

Exploring travel patterns and motivations of people with disabilities (PwD) in health and active tourism: a Hungarian perspective

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Abstract

Purpose – The objective of this research is to investigate the travel patterns, motivations and choices of people with disabilities (PwD) in Hungary, with a particular emphasis on engaging in active and health-related tourism. The study's aim is to determine the degree to which goals related to health and physical activity impact the related individuals' travel behaviour.

Design/methodology/approach – In fall 2023, a questionnaire survey was carried out in Hungary, specifically targeting PwD ($n = 320$). The survey, accessible via both online and in-person methods, gathered data on the frequency of travel, reasons for travelling and demographic characteristics. The data were analysed using descriptive statistics and Chi-square tests, with a specific emphasis on identifying the travel habits of PwD in health and active (cycling, hiking, walking, etc.) tourism.

Findings – The research indicates that PwD in Hungary commonly engage in domestic travel, but their foreign travel is restricted. The primary incentives for travel are nature visits and sightseeing, whereas health and wellness tourism, while notable, is less widespread. The findings suggest that older persons with disabilities are primarily driven by health-related travel, whereas younger individuals exhibit a higher level of enthusiasm for extreme sports and nature excursions. The results further emphasize the beneficial influence of tourism on the quality of life and subjective well-being of PwD, affirming the idea that inclusive tourist services might augment their overall quality of life.

Research limitations/implications – The study's limitations include a comparatively limited sample size (the sample is not representative, but the number of respondents can be considered high due to the very specific social segment), possible biases in responses and a concentration on locomotory disability, which might restrict the applicability of the results. Subsequent investigations should prioritize the inclusion of bigger and more varied participant pools, include numerous nations and investigate the impact of new technology on improving travel accessibility for different disability populations.

Originality/value – This study offers useful insights into the relatively unexplored domain of travel behaviours and motives of PwD, specifically in the context of active and health tourism. It enhances comprehension of inclusive tourism and emphasizes the significance of accessible tourist services in enhancing the quality of life for PwD.

Keywords Accessible tourism, PwD travellers, Travel preferences, Hungary, Motivation, Health and active tourism motivation, Quality of life

Paper type Research paper

Introduction

As consistently highlighted in academic literature, but not widely recognized in the general population, the World Health Organization (WHO) estimates that approximately 1.3 billion



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people globally live with significant disabilities, representing 16% of the world's population (Kim and Adu-Ampong, 2024; WHO, 2023). This substantial demographic ratio underscores a critical social phenomenon, and, concurrently, there has been a growing acceptance of the ethical, moral, and legal duty to facilitate travel for people with disabilities (PwD) and to provide the necessary physical conditions for travelling (Ernszt *et al.*, 2019; Farkas and Petykó, 2020; Zajadacz, 2015).

The tourism activity of PwD also presents a significant economic consideration, as this group remains an underutilized segment of the tourism market, despite several notable positive examples in recent years (Buhalis *et al.*, 2012). The 2006 United Nations Convention on the Rights of Persons with Disabilities marked a paradigm shift in this regard. This convention, adopted by the United Nations and ratified by various countries, mandates that State Parties ensure access for persons with disabilities to sport, recreation and tourism facilities and services. Further reinforcing this shift, the European Commission (2010) adopted the "European Disability Strategy 2010–2020 - A Renewed Commitment to a Barrier-Free Europe", which lead to the development of a new and strengthened European Union strategy on the rights of PwD.

Fortunately, a broad segment of society and a significant portion of the tourism industry are beginning to adopt a positive approach to accessible and inclusive tourism. This shift is partly driven by increased social awareness and legal requirements, and partly by the recognition of the economic potential of this target group, while social innovation in various forms (e.g. accessible travel platforms, inclusive and specialized tourism services, innovative mobility solutions) is generating new and effective responses to this issue as well (Koczilsky *et al.*, 2017).

The link between tourism, quality of life, and subjective happiness is well-documented and has been confirmed by several studies in recent years (Budruk and Phillips, 2011; Gonda, 2021; Smith and Puczkó, 2012). Consistent with the principle of "tourism for all," it is imperative that PwD also experience and enjoy the positive effects of tourism (Darcy *et al.*, 2018). The inclusion of PwD in tourism significantly enhances their quality of life and life satisfaction (Gonda, 2024; Vlachos *et al.*, 2018). According to both authors, the importance of accessible tourism in significantly improving the quality of life and life satisfaction of PwD, through enhanced social inclusion, personal growth, and enjoyment. Participation in tourism enhances PwD's quality of life by providing opportunities for social interaction, recreation, and personal fulfilment, leading to increased life satisfaction (Gonda, 2024). Also the psychological and social benefits that tourism activities bring to PwD, demonstrate how these experiences contribute to their sense of independence, empowerment, and overall happiness (Vlachos *et al.*, 2018). With appropriate social support, inclusive tourism services can provide equal access for individuals with various disabilities, including mobility, vision, and hearing impairments (Arbidane *et al.*, 2023; Rains, 2013).

Building on the aforementioned perspectives, our study investigates the travel motivations and behaviours of PwD in Hungary based on research conducted in autumn 2023. Recognizing that PwD participate in domestic and international travel at least as frequently as their non-disabled peers, the authors sought to further explore the travel behaviours and preferences of PwD, with a specific focus on health and active tourism motivations.

In light of the research and the primary analysis of current findings, the following research question was formulated:

RQ1. To what extent are health-oriented motivations (health tourism – wellness and medical tourism, and physical activity – such as hiking, sports, extreme sports etc.) present in the travel motivations, preferences, and travel behaviour of people with disabilities (PwD) in Hungary?

The authors anticipate that the answers to this research question could provide valuable insights into this under-researched area, therefore we hope that this exploratory study will contribute significantly to the understanding of this research gap. Following the introduction

and literature review, this paper details the methodology and research process. Subsequently, the results of the primary frequency and statistical analyses are presented to develop the authors' perspective on the research question.

In summary, this paper aims to elucidate the travel motivations and behaviours of PwD, particularly in the context of health and active tourism with a country-specific focus, thereby offering useful data and insights to enhance inclusive tourism practices.

Literature review

The conceptualizations of accessible tourism

As [Kim and Adu-Ampong \(2024\)](#) established in their most recent comprehensive study, currently, there are two primary conceptualizations that prevail in the literature on accessible tourism: the medical model (emphasizing the physical limitations of human bodies and supporting policies that promote medical intervention and physical therapy to help people adjust to their handicap and surroundings) and the social model of disability (acknowledging the biological foundation of impairments but viewing disability as a product of social factors). The medical model is well described by [Burnett and Baker \(2001\)](#) and [Qiao et al. \(2022\)](#), while the social model, emphasizing the influence of structural and social variables that transform persons with impairments into individuals with disabilities due to economic, physical, political, and social exclusions and lack of accessibility is supported by the earlier work of [Buhalis and Darcy \(2011\)](#) and later by [Zajadacz \(2015\)](#), [Gillovic et al. \(2018\)](#), [Connell and Page \(2019\)](#) and [Benjamin et al. \(2021\)](#).

The mentioned medical model, as outlined by [Burnett and Baker \(2001\)](#), stressed a viewpoint in which disability was mostly seen as a medical ailment or impairment requiring treatment or control. This method prioritized the examination of an individual's physical or mental constraints, often disregarding the societal and environmental obstacles that lead to impairment.

During the next twenty years, the discussion on disability has significantly developed, influenced by the increasing importance of the social model of disability and the principles of universal design. Nevertheless, even with these progressions, the impact of the medical model continues to be significant in some domains, as emphasized by [Qiao et al. \(2022\)](#). Their research demonstrates the persistent use of elements from the medical model in some areas or businesses, particularly in situations where disability is mostly seen as an individual impediment rather than a social obligation. Ultimately, [Qiao et al. \(2022\)](#) demonstrate that while the basic concept of the medical model, as outlined by [Burnett and Baker \(2001\)](#), remains unchanged, there have been changes in how this model is used and understood, especially in relation to contemporary methods to accessibility. This indicates that the medical paradigm remains applicable, however within a more intricate and developing field of disability studies.

The social model of disability, first formulated in the 1970s, redirects attention from the individual's impairment to the societal and environmental obstacles that contribute to disability. This paradigm posits that disability is not an inherent characteristic of a person, but rather a consequence of the interplay between PwD and a society that does not provide the necessary accommodations to satisfy their requirements.

Based on the early contribution [Buhalis and Darcy \(2011\)](#) played a crucial role in the application of the social model to tourism. They emphasized the impact of inaccessible surroundings and services on the limited involvement of persons with disabilities. Their study highlighted the need of creating a tourist economy that is more inclusive, by eliminating physical, economic, and social obstacles, in order to ensure equitable participation for everyone.

Recent advancements in the mid-2010s, as discussed by [Zajadacz \(2015\)](#) and [Gillovic et al. \(2018\)](#), focused on examining the tourist industry's reaction to the social model. This research analysed the advancements achieved in accessibility and inclusiveness, acknowledging that

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while there have been improvements in some aspects, substantial obstacles still persist. They also deliberated on the rising notion of “inclusive tourism,” which aims to provide experiences that accommodate individuals of all abilities.

Recent studies by [Connell and Page \(2019\)](#) and [Benjamin et al. \(2021\)](#) have made significant progress in enhancing the implementation of the social model. They have achieved this by integrating ideas such as intersectionality and the rights-based approach. These latest research emphasize the need of taking into account various aspects of identification, such as age, gender, and ethnicity, when examining how persons with disabilities have distinct experiences. In addition, they stress the need of adopting a comprehensive strategy that extends beyond just physical accessibility to include economic, social, and political aspects of inclusion.

Over time, the social model has transformed from a mostly theoretical framework to a more pragmatic tool for establishing inclusive settings. The first efforts established the foundation by identifying the obstacles that need attention. In the mid-2010s, research demonstrated that the tourist sector has started to address these difficulties, but with differing degrees of success. Recent research has expanded the social model by including more sophisticated and comprehensive methods to promote accessibility and inclusion. This reflects the larger cultural shift towards acknowledging the rights and dignity of all persons.

Essentially, the fundamental ideas of the social model of disability continue to be important. However, its implementation has evolved to become more advanced and all-encompassing, demonstrating a greater comprehension of the intricacies of disability and the need for a multi-faceted approach to making tourism accessible.

Increased participation and market role of people with disabilities in tourism

In recent years, the tourist sector worldwide and in Central Europe has seen a considerable change towards inclusion, notably in terms of increasing engagement of individuals with disabilities ([Gonda, 2021](#)). PwD are increasingly participating in tourism, a positive trend that reflects broader cultural shifts towards inclusivity and accessibility. This increase can be linked to a variety of factors, including legal advances, technical innovations, and shifting perspectives of disability in the tourist sector and society as a whole ([Benjamin et al., 2018](#); [Buhalis and Darcy, 2011](#); [Darcy et al., 2020](#)).

Technological improvements have also played a crucial role in increasing disabled people's engagement in tourism ([Smith, 2012](#)). These technologies help with planning and navigation, but they also improve the travel experience for people with impairments (such as accessible travel apps, adaptive navigations systems, virtual reality (VR) experiences) ([Goggin and Newell, 2003](#)). The tourist industry's changing perspective of disability has resulted in more focused attempts to appeal to this group. Accessible tourism is viewed as an integral element of the mainstream tourism sector, rather than a niche market ([Buhalis and Darcy, 2011](#)). This is mirrored in the growing number of tourist operators providing unique packages and services for disabled travellers, ranging from adaptive adventure activities to customized cultural tours. These services demonstrate the industry's acknowledgement of the economic and social benefits of making tourism accessible to everyone. Related examples for benefits are adaptive adventure activities, customized cultural tours or specialized tour packages, usually with specialized equipment and professional and certified instructors or tour guides.

Empirical research supports the idea that PwD should participate in more tourism activities. According to research undertaken by the [European Network for Accessible Tourism \(ENAT\) \(2014\)](#), there is a continuously growing demand for accessible travel services and experiences, which is being driven by an ageing population and increased activism for disability rights. Furthermore, [McKercher and Darcy \(2018\)](#) found that locations and enterprises who invest in accessibility reap benefits in terms of tourist happiness, loyalty, and market differentiation. The authors discovered that locales and businesses who allocate resources towards improving accessibility not only meet their social obligations but also attain substantial competitive benefits. By improving the accessibility of their services and facilities, these companies may

boost the overall satisfaction of visitors with disabilities, resulting in heightened pleasure and a more pleasurable travel experience. Consequently, this promotes increased consumer loyalty, as contented tourists are more inclined to revisit venues and endorse them to others. Moreover, by distinguishing themselves as easily approachable and accommodating, these establishments and businesses may attract a growing market sector, distinguishing themselves from rivals who may not give importance to inclusivity. Market difference may result in more commercial prospects and an enhanced reputation in the tourist sector.

In terms of economic importance, we can state that individuals with disabilities are an important segment of the tourism industry, possessing significant financial influence commonly referred to as the “purple pound” or “disability dollar.” The significant economic potential for locations and businesses that focus on accessibility is emphasized by this financial influence (Darcy and Dickson, 2009). The growing number of tourists with disabilities is influenced by society’s acknowledgement of their economic importance and the ethical obligation to provide fair tourism opportunities. This change is not just necessary for business success but also a key factor in standing out in the market and gaining a competitive edge, providing organizations with a distinct approach to set themselves apart in a saturated market (Duignan *et al.*, 2023).

There is also a growing need for tourist experiences tailored to the specific requirements of travellers with impairments. This request goes above the fundamental accessibility standards required by the law, aiming for travel experiences that are smooth and completely engaging (Poria *et al.*, 2011). The tourism industry’s initiatives to accommodate tourists with disabilities not only directly benefit them but also enhance the overall quality and attractiveness of tourism products, making locations more appealing to a wider range of customers.

To adequately cater to visitors with disabilities, a comprehensive approach to accessibility is necessary, including physical access, clear information, and customized services (Burnett and Baker, 2001; Benjamin *et al.*, 2018; Arbidane *et al.*, 2023). Extensive accessibility efforts highlight the crucial need to promote an inclusive attitude among service providers and the public, creating an environment where all tourists feel accepted and appreciated.

Taking into consideration market differentiation and competitive advantage and so emphasizing accessibility in tourism allows firms to establish a unique position in a fiercely competitive sector. Accessible tourism offerings serve as distinctive marketing points, appealing to both individuals with disabilities and a wider demographic that prioritizes diversity and corporate social responsibility (Benjamin *et al.*, 2018; Buhalis and Michopoulou, 2011). Strategic difference improves a company’s reputation and builds client loyalty, creating a strong basis for long-term success. Incorporating accessible tourism practices is also crucial for promoting sustainable and ethical tourism goals. Accessible tourism supports global initiatives for sustainable and fair tourist economies by promoting social inclusion, equity, and universal access to leisure and travel (McCabe *et al.*, 2010).

Although progress has been made in include those with disabilities in the mainstream tourism industry, there are still obstacles to fully realizing this potential. Continuously featured constraints are the requirement for universally implemented accessibility standards and thorough staff training on disability awareness (Ray and Ryder, 2003; Buhalis *et al.*, 2012; Arbidane *et al.*, 2023). Facing these difficulties directly provides distinct chances for creativity, cooperation, and leadership in the tourism sector, advancing the goal of inclusion.

Accessible tourism and travel motivations

As Kim and Adu-Ampong (2024) emphasize, considerable focus has been placed in literature on studying the travel goals, limitations, and encounters of individuals with disabilities (PwD) and how these factors influence their overall well-being in the context of tourism (Darcy and Dickson, 2009; Zaluska *et al.*, 2022). Some of these studies focused on the different sub-groups of PwD, such as Özcan *et al.* (2021) focused on determining the travel participation and experiences of wheelchair users in a regional context. Given the relatively broad

publication background, even systematic literature review and bibliometric studies appeared in recent times in order to comprehensively collect and analyse the existing information (Qiao *et al.*, 2022; Rubio-Escuderos *et al.*, 2021; Suárez-Henríquez *et al.*, 2022). It is also worth mentioning, that, according to our literature review, the study of the differences of travel motivations of able-bodied persons vs. PwD seems to be a research gap. The very few sources mention the differences only in a general perspective as, based on McKercher *et al.* (2003), Shi *et al.* (2012) states that PwD often encounter more intrinsic, economic, environmental, and interactive barriers than travellers without disabilities.

According to Kim and Adu-Ampong (2024) again, there is still a lack of broader conceptual advancements and progress in the field of social sciences, however several attempts have been made to examine conceptual investigations within the discipline (Bellucci *et al.*, 2023; Bhogal-Nair *et al.*, 2023; Gillovic and McIntosh, 2020; Hansen *et al.*, 2021).

At the end of the literature review it should be emphasized that, according to the authors' knowledge, the focus (investigating health and activity-oriented travel behaviour of PwD) of this publication is unique in the academic world therefore we hope that the presented results will help in the further understanding of health and active motivations in the travelling habits of PwD. Previous research has explored the travel preferences and motivations of PwD, though often from a general or barrier-focused perspective. McKercher *et al.* (2003) and Shi *et al.* (2012) emphasized that PwD seek similar travel experiences to non-disabled individuals but encounter more obstacles. Studies such as Özcan *et al.* (2021) have investigated the experiences of specific sub-groups like wheelchair users, while others have mapped broader accessibility needs (Darcy and Dickson, 2009). However, the literature remains limited in examining how motivational patterns vary across demographic lines, especially regarding health-oriented vs. activity-oriented travel, or how age affects such preferences. This study seeks to address that gap.

Research methodology

In autumn 2023, a questionnaire survey of PwD was carried out. The aim of the survey, which was partly face-to-face and partly online, was to gain a comprehensive picture of the current situation of accessible tourism and the tourism habits of the people concerned. Therefore, only PwD were included in the survey ($n = 320$). In the case of people with a disability, we gave the possibility to family members who could help them to fill in the questionnaire. It was possible to complete the questionnaire online and in-person. The questionnaire contained 33 questions or groups of questions, of which 26 were content-related and 7 were demographic (Appendix 1).

The results were analysed in two parts. First, the frequencies in the responses using descriptive statistical methodology were analysed, followed by the demographic background analysis. In the background analysis, the authors examined whether there are statistically plausible differences in the responses of each demographic group to each question.

Along the characteristics of our online survey, our database included nominal variables and Likert-scale ordinal variables. In accordance with the type of these variables, we used Chi-square tests to examine the differences in the responses of the demographic groups at a 5% significance threshold. As mentioned, the questionnaire included 33 items, 26 of which captured content-related variables (e.g., travel motivations, frequency, accessibility challenges), and 7 covered demographic data (e.g., age, gender, disability type). Where applicable, a four-point Likert-type scale was employed to measure frequency-based responses (1 = never, 2 = rarely, 3 = often, 4 = very often). The use of a forced-choice 4-point scale was intentional, aiming to avoid central tendency bias and compel more decisive responses – a method supported in survey design literature (Matell and Jacoby, 1971).

The data were analysed using a combination of descriptive statistics and inferential methods. Due to the categorical and ordinal nature of the data, Chi-square (χ^2) tests were used to examine statistically significant relationships between demographic variables (e.g., age,

disability type) and travel behaviour. A 5% significance level ($p < 0.05$) was adopted for all tests.

In addition, to assess the internal consistency of the motivation scale, Cronbach's Alpha was calculated across 12 items related to travel motivations. A value of 0.698 was obtained, which is considered borderline acceptable in exploratory social science research. Based on this, an Exploratory Factor Analysis (EFA) using principal component analysis (PCA) with Varimax rotation was conducted to uncover latent motivational dimensions.

In the analysis below, only those results that show statistically significant differences ($p < 0.05$) are reported, as appropriate. In cases where no significant differences can be identified, the general results presented above for descriptive statistics apply to each of the demographic groups.

More than half of the respondents, 53.4%, were born with a disability, while 46.6% became disabled later. Concerning the type of disability, the majority of respondents (56.3%) were facing locomotory disability. The second highest group was respondents with a vision-related problem (partial or total loss of sight) that makes everyday life difficult (15.9%). This is followed by intellectual disability and autism spectrum disorder with 15.0% and 13.4%, respectively, then hearing-related problems (deafness and hearing impairment, 6.3%), speech impairment (5.0%), psychosocial disability (3.1%), and finally temporary disability due to special situation, and age-related disadvantages (2.8%–2.8%). 3.8% of respondents answered that they have a multiple disability (Figure 1) (When the question was asked, more than one response was possible.)

Findings

Descriptive statistics

Our inquiry into the travel patterns and motives of PwD started with an evaluation of the frequency of their travel in order to reveal whether they have any tourism related experiences. The survey findings indicated that a significant proportion of participants engaged in regular travel inside Hungary, with a minimum of three visits per year reported for both the year leading up to the survey and the four years previously. 58.1% of respondents said that they travelled domestically at least three times in 2022, whereas 75.3% reported doing so in the preceding four years. The subsequent prevalent answers were doing three trips in 2022 (9.1%) and embarking on two or three journeys throughout the preceding four years (each option chosen by 11.3% of participants). The percentage of individuals who did not travel in 2022 was 9.4%, which was the least frequent answer. In the preceding four years, not travelling was the second least common response, with a percentage of 6.9%. A minority of individuals, at 4.4%, reported having travelled once or twice.

International travel was much less common due to understandable circumstances. A mere 4.7% of the participants engaged in international travel on more than three occasions in 2022, whereas 17.8% did so throughout the preceding four years. Unlike domestic travel, foreign

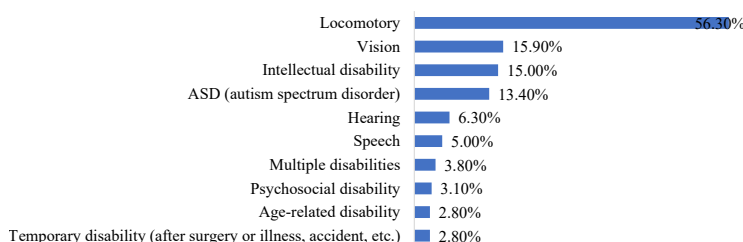


Figure 1. Types of respondents' disability "What disability do you have? Multiple choices are possible!"

Source: Own editing

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travel had the highest frequency of “never” as a response in both situations. In 2022, an overwhelming majority (67.8%) reported never travelling internationally, while in the preceding four years, almost half (49.7%) gave the same answer. Surprisingly, in 2020 and 2021, when there were travel limitations due to COVID-19, fewer people reported not visiting abroad compared to 2022, a year with few restrictions.

By investigating the travel reasons, our aim was to ascertain the frequency at which individuals with disabilities engage in travel for certain goals. Participants evaluated their motives using a 4-point scale, with 1 representing “never,” 2 representing “rarely,” 3 representing “often,” and 4 representing “very often.” The number of respondents for each motive varied somewhat, as shown by n = “number” for each statement.

The target group with impairments showed a high frequency of travel motives related to excursions to nature (65.7%) and sightseeing (65.4%) (Figure 2). Additionally, a significant percentage of individuals strongly valued visiting family or friends (59.9%), engaging in cultural travel (56.4%), and attending concerts, athletic events, or exhibits (50.7%). Smaller although still considerable incentives for travel were health (35.3%), wellness (30.6%), and gastronomy (27%). In contrast, those with disabilities were least motivated to travel for business (78.9% indicated the lowest motivation), religious (70.4% indicated the lowest motivation), and active sports (54.2% indicated the lowest motivation) pursuits.

When considering reasons related to health and active travel, 32.7% of the participants (n = 294) often decided to take trips to nature, while the same number picked this option often. On the other hand, 22.4% of the participants selected this option rarely, and 12.2% never chose it. 37.6% of the participants did not travel at all for health-related reasons, while 27.1% seldom travelled for health-motivated reasons. Additionally, 21.4% of respondents regularly travelled for health-related purposes, and 13.9% reported extremely frequent travel for health-induced reasons. Regarding well-being, 38.8% of individuals never travelled specifically for this reason, whereas 30.6% did so seldom, 17.2% did so often, and 13.4% did so very frequently. Active and sports tourism ranked low in popularity, with 54.2% of respondents responding “never,” 21.3% “rarely,” 15.2% “often,” and 9.4% “very often” (Figure 2).

According to the data analysis, 37.6% of respondents (n = 295) reported never travelling due to health-motivated reasons. When examining respondents’ place of residence, it was

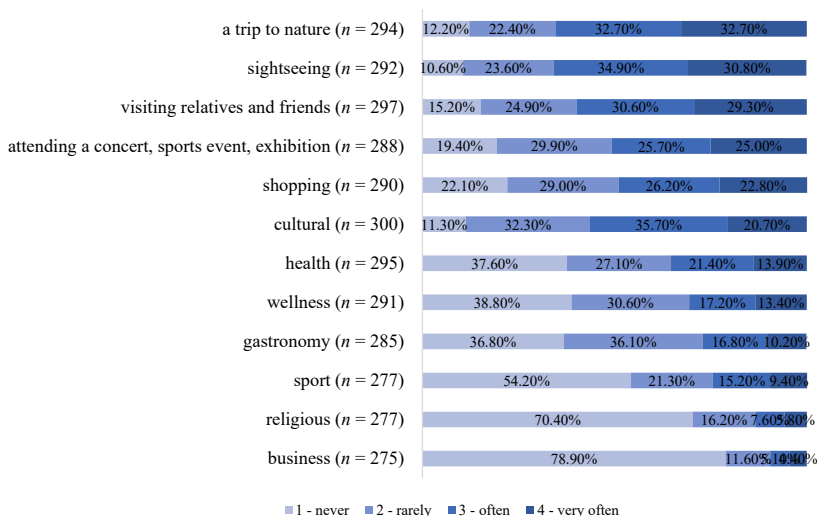


Figure 2. Motivations for travelling “How often do you travel with the following motivations (1: never; 2: rarely; 3: often; 4: very often)?” Source: Own editing

found that 44.2% of those from rural regions, 43.8% from cities, 34.9% from big cities, and 19.4% from the capital often or very frequently travel for health-related reasons.

Upon analysing different age groups, we discovered that the inclination to travel for health-related purposes rises with advancing age. Out of the 43 respondents who are over 66 years old, just 14% of them never travel for health reasons, while 55.8% of them travel regularly or very frequently. In contrast, among the youngest age group (18–25 years, 23 participants), 52.2% never engage in travel due to health-related motivations, while only 13% travel on a regular or very frequent basis. The propensity to travel often or very frequently for health reasons increases with age in other age groups: 25.1% for the 26–35 age group (48 respondents), 28.1% for the 36–50 age group (96 respondents), and 44.2% for the 50–65 age group (77 respondents). In contrast, the percentage of individuals who do not often travel for health reasons reduces as they become older, dropping from 87% in the youngest group to 55.9% in the 50–65 age group (Figure 3).

The study findings indicate that most respondents do not engage in travel specifically for active sports. Out of the 277 individuals who responded to this question, 54.2% said that they never engage in sports-related travel, while 21.3% indicated that they seldom do. A mere 15.2% of individuals engage in frequent travel, while a mere 9.4% engage in extremely frequent travel specifically for sports-related purposes. This pattern aligns with the overall tendency that interest in sports travel declines as individuals become older. Out of the 34 respondents who are above 66 years old, 88.2% of them never travel for sports, and none of them travel very regularly. Conversely, among the youngest age group (18–25 years, 22 responses), 54.5% of individuals never engage in sports-related travel. The age categories of 26–35 years (with 46 respondents) and 36–50 years (with 93 respondents) had smaller percentages of those who have never travelled for sports, with 45.7% and 45.2% respectively. The age group ranging from 50 to 65 exhibits the largest proportion of those who often engage in sports-related travel, with a percentage of 14.9% (Figure 4).

The poll also investigated the prevalence of excursions to rural areas. Out of the total number of respondents (294), more than 65% said that they often or very frequently get pleasure from going to natural environments, while only 12.2% stated that they never engage in such activities. Regarding place of residence, over 80% of those living in villages (45 respondents) often or very frequently engage in nature-related activities, in contrast to 60.7% of urban dwellers (117 respondents) and 60% of metropolitan residents (45 respondents). Among the 87 respondents who were inhabitants of the capital (Budapest), the percentage was 66.7%. Only respondents from urban areas indicated seldom visits to natural environments, with 20% selecting this choice.

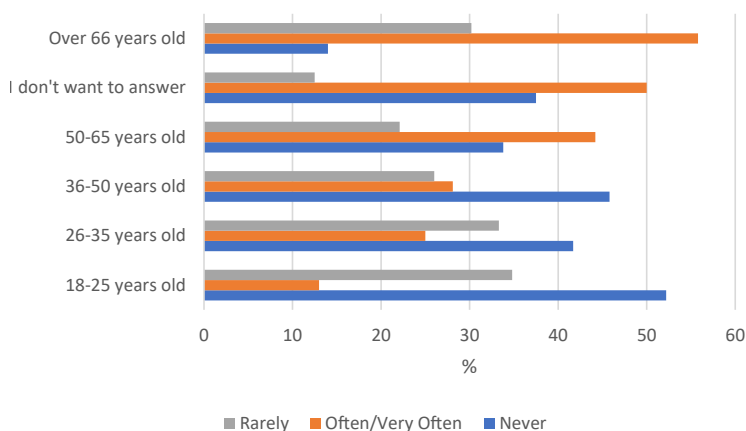


Figure 3. Motivations for health-related travelling by age group. Source: Own editing

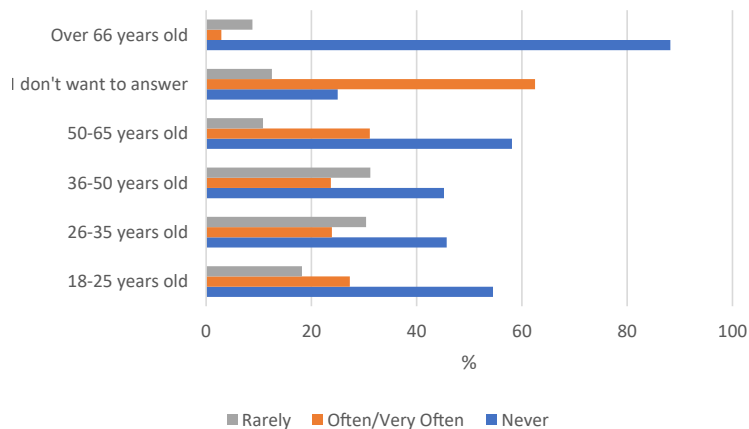


Figure 4. Motivations for active sports-related travelling by age group. Source: Own editing

Travel inclinations are also influenced by marital status. Out of the 85 married respondents, 78.8% prefer nature vacations. In comparison, 67.6% of the 38 cohabiting respondents and 59.9% of the 162 single respondents favour nature visits. Roughly 14% of single respondents do not engage in nature tourism, whereas just about 6% of married and cohabiting respondents abstain from it.

The study also examined the allure of extreme sports for those with impairments, assuming that sufficient safety precautions were in place. Remarkably, a considerable amount of interest exists: a mere 16.3% of the total participants (288) expressed no interest, but 23.6% showed a strong enthusiasm, and 10.8% evaluated their interest level at 6 out of 7. Age once again influenced the results, as older participants showed a lower level of curiosity. Out of the 39 respondents who were over 66 years old, 38.5% expressed no interest in extreme sports. In contrast, among the 23 respondents in the youngest age group (18–25 years), only 8.7% fully rejected the notion. The age group of 26–35, consisting of 46 respondents, shown the greatest level of interest, with close to 50% rating 6 or 7. This was followed by the age group of 50–65, which had 81 respondents, and the age group of 36–50, which had 92 respondents, with 37% and 35.9% respectively (Figure 5).

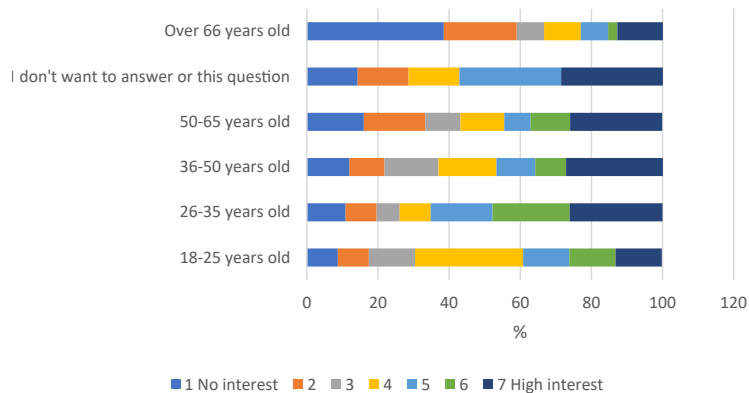


Figure 5. Level of interest in extreme sports by age group. Source: Own editing

Ultimately, a significant proportion of respondents (23.6%) expressed a strong agreement that those with disabilities would find extreme sports appealing, provided that sufficient safety precautions were implemented. 16.3% of respondents strongly disagreed with this perspective, while the rest of the respondents were distributed over the scale. 22.7% of persons with disabilities strongly agreed that tourism is a significant component of their lives, while 13.9% marginally agreed. 21.9% of respondents strongly agreed with the statement that “tourism makes a major contribution to well-being,” while 16.3% mainly agreed.

Accessible routes were anticipated to enhance the appeal of hiking and nature-based vacations, in contrast to extreme sports, as over 50% of the respondents (293) agreed that the accessibility of trails would encourage a greater number of individuals with disabilities to engage in hiking. Out of the 88 married respondents, more than 60% shared this perspective, but fewer than 50% of the 161 single respondents and slightly over 50% of the 32 cohabiting respondents had the same attitude.

The survey also examined the impact of tourism on improving the overall quality of life and subjective well-being of the respondents. Participants provided ratings for different assertions using a scale ranging from 1 (indicating strong disagreement) to 7 (indicating strong agreement). Regarding the statement “Travel experiences make you happier,” 43.9% of respondents strongly agreed, 16.6% somewhat agreed, and 9.8% barely agreed. In contrast, 6.1% expressed significant disagreement, while 6.4% expressed some disagreement (Figure 6).

Concerning the possibility of hiking paths, 39.8% of respondents expressed a strong agreement that a larger number of individuals would engage in hiking if dependable information on routes accessible to wheelchairs was available. Additionally, 16% somewhat agreed, and 10.5% barely agreed. Regarding the statement “If there were hiking trails in park forests near cities, more PwD would hike them,” 37.5% of respondents strongly agreed, 16% somewhat agreed, and 9.6% barely agreed.

The influence of tourism on relationships was similarly substantial, as 34.9% strongly concurred that tourism enhances relationships, while 14.2% somewhat concurred. Around 10–11% of participants expressed a moderate level of agreement or disagreement, while 8.8% strongly disagreed.

Statistical analysis results

To further explore the patterns observed in the descriptive statistics and assess the strength of the relationships among variables, additional statistical analyses were conducted. The

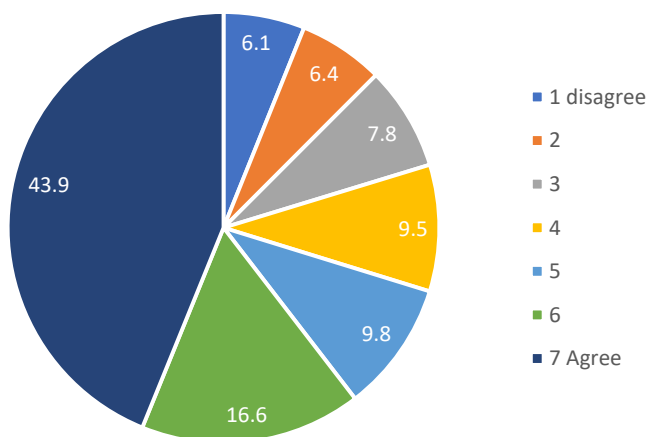


Figure 6. The impact of tourism on improving the overall quality of life and subjective well-being of the respondents (rating the statement “Travel experiences make you happier”). Source: Own editing

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following section presents inferential tests and dimensional reductions to identify underlying trends.

To investigate the association between age groups and recreational travel participation, a Chi-square test was conducted. While descriptive patterns indicated potential age-related differences in travel behaviour, the statistical test yielded $\chi^2(12) = 13.51, p = 0.196$. This result indicates no statistically significant association between age and recreational travel frequency.

Despite the lack of statistical significance, notable descriptive trends were observed—particularly a tendency among older adults to travel more for health-related reasons. These trends, while not conclusive in statistical terms, suggest directions for future inquiry.

A reliability analysis was also performed on 12 Likert-type items related to various travel motivations. These items employed a 4-point scale (1 = never; 4 = very often), reflecting the frequency of motivation types such as wellness, culture, or business-related travel. The resulting Cronbach's Alpha was 0.698, which, while slightly below the commonly accepted threshold of 0.70, is considered acceptable for exploratory purposes in social science research.

Given the borderline acceptable alpha, an EFA was conducted using PCA with Varimax rotation. This procedure yielded four distinct motivational dimensions, based on eigenvalues greater than 1:

- (1) *Factor 1: Leisure and Social Engagement* – High loadings on cultural tourism, nature trips, city sightseeing, and visiting relatives.
- (2) *Factor 2: Obligatory/Formal Travel* – High loadings from religious and business travel motivations.
- (3) *Factor 3: Health and Experience Orientation* – Strong contributions from medical, wellness, and gastronomic motivations.
- (4) *Factor 4: Recreational Apathy* – Negative or low loadings associated with active sports and shopping-related travel.

These findings provide a deeper understanding of the latent structure underlying the travel motivations of PwD. The resulting factor loadings and component structure reveal the nuanced ways that PwD engage with tourism, and these insights may be particularly useful for developing targeted policies or services.

Discussion

Theoretical implications and contribution to literature

The empirical findings of this study align with and contribute to the literature reviewed in earlier sections. Notably, the high prevalence of motivations related to nature and sightseeing among respondents supports the claim made by [Buhalis and Darcy \(2011\)](#) and [Vlachos et al. \(2018\)](#) that PwD often pursue similar travel goals to the general population, reflecting the core premise of the social model of disability. Furthermore, the preference for inclusive, mainstream tourism experiences over programs designed specifically for PwD confirms the growing shift away from the medical model – as discussed by [Burnett and Baker \(2001\)](#) – towards a broader understanding of disability as a socially constructed barrier. These patterns echo the findings of [McKercher et al. \(2003\)](#), who emphasized that barriers to travel are often structural rather than personal. By exploring health and active tourism motivations within the PwD community, this research adds depth to previous work, particularly by highlighting age-related differences in travel goals, an aspect underrepresented in existing literature. Overall, the results offer empirical reinforcement of the literature's conceptual frameworks, while also revealing novel demographic nuances relevant for future inclusive tourism planning.

The study extends current knowledge in accessible tourism by empirically identifying how age influences travel motivations among PwD in the context of health and active tourism.

While earlier studies focused primarily on physical accessibility or general motivations, few have explored the nuanced distinction between health-oriented and activity-oriented tourism preferences across age groups. This research therefore introduces a novel perspective, suggesting the need for age-specific service design and communication strategies in inclusive tourism development.

Practical implications for the tourism industry

The findings of this study offer several practical implications for industry stakeholders aiming to enhance accessibility and inclusivity in health and active tourism for PwD in Hungary. First, tourism product development should be differentiated by age, as younger PwD show interest in nature-based and adventure tourism, while older PwD are more inclined towards health and wellness-focused travel. Second, tourism service providers should prioritize transparent, reliable information about accessibility, as a significant proportion of respondents reported difficulties accessing accurate data. Third, industry actors are encouraged to implement universal design principles across the service spectrum—not only in physical infrastructure but also in online booking platforms and communication. Fourth, involving PwD in the co-design and testing of tourism services can significantly improve the quality and usability of offerings. Finally, investing in accessibility-focused staff training can elevate service quality and customer satisfaction, helping to reduce invisible barriers and stigma in tourism environments.

Beyond economic opportunities, this study reinforces the ethical imperative of inclusive tourism as a driver of equity and human dignity. Ensuring that individuals with disabilities can participate in meaningful travel experiences is not only a service innovation, but also a marker of a just and compassionate society.

Conclusions

Key theoretical and practical results

This study examines the travel behaviours of individuals with disabilities (PwD) in active and health tourism from a Hungarian perspective, providing valuable theoretical and practical findings. The study demonstrates that individuals with disabilities in Hungary routinely participate in domestic travel, with a substantial majority undertaking at least three domestic trips each year. Nevertheless, the frequency of overseas travel has significantly decreased owing to several obstacles such as length of travel, being afraid to travel to faraway places or financial issues.

The primary travel motivations among PwD were nature tours and sightseeing, with visiting family and cultural vacations being secondary. Health and wellness tourism, albeit significant, was placed lower, suggesting potential opportunities for expansion in these industries. Active sports and extreme sports ranked low in terms of motivating reasons for travel, while there is a discernible interest in extreme sports when sufficient safety precautions are in place.

The research emphasizes notable demographic disparities in travel intentions and behaviours. Elderly adults with disabilities are primarily driven by travel that is focused on health and well-being, while younger PwD have a stronger inclination towards engaging in extreme activities and nature-oriented trips. The travel choices of individuals are influenced by their marital status and region of residence, specifically, respondents who live in rural areas and are married have a greater inclination towards nature visits.

The results provide robust evidence that tourism has a substantial positive impact on the quality of life and subjective happiness of PwD. This is consistent with the wider body of research indicating that inclusive tourism services have the potential to provide equitable opportunities and enhance the overall well-being of those with disabilities.

Limitations of the research

While the research has offered valuable insights, it is crucial to recognize that there are certain limitations that must be taken into account. The study's findings may lack broad applicability owing to the relatively small sample size of 320 participants. Expanding the sample size and variety would provide more comprehensive and representative results.

The study's scope is confined to Hungary, which may hinder the capacity to apply the results to other areas with different socio-economic and cultural contexts. Utilizing self-reported data obtained via surveys may result in response biases. Future research might be improved by using qualitative approaches, such as conducting interviews or arranging focus groups, to get deeper insights.

The study mostly includes PwD with locomotory disability, which may not fully include the experiences of those with other types of disabilities, such as intellectual, visual, or hearing impairments.

Proposed further research directions

In order to expand upon the discoveries of this study, numerous directions for further research are suggested. By extending the study to include several nations with diverse socio-economic contexts, a broader international perspective on the travel behaviours and preferences of PwD might be obtained. An examination of the efficacy and influence of diverse inclusive tourism services and amenities on the travel experiences of PwD might provide practical knowledge for policymakers and industry stakeholders. Performing longitudinal research to monitor alterations in travel behaviours and preferences over a period of time might aid in comprehending the developing requirements of individuals with disabilities in the tourism industry.

Examining the impact of new technologies, such as VR tours and mobile apps, on improving travel accessibility for PwD may provide novel prospects for innovation in the tourism industry. Subsequent investigations should strive to include a broader spectrum of impairments in order to provide a more all-encompassing depiction of the travel motives and behaviours across various disability cohorts.

Our study offers a thorough understanding of the travel patterns and motives of individuals with restricted mobility in a country-specific (Hungary) context. It specifically emphasizes how age, location, and marital status might impact their travel choices. The results highlight the economic and social significance of accessible tourism and the capacity of inclusive travel. Ultimately, this study emphasizes the significance of making tourism easily accessible for PwD in order to improve their overall quality of life. It also emphasizes the still ongoing need to eliminate obstacles and foster inclusion within the tourist sector.

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Further reading

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Supplementary material

The supplementary material for this article can be found online

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János Csapó finished his university studies in 2000 in the Janus Pannonius University, Pécs (Teacher of Geography and English). In 2001, he received a tourism manager qualification at the same university. He finished his Ph.D. in 2006 and habilitated in 2014. Between 2000 and 2003, he was a Ph.D. student, from 2004–2006; he served as Assistant Lecturer; from 2006–2016, he served as Assistant Professor, and from 2016, he is Associate Professor. From 2021, he is Full Professor in the Institute of Marketing and Tourism at the Faculty of Business and Economics, and he is the responsible leader of the tourism trainings at the faculty and the leader of the tourism research group. He is a member of several scientific committees and editorial member of journals related to geography, tourism and marketing. His major fields of research include investigations on the relationship between tourism and regional development, tourism centre and periphery relations, the reasons for the spatial concentration and de-concentration of tourism, regional tourism geography, tourism product development, cross border tourism development, tourism niche products and tourism trends. János Csapó is the corresponding author and can be contacted at: csapo.janos@ktk.pte.hu

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