Cadernos Brasileiros de Terapia Ocupacional
Brazilian Journal of Occupational Therapy

ISSN 2526-8910

Original Article

Evaluation of motels and inns regarding accessibility for people with disabilities or mobility restriction

Avaliação de motéis e pousadas em relação à acessibilidade para pessoas com deficiência ou restrição de mobilidade

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How to cite: Moreira, P. S., Bittencourt, E. S., Paixão, G. M., & Omura, K. M. (2022). Evaluation of motels and inns regarding accessibility for people with disabilities or mobility restriction. *Cadernos Brasileiros de Terapia Ocupacional, 30*, e3017. https://doi.org/10.1590/2526-8910.ctoAO22863017

Abstract

Introduction: People with disabilities face numerous barriers in the performance of sexual activity; among them are finding accessible places intended for this purpose. **Objective:** The aim of this study was to map and evaluate the architectural accessibility of establishments whose main activity is sex, such as motels and inns, located in the metropolitan region of Belém. **Method:** This is a cross-sectional, descriptive, quantitative research, in which 22 establishments were evaluated, through an accessibility assessment questionnaire developed by the researchers, containing 11 objective questions about the architectural accessibility of bathrooms, access ramps, elevators, signage, forms of communication, bed height and circulation areas. **Results:** The results regarding sound and visual signage showed that 32% of establishments do not have any form of signage, as well as alternative communication and tactile flooring. On the other hand, 82% of the establishments evaluated presented the height of the intercoms, light switches and warning flags within the standards. Regarding the accessibility of bathrooms, 43% of the establishments did not have any accessible furniture. **Conclusion:** The present study demonstrates unsatisfactory results regarding the basic parameters of accessibility of the participating motels, constituting serious barriers to access for the public with some type of disability. It is concluded that there is a need for further discussions on the subject, in addition to inspection for compliance with accessibility standards and accessible furniture so that people with disabilities can enjoy these services.

Keywords: Disabled Persons, Sexuality, Architectural Accessibility.

Received on Apr. 28, 2021; 1st Revision on Oct. 24, 2021; Accepted on Dec. 05, 2021.

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Resumo

Introdução: Pessoas com deficiência se deparam com inúmeras barreiras no desempenho da atividade sexual; dentre elas, está o acesso a locais acessíveis destinados a essa finalidade. **Objetivo:** O objetivo do presente estudo foi mapear e avaliar a acessibilidade arquitetônica de estabelecimentos que têm como atividade-fim o sexo, tais como motéis e pousadas, localizados na região metropolitana de Belém. **Método:** Trata-se de uma pesquisa de caráter quantitativo, transversal, descritivo, na qual foram avaliados 22 estabelecimentos, através de um questionário de avaliação de acessibilidade elaborado pelos pesquisadores, contendo 11 questões objetivas sobre a acessibilidade arquitetônica de banheiros, rampas de acesso, elevadores, sinalização, formas de comunicação, altura da cama e área de circulação. **Resultados:** Os resultados acerca da sinalização sonora e visual demonstraram que 32% dos estabelecimentos não apresentam nenhuma das formas de sinalização, assim como comunicação alternativa e piso tátil. Em contrapartida, 82% dos estabelecimentos avaliados apresentaram altura dos interfones, interruptores e sinalizadores dentro dos padrões. Em relação à acessibilidade dos banheiros, 43% dos estabelecimentos não apresentaram nenhum mobiliário acessível. **Conclusão:** O presente estudo demonstra resultados não satisfatórios quanto aos parâmetros básicos de acessibilidade dos motéis participantes, constituindo-se graves barreiras ao acesso do público com algum tipo de deficiência. Conclui-se que há a necessidade de maiores discussões sobre o assunto, além de fiscalização para o cumprimento das normas de acessibilidade e mobiliário acessível para que pessoas com deficiência possam usufruir desses serviços.

Palavras-chave: Pessoas com Deficiência, Sexualidade, Acessibilidade Arquitetônica.

Introduction

Presently, accessibility is a topic that is being discussed because of the existing gaps in the struggle of persons with disabilities (PWDS) for equality, access and recognition, since the 1970s (Hurst, 2003). According to the World Health Organization (2015), accessibility is a set of measures taken to guarantee equal conditions and access for persons with disabilities, to the physical environment, transport, information and communication, including the identification and elimination of obstacles and barriers to accessibility in relation to buildings, roads, transport and other indoor and outdoor facilities, as well as information, communications and other services.

When talking about accessibility and the struggle for the rights of persons with disabilities, the right to sexuality is highlighted, defined in the WHO technical consultation report on sexual health (World Health Organization, 2006) as:

> A central aspect of the human being throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships. […] Sexuality is influenced by the interaction of biological,

> psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors (World Health Organization, 2006, p. 5).

In this sense, sexuality is a topic surrounded by paradigms and taboos that are even more frequent when it comes to persons with disabilities, generally stigmatized and perceived as asexual. These people's sexuality is commonly questioned, - "do you still have sex?" –impotence is presumed in front of men with disabilities (Rohleder et al., 2018) or it is even assumed to exist a need to control the sexuality and fertility of these individuals (World Health Organization, 2011).

According to the study by Hunt et al. (2017), persons without disabilities believe that persons with disabilities do not benefit from sexual and reproductive health rights in the same way as themselves and admit to imagining that persons with physical disabilities are less sexual than persons without disabilities.

This happens even in the face of regulations that establish the legal capacity of persons with disabilities on equal terms and the right to marry, start a family and maintain their fertility, as well as having access to sexual and reproductive health care as established by the United Nations Convention on the Rights of Persons with Disabilities (World Health Organization, 2006).

For persons with disabilities to be able to enjoy their sexual rights and fully exercise their occupations, especially sexuality, conditions of architectural accessibility, among other things, are necessary, and have been the main agents promoting exclusion, by observing the universal non-compliance with current norms, by several establishments for collective use, such as transport, lodging and commercial establishments, particularly establishments related to sexual activity, such as motels.

Assessing the accessibility conditions of establishments aimed at the sex market sector is shown to be important, because in research carried out by Fritz et al. (2015), it was found that physical barriers to sexual activity are more limiting for PWDS than for persons without disabilities, highlighting the need to offer this service in an adapted manner to all types of users, including the PWDS.

Considering the scarcity of studies on the accessibility of establishments related to sex and the scarcity of assessment protocols for establishments in this niche market that are validated in Brazil, the importance of evaluating places related to sexual activity was verified, in order to assess compliance with the standards of accessibility for PWDS or reduced mobility in establishments that have sexual activity as a commercial activity.

Thus, the present study aimed to map and assess the architectural accessibility of establishments whose main activity is sex, such as motels and inns, located in the metropolitan region of Belém, through the development of a questionnaire to assess the accessibility of these establishments, based on the basic parameters established by the Associação Brasileira de Normas Técnicas (2015) – ABNT NBR 9050.

Methodology

This is a cross-sectional, descriptive, quantitative research approved by the Research Ethics Committee of the Health Sciences Institute of the Federal University of Pará, under opinion number 3,329,836, in which the research subjects were users from the services of motels and related establishments, which are representatives of establishments

related to sexual activity, such as motels and inns. Establishments related to sexual activity and located in Belém and/or the metropolitan region were included, and establishments that did not have sex as their main activity or were not located in Belém and/or the metropolitan region were excluded.

The survey of establishments was carried out by the following means: Union of Hotels, Bars and Restaurants in the state of Pará; Pará Association of Persons with Disabilities (APPD); Google Maps; and search on electronic sites. The survey took place over a period of 14 months, starting in June 2018 and ending in August 2019. Twenty-two establishments, including motels and inns, participated in the survey.

The researchers created an electronic accessibility assessment form for persons with disabilities aimed at these establishments, using as a basis the accessibility standards found in the Associação Brasileira de Normas Técnicas (2015) - ABNT NBR 9050, which contained 11 closed-ended questions referring to architectural accessibility, such as bathrooms, access ramps, elevators, signage, forms of communication, bed height and circulation area.

Data collection was carried out through the application of the electronic form both for representatives of participating establishments and for users of the services. For the representatives, the application took place in person during a visit to the site, in which the researcher filled out the form with the answers obtained, observed the space when allowed, and by telephone, when it was not possible to carry out the on-site visit. For users, the data collection took place in person for some and virtually for others. In both cases, the form used was the same.

In cases where it was not possible to meet users in person, the link to the electronic form was sent by messaging applications for the user to respond to the form. On the other hand, for users to whom it was possible to apply the form in person, the form was filled in by the researchers.

Visits were made for face-to-face evaluation in the physical space of 6 establishments, with one visit to each location, in which accessibility items were evaluated through observation, following the criteria of the electronic forms applied to users and owners and/or employees of the establishments. The criteria for face-to-face evaluation in establishments were establishments who accepted the on-site visit after the initial telephone contact, those who could be found on *Google Maps®*, or who had their own websites that allowed some initial contact.

Data were categorized in a *Microsoft Excel®* spreadsheet and analyzed using the descriptive statistical analysis method.

Results

After the end of the research, 37 evaluations were totaled; of these, 6 motels got two different user reviews and 1 motel got three user reviews. Such evaluations were excluded from the research, due to the divergence of answers in relation to the accessibility of bathrooms, bed height and unevenness in the floor with evaluation repetitions; therefore, they were disregarded in the percentage analysis. After the exclusion, data from 22 motels were analyzed, which had a single assessment, whether done by user, employee or researcher. 10 establishments were evaluated by local employees, 6 were evaluated by service users and 6 were evaluated on-site by visiting researchers.

The establishments evaluated by the users were the establishments mentioned in the evaluation forms sent and/or applied to the users. The establishments evaluated by the employees were those that did not accept the on-site visit to observe the spaces but accepted the application of the electronic form. The other places evaluated by the researchers were the establishments that accepted the on-site visit to observe the environment and furniture present in these places.

Based on the evaluation of users, employees and researchers, regarding the presence of sound (alarms) and visual signage (indication signs) useful for guiding persons with visual and hearing impairment, respectively, 32% (n=8) of the establishments said they did not have any of the forms of signage. Of those who did, 48% (n=14) were directional, 16% (n=4) were emergency signage, 4% (n=1) were temporary and only 1 establishment had the international access symbol.

None of the establishments presented alternative forms of communication, such as a language interpreter and/or Braille resources, to meet the needs of persons with hearing and visual impairments, also noting the lack of tactile flooring, used to guide blind and low eyesight people. This reaffirms the lack of accessibility for persons with sensory disabilities in the assessed establishments (Table 1).

Oppositely, 82% (n=18) of the evaluated establishments presented the height of the intercoms, light switches and flags within the standards established by NBR 9050 for people in wheelchairs, which was considered a favorable result. To assess the accessibility of the doors, the entrance to the establishment and at least one bedroom and one bathroom were considered. Other evaluations of adaptations and furniture adapted for persons with disabilities or mobility restrictions are shown in Table 1.

Table 1. Assessment percentage of the presence of adaptations/accessible furniture for persons with disabilities.

Evaluated item	User evaluation % (n/T[1])	Employee evaluation % (n/T)	On-site evaluation of researchers (% / n)
No unevenness in the floor extension	20% (2/10)	83% (5/6)	50% (3/6)
Access ramps	0% (0/10)	0% (0/6)	16% (1/6)
Rooms on the ground floor[2]	80% (8/10)	100% (6/6)	83% (5/6)
Elevator	0% (0/10)	0% (0/6)	0% (0/6)
Tactile floor	0% (0/10)	0% (0/6)	0% (0/6)
Accessible sized doors[3]	70% (7/10)	83% (5/6)	66% (4/6)
Bed at accessible height[4]	60% (6/10)	33% (2/6)	66% (4/6)

[1]n represents the presence of the item; T represents the total number of locations evaluated in each category. [2]the architectural pattern and interior furniture were common to all rooms. [3]accessible to people in wheelchairs. [4]so that a person in a wheelchair can transfer.

Regarding the accessibility of bathrooms, 43% (n=12) of the establishments did not have any furniture accessible according to NBR9050, as shown in Figure 1.

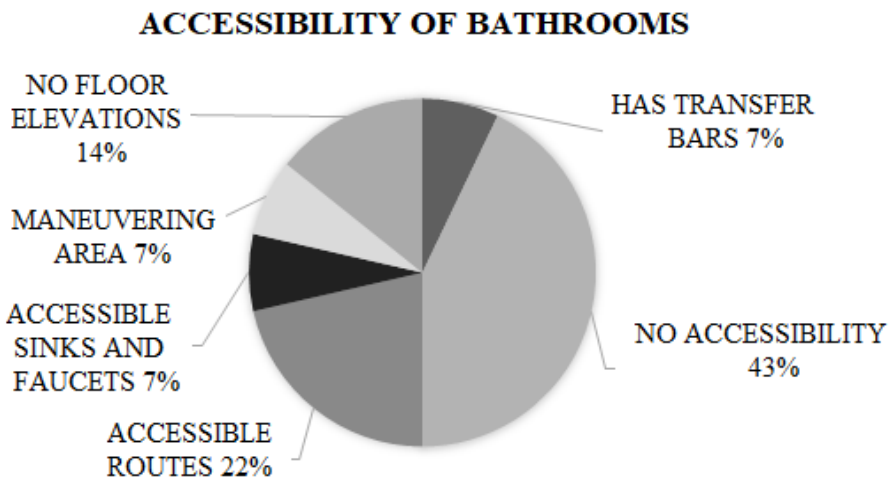

Figure 1. Description of the presence of accessible furniture in the bathrooms of the establishments based on the responses of users, employees and researchers. Note: Sample of 22 motels; percentage referring to the frequency of responses; places with more than 1 bathroom followed the same architectural and furniture standard.

Discussion

The present study demonstrates unsatisfactory results regarding the basic parameters of accessibility of the participating motels. Physical architectural and furniture barriers were identified, limiting access, both for persons with physical and sensory disabilities and, consequently limiting access for persons with some mobility restriction, regardless of whether the disability is temporary or permanent, to users with and without disabilities.

However, data regarding the "type" of disability was not collected, due to the chosen structure/methodological nature, approaching disability based on the Social Model, which assigns responsibility for the exclusion of persons with disabilities to society, understanding that "the origin disability is in society, insofar as the difficulties, isolation or paternalism faced by the population with disabilities is the result of a society that has failed to offer them real inclusion" (Pineda Duque & Luna Ruiz, 2018, p. 162). In other words, the inclusion of these individuals in the spaces must occur before the architectural and social adequacy, overcoming the Rehabilitation or Medical Model, which "locates the problem" of disability in the individual who has the disability, focusing "only on the supposed deficit that persons with disability and the need for its normalization" (Pineda Duque & Luna Ruiz, 2018, p. 162).

User ratings resulted in some divergences in ratings in 7 establishments, which were excluded from the survey because of the received multiple answers regarding accessibility of bathrooms, bed height and uneven floors. It is assumed that the differences found in the answers, such as bed height, presence of unevenness and door width, are justified by the chronological period in which each user attended the place, which may have undergone renovation between one assessment and another, and the type of limitation

that each user should have to access places, as it is important to recognize that different users, within a range of disabilities\limitations, may face different barriers (Rawski, 2017; Tutuncu, 2017). It is noteworthy that the analysis of accessibility of participating establishments was concerned with verifying the conditions of universal access to all types of users, regardless of the type of disability or limitation of a temporary or permanent nature.

The results obtained in this research highlight the need to implement tactile and sound signage in the establishments participating in the study, in an effective way to meet the needs of persons with sensory impairments (hearing and visual), since, in the absence or inadequacies in the signage, these users will find it difficult to find their way around the environment, such as locating the emergency exit, for example. For this, a rigorous implementation in the signage of the places is necessary, so that there is efficiency and functionality; otherwise, instead of helping, it may harm the user's direction (Rey-Galindo et al., 2020).

Likewise, communication barriers were reported more frequently, with the absence of any type of communication facilitator for persons with sensory impairments, leaving the following questions: how would persons with hearing impairments communicate when requesting the bill and making a request over the intercom? It would only be possible if the user had command of oral language or a partner without hearing impairment. Moreover, how would people who are blind or visually impaired go about reading the menu and placing their order or even confirming their bill? In these cases, it is essential to have alternative forms, adapted resources and/or training of the attending professionals, aiming to reduce barriers in the communication of these users. However, this result was already expected, considering that some facilitators can generate higher costs and logistics for the establishments and not reach a large number of users, as there are differences between persons with the same type of sensory impairment, both due to preferences and limitations and individual abilities, that is, not every person with hearing impairment uses Brazilian Sign Language (LIBRAS) to communicate, and not all blind people use braille (Condessa et al., 2020; Rey-Galindo et al., 2020). Some low-cost accessibility strategies can be perceived for sensory PWDS, such as the audio description resources implemented in hotels to improve the experience of the visually impaired, together with the use of Braille and training of establishment professionals to serve this public (Santos, 2015).

Although communication barriers were the most evident, they are considered less limiting when compared to physical barriers, as persons with physical disabilities have percentages of more intense access limitations when compared to persons with sensory disabilities (Malta et al., 2016). The most critical items that influence the access and satisfaction of those users are related to the accessibility of bathrooms (Tutuncu, 2017). In addition, part of the list of physical barriers, the unevenness in the extension of the floor was identified in most of the places evaluated, as well as the absence of access ramps, the inadequate construction conditions (very steep) and poor conservation of the barriers frequently reported (Aldersey et al., 2018) and strongly limiting, especially for wheelchair users, restricting the enjoyment of this public to these establishments.

Therefore by identifying the non-compliance with measures to promote access to PWDS by most of the establishments in the study, discussions about the occupational

deprivation of these people regarding the performance of their occupations (Sakellariou & Algado, 2006) started. Inaccessible places limit PWDS from using various services, participating in a variety of social and leisure activities and being included in society, restricting access and free participation in it (Aldersey et al., 2018). Thus, any and all forms of injustice and/or occupational inequality can be understood as a violation of people's occupational rights (Hammell & Beagan, 2016) and still constitute an occupational injustice\inequity (Hammell, 2020).

It is known that there is a fear on the part of parents and caregivers of persons with disabilities, regarding the involvement of these individuals in relationships and sexual content, restricting their access and involvement in this matter, regardless of age, anchoring in the vulnerability of these people in relation to sexual abuse as one of their main concerns, making it comfortable to restrict them from these activities as a form of protection (Lafferty et al., 2012). For this reason, the issue of the performance of sexual activity by persons with disabilities, in the family context, ends up being limited to a portion of PWDS who have a steady partner and are open to this matter. Hence the importance of enabling other spaces for these people to perform this activity to reach a wider audience, as well as enabling new sexual experiences even for PCD who are married and/or have children.

In this sense, the design of strategies to guarantee the right to occupational justice becomes substantial, enabling the individual's access and participation in their occupations (Sakellariou & Algado, 2006), aiming to achieve occupational equity that provides conditions of full and fair freedom to access the occupational opportunities necessary to enjoy their rights fairly, regardless of their differences (Hammell, 2020).

If representatives of hotel establishments focus on minimizing barriers for this potential audience, paying attention to promoting occupational justice, through the reduction of physical barriers that hinder the access of persons with physical and sensory limitations, they will be able to obtain satisfactory results in its enterprise, such as an increase in the presence of these users in establishments, which can generate greater profit for the location, due to the expansion in the reach of the public, and, therefore, obtain greater satisfaction from its users (Maturana et al., 2019).

Recognizing the barriers that hinder the access and permanence of PWDS to places is the first step in the inclusion process. Through physical/environmental analysis, professionals can institute their interventions so that the principles of occupational justice are achieved. In this context, the occupational therapist must, among their numerous skills and abilities, carry out the architectural assessment and propose changes/adaptations to the environment, so that everyone can use the spaces, regardless of deficiencies (Jorge et al., 2016).

Final Considerations

Based on the results, it was found that most establishments evaluated are not prepared to meet the needs of the public with disabilities and/or mobility restrictions, emphasizing the importance of carrying out such a survey, as it helps in opening discussions with these establishments and their users on the conditions of accessibility for the performance of sexual activity by these individuals, which constitutes an important element for promoting health and quality of life. The difficulty faced by the

public in question regarding sexual contact is known; also, intimate relationships can be very beneficial and contribute to better self-acceptance, improve self-esteem, self-confidence and help reduce internalized stigmas, as well as allowing the individual to feel valued and secure in engaging in romantic relationships.

This survey was conducted in Belém-PA, limited to a small number of establishments in that region, due to the difficulty in contacting local representatives and the impossibility of accessing some establishments for on-site assessment; thus, it was not possible to carry out an assessment of attitudinal barriers. Therefore, the results found cannot be generalized at the national level, which is one of the limits of this study.

On the other hand, this study reiterated, with the findings of previous researches, about the deficit in architectural accessibility in different spaces, public and private. However, it is innovative when it comes to spaces for the performance of sexual activity, in addition to highlighting the importance of making such spaces accessible to the public of persons with disabilities to promote greater participation in occupations related to sexual activities.

The development of the research contributed to demonstrate to representatives of establishments in this sector of the market, that persons with disabilities are sexually active and that they can be a potential audience for their business and that it is possible to take measures to promote their access. Future research will be able to assess different regions and verify the attitudinal accessibility conditions present in these locations.

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Author's Contributions

Paula Silva Moreira e Estéfanny da Silva Bittencourt: Conception and text design, data collection and analysis, source organization. Glenda Miranda da Paixão: Text revision. Kátia Maki Omura: Elaboration and orientation of the research and revision of the text. All authors approved the final version of the text.

Funding Source

Federal University of Pará, Institutional Program for Scientific Scholarships, 2018, Pro-Doctoral Notice.

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Section editor
Prof. Dr. Daniel Cezar da Cruz