

"Sustainability, Environment and Tourism in Cape Coast: Searching for Synergies"

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Abstract

Tourism has been an integral component of economic development strategies in developing nations since the 1960s. The industry is important in generating foreign exchange earnings, increase tax revenues, attract international investment and create new jobs. Sustainability of the environment and tourism was investigated using the tourists' attraction sites in Cape Coast (Ghana). Questionnaire was administered purposively to tourists and tour operators in Cape Coast. Data were collected on hygienic practices of the community, basic knowledge on environmental hygiene, human behaviour, social and cultural factors. Observational study was done and Management interviewed. Most communities' around attraction sites had poor disposal of household waste, inadequate domestic water supply and washroom facilities. The study revealed that although there is a little awareness on sustainability of tourism, its implementation and maintenance was not effective. To sustain tourism as a fast growing industry, conservation, protecting and proper management of attraction sites are very important. It was recommended that more educational campaigns should be organised to create enough awareness of the synergy factors, the Ministry of Tourism should enforce policies governing environmental issues, and the government should adequately resource the Tourism Industry to carry out its mandate to help alleviate the unemployment problem and accelerate the overall development of the country.

Keywords: Sanitation; Sustainability; Environment; Tourism; Health

1.0. Introduction

Tourism has been an integral component of economic development strategies in developing nations since the 1960s. The industry is important in generating foreign exchange earnings, increase tax revenues, attract international investment and create new jobs. It also serves as incentive for developing countries to promote tourism as an engine for macro-economic growth. It is the world's largest industry serving as an engine for economic development (Brohman, 1996; Ghimire, 1997; Cattarinich, 2001). While developing countries currently receive only about 30.5% of all international arrivals, this proportion has a potential to grow in the future.

In 1991 the International Tourism Industry employed 112 million people world-wide and generated over \$2.5 trillion in 1989, and also in 1996 about 593 million tourists travelled abroad (World Tourism Organisation 1997). In global terms, the expansion of international tourism continues to generate an increased demand for overseas travels, therefore countries, organisations and businesses are working tirelessly to attract this ever increasing market.

Ghana is no exception to the rapid growth and development of tourism industry. Tourism has received considerable attention in the economic development strategy of Ghana. Since 1980's tourist arrival and amounts of tourist expenditure has increased steadily while public and private sector investment in various tourism subsectors have expanded. The government of Ghana established the Ministry of Tourism in 1993 to underscore its commitment to tourism development and with assistance from the United Nation Development Programme (UNDP) and the World Tourism Organisation (WTO), a 15- years tourism development plan was prepared for the period 1996 to 2010.

Tourism is now recognised as an economic activity of global significance. It is steadily gaining grounds as an important sector for most developed and developing countries and Ghana is no exception. It is the fourth-highest foreign exchange earner for Ghana contributing 6.7% to GDP and creating large volumes of employment opportunities. The economic benefits of tourism have increased and fuelled global research on tourism development. One thing that can dent the image of tourism is bad environmental sanitation which has adverse effects on the overall development of tourism process. In a given area there are various hygienic practices of the communities, basic knowledge, skills and human behaviours as well as social and cultural factors concerning health, life-styles and environmental awareness, this include: disposal of human excreta, sewage, household waste and waste likely to contain infectious agents, water drainage, domestic water supply and housing. The study seeks to investigate the environmental sanitation, sustainability and tourism in Cape Coast.

Problem Statement

Not much research has been made in relation to the impact of sanitation and health on tourism. The few papers that have been written are on safe water and sanitation. According to WHO Ottawa charter (1986), health promotion is 'the process of enabling people to increase control over and improve their health'.

The environment in which tourism takes place is important to the tourist's experience. In the absence of an attractive environment, both natural and man-made tourism rarely succeeds. Therefore sustainability of our growing tourism depends to a large extent on sustainable harmony that should exist between tourism and the environment.

Aim and Specific Objectives

- The study seeks to investigate the synergy factors that favour sustainability of tourism in Cape Coast, Ghana To identify the environmental factors that affect tourism in Cape Coast, Ghana.
- To assess how tourism is benefiting from the environment and the environment from tourism.
- To investigate the preservation of the natural environment and the development of the sites to enhance tourism in Cape Coast.

The researchers concern is to find out how both the natural and man-made environment are adequately preserved to attract and retain tourist activities.

The impact of sanitation and health on tourism depend on four challenges.

- Preserving biodiversity and the world's forests.
- Preserving clean air water.
- Preventing and managing waste.
- Climate protection.

Some of the questions the researchers sought answers to are as follows:

Do tourism and the environment exist together in harmony? Is tourism benefiting from the environment and the environment from tourism? How is the natural environment preserved or conserved? To what extent is development done in the attraction sites?

2.0 REVIEW OF RELATED LITERATURE

Definition and concept

Tourism is a multidimensional, multifaceted activity which touches much life and many different economic activities, (Cooper et al, 1998).

Notwithstanding the difficulty in assigning a common definition, tourism has been defined by different authors to cater for particular needs and situations.

Within the published literature on tourism, the term travel and tourism are often interchanged, though they are normally meant to encompass 'the field of research on

human and business activities associated with one or more aspect of the temporary movement of persons away from their immediate home, communities and daily work environment for business, pleasure and personal reasons' (Chadwick, 1994).

The two terms tend to be used in differing contexts to mean similar things, although there is a tendency for the United States to continue to use the term 'travel' when in fact they mean tourism. Despite this inherent problem that may be a little more than exercise in semantics, it is widely acknowledged that the two terms are used in isolation or in unison to describe three concepts:

- The movement of people.
- A sector of the economy or an industry.
- A broader system of interacting relationships of people, their needs to travel outside their communities and services that attempt to respond to these needs by supplying products.

According to Page et al (2001) the concept of tourism refers to a broad national framework, which identify the essential characteristics and distinguishes tourism from the similar, often related, but different phenomena. In contrast, technical definitions have evolved through time as researchers modify and develop appropriate measures for statistical, legislative and operational reasons implying that there may be various technical definitions to meet particular purposes.

Tourism continues to have positive impact on the economies of most countries, especially the developing ones. It has become a global industry and is widely considered to be one of the fastest growing industries in the world (WTTC 1995).

Tourism ranks as the largest industry in the world in terms of employment (one out of every 16 employees worldwide) and ranks in the top two to three industries in almost every country (Mowlan and Smith, 1993). Thus the travelling and tourism industry has become a major contributor to the gross national product of many nations, with good sanitation becoming a widely recognised practice for both the public and private sector organisations. It is estimated that about 2.4 billion people will face needless disease and death by 2015 because of bad sanitation. Decaying or non-existent sewage systems and toilets fuel the spread of diseases like cholera and basic illnesses like diarrhoea, which kills a child every 21 seconds (WHO and UNICEF, 2004).

Consumer Behaviour

It is important to talk about consumer behaviour in respect of tourism. There are many influences which affect a person's decision to buy a product or service. Consumers navigate through the world of product and services adjusting their personal hierarchy stage of an attitude following a particular common experience. (Mazance et al, 1998).

The question of why people go on holiday is fundamental to the study of tourism. There has however, not been a straightforward answer to this as different writers and researchers have grappled with explanations of these questions. In view of Page et al (2001), it is argued that while it might be fair to say that, how people decide to go on holiday and what influence their decision is individual. According to Cooper et al

(1998), the demand for tourism at the individual level can be treated as a consumption process that is influenced by a number of factors, which may be a combination of needs and desires, availability of time and money, perceptions and attitude. Seaton and Bennet (1996) however, argue that understanding consumer behaviour by and large in the question as to why people travel, personal motivation is identified as one of the main factors and as such many texts associated with tourism have utilised the concept of motivation as a major influence upon consumer behaviour.

Motivation can be defined as ‘the driving force within an individual that impels his action; is the state of arousal of a drive or need which impels people to activity in pursuit of goals’. (Schiffman and Kanuk, 1978.) Once the goals have been achieved the need subsides and the individual returns to equilibrium-but only briefly because new motives arise as the last ones are satisfied. Within the theory of motivation, Maslow’s hierarchy of needs is acknowledged as the best known theory and as such several tourism researchers have applied this theory in the context of tourism motivation. Maslow argues that individual needs fall into five broad categories, as shown below:



Lower

- Physiological-hunger, thirst, rest, activity
- Safety-security, freedom from fear and anxiety
- Belonging and love-affection, giving and receiving love
- Esteem-self-esteem and esteem for other

Higher

- Self-actualisation-personal self-fulfilment. Source: Cooper et al (1998)

Maslow suggested that these five categories form a hierarchy moving with lower order physiological needs and moving through to higher order self-actualisation needs.

He argued that each of the needs expressed in a category would be satisfied before the individual sought motivation from the next category of needs. The individual may be motivated by higher order of classification until that of self-actualisation. What is worthy of mention is that, these researchers and writers that applied Maslow's theory recognise that tourists motivation changes over time and that tourists may have several motives to travel.

Cooper et al (1998) making reference to Dann (1981) on motivation in tourism pointed out that there are seven elements within the overall approach to motivation. These seven identified approaches; Dann suggests that they demonstrate a 'definitional Fuzziness' which if not clarified, may make it difficult to discover 'whether or not individual tourism researchers are studying the phenomenon'. In the same vein, quoting McIntosh, Goeldner and Ritchie (1995), these authors identified four categories of motivation;

- Physical motivators: these comprise those related to refreshment of body and mind, health purposes, sport and pleasure. This group of motivators are seen to be linked to those activities which will reduce tension.
- Cultural motivators: those identified by the desire to see and know more about other cultures, to find out about the natives of a country, their lifestyle, music, art, folklore, dance, etc.
- Status and prestige motivators: these include a desire for continuation of education (i.e. personal development, ego enhancement and sensual indulgence). Such motivators are seen to be concerned with the desire for recognition and attention from others, in others, in order to boost the personal ego. This category also includes personal development in relation to the pursuit of hobbies and education.
- Interpersonal motivators: this group includes a desire to meet new people, visit friends or relatives, and to seek new and different experiences. Travel is an escape from routine relationships with friends or neighbours or the home environment or it is used for spiritual reasons.

One interesting aspect of motivation is also the work of Stanley Plog (1974) otherwise known as Plog's tourist typologies as discussed in Page et al (2001). This study is based on US population; Plog identified two opposite types of tourists each at the end of a continuum; Allocentrics and Psychocentrics.

The allocentrics are tourists who seek adventure on their holidays and are prepared to take risks. As such this group prefer holiday in more exotic locations that are similar to their home environment. According to Plog such tourists may repeatedly return to the same destination where they have had a satisfying experience safe in the knowledge of the familiar. In between these two extremes other categories exist, such as near-allocentric, mid-centric and near-psychocentric. On these typologies, Page et al (2001) argue that while Plog's work may be simple, easy to understand and to some extent explain tourist's motivation, there are some difficulties in its application.

Social Influences

Aside personal motivation, social influences such as social class, reference groups, and family are also some of the main factors that influence consumer travel behaviour.

In the words of Seaton and Bennett (1996) 'No man is an island; people live in societies, communities and groups and the pattern of social networks through which they grow and develop influence their tastes, habits and values.'

In discussing social class, these authors emphasised that within every society, and stratified groups exist with distinctive patterns of behaviour. They made mention of the fact that many patterns of behaviour have a great impact on tourism consumption. Citing UK as an example these writers acknowledge that social class often constitute the main market for many kinds of recreational tourism including heritage and cultural tourism, wilderness tourism and long haul travel precisely because it is the middle classes who have promoted and been most influenced by concepts of elite culture.

Impact of Sanitation and Health on Tourism

As tourism continues to grow, becoming an important input to the economies of most countries of the world, so is a growing concern for and attention to tourism-related aspects of infrastructure, safety, security, health, and environmental conservation. The relation between health and tourism has long been recognised, not only as a significant driving force for travel but also in terms of potential health risks stemming from contacts by visitors, with the environment and the host population.

World Health Organization (WHO) has affirmed its leadership by establishing criteria and guidelines for drinking and for recreational water quality, for airplane catering and for publishing such classic text as "Guide to Sanitation in Tourist Establishments".

Foundations and NGO's such as the West African Water Institute, UNICEF, Water Aid, World Vision International, (Ghana), among others are providing increasing access to safe water and good sanitation in Ghana and other West

African Countries, by drilling wells, construction of household and public latrines; improving on the existing water and sanitation problems.

The Conrad N. Hilton Foundation is the chief architect of West Africa Water Initiative; (WAWI 2008) instituted a six to seven year plan targeting increased access to safe water in Ghana, Mali and Niger. WAWI also aimed at reducing, if not eliminating, the incidence of blinding trachoma and guinea worm infestation in these three countries; thus, contributing to fulfilling the Millennium Development Goals on Water and Sanitation in Africa. By 2008 WAWI experts were to provide a minimum of 825 wet wells equipped with hand pumps, reaching more than half a million people; 100 alternative water systems; 9,000 household and public latrines; and construct maintenance and repair technical resource centres in addition to training thousands of adults, children and teachers in improved hygiene and sanitation practices, while increasing skills of community members on development techniques together with water and sanitation management practices. As much as these help to improve the community it encourages tourists who would visit these communities.

Although these publications are normally general in their contents, and often times based on perceptions or projections rather than concrete facts, these publications respond to most of the concerns potential travellers have. A recent version of the book published in Canada under the title “Don’t Drink the Water” describes a long list of potential risks and suggests ways and means to avoid exposure to these risk.

Tourists can feel the health impacts very early in their journey, at the onset of jet lag or sea-sickness. Although they pose no major health risks, these two problems can cause considerable distress, mainly in elderly people and those with pre-existing health conditions.

Most attention is normally placed on the occurrence of diarrhoea caused by parasites, bacteria or virus in some of the contaminated water they drink, and food they consume. Most of the travellers are not exposed to these microorganisms in their environment of origin, making them prime victims in some of the tourist places. Such diarrhoea rarely requires intensive or extensive medical care. Escherichia coli, shigella and salmonella are among the most frequent agents of diarrhoea in tourists. These microorganisms are also present in swimming pools and coastal waters where they are sometimes related to gastrointestinal, respiratory and skin infections.

The consumption of contaminated seafood has also been shown to be associated with the occurrence of Hepatitis A, since shellfish and very specifically the bivalves concentrate the microorganisms, exposing consumers

to high doses of infectious agent. In some instances, the consumption of seafood, specifically carnivorous fish, has been linked to Ciguatera, which is an intoxication of tourists due to the presence of high concentration of Ciguatoxins produced by algae.

Outbreaks of Legionnaires disease have gained significant visibility in recent years. This is a respiratory disease caused by a bacterium called *Legionella pneumophila* associated with the water and the air conditioning systems in hotels and other closed environments.

There are many more potential biological health risks to which unprotected non-immune tourists may be exposed. Some of the more frequently identified agents are entamoeba, vibrio cholera, gardia, helminths and the virus which cause gastroenteropathies. All of these are associated with unsanitary diseases transmitted by vectors like mosquitoes, ticks, lice, fleas and mites. Malaria, dengue, yellow fever and Lyme disease are among the vector-transmitted diseases sometimes diagnosed among tourists. Most of the above health problems can be adequately controlled through the applications of well-known procedures for food handling and environmental sanitation. As a general statement, it could be said that a clean environment is a seal of quality for tourists, since it indicates the concern local authorities have with environmental health matters. It is legitimate to say that the environment is a major determining factor for tourists' health and that an adequately maintained environment not only attracts tourists, but it is also a very effective measure to protect their health. Investment in the environment is, therefore, cost-effective input to tourism. The appearance of the virus responsible for human immune deficiency virus (HIV) and the epidemic of acquired immunodeficiency syndrome (AIDS) brought about a very special chapter in the health aspect of travelling and tourism. Sexually transmitted diseases, on the rise in the world, require an urgent change in behaviour vis-a-vis occasional sexual contacts which are greatly responsible for the spread of HIV and the continuous growth in the number of AIDS cases.

From the above, it is evident that responsibility for tourists' health lies not only with local authorities but also with prospective tourists who must have a proactive position on this issue. Since tourism-related diseases are not equally distributed in all places, it is very important to seek as much information about the travel destination as possible. This attitude will provide an adequate basis for observing immunization requirements and recommendations. While yellow fever is the only disease for which some countries require presentation of an International Certificate of Immunization, there are several additional vaccines available to tourists. Among the frequently recommended ones for travellers are the vaccines for Typhoid, Hepatitis B, poliomyelitis and rabies.

While recognizing the potential health risks involved in travelling and tourism, there are plenty of ways to reduce or eliminate such risks. This requires concerned effort by local authorities and by potential travellers. Health education and health promotion, including environmental health are fundamental to bringing about appropriate attitudes and behaviour. Environmental sanitation and preventive medical measures should always be employed by authorities and by travellers.

Impact of Tourism on the Health of Hosts

The bibliographic search by the International Institute of Tourism Studies in 1992 identified among the 147 citation collected, 36 dealing with the impact of tourism on the health of residents. Most of these documents and publications written in the last 10 years, indicates a new trend in looking at the health impacts of tourism on host countries. Sexually transmitted diseases and environmental degradation brought about by tourism seem to be among the main concerns within this context. Some of the texts also deal with aspects of drug addiction and the import of cultural values from other countries. Beneficial changes including earning foreign currencies, development of labour markets and improvement of local infrastructure, such as provision of health and environmental services are also recognized.

There is little doubt that promiscuous behaviour has contributed significantly to the import and spread of Acquired Immune Deficiency Syndrome (AIDS) and other sexually transmitted diseases. Initially strongly linked to homosexuality, in the last 10 years the transmission has been more and more through heterosexual contacts, some tourists tend to have behaviours more relaxed than those they have at home. This is one of the major reasons for alcohol overuse, use of drugs, promiscuous sexual behaviour and neglect of protective habits

Most of these problems must be dealt with through health promotion and methodologies and strategies. This should be accepted by promoters of tourism and by host authorities. Tourist health promotion ought to become an integral component of tourist promotion. Although there are several successful cases in this regard, it is far from becoming a standard procedure. It is also urgent that health professionals become advocates and agent for the promotion of tourist's health.

In the Americas Region, there is a very special situation related to the potential health impacts on host communities. A very strong region-wide campaign for the eradication of immune-preventable diseases has produced important results. Since September 1994, the American Region has been declared free of the transmission of the wild virus causing poliomyelitis. In other regions of the world, this exceptional result has yet not been achieved. This poses a potential

possibility of re-introducing the disease in this region. Health authorities are maintaining strong monitoring mechanisms in all countries of the region. Along the same line, after a strong vaccination campaign, the Caribbean region has not reported any cases of measles. This probably means that these countries are very close to eradicate this disease. A similar effort is now being carried out by the entire local communities in Ghana sponsored by UNICEF, Ministry of health, Ghana. Here also is a risk that measles could be re-introduced from a country in which measles is still prevalent.

3.0 METHODOLOGY

Questionnaire were designed and administered to 400 tourists, tour operators and members of the Cape Coast community. Tourist sites selected were the Cape Coast Castle, Kakum National Park and Hans Cottage.

Interview guide was designed for the management of the sites and observational study was done to confirm data received. Purposive sampling was the technique used as the people in and around the tourist sites were the people that could give the information needed to the researchers. Initially respondents were reluctant to release information but researchers assured them that data is strictly for academic work and may rather help their work to improve.

Out of the 400 questionnaire administered, 75% were retrieved and used. The analysis of the data was done by the Statistical Package for Social Sciences version 16.

3.1 Geographical location of Cape Coast (Ghana)

Ghana is located on the west coast of Africa, and it approximately 750 north of the equator on the Gulf of Guinea, between latitudes 4 and 11.5 degree Celsius north and longitude 3.11 West and 1.11 East.

3.2 Composition of land

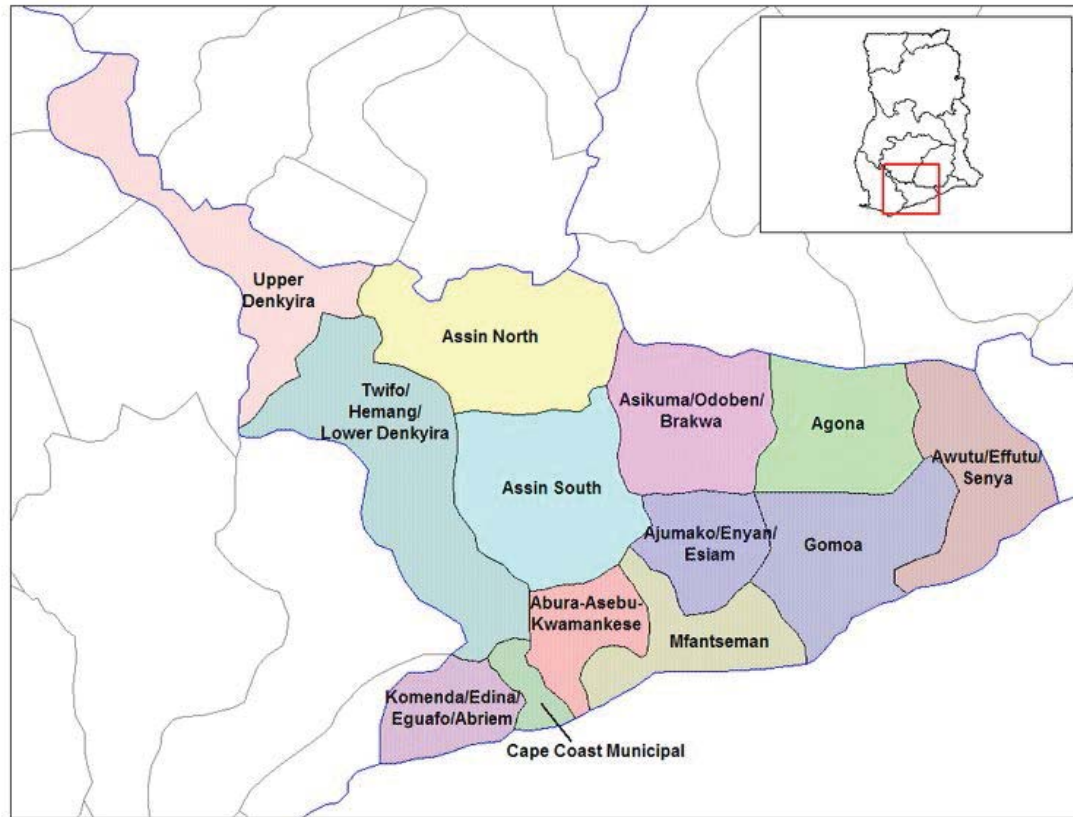
Ghana has a total land area of 238,537 km² (92,100 sq. miles) stretching 672 km north to south and 357 km east to west. Out of a total land area of 23 million hectares, 13 million hectares (57 %) is suitable for agriculture production, and 5.3 million. Cape Coast is the capital of central region of Ghana.

FIGURE 1 GHANA TRAVEL MAP



Source: http://en.wikipedia.org/wiki/File:Ghana_regions_named.png

FIGURE 1 Cape Coast travel map



3.3 Climatic condition

The climatic condition in Ghana is tropical with moderate temperature which mostly ranges between 21 and 32 (70 f, 90 f), in most part of the year with constant breezes and warm clear sunshine. There are two seasons the rainy and the dry season, the rainy season is of two forms with first commencing from March to July with second from September to October which has a short dry season after the end of the rainy season from mid-October to March. However the hottest months are February and March, just before the main rainy season while the coolest months are between June and August.

3.4 Population

According to the 2000 population and housing census, Ghana's population is about 18,912,079 and its growth is estimated at 2.7% annually. However, the population estimate for the mid-year 2010 is 23,951,519. About 2 million of the population live in the Accra Metropolitan Area with about 800,000 in the Kumasi Metropolitan Area. Most of the population is concentrated in the southern part of the country due to employment opportunities and

development relative to that of the northern part of the country. Below is the country's population data by region, sex and capital (administrative towns).

**SOURCE: GHANA STATISTICAL SERVICE, (ESTIMATES: 2010
 POPULATION AND HOUSING CENSUS; www.statsghana.gov.gh.)**

REGION	POPULATION	MALE	FEMALE	CAPITAL
Western	2,558,113	1,267,483	1,290,630	Takoradi
Central	1,864,104	923,614	940,490	Cape Coast
Greater Accra	4,358,263	2,156,407	2,198,856	Accra
Volta	1,878,316	930,658	947,658	Ho
Eastern	2,297,565	1,138,386	1,159,179	Koforidua
Ashanti	4,839,100	2,397,652	2,441,448	Kumasi
Brong Ahafo	2,257,304	1,118,438	1,138,866	Sunyani
Northern	2,259,671	1,119,614	1,140,057	Tamale
Upper East	1,001,926	496,426	505,500	Bolgatanga
Upper West	637,157	315,694	312,463	Wa
TOTAL	23,951,519 (100%)	11,867,372 (49.6 %)	12,084,147 (50%)	

4.0 FINDINGS AND DISCUSSION

4.1. Demographic information

Sex					
	Frequency	Percent	Valid Percent	Cumulative Percent	
Male	175	66.7	66.7	66.7	
Female	125	33.3	33.3	100.0	
Total	300	100.0	100.		
Age					
21-25	92	41.3	41.3	41.3	
26-30	63	22.0	22.0	63.3	
31-35	55	16.7	16.7	80.0	
36-40	45	10.0	10.0	90.0	
41-45	45	10.0	10.0	100.0	
Total	300	100.0	100.0		
Marital Status					
Single	115	52.0	52.0	52.0	
Married	92	36.0	36.0	88.0	
Divorced	47	6.7	6.7	94.7	
Separated	46	5.3	5.3	100.0	
Total	300	100.0	100.0		

From table 1, more males between ages 21-25 represent the high sampled unit in the research. 52% of the sample size are singles, followed by 32% who are married, 6.7% divorced and 5.6% separated indicating that the single youth patronize the sites more than the other groups.

Those who have tertiary education recorded the highest frequency with 108 respondents representing 47.3% followed by those with post-secondary education- 32.7%. Those who have secondary education had 12% and primary education group represented the lower unit with 8.0%.

This shows that the elite patronize tourism more than those with lower educational background. Eighty-eight (88) of the respondents representing 44% live in the Cape Coast community with the rest spreading across the country. Thirty-four (34) respondents representing 8.7% were foreigners.

4.2 Sanitation issues

		Frequency	Percent	Valid Percent	Cumulative
Keeping the environment clean					
		213	92.0	92.0	92.0
	Null	87	8.0	8.0	100.0
	Total	300	100.0	100.0	
Improvement of sanitation as a result of tourism					
	Yes	144	46.0	46.0	
	No	156	54.0	100.0	
	Total	300	100.0	100.0	
Groups that care of sanitation in the community					
	Yes	188	75.3	75.3	76.7
	No	112	23.3	23.3	100.0
	Total	300	100.0	100.0	
Do tourists pollute the environment when they come around?					
	Yes	179	69.3	69.3	69.3
	No	121	30.7	30.7	100.0
	Total	300	100.0	100.0	

Two hundred and thirteen (213) respondents representing 92% were able to define sanitation. This indicates that people know what sanitation is, however putting it into practice is the problem.

One hundred and fifty six respondents (54%) indicated that tourism activities have affected the personal hygiene of the people of Cape Coast. This was confirmed by the interview results that surrounding areas of the castle are much neater than before.

One hundred and fifty-six (156) respondents representing 54% agreed that tourism has affected the personal hygiene of the people. The reason given was that law re-enforcement bodies such as sanitary inspectors and 'zoomlion' are now seeing to the environmental cleanliness of the community because of tourism.

They further explained that people living around the sites tend to be neater than those living far away from the sites. This could be due to frequent visits of sanitary or health inspectors and the work done by the zoomlion workers.

4.3 Benefits of tourism to cape coast

When asked about the benefits of tourism to the Cape Coast, some of the responses were improvement in sanitation, job opportunities and revenue for the development of the sites. For example there are over hundred people working in the castle, some as tourists' guides, administrators, and shop assistants.

4.4 Management

Interview and observation made showed that regulatory requirement for sanitation and health are in place but inadequate, for example considering the number of people who visit the sites at a time more bins for refuse should be provided, more toilet facilities, better drainage system

Generally Cape Coast have water supply problem but the sites apart from being connected with the main water supply by Ghana water and sewage, they also have cisterns that store portable water underground for usage.

5.0 Conclusion

To continue tourism as a fast growing industry, conservation and protecting, proper management of the attractions are important to sustain the tourism industry. The turning around of the tourism industry is really becoming the main stay for most economies. In terms of job creation, the economy must fully exploit the potentials especially for the hospitality industry and the growth of the hotel industry and to do this the synergy factors of promoting tourism must fully come into play. It is recommended that more educational campaign should be organised to create awareness of the synergy factors that promote tourism and the benefits of tourism and why it should be sustained. Also the ministry of tourism and the government should be reminded of how tourism can curb our unemployment problem

RECOMMENDATION

It is recommended that more educational campaign should be organised to create awareness of the synergy factors that promote tourism, its benefits and why it should be sustained.

Also the Ministry of Tourism and the government should enforce the policies that govern environmental issues and as a matter of urgency resource the tourism industry to be able to carry out its mandate as this in the long run will help alleviate the unemployment problem.

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