speaking (speech) disabilities that resulting in having a good assessment of the facilities. This indicates that the required design and facilities have been implemented in various food and beverage establishments in Bulacan that enhance accessibility for PWDs. The province of Bulacan has been honored as an "Outstanding PWD-friendly Province" by the Central Luzon Federation of Persons with Disabilities for two consecutive years (2012-2013) during the time of Governor Wilhemino M. Sy-Alvarado. With the aforementioned award, local government units, groups, individuals, and institutions are recognized for their substantial efforts and services in the sector of PWDs. In this case, the result of the paper proved that PWD-friendly facilities continue to exist in the province. However, improvements still need to be made on some parts of the facilities, especially on spaces and other installed features to meet the expectations of PWDs in an equitable and inclusive manner.

Restaurants in the province of Bulacan could become a highly accessible for persons with disabilities if inclusive strategies and practices are implemented. Based on the findings and conclusion, the following are recommended:

Restaurant facilities for sight (visual) disabled persons: Based on the result of the study, there is a positive result in the accessibility of the restaurants in Bulacan for sight (visual) disabled persons. However, improvements are still needed to further meet the access needs of visually disabled persons. Along with the implemented approaches for improving accessibility in restaurants, it is also helpful to provide a broader and clear pathway to cater the visually disabled persons, especially those who are blind to ensure their safety in the restaurant. Installed features/facilities may also benefit them such as braille menus and other information, audio announcements, and other assistive devices that would ease their difficulties in their dining experience. With the use of a button on the table, persons with visual disabilities may summon waiters and encourage them to order food and beverages without having to wave or call for assistance. The researchers also recommend making the menus more readable to help them read comfortably. Furthermore, the remaining issues can be improved by fixing the lighting, which can help the PWDs (visual) not experience irritation and have a relaxing ambiance for the overall room of restaurants in the Bulacan area.

The respondents identified supporting features that can increase accessibility, such as large color contrast, large text size, appropriate lighting (interior area), audio systems, braille labeling, and tactile guide routes, as ways to make the facilities more visually impaired-friendly. On the one hand, they should use the inclusive concept design to integrate these supportive features into its signposts, restroom signage, staircases, interpretation boards, price labels, lifts, escalators, and other attraction amenities. With the help of dynamic navigation systems that provide accessible paths, visually impaired tourists can be safely guided to their route according to Lam, K. L., et. al (2020).

A set of specific recommendations were developed based on the study of Tomej, K., & Xiang, Z. (2020). It is proposed, that the number of cases of designed manageable possibilities be increased and improved. There are a variety of strategies that could be used, including having a bright visible item to highlight the exact location, accompanying hand gestures with

verbal descriptions, deliver a great system for handling tactile materials, and communicating an overall view of the foods available for food services in advance, ideally in an electronic version that is accessible to people with visual impairment.

As per Kołodziejczak, A. (2019) Ensure that the language and visuals used to convey information are similarly visible and contain the same data in both color and black and white versions. It's worth selecting not only a relevant color but also the proper typeface or font sizes to emphasize a specific type of information. Furthermore, a sufficient contrast between the background and the text should be supplied to allow the visually impaired and those who have difficulties differentiating colors access to information. Expert assistance on proper backdrop and text contrasts is recommended. According to Freeman (2015), all facilities should provide an audio announcer and provide precise descriptions for people who are visually impaired.

Restaurant facilities for hearing disabled persons: The results show that the facilities for hearing disabled persons are PWD-friendly. Further improvements are helpful to allow hearing disabled persons to ease their challenges in their dining experiences. A noisy restaurant can impede a smooth flow of communication, which is considered a problem that is unpleasant for persons with hearing disabilities. Thus, installing sound dampeners is effective to reduce the noise levels in the dining area. Assistive devices are also helpful to ensure that the hearing disabled persons can communicate effectively. Menus and other directional signs should be able in sign language to help the PWDs to participate in touristic activities in restaurants. Service providers or the crews should also have knowledge in sign language to be able to interpret the needs of the person with a hearing disability and give them exact and clear information.

According to the study of McLeod (2019), there is a significant lack of accessibility, as well as prejudice, for those who are profoundly deaf who want to order from drive-through restaurants. This highlights the issue of whether many drive-through eateries throughout the country are in violation of the Americans with Disabilities Act (ADA). According to Freeman (2015), they recommended that they should be able to interpret for people who are deaf (hearing disabilities). He also added that all facilities should provide a text messaging system.

Restaurant facilities for speaking (speech) disabled persons: There is also a positive result for the accessibility of the restaurants in Bulacan in the perspectives of the people with speaking disabilities. However, there is still needs to be developed in some areas like having a variety of communication means. It is suggested to have sound dampeners for the unsolicited noises that may irritate them and reduce their satisfaction.

According to the study of Carrollet al (2018), they conducted a Communication Awareness Programme that involves staffs of the café, manager and people with disabilities. It aims to acknowledge the perspectives of the people with communication disabilities. The results shows that sometimes people with communication disabilities need some time to order and they feel embarrassed when someone take over their time for it. On the other hand, the staffs realized that providing a visual menu as support to the verbal information would be a great benefit for them. Additionally, old participants with disability had negative experiences since they have noticed that most of the shops are noisy and busy that hinders them from making orders and they felt rushed.

Restaurant facilities for physically disabled persons: Since the accessibility of restaurant facilities in Bulacan resulted in positive assessment, this will be more enhanced if restaurants can create a wheelchair-friendly environment by providing a larger area for physically disabled persons to make it easier for them to dine and move around the establishment freely and independently.

According to de Faria et al., (2012) cited in Shetty E. (2020), other limitations experienced by PWDs in hotels and restaurants were an absence of accessible parking, ramps, and assistive devices such as wheelchairs for those with impaired mobility. Therefore, the utilization of universal design guidelines by hospitality and tourism operators may assist create facilities for individuals with disabilities, families, children, and the elderly to spend time together and have an accessible environment (Buhalis et al., 2012 cited in Shetty, E. 2020). Additionally, in the study of Huang, D., Rosenberg, D. et. Al. (2012). The result shows that the ability of the participants with mobility impairments to reach food destinations was influenced by the location and distance of food venues. Participants were able to acquire meals outside the home due to adequate space, ease of entrance, available facilities such as bathrooms, and helpful individuals. According to Freeman (2015), For the physically handicapped, all facilities should provide assistive devices. He also added that they should help the physically handicapped move around safely and with respect.

Restaurants facilities for intellectually disabled persons: The accessibility of the restaurants in Bulacan had a favorable outcome according to the findings conducted for the people with intellectual disabilities. With this result, the researchers

recommend improving consecutive developments for the auxiliary appeasement of the customers with intellectual disabilities. Moreover, some indicators like low-intensity sound/acoustics, though it resulted as "Good" establishments should give attention to this since some of these people are sensitive and easy to be irritated with loud noises. Separate spaces, sensory kits like headphones to cancel noise, stress relief items, quiet and safe spaces are helpful to ease the sensory processing issues of intellectually disabled persons.

The Autism Speaks Organization offers some suggestions on how to make a restaurant experience autism-friendly in order to alleviate the difficulties associated with dining out and to allow families as well as intellectually disabled persons to participate in tourism-related activities in their communities. In order to address sensory challenges faced by persons with intellectual disabilities, make sure there are no loud sounds, such as pots clattering or music being played, by turning off or downing the volume. Also, to avoid irritating their sense of sight, disable all strobe lights and dim the restaurant illumination. Lastly, tables should be reserved in the quietest area of your restaurant. Diners who are feeling overwhelmed should be able to go to a designated "quiet space" in the restaurant if at all feasible. Quiet rooms might feature hobbies that are relaxing, such as coloring. The Autism Speaks Organization also suggests helping persons with intellectual disabilities to their routines such as making use of visuals around the restaurant to assist guests with autism, such as maps, arrows, signs, images, and so on. Also, make every effort to reduce waiting time and to offer the most accurate time estimates possible. A queuing system that allocates a particular time for the food to be delivered may be quite useful in many situations. Inquire if the family would want the bill to be presented with their dinner or thereafter.

Overall, universal design should be improved, initiated, and supported by the state and local authorities to enhance the experiences of the PWDs. This universal design implies that all products, buildings, and spaces are usable to the fullest degree possible by all people. It is a necessary step to the ultimate goal of inclusiveness in a society that respects the dignity of all people and ensures that no one is ever excluded.

In addition, accessibility inspection should be implemented by the authorities to ensure that restaurants follow accessibility standards that correspond to the accessibility law mandated by the government. Accessibility standards should also be one of the criteria in issuing licenses to various food and beverage establishments in order to ensure that there will be available facilities for PWDs that cater to their specific needs.

For further studies that may wish to undertake a similar topic, the researchers recommend conducting the study in qualitative in order to better recognize the experiences of the PWDs. This is to further explore and understand their opinions and perceptions that are helpful to know their specific needs through open-ended and conversational communication.

Conflict of Interest

There is no conflict of interest between the authors in this manuscript.

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