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An explorative analysis of the travel habits of people with disabilities and the state of accessible tourism in Hungary. A research summary

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UNIVERSITY OF PÉCS  
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## **An explorative analysis of the travel habits of people with disabilities and the state of accessible tourism in Hungary. A research summary**

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## 1. Introduction

The number of people living permanently or temporarily with a disability, whether born with it or acquired disability since birth, is measurable in hundreds of millions of people in the world's total population, and this group with special needs and special circumstances is growing in both numbers and proportions in almost every country. In order to for them live a full life like their non-disabled peers, in addition to ensuring the usability of spaces and buildings used in everyday life, they also need, among other things, to be able to travel, to participate in the “beatific journey”, in tourism. This is not only an ethical obligation for the tourism industry, but also a well-understood financial interest, because people with disabilities (and in many cases their accompanying persons) represent a significant, and far from fully exploited, market potential for tourism (Vila et al 2015). In order to improve the situation, in addition to complying with the provisions of international conventions and Hungarian legislation on accessibility, it is necessary to sensitise society and change the attitudes of the general public towards people with disabilities, as well as to sensitise and train those working in the travel sector and, of course, to make tourist facilities and services (travel equipment, accommodation, catering facilities, attractions) accessible to all, not only in a physical sense (Freund et al. 2022). It is also clear from the results of the research presented below that the willingness and frequency of travel among the target group is higher than the those of national average. Their motivations and interests are similar to those of the vast majority in terms of seeking similar tourist attractions and services. It was also confirmed that if physical accessibility were to improve significantly in certain areas (public transport, access to extreme sports, accessible tourist routes), demand would increase by leaps and bounds.

The scope of people with disabilities cannot be clearly delimited. According to the World Health Organisation (WHO), more than 15% of the world's population has a disability (WHO 2011), i.e. one in six people are affected. Census data in Hungary also reveal a discrepancy. In the 2011 Census, 490,578 people in the total population identified themselves as disabled, while the 2016 micro-census put the number of people with disabilities at 408,021. Nearly half of the people who identify themselves as disabled are under 60 years old, which is approximately 200,000 people. If we take the WHO figure mentioned above and compare it with the national census data, we can see a huge difference between the figures of 5 and 15%. Obviously, this is not due to the above-average health status of the Hungarian population, but to the way the survey is conducted. Indeed, it can be assumed that a wide range of people with health impairments associated with old age (e.g. those with visual and/or hearing impairments or mobility impairments) did not consider themselves as disabled. A methodological change in this area was brought about by the 2022 Census, which no longer only asked about people with definite disabilities, but also about people with obstacles in their lives.

According to the Hungarian Central Statistical Office (HCSO) website, a total of around 9.2 million personal questionnaires were received during the census data collection by HCSO in autumn 2022. The optional questions on health status were completed by 75 percent of respondents (6.9 million people). 72 percent of respondents, i.e., 5 million people, did not report any health problems. 1.7 million reported a persistent illness (24.6% of respondents), 639,000 said that their health condition severely limited them (9.3% of respondents) and 270,000 reported living with a disability (3.9% of respondents).

Although the number of respondents to each question, which was asked for similar purposes, varied (it was not compulsory to answer all questions), and this may have caused discrepancies in the exact final figures, and the data may have been distorted by the structure of the questions and answers, the number and number of categories of response options, and the self-report methodology, the data may provide a good basis for drawing some correlations and conclusions (Table 1).

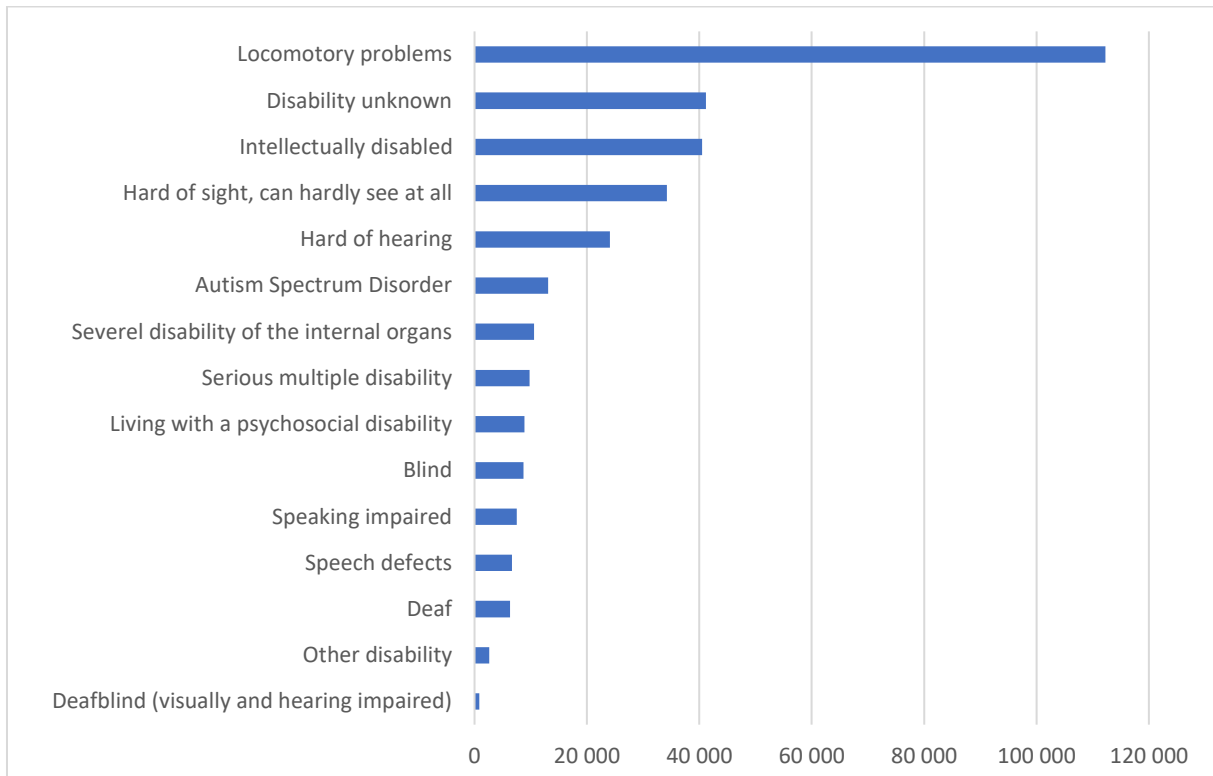
**Table 1: Health status of the population aged 5 and over by disability in Hungary, 2022**

Types of disability	
Persons who live with a disability	270,003
Including:	
Disabled	112,273
Unknown disability	41,180
People with intellectual disabilities	40,517
Visually impaired	34,247
Hard of hearing	24,069
Autism spectrum disorder	13,112
With a severe intestinal disability	10,581
With severe multiple disabilities	9,815
With psychosocial disabilities	8,868
Blind	8,738
Living with a speech disorder	7,533
Speaking with a speech impediment	6,663
Deaf	6,303
Other disability	2,601
Deafblind (visually and hearing impaired)	852
No disability	6,158,182

Source: own editing, based on <https://nepszamlalas2022.ksh.hu/>

The discrepancy (270,003 people declared themselves as disabled, but the sum of the different types of disability is 327,352) is due to the fact that some people have more than one disability. Figure 1 shows that the number and proportion of people with reduced mobility is by far the largest, followed (in terms of known disability types) by people with intellectual disabilities and people who are visually impaired or blind. People with a hearing problem (hard of hearing or deaf) are the next most numerous group, and in addition to the types of problems mentioned above, people with autism spectrum disorder, intestinal disabilities, speech impairments or disorders are also counted in the census.

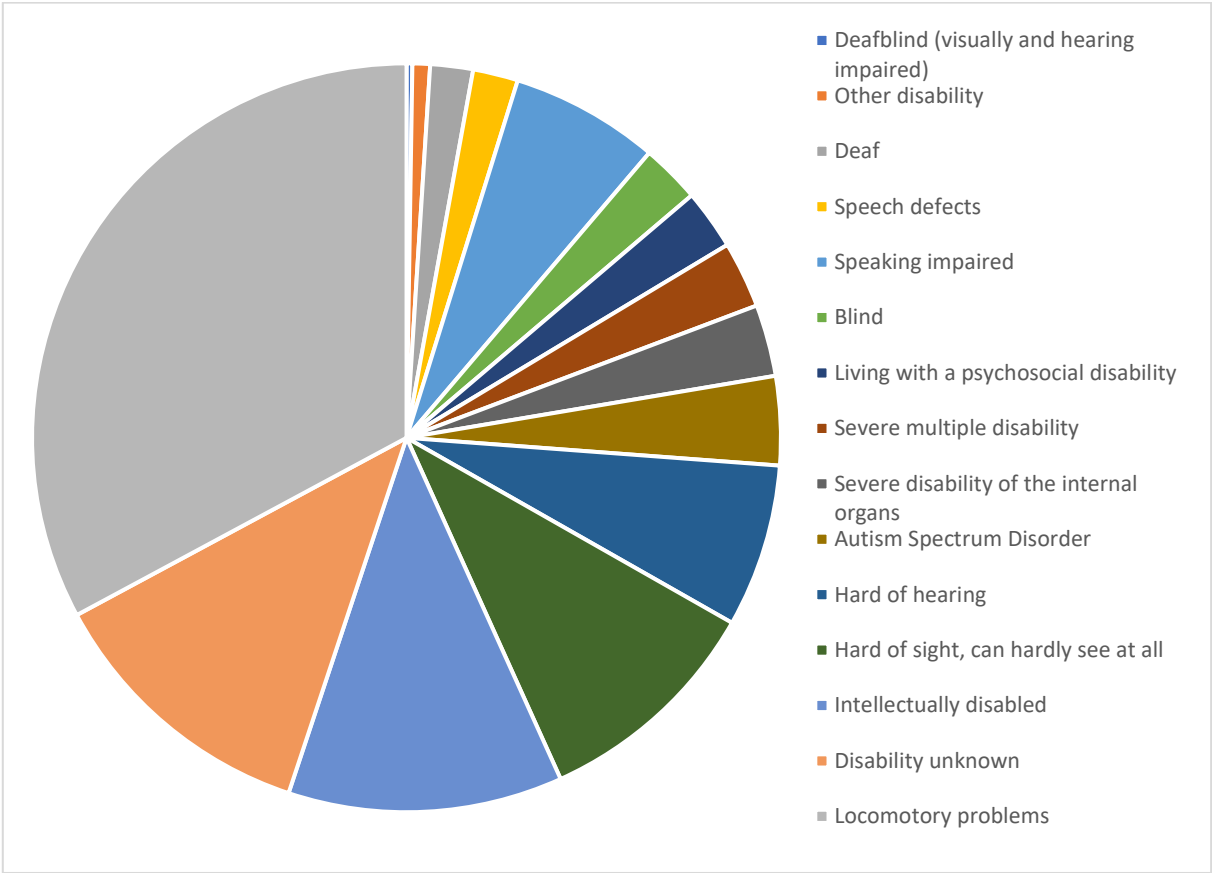
**Figure 1: Number of people with each type of disability in Hungary, 2022**



Source: own editing, based on <https://nepszamlalas2022.ksh.hu/>

Figure 2 shows the proportion of respondents with each type of disability within the total of respondents with a disability.

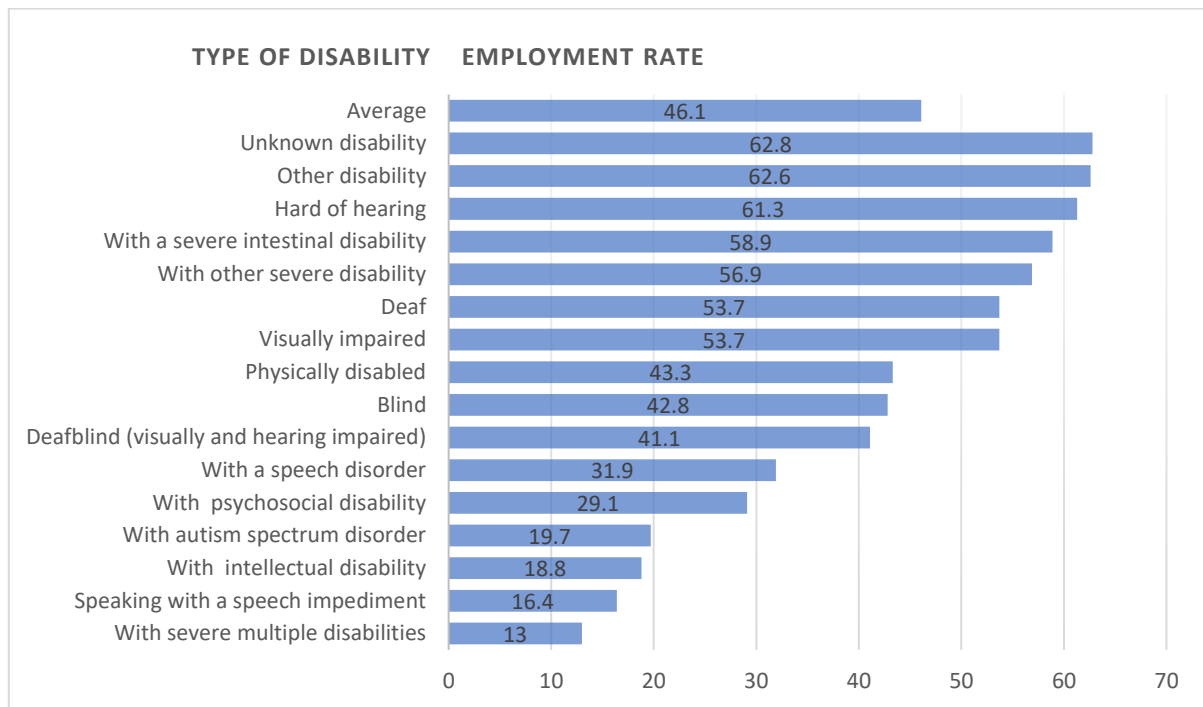
**Figure 2: Share of people with each type of disability in the total disabled population in Hungary, 2022**



Source: own editing, based on <https://nepszamlalas2022.ksh.hu/>

Although we cannot simply equate the ability to participate in the labour market with the ability to participate in tourism (especially as the labour market is, unfortunately, still subject to prejudice against people with disabilities, which makes them less likely to participate in the labour market than in the tourism market), it is worth looking at the types of disability that, if present, mean significantly worse employment chances for people with disabilities. It is likely that the relative ranking is similar for participation in tourism.

**Figure 3: Correlations between disability type and employment rate based on the 2022 census data of the HCSO**



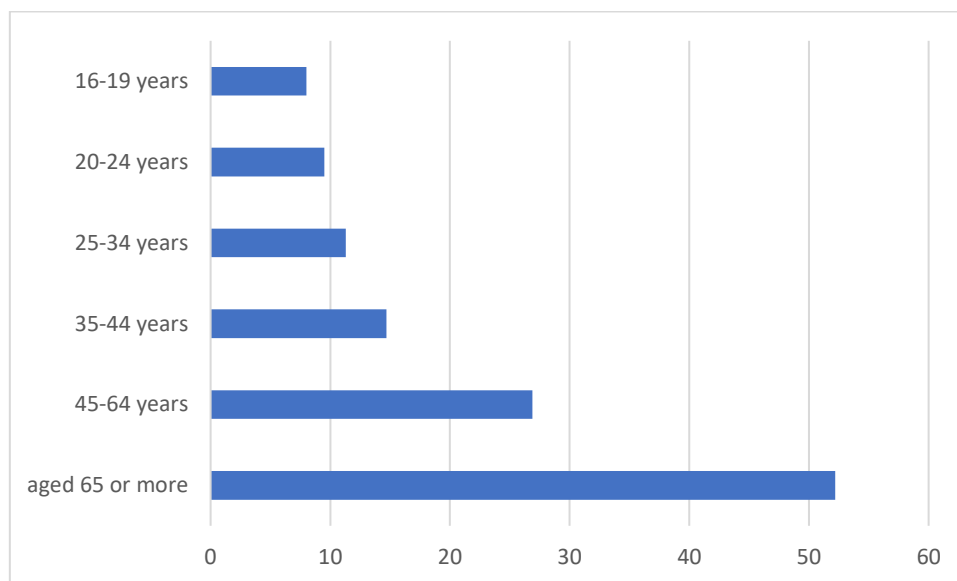
The number of persons aged 15-64 years who met the above criteria (self-reporting a disability or severely limited, and indicating the type of disability) was 363,798, of whom 167,728 (46.1%) were in employment.

Source: own editing, based on <https://nepszamlalas2022.ksh.hu/>

According to EU technical papers, the number of people affected is even larger: in 2022, 27% of the total EU population aged 16 and over had a disability. Eurostat estimates that this means a total of 101 million people, i.e., a quarter of the EU's adult population. The highest proportions are in Latvia (38.5%), Denmark (36.1%) and Portugal (34%), and the lowest in Bulgaria (14.6%), Malta (15.1%) and Cyprus (19.2%). Hungary is in a better position than average, with 23.0% of the population living with a disability, according to Eurostat, with only Slovenia, Sweden, Ireland, Greece and Italy having lower rates than the three best-performing countries (<http://www.consilium.europa.eu/>).

Unsurprisingly, the proportion is higher among older people: compared to 8% of 16–19-year-old citizens, more than half (52.2%) of people aged 65 and over have a disability (Figure 4).

**Figure 4: Number of people with disabilities by age group in the EU population aged 16+, %, 2022**



Source: <https://www.consilium.europa.eu/>

As can be seen from the above, creating conditions for equal access on the supply side of tourism is not only important from an equity and fairness perspective, but can also bring economic and competitiveness benefits. Although the target group represents a significant market segment, there is little research on their travel habits and the factors that hinder travel. A research programme launched in 2019 at the Department of Marketing and Tourism of the Faculty of Business and Economics, University of Pécs aimed to change this situation, one of the results of which was the launch of an international survey covering 4 countries in 2023. This paper presents the results of a questionnaire survey conducted in the autumn of 2023. The full distribution of responses for each question is presented, as well as the most important statistically verifiable correlations. More in-depth analyses and the exploration of hidden correlations will be carried out in further research, taking into account international results. The professional interest in accessible tourism is considerable nowadays. The international higher education project ACCESSIBELE Erasmus+, implemented between 2023 and 2025, will provide a further impetus for the scrutiny of the issue. In the framework of the project, research and analysis of the situation will be implemented in 4 countries (Hungary, Croatia, Poland and Romania). The results of these studies are expected to further contribute to the literature on accessible tourism, answering questions such as the size of the potential tourism segment of disabled people in these countries and the motivations for the demand and supply side of the area under study. Taking into account the situation analysis, the project will also produce a university textbook, available in 5 languages (English plus the national languages of the countries participating in the project), which will be used by tourism undergraduates in their studies in several European countries.



## 2. Summary of the literature in the field

The very definition of the target group for accessible tourism is already problematic. In many cases, the public does not even consider as target group members those who, due to their life situation, are concerned for a shorter or longer period of time: for example, pregnant women, people with temporary disabilities recovering from surgery, or the elderly. The proportion of the latter, however, in the overall population is steadily increasing, and for them many forms of accessibility are an essential need. More broadly and somewhat philosophically, accessibility is a constant aspiration of human existence, which constantly strives for comfort (Farkas–Petykó 2020). Many of us therefore live among us with some kind of permanent or temporary disability that can be an obstacle in their lives and a barrier to their journeys. In fact, accessible tourism is actually a continuous effort to ensure that all destinations, tourism products and services are accessible to all people, regardless of their physical limitations, disability or age, and whether they are private or public tourist sites (Farkas–Raffay 2021). At the level of declarations, accessibility is no longer an issue, but the reality is different.

Defining disability is not an easy task, as it takes many forms. There are both narrow and broad interpretations of who is affected by accessible tourism (Angler 2021). The broader interpretation is that “it includes not only people with mobility impairments, visual and hearing impairments, intellectual disabilities, but also people with other conditions that have a long-term impact on their quality of life, such as allergy (Zsarnóczy 2018:39). The Convention on the Rights of Persons with Disabilities, adopted by the United Nations in 2006 and also promulgated in Hungary, obliges the States Parties to ensure access for persons with disabilities to sport, recreation and tourism facilities and services (Act XCII of 2007).

Today, the problem is particularly acute in the context of ageing societies. Special needs are common in older age, but there are also many other possible life situations that may give rise to special needs: e.g., people undergoing rehabilitation after an accident, families with young children (Darcy – Dickson 2009). The United Nations’ organisation specialised on tourism, UN Tourism (known as UNTWO, i.e. the United Nations World Tourism Organisation until January 2024), is committed to promoting accessible tourism. In this spirit, it dedicated World Tourism Day 2016 to this theme. The organisation has issued a number of recommendations and a handbook on the issue (UNWTO 2016).

Accessibility has been a major effort throughout human history, but only became a widely recognised social issue in the second half of the 20th century. It is now widely accepted that everyone, despite a disability, should be able to enjoy the pleasures of travel as much as anyone else, “since the enjoyment of the completeness of life is a right for all” (Végh 2005:31). The European Parliament’s resolution of 29 October 2015 on the European Union’s priorities for the future and the 2015–2015 European Agenda for European Tourism stresses: the importance of developing sustainable, responsible and accessible tourism; the principle of “tourism for all”; and that full accessibility and affordability of tourism are key to the sustainability of the sector. It recommends that Member States develop a Europe-wide, uniform and transparent labelling scheme for accessible supply and make accessibility a criterion for support in the context of economic support programmes for the tourism sector.

At the regulatory level, Hungary is not lagging behind other EU countries. According to Act XXVI of 1998, persons with disabilities have the right to an accessible, perceptible and safe built environment. They must be able to visit cultural, educational and sports facilities and to use transport systems and means of transport safely. The new National Disability Programme

(2015–2025) adopted in 2015 noted that service providers had not yet recognised the opportunities in tourism by people with disabilities. As tourism has become a social phenomenon, it has also become an important factor in shaping the quality of life (Gonda et al. 2019). Fortunately, it is nowadays accepted that facilitating travel for people with disabilities and providing the necessary physical conditions is not only a human, ethical, moral and legal obligation, but also an important economic issue (Raffay-Danyi–Ernszt 2021). Currently, this represents an untapped niche in the tourism market, although there have been several positive examples of this in the recent past (Buhalis et al. 2012). However, this untapped market segment should not be seen as a homogeneous group, as they have different specific needs for services depending on the type and extent of their disability (Máté 2021). There are barriers that can affect all travellers and barriers that are insurmountable problems for only certain narrow segments (Shaw – Coles 2004). The existence of different disabilities leads to different and specific needs, which can be addressed with specific ideas and solutions. The needs of blind and hard of hearing (deaf) people and creative solutions for accessibility designed to meet their needs are presented by Zajadacz (Zajadacz 2015, Zajadacz – Lubarska 2020).

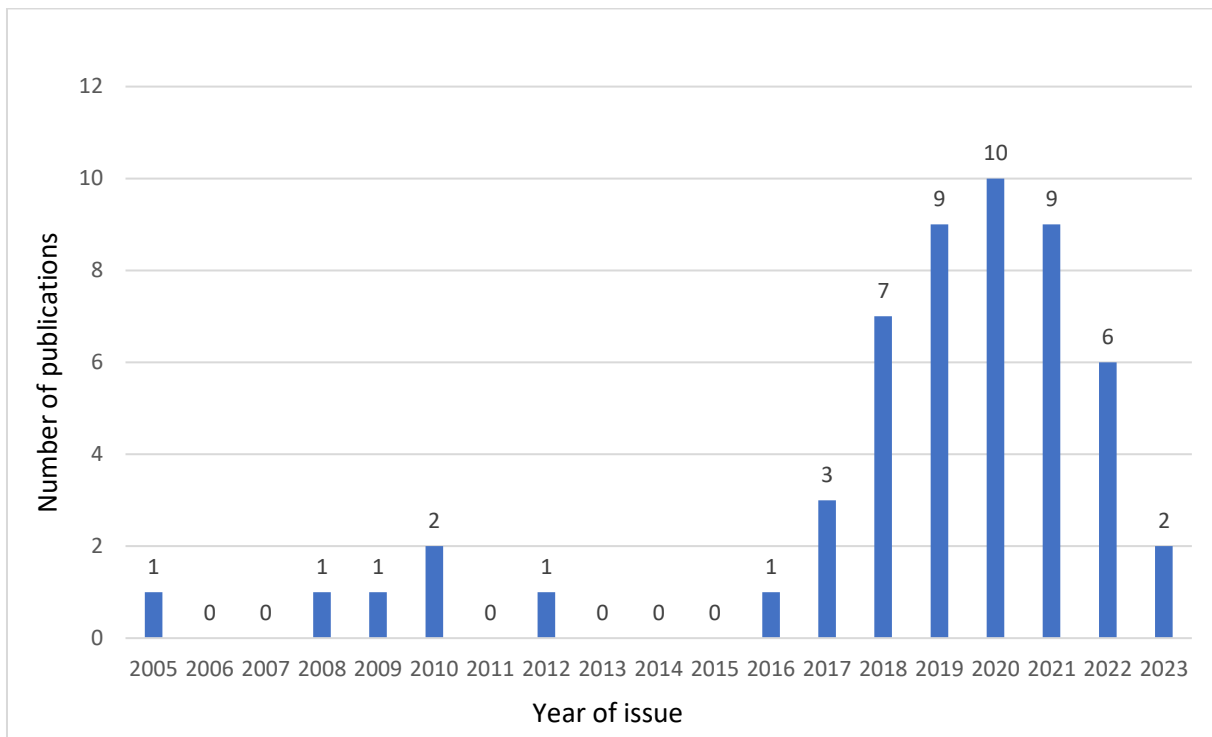
Different tourist destinations are at different levels in implementing accessibility. Some destinations are developing special offers for people with disabilities, others are presenting accessibility as a distinctive feature – recognising the market opportunity it represents (Lőrincz et al. 2019). The implementation of accessible tourism is not the same as physical accessibility, the experience provided by an accessible destination is much more than that: it is the implementation of the principles of independence, equality and human dignity also during the tourism experience. Experiencing the spirit of a place and the discovery of a geographical space are as important for people with disabilities as they are for anyone else. Around half of people with reduced mobility have a disability that prevents them from taking part in a tourism programme, whereas this share is 75% in the case of visually impaired people (Motiváció Foundation and Revita Research Centre 2009). Providing a high level of service to disabled visitors requires empathy and attention from those involved in the tourism industry.

### 3. Preliminaries of research on accessible tourism in Hungary

#### 3.1 Early stage of research on accessible tourism in Hungary (1990–2010)

From the last decade of the 20th century we cannot find any study dealing specifically with accessible tourism, and it was only at the end of the first two decades of this century that Hungarian researchers started to deal with this issue more intensively. In 2004, a short study entitled “Tourism opportunities for people with disabilities in Hungary” was published in the pages of the *Tourism Bulletin* (Végh, 2005, p. 26), in which the author made statements that are still valid today, ranging from the (unfortunately still) unfavourable situation of people with disabilities in Hungary to the fact that their travel needs are basically no different from those of their “healthy” counterparts. He analysed the needs and problems of those involved in “paraturism” in the areas of transport, accommodation, spas and animators. Also published in the *Tourism Bulletin* is a study by K. Gálné Kucsák on the situation and opportunities for visually impaired people in tourism in Hungary (Gálné Kucsák, 2008, p. 55), in which she explains that while more and more places are becoming accessible for the disabled, when thinking about accessibility we tend to forget the visually impaired, perhaps because they are a less “conspicuous” target group, whose vulnerability is a major deterrent to both everyday and leisure travel. The author underlines the positive (beatific) impact of tourism in improving the quality of life of those concerned. For the visually impaired, the study reveals for the first time the problem of accessible tourism in Hungary and points out the directions for essential improvements. The study examines the accessibility of tourism products in terms of accessible transport and tourist superstructure, and analyses the opportunities offered by active, cultural and health tourism for visually impaired visitors. The study concludes that the main reason why visually impaired people are not offered accessible tourism is the lack of information. A year later, in 2009, Csesznák and co-authors in their paper entitled “Ensuring a more complete access for people with disabilities”, published by the Centre for Museum Education and Training of the Szentendre Ethnographic Museum, discuss the problems of accessibility in a specific area, namely museums (Csesznák et al., 2009). The study describes professional cooperation between institutions for people with disabilities and museums in order to create equal opportunities.

**Figure 5: Annual distribution of the number of publications on accessible tourism in Hungary**



Source: own editing

### 3.2. Research on accessible tourism today (2010-2023)

Since the 2010s, and in particular since 2016, the number of articles on this topic has been increasing (Figure 2). Among them we find a book (tangentially) dealing with the issue: *Beatific travel – aspects of the relationship of tourism and quality of life in Hungary* (Michalkó, 2010); a book (book chapter) written as a research summary: *Accessible Tourism in some European countries – findings and results of an empirical survey, Peer-AcT Project* (Raffay – Gonda, 2020); *The primacy of accessibility in tourism product development* (Farkas, 2019); doctoral theses: *Performance sport for people with disabilities and its impact on different sport arenas* (Dorogi, 2012), *Special needs in tourism – the place, role and potential of people with disabilities in the tourism sector* (Gondos, 2020), *The potential for fulfilment in existential disability – Insights into the meaning of the concept* (Farkas, 2020); thesis: *The central importance of access to information in barrier-free tourism* (Mező, 2019); papers published in Hungarian scientific journals: *Paratourism and conflict management in the hotel industry* (Kovács – Kozák, 2016), *The potential of equal opportunities for people with disabilities in tourism* (Gondos 2019), *Innovative good practices in barrier-free tourism* (Raffay – Gonda, 2020), *Accessibility and parasport tourism opportunities in the European Union* (Zsarnóczy, 2018a). A study on a legal approach by the authors Farkas and Nagy, entitled *One possible way to achieve fuller accessibility through the use of trusts*, has been published in the journal *Legal Theory Review* (Farkas – Nagy, 2020). The articles of Hungarian authors published in international journals improve the international visibility of Hungarian research on the topic, such as *The Future Challenge of Accessible Tourism in the European Union in the Vadyba Journal of Management in Lithuania* (Zsarnóczy, 2018b), *The impact of tourism on the quality of life* published in the Croatian periodical *Interdisciplinary Management Research / Interdisziplinäre Managementforschung*, *Travelling Habits of People with Disabilities* (Gonda

– Nagy – Raffay, 2019), *Travelling Habits of People with Disabilities* published in the *Romanian Geojournal of Tourism and Geosites* (Gonda 2021), *The Phenomenon of European Accessibility as a Special Niche in Active Tourism*, published in another Romanian periodical named *Journal of Tourism Challenges and Trends* (Zsarnóczky – Zsarnóczky-Dulházi, 2019). In 2018, the *Polish Journal of Management Studies* published in the Romanian periodical *An empirical study on the influences of management's attitudes toward employees with disabilities in the hospitality sector* by Sharma, Zsarnóczky and Dunay.

The topic has of course also appeared in conference presentations, more and more frequently towards the end of the decade: the relationship between tourism and quality of life for people with reduced mobility (Gondos, 2017), *Accessible tourism in the European Union* (Zsarnóczky, 2017) *The evolution of accessibility, or the path(s) of travel. Tourism security: on the field of practice and theory* (Farkas, 2018), *Can't do it on our own – an analysis of travel habits of people with disabilities in the light of the results of an international survey* (Gonda – Raffay, 2020b), *Accessibility as a tourism niche opportunity in the European Union* (Zsarnóczky, 2018), *Accessible tourism as a rehabilitation “tool”* (Dulházi – Zsarnóczky, 2018).

Quite a few authors (Gonda, Gondos, Farkas, Raffay, Zsarnóczky) have published a significant part of their works on the issue of accessible tourism in the last five years.

In recent years, the study of this issue has entered the mainstream of tourism research. One of the triggers for this was the Erasmus+ project called *Peer Act*, which included a major research project (Gonda – Raffay, 2020a; 2021) that explored some good practices of accessible tourism in Hungary and internationally in five countries (Raffay – Gonda, 2020) and conducted a questionnaire survey among people with disabilities. In the course of this, 262 questionnaires were filled in and a small sample of about 30 questionnaires was also surveyed in each of the 4 foreign partner countries. The technical preparation of the questionnaire survey was carried out in Barcelona in December 2018 with the involvement of all partners. There it was decided that the Hungarian partner in charge of the research would carry out the baseline survey on a sample of 200 respondents, which would be compared with the national characteristics, for which the partners undertook to fill in 30 questionnaires each.

The questionnaire survey started in spring 2019 and due to the low response rate it took 5 months to complete instead of the originally planned 2 months. It was very difficult to reach disabled stakeholders. The questionnaire was mainly completed through an online filling-in tool, but in some cases face-to-face interviews were also carried out. In this respect, the Hungarian partner was very successful, as 89 questionnaires were completed in person at the *Orfű Accessibility Tourism Day* in early September 2019, using assistance by university students. A total of 262 completed questionnaires were received from Hungary, which is one of the largest sample numbers in the Hungarian accessible tourism research to our knowledge. To this result, the findings from the other 4 countries as control groups are compared, where the number of completions ranged from 22 to 34. The larger sample was evaluated first, with the results expressed as a percentage. Given the low number of foreign samples, in their case percentages were not calculated but the number of responses was indicated. A short research summary and a workshop paper presenting the full research results (Gonda – Raffay, 2021) were prepared.

47.8% of the Hungarians who completed the questionnaire were male, while 52.2% were female. The results have attracted considerable national and international interest. The sample size does not seem very large compared to other studies, but to our knowledge it was the largest sample size in Hungary among studies specifically targeting access for people with disabilities. The importance of the accessibility of tourism services and, in line with this, the accessibility

of tourism services is also underlined by the study. The authors pointed out that only a small proportion of the respondents, not more than 19.1%, prefer to participate in programmes designed specifically for people with disabilities. The proportion of those who prefer inclusion programmes is also small (19.8%). Almost two-thirds of respondents (61.1%), however, were of the opinion that they do not prefer to participate in programmes created specifically for people with disabilities, but would like to use the same supply as everyone else. It is interesting to note that when asked what kind of programmes they like to participate in, no Spanish respondents indicated programmes for people with disabilities. They prefer inclusion programmes or programmes not specifically designed for people with disabilities. In the other three countries, programmes for people with disabilities were also the least popular answer, while tourism programmes not specifically designed for them were the most popular.

In addition to the questionnaire survey, an initiative was taken in 2020 to bring together all Hungarian tourism researchers interested in the topic. For this purpose, a scientific conference was organised in September 2020 in Orfű, which was attended by most of the Hungarian researchers working on accessible tourism. The conference speakers were given the opportunity to publish their articles in the first 2021 issue of *Turisztikai és Vidékfejlesztési Tanulmányok*, TVT (Tourism and Rural Development Studies). At that time, it was already clear that a wide range of research had begun in the field of accessible tourism. In addition to examining more general issues such as travel frequency (Gonda – Raffay, 2021), the authors also reported on relatively narrow but also important sub-areas. In addition to the study of accessibility of cultural facilities (Angler, 2021; Máté, 2021), for example, the exploration of barrier-free possibilities in wine tourism was presented (Slezák-Bartos et al., 2021) and the issue of river cruises and barrier-free tourism was also addressed (Pókó, 2021). Of course, the study of accommodation, the most important service sector of tourism, was not left out of the scope (Horváth, 2021). The sensitivity of the journal to this topic remained even after the 2021 thematic issue of *Tourism and Rural Development Studies*. The authors Raffay-Danyi – Ernszt (2021) examined the issue from the perspective of Veszprém, the European Capital of Culture in 2023, and in 2022 the well-known authors on the topic (Farkas – Raffay, 2022) tried to approach the issue of equal access from a new angle and from new perspectives using the method of investigation of the discipline of philosophy. It can also be noted that among the Hungarian journals, only TVT has developed a strong workshop on equal access in tourism. After 2020, only one study on the topic was published in the other leading Hungarian tourism journal, *Turizmus Bulletin* (Farkas, Raffay – Dávid, 2022b).

A further result of the Peer Act research mentioned above was that Hungarian researchers were able to make international contacts. In this context, a scientific volume published in Germany was produced, in which several Hungarian authors published (Gonda – Raffay, 2020a)

The quality and depth of research results in Hungary has reached a level of international scientific interest. This is also supported by the fact that, in addition to WoS-qualified conference proceedings, several Q1 and Q2 journals have enabled the publication of research results in recent years (Farkas et al., 2023; Farkas, Raffay – Petykó, 2022). Occasional collaborations have been established to better exploit synergies in research and publishing. Among these, we should mention the collaboration among colleagues from the Faculty of Business and Economics, University of Pécs; Budapest Business School; and MATE Hungarian University of Agriculture and Life Sciences, which also resulted in prestigious international publications (Farkas et al., 2022b; Farkas et al., 2022).

#### 4. A brief presentation of the present research and the methodology

In autumn 2023, a questionnaire survey of people with disabilities was carried out. The aim of the survey, which was partly face-to-face and partly online, was to get a comprehensive picture of the current situation of accessible tourism and the tourism habits of the people concerned. Therefore, only people with disabilities were included in the survey. 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. The results were analysed in two parts. First, we present the frequencies in the responses using descriptive statistical methodology, followed by the demographic background analysis. In the background analysis, we examined whether there are statistically plausible differences in the responses of each demographic group to each question. This was done along six variables, namely gender, age group, marital status, type of municipality of residence, level of education, and limitation in daily activities. Chi-squared tests were used to test for differences in the responses of demographic groups according to the type of variables, with a 5% significance threshold. In the analysis below, we report only those results that show statistically significant differences.

**Table 2: Demographic data of respondents**

Gender		
	Persons	% (n=320)
Male	133	41.6%
Female	183	57.2%
Other	2	0.6%
I do not wish to answer	2	0.6%

Age		
	Persons	% (n=320)
18-25 years old	24	7.5%
26-35 years old	48	15.0%
36-50 years old	100	31.3%
50-65 years old	88	27.5%
Over 66 years old	52	16.3%
I do not wish to answer	8	2.5%

Family status		
	Persons	% (n=320)
Single	140	43.8%
In a cohabitation	37	11.6%
Divorced	16	5.0%
Married	95	29.7%
I do not wish to answer	13	4.1%
Widow	19	5.9%

Highest level of education		
	Persons	% (n=320)
Doctoral degree	4	1.3%
University, Master's degree	28	8.8%
University, Bachelor's degree	69	21.6%
Secondary school	119	37.2%
Vocational school	49	15.3%
Max. 8 primary school classes	46	14.4%

Employment relationship		
	Persons	% (n=320)
Active people with reduced working capacity	32	10.0%
Student	21	6.6%
Dependant	7	2.2%
Physical employee	19	5.9%
Unemployed	4	1.3%
Intellectual employee	71	22.2%
Retired	56	17.5%
Self-employed, entrepreneur	11	3.4%
Disability allowance	80	25.0%
I do not wish to answer	14	4.4%

Type of settlement		
	Persons	% (n=320)
Capital city	95	29.7%
International regional centre: up to 500,000 – 1 million people	3	0.9%
Regional centre: up to 250,000 – 500,000 inhabitants	11	3.4%
Big city: up to 100,000 – 250,000 people	33	10.3%
Medium-sized city: up to 25,000 – 100,000 inhabitants	52	16.3%
Small town: up to 10,000 – 25,000 people	56	17.5%
Small town with less than 10,000 inhabitants	19	5.9%
Small town of 50 thousand	1	0.3%
villages with more than 1,000 inhabitants	46	14.4%

Source: own editing

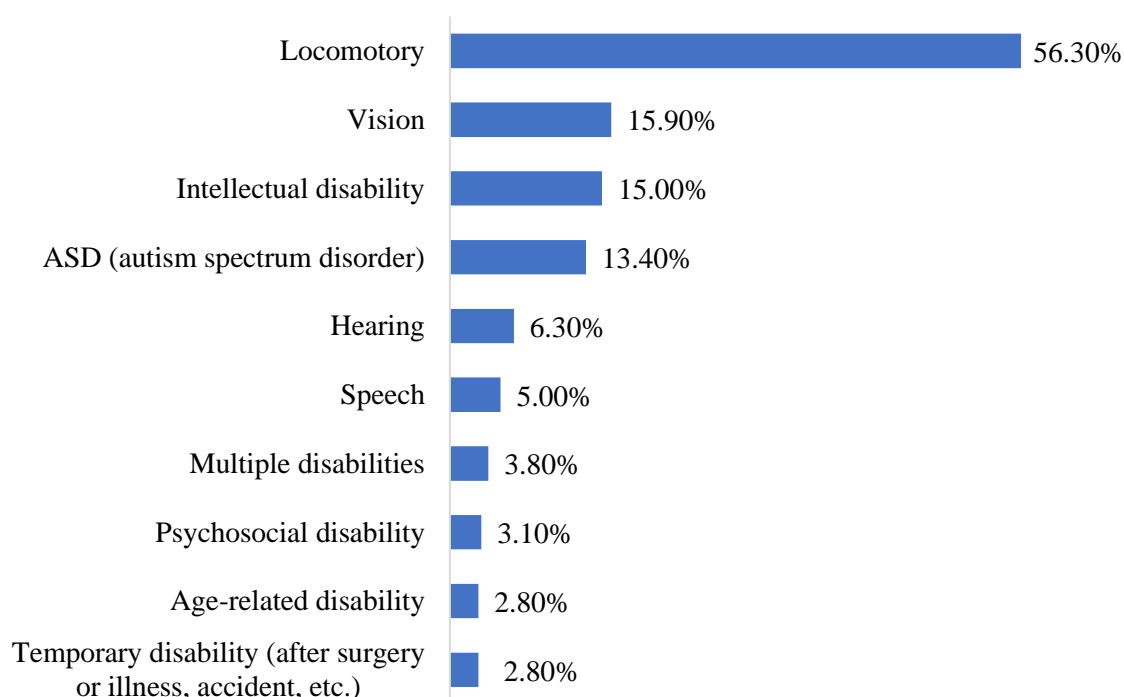
## 5. Results of the research

In our first question, respondents had to answer the question about what disability they live with. The lives of the majority of respondents is made difficult by locomotory disability, with well over half of all respondents, 56.3%, having such a problem. The second highest response was for vision, with 15.9% of respondents having a vision-related problem (partial or total loss of sight) that makes everyday life difficult. 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. When the question was asked, more than one response was possible.



**Figure 6: Types of respondents' disability**

*“What disability do you have? Multiple choice is possible!”*



Source: own editing

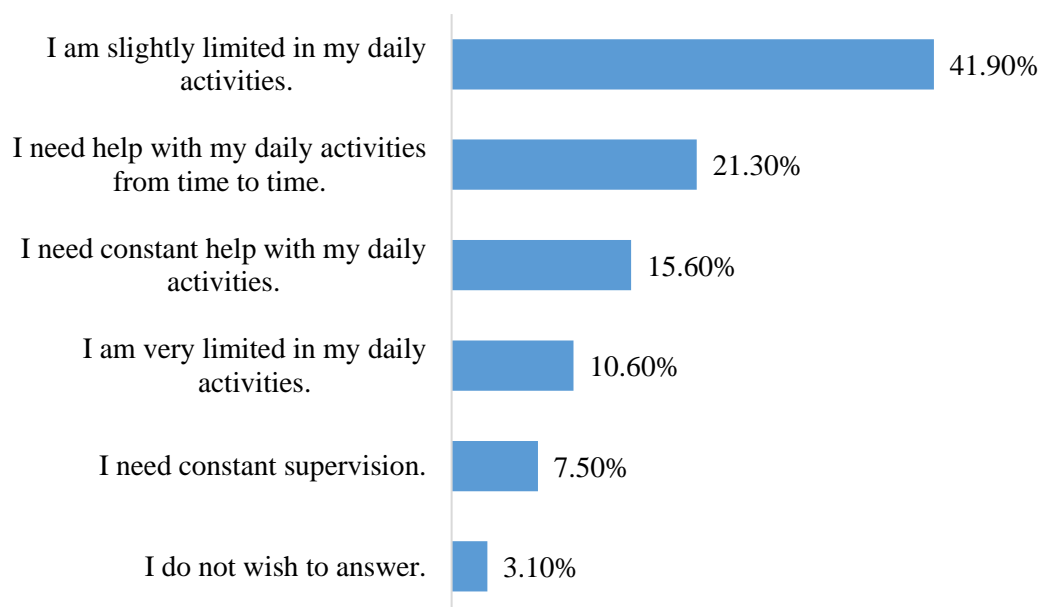
Comparing the data with those in Figure 1 (the number of people with each type of disability in Hungary based on the 2022 census data of the HCSO), we see that the order and proportion of each disability type within the total disability population among the respondents of the questionnaire survey is very similar to the proportion of each disability type within the total Hungarian population.

The relatively wide range of disability types were identified in the questionnaire survey, which underlines the importance of a complex approach to accessibility beyond traditional technical solutions, which are usually limited to the installation of a ramp and architectural interventions to facilitate wheelchair access.

People with different disabilities experience difficulties not only when travelling for tourism purposes, but also in their daily lives and activities (Figure 7). The degree of limitation ranged from a minor disability to the need for permanent supervision. Less than half of the respondents reported a slight degree of limitation (41.9%), more than half (55%) need help (21.3% need help intermittently in their daily activities, 15.6% need constant help in their daily routine, 10.6% are severely limited, while the worst situation is that of those 7.5% who cannot do without constant supervision). Only 3.1% of the respondents did not wish to answer this question.

**Figure 7: Respondents' limitations in everyday life**

*"Which statement do you agree with the most?"*



Source: own editing

The fact that far less than half of people with disabilities do not need help (which does not mean that their lives are free from problems) is thought-provoking, since supporting the majority of people with disabilities permanently or occasionally ties up other resources, the time and energy of the person providing the help (in the worst case to the extent that the assisting person has a profound impact on their own lifestyle and ability to work, and the latter may even be impossible for). In tourism, it may even be an advantage if a disabled person's travel and experience can be managed with the help of an accompanying person, only (extra demand for accommodation, catering, attractions, etc.), in everyday life, however, the aim must be to enable people with disabilities to manage their affairs as independently as possible, while preserving their human dignity as fully as possible (the legal, technical, sensitisation, attitudinal change and other solutions required are beyond the scope of this study). Ideally, the aim should be to achieve and facilitate fully independent living for as many people with disabilities as possible (along the lines of the Independent Living Movement and the Independent Living Centres, see <https://onalloelet.hu>).

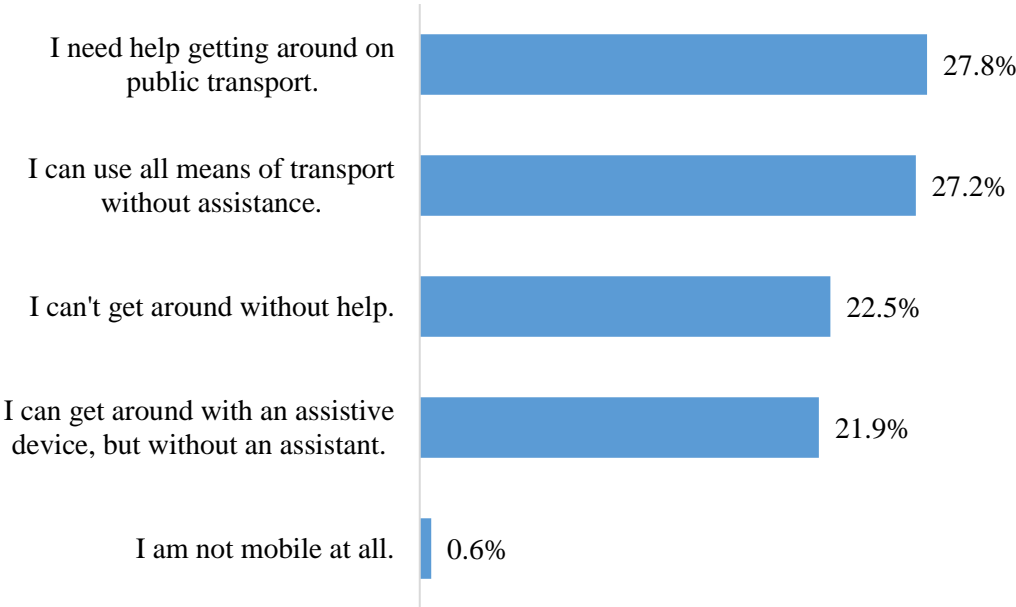
The next question brings us closer to the topic of tourism, since travel and transport are an integral part of any definition of tourism, and without transport there is no tourism. (The advance of virtual reality may even bring a change in this respect, VR may even "democratise" tourism – the use of technical devices is much less hampered by physical disabilities – but the technology is not yet at the stage where VR experiences can fully replace the experiences of physical travel, and it is not certain that everyone would be satisfied with these substitutes of experiences.)

Less than 1% of respondents are unable to move at all, the remaining 99.4% have either no problem at all in transportation (just over a quarter of respondents, 27.2%) or can get around

without the help of an assistant, with an aid (21.9%). 27.8% need help (the most common response), and 22.5% cannot even get around without the help of an assistant. Compared to the previous question, the ability to participate in daily activities, there is much less variation between the answers, with only a few percentage points difference between the most common answer given by the vast majority of people who are able to move (I need help to get around on public transport, 27.8%) and the least common answer (I can get around with and aid but without an assistant, 21.9%).

**Figure 8: Respondents’ limitations in transport**

*“To what extent do you think you are hindered in your individual mobility? Please select an option!”*



Source: own editing

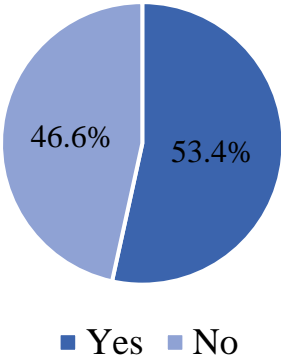
A person can be born with a disability and become one during their lives (as a result of an accident or illness, or as they get older). This is why it is so important to raise awareness for people without disabilities, the “able-bodied”: an accident can happen to anyone and can fundamentally change their lives. More than half of the respondents to the questionnaire, 53.4%, were born with a disability, while 46.6% became disabled later.

People who “acquire” their disability during their lives often find it harder to accept the new situation, the radical change and limitation of their lives. It is particularly important to be empathetic towards them and (ideally) to be helped into the “other world” by experts who are in similar shoes and therefore credible to them. When an accident or illness leaves someone disabled for life, they find themselves in a completely new situation. They need help to face and cope with their new situation. Those who have been through a similar process know from experience that it is easier to seek advice from someone who has been through a similar experience, because that person or peer knows what the experience is like and how to suggest alternatives that can make life work again. They can also advise them on practical matters and spiritual issues. They need to see how others have dealt with their own problems, which were essentially similar to his. This counselling service is called a “ferryman” service. The term

“ferryman” is very expressive in English when we want to help people to land “on the other side of the river” and not get stuck on the “this-side bank” where they feel helpless and useless ( <https://www.independentliving.org/> ).

**Figure 9: Presence of disability at birth**

*“Were you born with a disability?”*

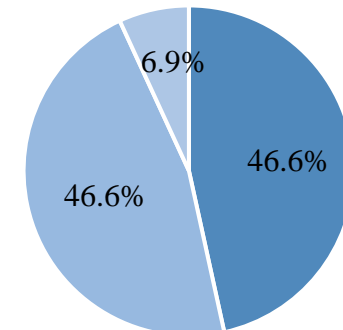


Source: own editing

The next question was asked about the extent to which respondents with disabilities are able to leave their homes on their own to go about their daily business. Those who are not able to leave their home are in an absolute minority (only 6.9% of respondents selected this option), while the proportion of those who do not need help to leave their home or who require help is the same, 46.6% for both answers.

**Figure 10: Opportunities for people with disabilities to leave their homes for daily activities (shopping, culture, etc.)**

*“In your daily life, do you usually leave your home to go about your daily business (shopping, culture, etc.)?”*



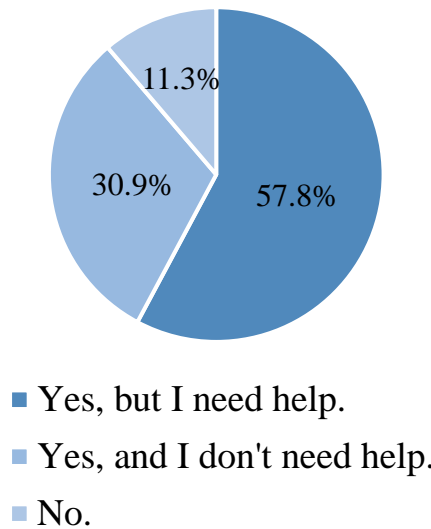
- Yes, but I need help.
- Yes, and I don't need help.
- No.

Source: own editing

In the rest of the survey, we asked specifically about the travel habits of the target group with disabilities. The most comprehensive of these questions was “Do you travel for leisure?”. As with the previous question on leaving home for non-tourism purposes, the respondents were given three options: yes, with assistance; yes, without assistance; no. The percentage of respondents who do not travel for leisure is more than one and a half times higher than the percentage of respondents who do not leave their home for daily business (11.3% vs. 6.9%). It seems that travelling for leisure is not as strong a motivation (or constraint) as for daily business. (The proportion of people who do not even like to travel is notably low in the overall non-disabled population, based on previous surveys, e.g. Csapó et al. 2018, so presumably the lack of motivation is not the primary reason for non-travel among people with disabilities, either.) Of those who leave home for leisure travel purposes (88.7% of respondents), almost two-thirds (65.2%, i.e. 57.8% of the total sample) are able to do so only with assistance and just over a third (34.8%, i.e. 30.9% of the total sample) are able to make a tourist trip on their own without external assistance. To what extent this is due to the unpreparedness of the tourism sector to accommodate people with disabilities, which makes the target group concerned genuinely able to travel only with external assistance, and to what extent to the mental barriers in the persons concerned, even resulting from previous adverse experiences, which make them feel that the problems they encounter when travelling, using accommodation, catering facilities, visiting attractions and participating in programmes are greater than real and that they are reluctant to undertake unassisted travel, is difficult to say.

**Figure 11: Proportion of travels with leisure purposes**

*“Do you travel for leisure?”*



Source: own editing

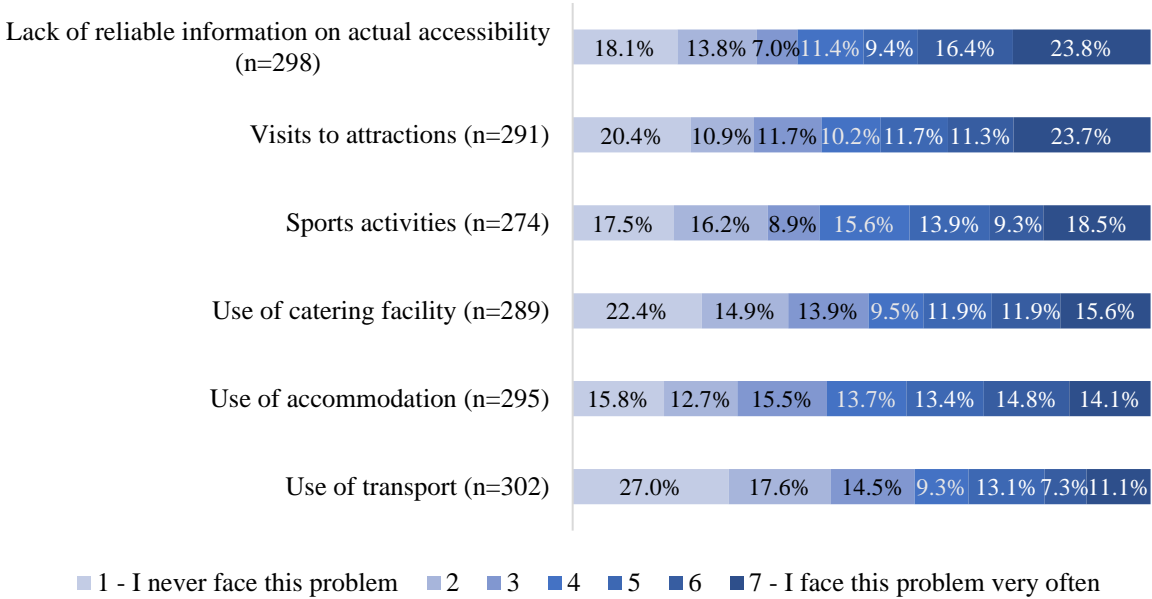
Those who are able to travel for leisure (nearly nine-tenths of all respondents) are also mostly not without problems when travelling. Accessibility of the most basic services in tourism (transport, accommodation, catering, attractions, sports activities) is far from complete, as the responses show: “I never encounter such a problem” was at best only answered by just over a quarter of respondents (27%), even in the best case (in relation to access to dining facilities); in the case of accommodation and sports activities, only positive experiences were reported by about a fifth of respondents (22.4% and 20.4% respectively), while in the other cases the proportion was much lower: 18.1% of respondents had no negative experience of obtaining reliable information on effective accessibility, 17.5% of respondents had no negative experience of using transport, and the worst was the experience of visiting attractions, where only 15.8%, i.e., less than one sixth of respondents, had no negative experience. This is most probably linked to the fact that many tourist attractions, such as churches, castles, fortresses, monuments, etc., were not originally built for tourism, i.e. accessibility (for the masses) was not a concern (and the level of technical solutions at the time of their construction may not have allowed for this, anyway). While there are solutions and guidelines for the accessibility of listed buildings (UNINET 2018; Government of Ireland 2011; Landesdenkmalamt Berlin 2015), full accessibility is often not feasible without compromising the integrity of the monument.

In all other cases, universal design, i.e. making the service accessible to people with disabilities, can (or could) be applied to the design of services. Nevertheless, in the worst case, about a quarter of all respondents indicated that they had experienced a serious problem with accessibility of the service (23.8% for reliable information on actual accessibility and almost the same for sports activities, 23.7%), and a sixth of them said the same about access to transport and accommodation (18.5% and 15.6%, respectively). The proportion of respondents with serious problems is strikingly high when the two most negative values are added together: access to reliable information on accessibility is a serious problem for 40.2% of respondents, the same figure is 35% for sports activities, and 27.8% and 27.5%, respectively for transport and accommodation. Access to dining facilities seems to be the least problematic (only 18.4%

of respondents reported a serious problem). While the lowest percentage of respondents reported total satisfaction with visiting attractions, the level of dissatisfaction is not particularly high either: 28.9% reported a serious problem. This was by far the most balanced area (Figure 12).

**Figure 12: Level of agreement with statements related to leisure travels**

*“Please indicate how often do you encounter the following problems during your leisure trips (1: I never encounter this problem; 7: I encounter it very often)”*

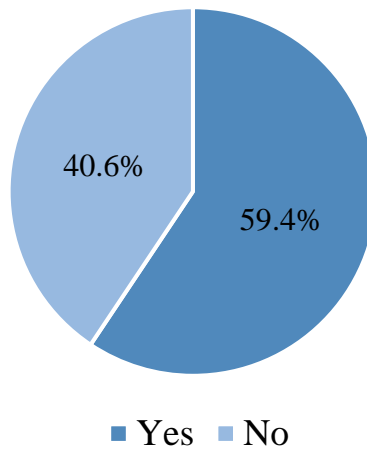


Source: own editing

As already shown in an earlier question, the vast majority (over 93%) of respondents with disabilities can leave their homes to go about their daily business, and exactly half of them can do so with assistance (Figure 13). When travelling, a higher proportion (59.4%) need some form of help, including human assistance and technical solutions and aids.

**Figure 13: Need for travel aids**

*“Do you need any aid when travelling, and if so, what kind of aid?”*

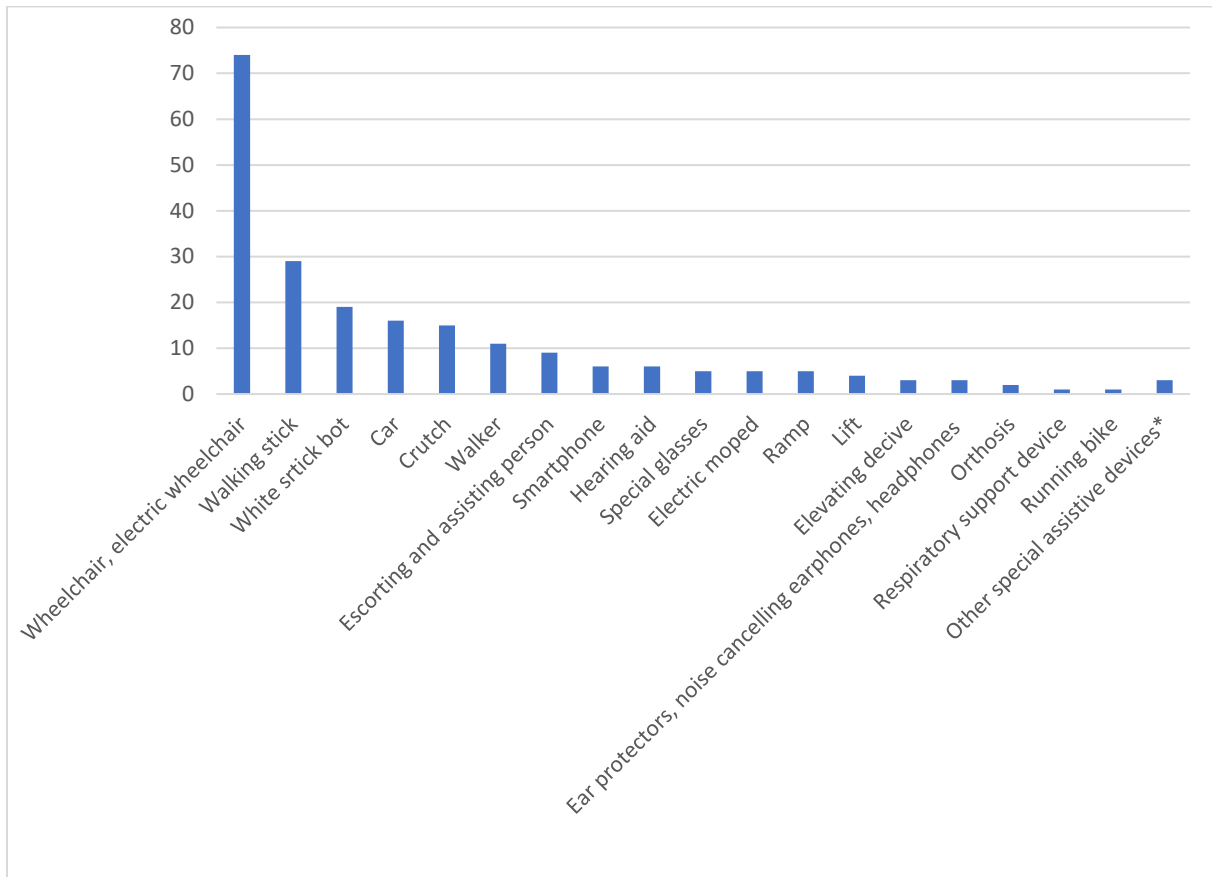


Source: own editing

In line with the statistics, the mechanical or electric wheelchair was by far the most frequently mentioned as an essential aid to travel (74 mentions, 34.1% of all mentions), followed, with a much lower frequency, by the walking stick (29 mentions, 13.36% of all cases) and the white cane (19 mentions, 8.76%). Some cannot do without a car (7.37% of respondents, 16 mentions) and a crutch (6.91%, 15 mentions). The proportion of people using a walker was just over 5%, while the use of other assistive devices was less frequent (4.15% for an attendant or assistant; 2.76% for a smartphone or hearing aid; 2.3% for special glasses, 2.3% for an electric moped or 2.3% for a ramp). The proportion of respondents requiring a ramp seems surprisingly low, probably due to the fact that it is the most commonly used device in accessibility practice, i.e. its absence is the least likely to prevent respondents from travelling, even if one in three respondents using assistive devices is in a wheelchair. Only 1.84% of respondents require a lift and even fewer require an elevator or ear protectors, noise cancelling earphones or headphones when travelling: 1.38% in both cases, and exactly the same proportion require other special assistive devices such as booster cushions, remote control for traffic lights or Braille displays. The frequency of mentioning other devices was less than 1% of the responses: orthosis – a medical aid that supports, relieves or relaxes the musculoskeletal system – (0.92%) and respiratory support and a running bike – 0.46% in both cases (Figure 14).



**Figure 15: Aids used for travels**



\* Other special tools: booster cushion, remote control signal light, Braille display

Source: own editing

Looking at the frequency of respondents’ trips (Figure 15), the majority of respondents travelled frequently (at least three times) in the year before the survey and the four years before that: in 2022, 58.1% of respondents travelled within Hungary in the year before the survey and more than three quarters of respondents travelled in the country in the four years prior to that: 75.3%. The next most common response was to travel three times in 2022 (9.1%) and two or three times in the previous four years (both options were selected by 11.3% of respondents). Not travelling was the least common response in 2022 (9.4%) and the second most common in the previous four years (6.9%, with only those respondents having travelled less who had travelled once or twice, both at 4.4%).

Far fewer people travel abroad, for understandable reasons, relatively often, with only 4.7% of respondents travelling more than three times in 2022 and 17.8% in the previous four years. In contrast to domestic travel, “never” was the most frequent answer in both cases, with an absolute majority in 2022 (67.8%, more than two-thirds of all respondents) and not much less in the previous four years (49.7%). Interestingly, although two of the four years preceding the survey were 2020 and 2021, the years affected by the Covid-19 closedowns, there were fewer respondents who did not travel abroad once in those years than in 2022, a year that was almost completely free of restrictions.

**Figure 15: Frequency of travel (questions 9-12)**

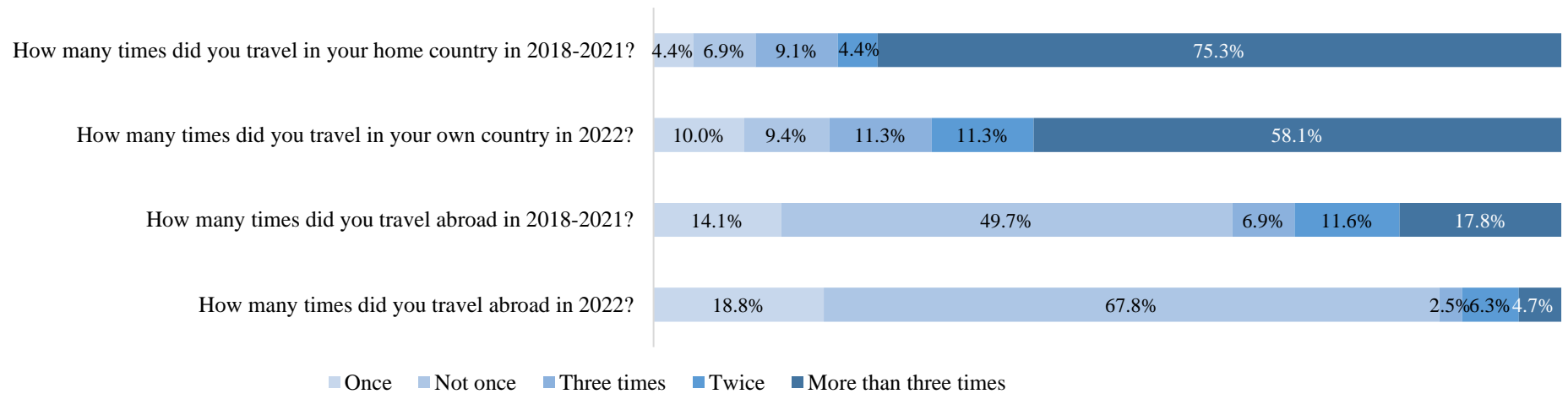
*“How many times did you travel in your own country in 2022?”*

*How many times did you travel abroad in 2022?”*

*How many times did you travel in your own country in 2018–2021?”*

*How many times did you travel abroad in 2018–2021?”*

Source: own editing



In the next question, we looked at what factors might be the main disincentives for people with disabilities to travel for tourism purposes. They could indicate their opinions on a Likert scale of 1-7, where they could choose the statement that most suited them from 1=strongly disagree to 7=strongly agree. The questionnaire was completed by 320 respondents, but not all respondents answered all the questions, so different numbers of cases were counted for almost all factors, and these numbers are shown for each factor. As even the lowest number of respondents was 272, which is 85% of the total number of respondents, we considered the responses to the question to be acceptable and assessable.

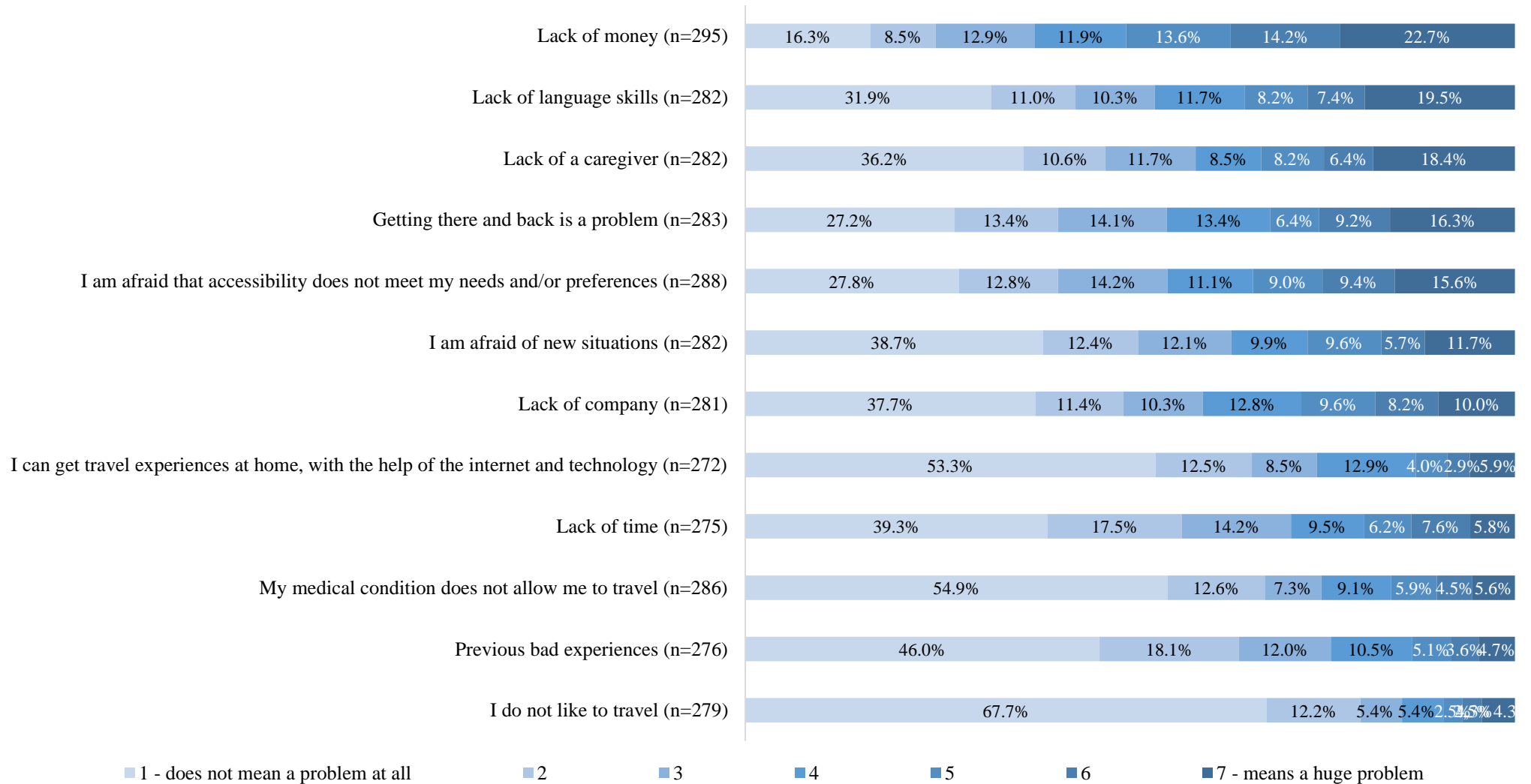
22.5% of the respondents stated that lack of money was entirely the reason for not being able to travel. For this response, the distribution is almost identical for scores 1-6, so we can say that more than a fifth of respondents clearly identified the problem of not having money as the reason for not being able to travel, with the rest of the respondents attributing it more to other reasons. Basically, the lack of language skills is not such a deterrent, as 31.9% do not feel this is a problem at all, and if we look at a score of 1-4, which indicates a small problem, then overall 64.5% of respondents say that language barriers are a problem that can be overcome when making a trip. We should not overlook, nevertheless, the 19.5% of respondents who say that the lack of language skills is clearly a serious problem, it is likely that these members of the target group will never undertake a trip abroad because of this factor (unless with the development of technology they have a reliable solution, such as mobile phone translation apps). The lack of an assisting person was also a factor that was articulated, with 36.2% saying that it is not a problem at all and 18.4% indicating that it is a serious problem. The problem of getting to and from the destination was considered by 54.8% as basically not a problem, based on a score of 1-3. 16.3% of respondents considered getting to the destination as a serious problem. 15.6% of respondents said they feared that accessibility was not up to the promises. Nearly 40% of respondents are not afraid at all of new situations and the lack of company.

The questionnaire showed that 53.3% of people with disabilities use the internet and have no problem using digital technologies, using them and gaining knowledge from them. Lack of time is basically not a problem, with 5.8% giving a rating of 7, 6.2% a rating of 6 and 39.3% a rating of 1. The health condition of more than 50% of respondents is not a barrier to travel, with 5.6% giving a 7 and 5.9% a 6, i.e. 11.5% who are self-reported as having severe travel limitations. Among disabled travellers, fortunately, there is no predominance of those with a poor experience, with only 4.7% giving a rating of 7 and 5.1% a rating of 6. The answers to the questions show that nearly 70% of the target group like to travel (Figure 16).

**Figure 16: Level of agreement with statements about travelling as a tourist**

*“Please indicate how much the factors listed below discourage you from travelling as a tourist (1: this factor is not a problem at all for my travels; 7: this factor is a huge problem for my travels!)”*

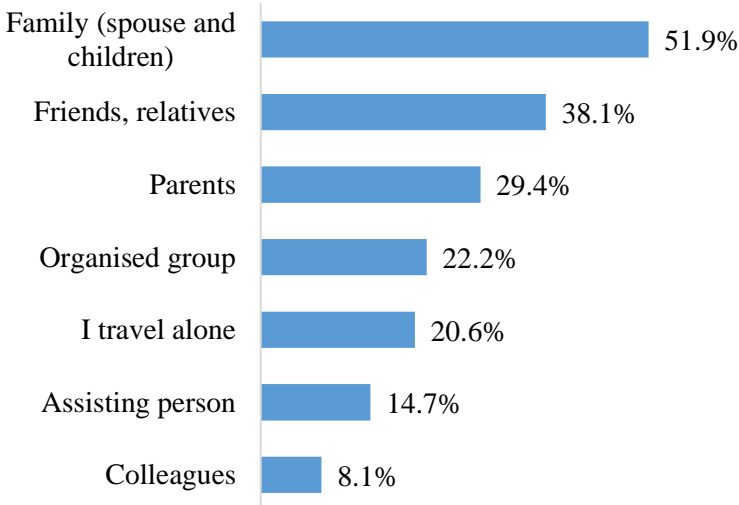
Source: own editing



More than 50% of respondents travel with their family, including a spouse, and for those who have children, with the and children (Figure 17). As more than one response was possible, there are some overlaps. The second highest proportion of respondents was travelling with friends and relatives, followed by parents, and only then, for example, organised group travel. This leads us to conclude that travel packages and offers tailored to people with disabilities are not yet so common among travel offers, and that this type of travel is not as widespread among adults. 20% of the respondents travel alone. 14.7% of travellers travelled with an assisting person in the last few years. The lowest proportion is travelling with colleagues, 8.1% in total.

**Figure 17: Travelling companions**

*“Who do you usually travel with? Multiple choice is possible!”*

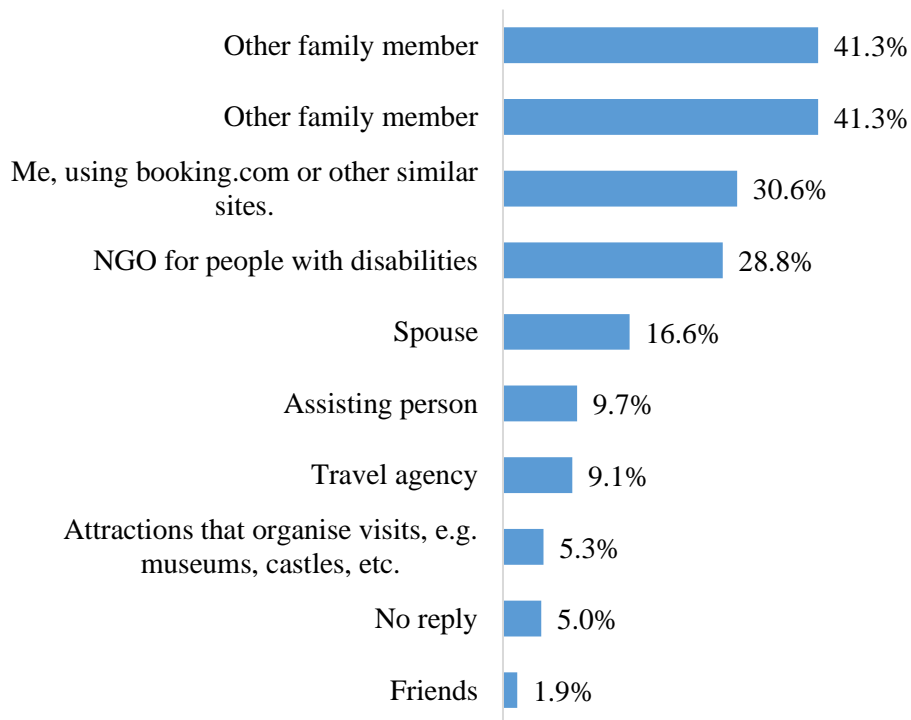


Source: own editing

The highest proportion of trips was organised by other family members, mentioned by 41.3% of respondents. Among disabled travellers, more than 30% organise their own travel using various online travel agencies such as booking.com. A significant proportion, 28.8%, is represented by NGOs assisting people with disabilities. A spouse was the organiser for 16.6% of respondents. The same proportion, around 9%, was represented by an assisting person or a travel agency. In a few cases, the marketing activities of an organisation representing a tourist attraction, such as museums or castles, can be identified, with 5% of respondents reporting such a possibility. 5% of respondents did not answer this question, and the least frequent option was the activity of friends organising a trip: only 1.9% of respondents indicated this option (Figure 18).

**Figure 18: People involved in organising trips**

*“Who usually organises the tours? Multiple choice is possible!”*

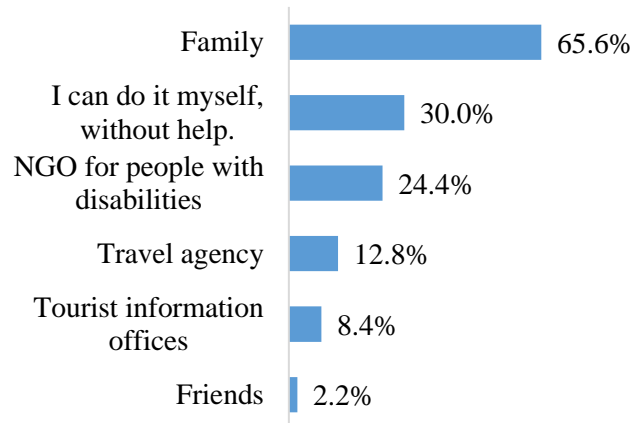


Source: own editing

The next question asked who a disabled traveller can rely on to help them if they cannot or do not want to organise their journey alone or do not want to travel alone. The response rate of family assistance was 65.6%, almost two-thirds of the total, and this well reflects our expectations. In contrast, the proportion of those who organise and carry out their trips entirely on their own is also high, at no less than 30%. Adding the two together would almost add up to 100%, but as there were several possible answers, other options were also included in the questionnaire: for example, 24.4% of people with disabilities were helped by organisations specialised on assisting disabled persons, 12.8% by travel agencies, 8.4% by tourist information offices, and to a minimum extent their friends, with only 2.2% in total saying they used friends' help (Figure 19).

**Figure 19: Assistants in travel management**

*“Who can you turn to if you need help in organising and managing your trip? Multiple choice is possible!”*



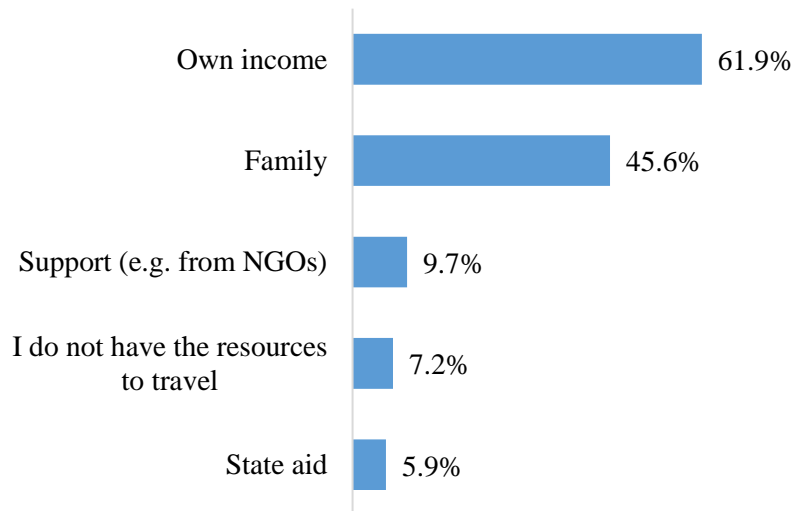
Source: own editing

A question was also asked about the sources of funding for respondents’ travels (Figure 20). The results show that the majority of respondents (61.9%) use their own income to finance their travel. For many people with disabilities, family can be a significant source of raising the financial resources necessary for travel, with almost half of respondents (45.6%) benefiting from the financial support of family members in this respect. For some people with disabilities, support from NGOs plays a key role in providing the financial means to travel, but only 9.7% of respondents use some form of financial support to finance their travel. This indicates that although such opportunities exist, few people take advantage of them. On the other hand, some people with disabilities have limited possibilities to finance their travel. 7.2% of respondents say that they have no resources of their own or do not receive family or other types of support to finance their travel.

In addition to financial support from NGOs, the proportion of people who use public support is also quite low. Only 5.9% of respondents rely on public support to finance their travel. This may also indicate that the state does not provide adequate support for such travels.

**Figure 20: Sources of travel funding**

*“What sources do you typically use to finance your travel? You can tick more than one answer!”*



Source: own editing

To measure the extent to which people agree with attitude statements, we looked at whether people with different difficulties travel with a company when they travel, on the one hand, and the type of activities they generally prefer, on the other hand. They could indicate their opinions on a Likert scale of 1-7, where they could select the statement that best suited their needs from 1=strongly disagree to 7=strongly agree. The highest number of responses (n=300) was for the statement that they prefer programmes that are not specifically designed for people with disabilities. Of the respondents, 20.7% strongly agree and almost equally as many strongly disagree, with 19.3% disagreeing with this statement. 15.7% of respondents chose the middle, indifferent value of 4 on a 7-point scale, i.e. the same number of respondents think they both agree and disagree with the statement. 14.3% of respondents mostly disagree, 10% mostly agree, 11% only slightly agree and 9% slightly disagree.

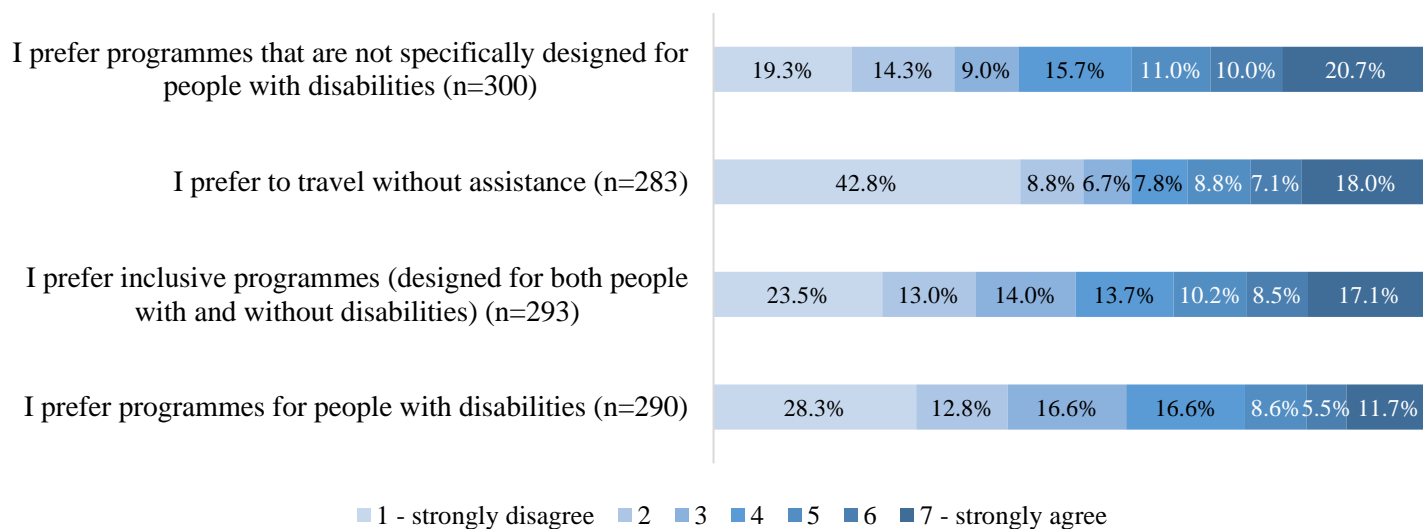
Statement 2 in Figure 21 asked whether people with disabilities travel unassisted or with assistance. 283 respondents provided feedback to this statement, with the highest level of disagreement by 42.8%, and only 18% saying they strongly agreed. Smaller but similar proportions chose the intermediate scale values, with 8.8% largely disagreeing, 6.7% slightly disagreeing, 7.8% responding indifferent, 8.8% slightly agreeing and 7.1% mostly agreeing.

In response to the next statement that they prefer integrational or inclusive programmes (designed for both disabled and non-disabled people), a total of 293 respondents provided answers, of which 23.5% strongly disagreed and 17.1% preferred inclusive programmes, as they strongly agreed. 13% of the respondents largely disagree, 14% not very much agree, 13.7% gave an indifferent answer, 10.2% slightly agree and 8.5% largely agree. As an inverse of the previous statement, the last statement asked whether they favour programmes for people with disabilities. 28.3% of respondents disagreed strongly disagree, with only 11% selecting “strongly agree”, 12.8% mostly disagree, 16.6% not very much agree, and a similar proportion of 16.6% responding indifferently, while 8.6% slightly agree and only 5.5% mostly agree.



**Figure 21: Degree of agreement with attitude statements**

“ Please indicate on a scale of 1 to 7 how much you agree with the following statements (1: strongly disagree; 7: strongly agree). ”



Source: own editing

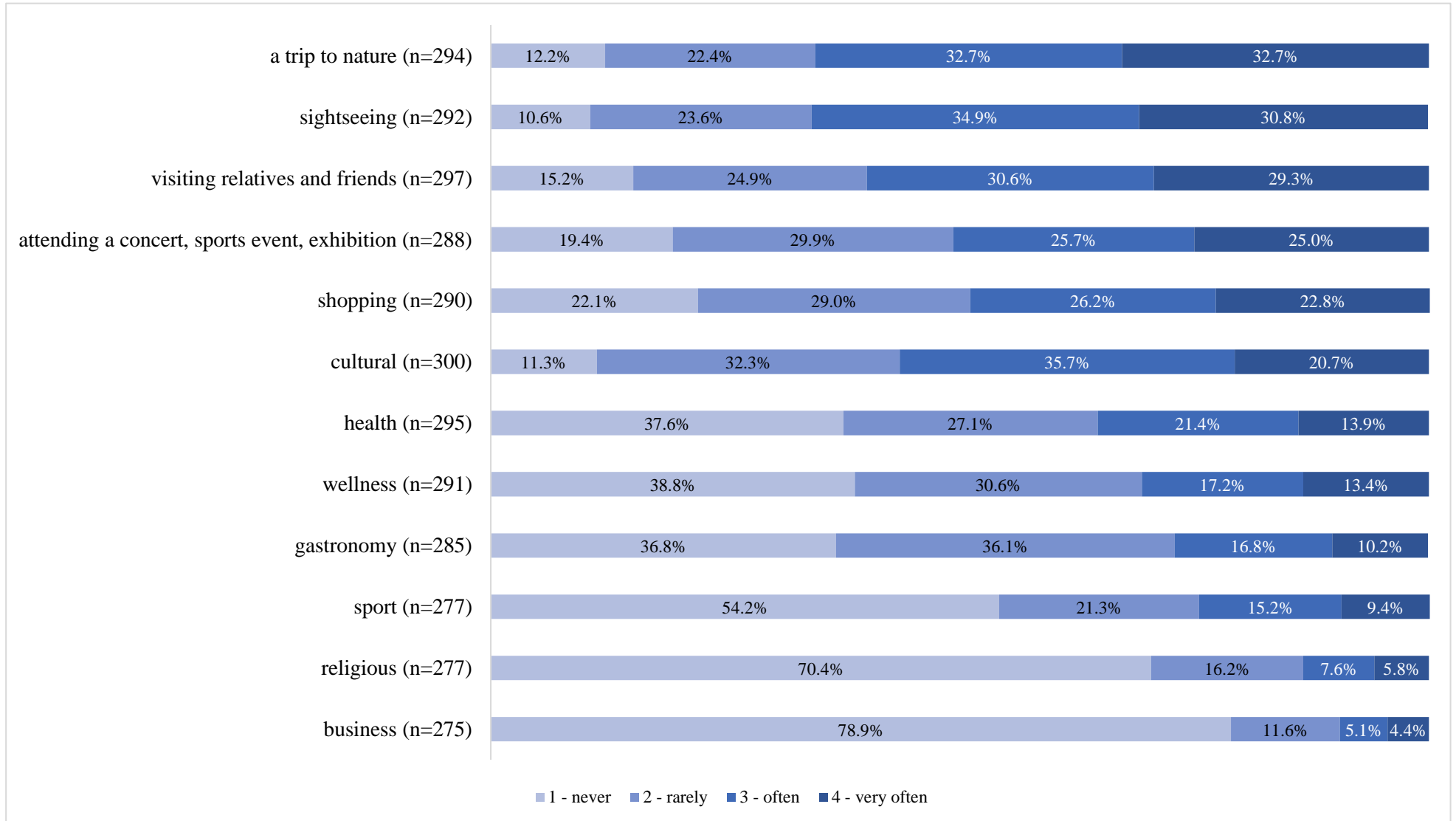
In the next question, we looked at motivations for travel and sought to find out how often people with disabilities travel with the motivations pre-specified in the question. The question asked respondents to select the most representative value on a scale of 1 to 4, where 1=never, 2=rarely, 3=often and 4=very often were the options to choose from. The number of respondents varies slightly for each statement, these are indicated by n='number' for each statement (Figure 22). A trip to nature (n=294) is chosen by 32.7% very often, and often by the same number of people (32.7%), while 22.4% rarely and 12.2% never. City sightseeing (n=292) is chosen by 30.8% very often, 34.9% often and, to a similar extent as in the previous statement, 23.6% rarely and 10.6% never. Visiting relatives and friends (n=297) is chosen as a motivation by 29.3% very often, 30.6% often, 24.9% rarely and 15.2% never. Going to concerts, sport events and exhibitions (n=288) was the most frequently mentioned, with 29.9% of respondents, as rarely, often by 25.7%, very often by 25% and never by 19.4%. Similar values are shown for the motivation of shopping, with most people, 29%, rarely, 22.1% never, but 26.2% often and 22.8% very often motivated to shop. Travelling for cultural purposes motivates 32.3% of respondents rarely, only 11.3% never, but 35.7% often and 20.7% very often. Health motivates 37.6% of respondents to travel never, 27.1% rarely, 21.4% often and only 13.9% very often. 38.8% never travel for wellness, 30.6% rarely, 17.2% often and 13.4% very often. Gastronomic motivation is also less frequent, 36.8% never travel for this reason, 36.1% rarely, 16.8% often and only 10.2% very often. Active and sports tourism is a motivation to a large extent, in 54.2% of cases never, 21.3% rarely, 15.2% often and 9.4% very often. Religious motivation is never present in more than 70% of respondents: 70.4% never, 16.2% rarely, 7.6% often and 5.8% very often. In the case of business travel, only 4.4% of the target group chose the option very often, 5.1% often, 11.6% rarely and 78.6% answered that they never have this motivation for their travels.

When looking at the overall percentages for the target group with disabilities, trips to nature (65.7%) and sightseeing (65.4%) appear as frequent and very frequent travel motivations. Visiting relatives or friends (59.9%), cultural travel motivation (56.4%) and attending concerts, sporting events or exhibitions (50.7%) are also highly valued. Health (64.7%), wellness (69.4%) and gastronomy (72.9%) are almost never or very rarely featured as motivations, given the high combined percentage of never and rarely responses. Based on the answers provided, it can be concluded that the least motivating for travel are business (78.9%), religious (70.4%) and active sports (54.2%) for people with disabilities.

**Figure 22: Motivations for travelling (question 19)**

*“How often do you travel with the following motivations (1: never; 2: rarely; 3: often; 4: very often)?”*

Source: own editing



In the next question various statements concerning tourism could be read, specifically related to the needs of people with disabilities, and respondents were also asked to give their feedback on a scale of 1 to 7. On the scale, a 1 represents strongly disagree and a 7 represents strongly agree. For the statements related to this question, there is a small but also variable range of respondents, which is indicated next to each statement in the table (Figure 23).

In the analysis, statements were listed in order of the percentage of responses that completely agree, i.e. the top statement received the highest percentage of 'completely agree' responses. 44.1% strongly agree with the statement that if domestic trains and buses were more wheelchair accessible, more people with disabilities would travel, 14.7% also agree, with 9% who slightly agree, those who strongly agree and those who strongly disagree, and those who strongly disagree. 7.4% somewhat disagree and 6.7% strongly disagree with the statement.

In order to find out more about the impact of "beatific travel", the following statement was formulated: 'Travel experiences make you happier'. 43.9% of respondents strongly agree with this statement, 16.6% somewhat agree, 9.8% slightly agree, 9.5% represent the median, 7.8% somewhat disagree, 6.4% strongly disagree, and there are 6.1% who strongly disagree.

39.8% of respondents strongly agree that if there were a reliable online collection of wheelchair accessible hiking trails, more people would choose to hike in nature. 16% tend to agree, 10.5% slightly agree, 11.2% are indifferent, 8.2% tend to disagree, the same number (8.2%) strongly disagree and 6.1% disagree.

Regarding the statement about hiking trails – if there were hiking trails in park forests at least near cities in my country, more people with disabilities would hike them – 37.5% strongly agree, 16% somewhat agree, 9.6% slightly agree, 11.9% are neutral respondents, 9.9% somewhat disagree, 9.6% strongly disagree, and 5.5% totally disagree.

The next statement, that tourism improves the relationships of respondents, also showed a majority of those who strongly agree (34.9%), 14.2% quite agree, and between 10-11% of respondents who somewhat agree (10.5%), somewhat disagree (10.5%), both agree and disagree (10.2%), and also those who somewhat disagree (10.8%), and 8.8% do not think so at all.

Of the respondents, 23.6% strongly agree that extreme sports and activities would be attractive to people with disabilities if they were given adequate safety and assistance. Given the possible physical limitations of people with disabilities, 16.3% of respondents feel that this statement is not at all correct. 14.2% chose the median grade, with the rest of the respondents spread across the other grades, 13.2% strongly disagree, 10.8% slightly disagree and 11.1% only slightly agree.

Tourism can also be an important part of life for people with disabilities, a statement that 22.7% strongly agree with. 13.9% of those who strongly disagree, and the same proportions for those who agree, but only slightly and also who are neutral on the answer. 12.9% strongly disagree and 9.2% disagree to a lesser extent. As regards the statement that tourism contributes significantly to people's well-being, 21.9% of respondents strongly agree and 16.3%, if not even strongly, but mostly agree. 15.3% do not agree at all, 12.5% disagree to a large extent, 10.4% disagree to a lesser extent, 14.2% voted for indifferent and 9.4% only slightly agree.

The next statement asked what feedbacks people with disabilities receive from the outside world about their own difficulties. The statement that people are bothered by spending their holidays in places where people with disabilities are present tends to fall in the lower half of the scale, with 17.1% of respondents disagreeing absolutely, 20.2% disagreeing strongly and 15.8% disagreeing slightly. 17.8% chose the middle range, 10.6% only slightly agree, 8.6% strongly agree, while 9.9% agree completely.

The majority, 51.5%, disagree strongly and 17.2% typically disagree that they prefer to use modern technology when travelling. 8.2% slightly disagree, 5.2% slightly agree, 2.7% strongly agree and 7.6% definitely use such devices. The median was chosen by 7.6% of respondents. The above statement is supported by the next statement, which asked whether they had ever used online tourism services, such as visiting a museum with an online application. 41.4% of the respondents had not used such services at all, 19.9% had used them only to a small extent and 10.6% had used them to a greater extent. The percentage of indifferent respondents is 9.9%. 3.8% slightly agree, 7.2% strongly agree and 7.2% also strongly agree, i.e. they have used such services.

As for the statement that society is now more tolerant and open to the problems of people with disabilities, only 6.1% of respondents think this is completely true, while 15.8% think it is not true at all and 22.9% think it is not true to a large extent. 14.1% say the statement is slightly incorrect, the same proportion say it is indifferent, 15.8% say it is slightly correct and 11.1% say it is largely correct.

For the statement about the frequency of false communication by service providers about accessibility, the lower end of the scale received a higher proportion, with 10.8% absolutely disagreeing, 20.8% strongly disagreeing and 18.4% slightly disagreeing. 21.2% of respondents indicated the median value, and 14.6% think it is somewhat true, 8.3% think it is largely true, and only 5.9% think it is completely true.

Asked if they are interested in the potential of virtual/digital tourism, a significant proportion of respondents, 35.5%, answered completely negative and 19% answered mostly negative. Of those in the middle, 13.1% slightly disagree, 10.3% gave a medium response, 9.7% slightly agree, 6.6% strongly agree and only 5.9% fully agree.

Respondents were very divided in their responses regarding the preparedness and openness of service providers to guests with disabilities, with the highest percentage being in the middle (19.5%) and the lowest percentage of respondents who think service providers are becoming more prepared (5.4%). 12.5% think it is not true at all that they are becoming more prepared and open, 16.5% think it is mostly true, 18.9% think it is not really true, 16.8% think it is somewhat true, and 10.4% think it is mostly true.

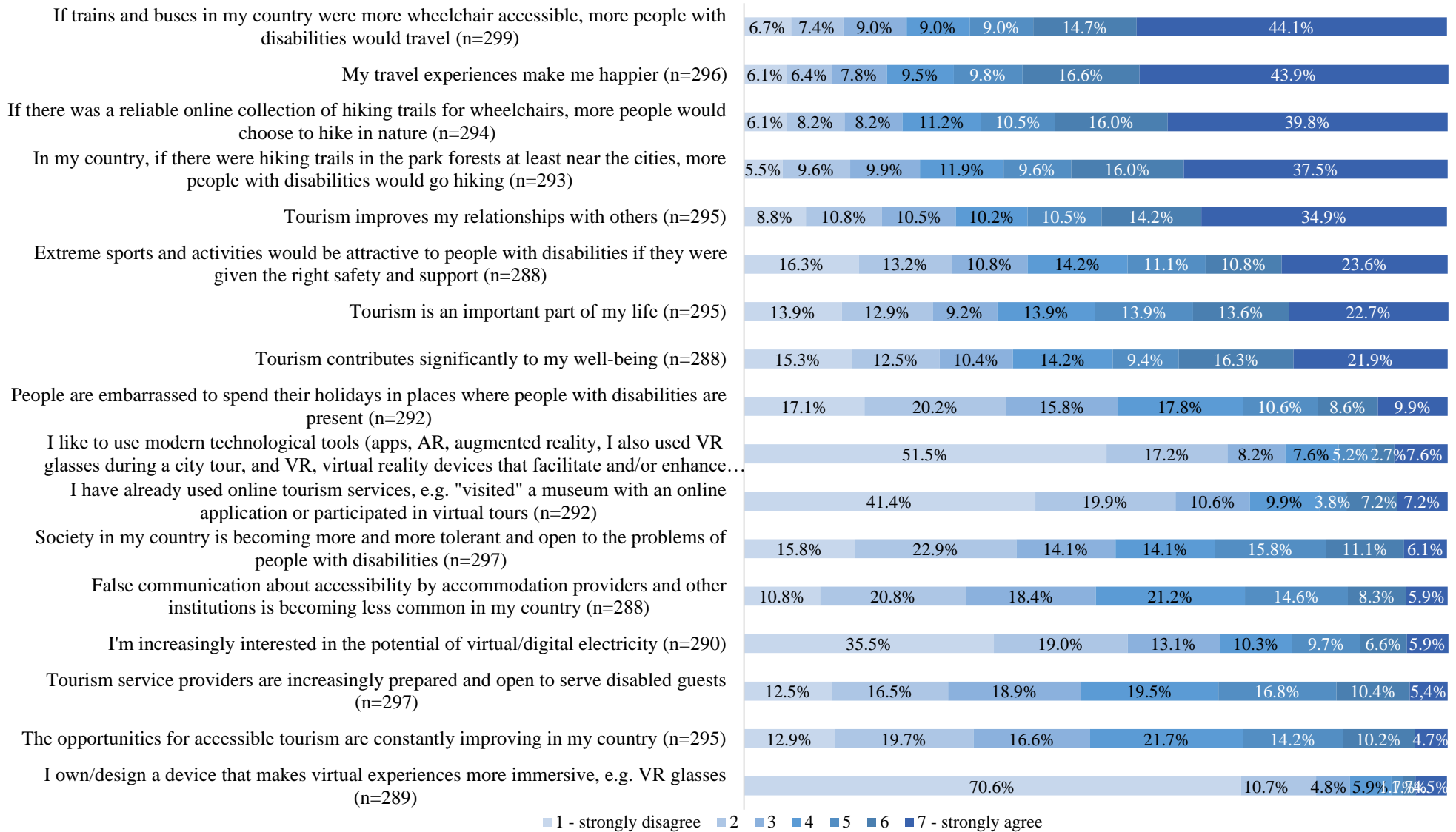
The continuing improvement in accessibility in tourism is not at all true according to 12.9% of respondents, mostly true according to 19.7% of them, slightly not true according to 16.6%, only slightly, but true according to 14.2%, mostly true according to 10.2% and completely true according to only 4.7%. 21.7% of respondents chose the median value.

The last statement assessed the respondents' toolbox, i.e. whether they possess/are planning to acquire a device that would make their virtual experience more enjoyable. 70.6% of the respondents do not have or plan to acquire such a device, 10.7% to a large extent, 4.8% to a small extent do not plan to acquire such a tool, 1.7% to a small extent plan to acquire, 1.7% to a large extent plan to acquire and 4.5% plan to acquire or have such a device.

**Figure 23: Level of agreement with attitude statements**

“ Please describe how much you agree with the following statements. Mark 1 if you strongly disagree and 7 if you strongly agree.”

Source: own editing



We also asked whether respondents had experienced discrimination when travelling and, if so, what form it took. In the light of the answers to the open question, these were grouped into 10 categories and frequency analysis was carried out.

The sensitive nature of the question under consideration and the sensitivity of the topic is reflected in the unexpected result that 43% of the respondents refused to answer this question, so only 57% of the respondents (181) answered. Of these, more than two-thirds (71%) had experienced discrimination personally during their travels. Only 29% of respondents had not experienced discrimination. Of those who had personally experienced any form of discrimination, an overwhelming proportion, almost 39%, had experienced discrimination mainly in people's attitude towards them. They mainly mentioned a lack of understanding and helpfulness, negative attitudes and inconsideration, but unfortunately, more serious cases such as aggressiveness and humiliation were also reported by respondents. The proportion of respondents who had negative experiences with public transport was also relatively high (14.36%), with several people mentioning the lack of ramps on local lines, the negative attitude of bus drivers and the need to notify MÁV Hungarian Railway Services at least a week in advance if they want to use the service in a wheelchair. The general lack of accessibility was mentioned as a negative experience by almost 8% of respondents, with a smaller proportion mentioning the lack of accessible toilets and disabled car parking facilities as other negative aspects.

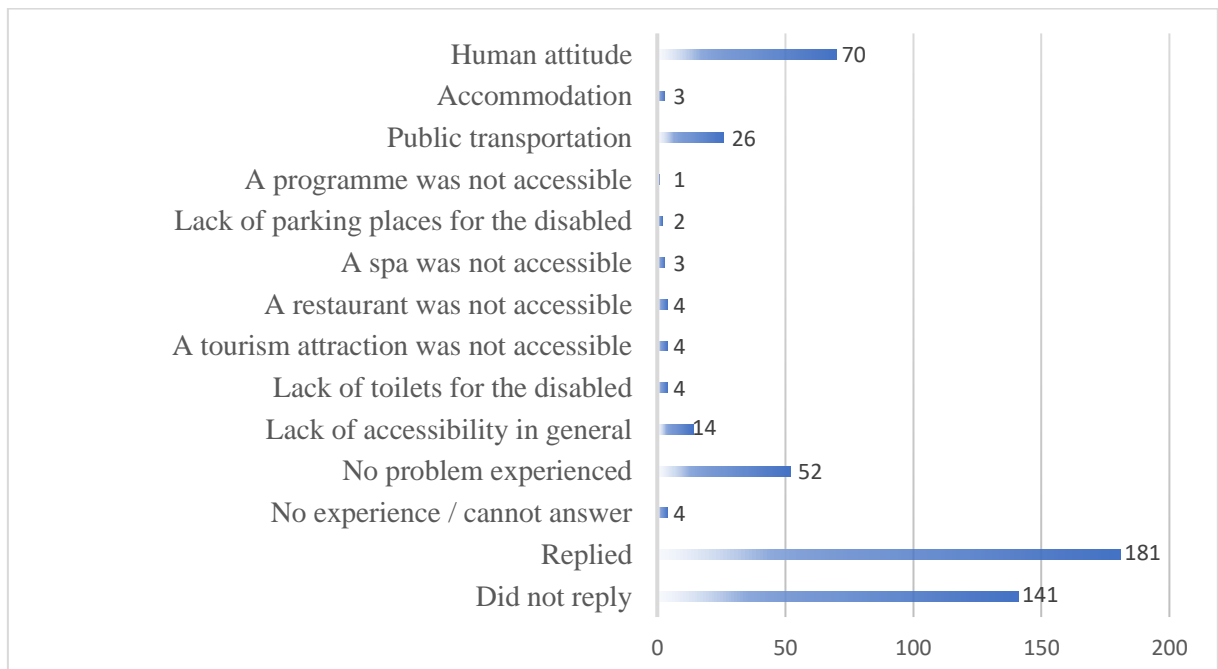
Unfortunately, the basic tourism services, i.e. accommodation and catering still not offer satisfactory conditions, either. Several people indicated that the accommodation, restaurant, tourist attraction or a spa was not accessible and therefore they could not use the service and equal access was not ensured.

We also asked if the respondent had experienced discrimination on the grounds of disability during their travels, what this discrimination was. The sensitive nature of the question and the sensitivity of the issue is reflected in the unexpected result that 44% of respondents did not answer this question, leaving only 56% of respondents (179) to answer the question. Of these, more than two-thirds (69%) had experienced discrimination personally during their travels. Only 31% of respondents had not experienced discrimination.

Of those who had personally experienced any form of discrimination, an overwhelming proportion, nearly 39%, had experienced discrimination mainly in human attitudes. They mainly mentioned a lack of understanding and helpfulness, negative attitudes, inconsideration and impatience, but unfortunately, more severe cases were also reported by respondents. Some were outright refused help and even shamed. Several respondents also mentioned excommunication and despise. When one respondent was scared on the bus because of her autism, because the bus strayed from the designated, familiar route, she was hit and taken off the bus. The negative attitude of the bus drivers was also mentioned by several respondents and in general, despite the technical equipment of the buses (ramp), they prefer not to travel by bus if they can because of the attitude of the drivers (reluctance to lower the ramp). There was one respondent who was not allowed on because he had a guide dog. Several respondents with autism also mentioned that they were not welcome anywhere because they perceived the behavioural difficulties resulting from autism as an educational deficiency.

Also relatively high (12.85%) was the proportion of people with negative experiences of public transport – lack of ramps on local lines, negative attitude of bus drivers, need to give at least one week's notice in advance to MÁV Hungarian Railway Services if you want to travel by train in a wheelchair (Figure 24).

**Figure 24: Frequency distribution of responses to the question “If you have experienced discrimination on the grounds of disability when travelling, what was it?” (n=320)**

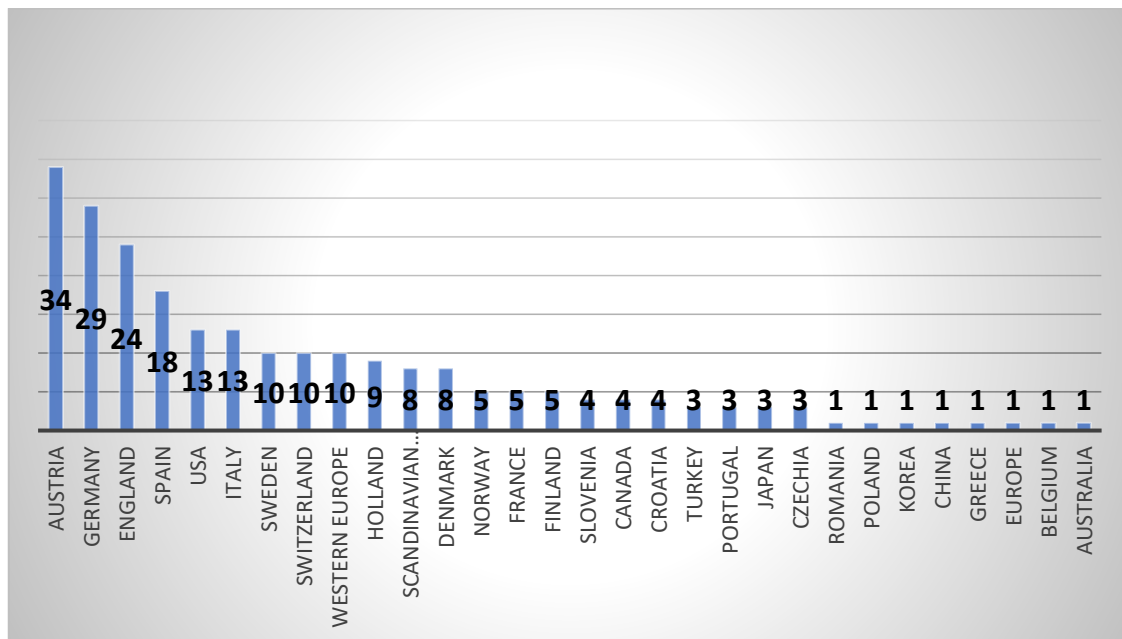


Source: own editing

We also asked respondents which countries they consider to be good examples of accessible tourism. Nearly 60% of respondents answered this question, but more than 27% of respondents could not name a specific country, mainly due to lack of personal experience. A specific answer was given by 43.4% of respondents, but many mentioned more than one country, giving a total of 233 mentions for 30 countries. It is important to note that as there were several responses in the categories of Western Europe, Scandinavian countries and Europe, these mentions were treated as one country (Figure 25).



**Figure 25: Frequency distribution of responses to the question “Based on your experience, which country/countries should your country follow in the field of accessible tourism?” (n=233)**



Austria (14.6%), Germany (12.5%) and the UK (10.3%) stand out by far. The three countries account for more than one-third of all mentions. If the Nordic countries category and the number of mentions of Sweden, Norway and Denmark are added together, the Nordic countries account for 13.3% of all mentions, which is also a significant proportion. In terms of proportions, Spain, Italy, the USA, Switzerland, Western Europe in general and the Scandinavian countries also received a large number of mentions.

We also asked about specific attractions as good examples of what respondents had experienced (“In which countries and/or in your country have you seen good examples of localities/tourist attractions that help people with disabilities to participate in tourism?”. Almost 55% of the respondents answered this question, but more than 27% of the respondents could not name a specific country, municipality or attraction, mainly due to lack of personal experience. Less than 40% of respondents gave a specific answer (39.69%), but many mentioned several good examples, giving a total of 196 mentions (Table 3).

**Table 3: Good examples of respondents' experiences of helping people with disabilities to participate in tourism (n=196)**

Budapest	17	Western Europe	2	Igal	1	Rome, Vatican	1
Austria	10	Orfű	2	Istanbul	1	Romania	1
Italy	8	Siklós Castle	2	Israel	1	Rotterdam	1
Pécs	7	Sopron	2	Japan	1	Sárospatak	1
Vienna	6	USA	2	Kecskemét	1	Sárvár	1
London	6	Ancona	1	Copenhagen	1	Siófok	1
England	5	Ásotthalom Magic Fun Farm	1	Krishna Valley	1	Scotland	1
Hungary	5	Baja	1	Las Vegas	1	Sweden	1
Debrecen	4	Balatonföldvár	1	Lillafüred	1	Deer	1
Gödöllő, Castle	4	Balatonfüred	1	Leipzig	1	Szeged	1
Croatia	4	Berekfürdő	1	Madrid	1	Székelyfürdő	1
Germany	4	Berlin	1	Malmö	1	Székesfehérvár	1
Spain	4	Banská Bystrica	1	Martonvásár, Agriculture Museum	1	Szentendre	1
Switzerland	4	Budakeszi Wildlife Park	1	Miskolc	1	Slovenia	1
Barcelona	3	Czech Republic	1	Mohács	1	Tapolca Lake Cave	1
Eger	3	Demjén	1	Mosonmagyaróvár	1	Tenerife	1
Finland	3	Dombóvár	1	Neuschwanstein	1	Tihany	1
Netherlands	3	Dortmund	1	New York	1	Töltéstava, Kimba Elephant Park	1
Norway	3	Northern Europe	1	Nova	1	Turkey	1
Nyíregyháza Zoo	3	Esztergom	1	Pannonhalma	1	Visegrád	1
Paris	3	Folkstone	1	Piran	1	Zadar, Croatia	1
Tata nature trail	3	France	1	Plitvice	1	County Zala	1
Festetics Castle, Keszthely	2	Greece	1	Pomáz	1	Zemplén	1
Hévíz	2	Győr	1	Poroszló, Tisza Lake Ecocentre	1		
Kaposvár, Lake Deseda	2	Gyula	1	Bratislava	1		

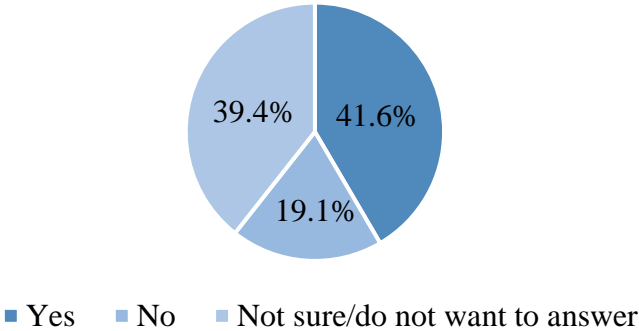
As can be seen from the table, Budapest, Austria, Italy, Pécs, Vienna, London (and England) stand out among the mentions. It is encouraging that almost half of all mentions (46.42%) are from Hungary. Among these, the House of Hungarian Music, the Museum of Fine Arts and the Museum of Ethnography stand out in Budapest, but the cities of Pécs, Debrecen and Eger, the Royal Castle of Gödöllő, the Bright Study Trail of Tata and the Nyíregyháza Zoo also received more mentions, and the Accessible Day in Orfű was included in the list.

The next question measured the willingness to volunteer for travel and tourism activities for people with disabilities. A significant proportion of respondents, around 41.6%, are willing to volunteer to help support travel and tourism activities for people with disabilities. This could mean that there is a strong demand among people with disabilities for social support to help them with their travel and tourism activities. 19.1% of respondents do not wish to participate in these voluntary activities. Although the proportion of respondents answering in the negative is

relatively low, the number is still remarkable. The proportion of the “not sure/do not want to answer” group is quite high (39.4%), almost the same as the proportion of respondents who are willing to do so. This may suggest that a group of respondents are sensitive to answering this question or are uncertain about their interest or ability to volunteer. Others may not yet have thought about getting involved in such activities (Figure 26).

**Figure 26: Opportunity to participate in voluntary activities**

*“Would you volunteer to help with travel and tourism for people with disabilities?”*

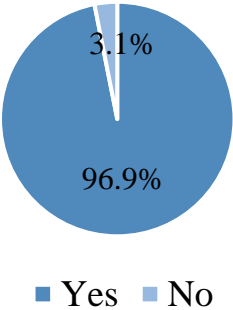


Source: own editing

The survey also sought to assess the demand for the inclusion of disability-related knowledge in higher education tourism courses (Figure 27). The results show that the vast majority of respondents, around 96.9%, support the inclusion of content on the specificities, problems and possible solutions of tourism for people with disabilities in higher education tourism courses. This suggests that respondents consider the training of tourism professionals with the right skills to be important, which is of particular importance given the growing popularity of accessible tourism. Only 3.1% of respondents consider that there is no need to introduce such tourism skills in higher education.

**Figure 27: Need for disability awareness in higher education according to respondents**

*“Do you think that tourism training in higher education should include the specificities, problems and possible solutions for tourism for people with disabilities?”*

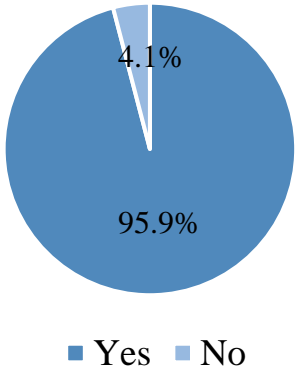


Source: own editing

The last question of the survey concerned the online accessibility of higher education materials on accessible tourism. An overwhelming majority of respondents (95.9%) believe that it would be useful to make higher education materials available online to increase knowledge about accessible tourism. This high level of support may suggest that the wide availability of online materials could be an effective tool for raising awareness and knowledge about accessible tourism. The proportion of negative responses is relatively low, with only 4.1% of respondents who do not feel the need to publish materials on this issue online. Reasons for this include, for example, limited access to online platforms or a preference for other forms of education (Figure 28).

**Figure 28: Importance of online accessibility of higher education materials for accessible tourism by respondents**

*“Do you think it would be useful to make higher education materials available online to increase knowledge about accessible tourism?”*



Source: own editing

## 6. Summary

The number of people living permanently or temporarily with a disability, whether acquired at birth or acquired since birth, is in the billions of people in the world’s population, and this group with special needs and special circumstances is growing in numbers and in proportion in almost every country. Supporting them to participate in tourism is not only an ethical duty but also a major business opportunity: people with disabilities (and in many cases their accompanying persons) represent a significant, and far from fully exploited, market potential for tourism. In addition to accessibility, improving the situation requires sensitising society and changing attitudes towards people with disabilities, as well as sensitising and training those working in the travel sector, and of course making tourism facilities and services accessible to all, not just physically.

It is not possible to clearly define the scope of people with disabilities. According to the WHO, more than 15% of the world’s population has a disability. In the census data collection carried out by HCSO in autumn 2022, 24.6% of respondents reported a long-standing illness, 9.3% said that their health condition severely limited them and 3.9% of respondents self-reported a disability. By far the largest number and proportion of people with reduced mobility, followed by people with intellectual disabilities and people with visual impairments. People with hearing problems are the next most numerous group, and in addition to the types of problems mentioned

above, the census also includes people with autism spectrum disorder, intestinal disabilities and speech disabilities or defects. Unsurprisingly, the proportion is higher among older people: more than half (52.2%) of those aged 65 and over have a disability, compared with 8% of those aged 16-19.

Although this group represents a significant market segment, there is little research-based knowledge of their travel habits and barriers to travel. The research programme launched in 2019 at the Institute of Marketing and Tourism of the Faculty of Business and Economics of the University of Pécs aims to change this situation, one of the results of which is the launch of an international research project covering 4 countries in 2023. In this paper, we present the results of a questionnaire survey conducted in the autumn of 2023 as part of a similar international research project.

After analysing the literature on accessible tourism in the last decades, the paper examines the history of accessible tourism research in Hungary, first the early stages of research (1990-2020) and then the present day (2020-2023). The most important part of the paper then analyses the results of a questionnaire survey of people with disabilities conducted in autumn 2023. The aim of the survey, which was partly face-to-face and partly online, was to obtain a comprehensive picture of the current situation of accessible tourism and the tourism habits of the people concerned. Therefore, only people with disabilities were included in the survey.

The questionnaire contained 33 questions or groups of questions, of which 26 were content-related and 7 were demographic. The questions asked about the type of disability, the difficulties experienced by people with different disabilities in their daily life and activities (from minor disability to the need for permanent supervision), in addition to the difficulties they encountered in traveling for tourism purposes. The majority of the survey specifically asked about the travel and tourism habits of the target group of people with disabilities, from the most general question “Do you travel for leisure?” to specific questions: in which area(s) of their travel they have experienced difficulties, what assistive devices they need to use when travelling, how often they travel in their home country and abroad, what are the factors that most discourage people with disabilities from travelling for tourism.

The questions covered the range of people travelling together, how trips are organised, who a disabled traveller can rely on to help them if they cannot or do not want to organise their trip alone, or do not want to travel alone, and the sources of funding for their trips. We also sought to find out whether disabled travellers prefer to travel unassisted or assisted, and whether they prefer inclusive programmes (designed for both disabled and non-disabled travellers), programmes specifically designed for disabled travellers or do not prefer to take advantage of tailored offers but prefer to participate in travels of their non-disabled peers. We also looked at their motivations for travelling.

In the context of tourism, we formulated statements specifically related to the needs of people with disabilities, on which respondents were able to express their level of agreement. We also asked whether respondents had experienced discrimination during their travels and, if so, in what form. Of those who had personally experienced any form of discrimination, there was an overwhelming proportion who had experienced discrimination primarily in human attitudes.

We also asked respondents which countries they considered to be exemplary in the field of accessible tourism. Austria, Germany and the UK, as well as the Scandinavian countries, stood out by far. Specific attractions were also asked as examples of good practice experienced by respondents, and fortunately a relatively high number of these were in Hungary.

The overwhelming majority of survey respondents were in favour of introducing content on the characteristics, problems and possible solutions of tourism for people with disabilities in higher

education tourism courses and making the material available online. Unfortunately, they were not so sure that they would volunteer to help disabled people in tourism.

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