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The development of the innovative educational method of
ACCESSIBLE tourism in Central Europe

The participation of people with disabilities in tourism, its challenges and possible improvements

- the results of the questionnaire survey -



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1. Research methodology

The survey was conducted in October-November 2023, in two languages (Hungarian and Romanian), using the same questionnaire on paper and online¹. In order to reach people with disabilities, a snowball method was used, first of all involving organizations that serve people with disabilities and operate in the region (mainly from Harghita County). In a second round, the online questionnaire was also shared in several Facebook groups of people with disabilities in Romania², and promoted with the help of other organizations supporting people with disabilities in further regions of Romania.

The highest number of completions (210, 60.6 percent of the filled questionnaires) were on paper and were received through the **Association of the Disabled from Harghita County**³. This NGO participated as a strategic partner in the research and cooperation with Sapientia Hungarian University of Transylvania, Faculty of Economics, Socio-Human Sciences and Engineering. Also the **HIFA-Romania Association**⁴, **Caiac SMile**⁵, the **Directorate of Social and Child Protection of Harghita County**⁶ and the **St. Gellért Foundation**⁷, to whom we were also very grateful for their cooperation, helped to fill in a significant number of questionnaires (18-35 completed questionnaires). Other organizations that supported the success of the survey in a lower proportion are Providența, National Association of the Hearing Impaired, Fébé Foundation (Cluj-Napoca), Caritas – Miercurea-Ciuc Counselling Office for the Disabled, Transylvanian Hungarian Foundation for the Visually Impaired, Sano Touring (Brasov) and St. Francis Association, to whom we also owe our thanks for their help in completing the survey. Overall, the majority of the respondents (as will be shown in detail in the next subsection) are disabled persons with Hungarian mother tongue and nationality from Harghita County.

After a few disability-related questions, the questionnaire mostly records experiences of travel for tourism purposes. The last block of the questionnaire contains 7 socio-demographic variables (see the Appendix for the questionnaire).

¹ https://docs.google.com/forms/d/e/1FAIpQLSdtD_pamlzeP0JxXm36DTi-sYBn3bOKoHVFEG2-g45bCRHaQ/viewform and https://docs.google.com/forms/d/e/1FAIpQLSfi3tylZPHYPeN4q-ffeZlGbf7taL1StoZ_8mx9ALbXrqyIVA/viewform

² E.g. <https://www.facebook.com/groups/oamenicudzabilitati/>, <https://www.facebook.com/groups/PERSOANECUDIZABILITATIINROMANIA> <https://www.facebook.com/groups/218849518643804> etc.

³ https://www.facebook.com/hmmsz/?locale=hu_HU

⁴ <https://hifa.ro/?lang=english>

⁵ <https://www.caiacsmile.ro/>

⁶ <https://dgaapchr.ro/>

⁷ <http://www.szentgellert.ro/index.php>

2. Characteristics of the research participants

In the questionnaire, the 346 persons with disabilities who participated in the Romanian survey were characterized along 6 socio-demographic variables. In addition, we also measured the respondents' mother tongue (based on the language of the questionnaire) in the Romanian survey. Slightly more than one tenth (41, 11.9%) of the 345 relevant respondents⁸ were native Romanian speakers. Hereafter, those who filled in the questionnaire in Romanian will be treated as Romanian nationals.

The variable measuring the type of settlement included 10 categories (see question 32 of the questionnaire in the Appendix): from villages with less than 1,000 inhabitants to the capital city, it included several categories. Most of the respondents to this question (N=338), i.e. one-third, live in a medium-sized town (25,000 to 100,000 inhabitants or less), and almost a third (30.8%) live in a village of more than 1,000 inhabitants. 8 persons with disabilities live in the capital, 10 in regional centres (up to 250,000 – 500,000 inhabitants) and 15 in international regional centres (up to 500,000 - 1 million inhabitants) completed the questionnaire. Aggregate our data into the four categories in Table 1, we see that overall there are a few respondents from large cities (15.4%, or 54 people) and small towns (14.2%, or 48 people). The majority of respondents (70.4%) live in rural or medium-sized towns.

1. Table. Distribution of respondents by type of municipality (% , N=338)

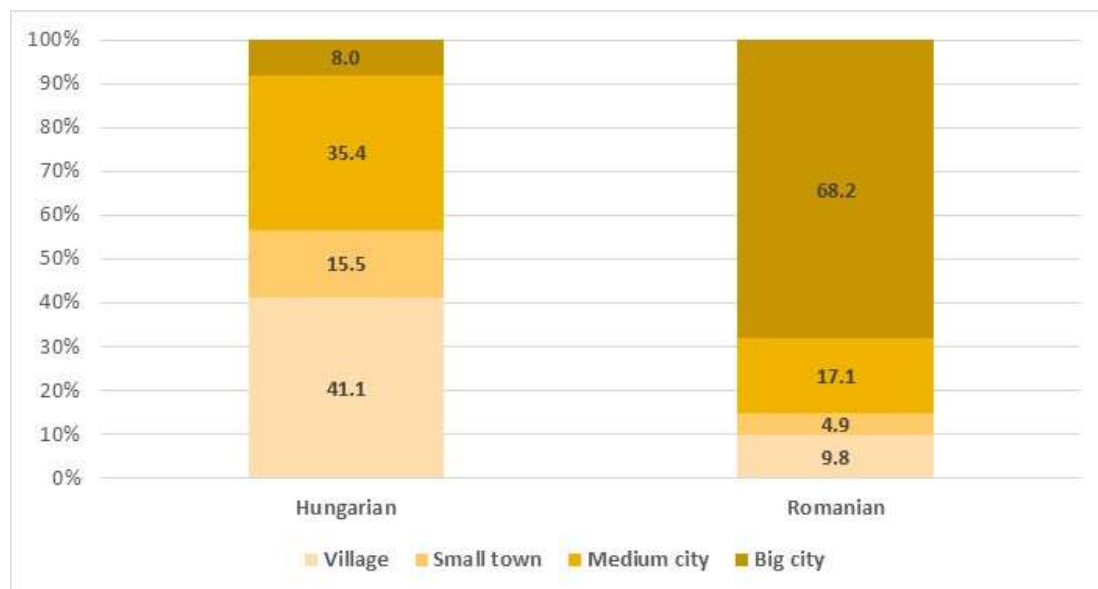
Small village with less than 1,000 inhabitants	6.5	Village	37.3
Villages with more than 1,000 inhabitants	30.8		
Small town with less than 10,000 inhabitants	6.2	Small town	14.2
Small town: up to 10,000 – 25,000 people	8.0		
Medium-sized city: up to 25,000 – 100,000 inhabitants	33.1	Medium-sized city	33.1
Big city: up to 100,000 – 250,000 people	5.6	Big city	15.4
International regional centre: up to 500,000 - 1 million people	4.4		
Regional centre: up to 250,000 – 500,000 inhabitants	3.0		
Capital	2.4		
Total	100		100

Source: research database

⁸ Due to partial completion, data from 1 respondent was excluded from the analysis.

As expected, there is a significant correlation between the nationality of the respondents and the size of the settlement ($p=0.000$, $\chi^2=100.869$): a much higher proportion of Romanian respondents live in metropolitan areas than Hungarians (Figure 1).

1. Figure. Distribution of respondents by type of settlement and nationality
(%, N=338)



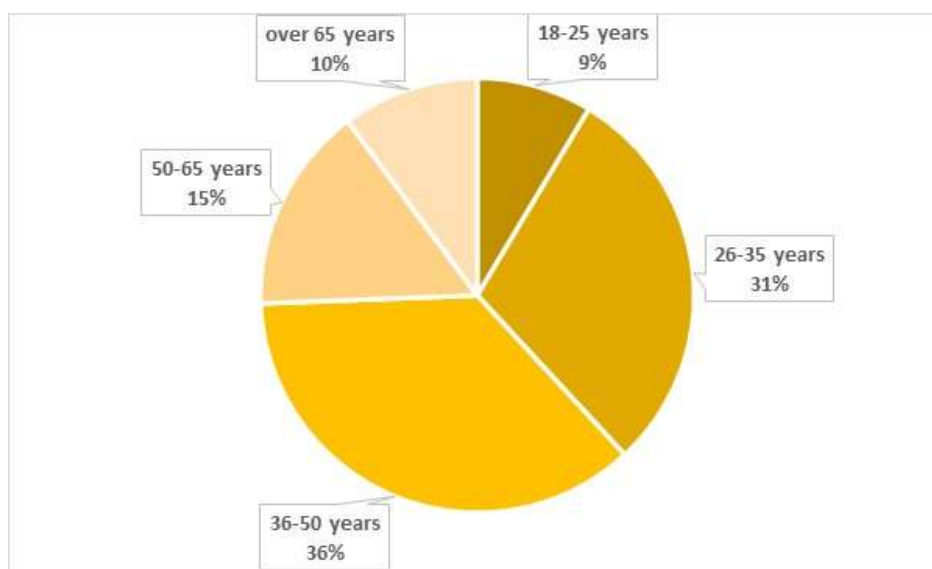
Source: research database

The gender distribution of respondents is very similar, with a 50/50 split between women (48.4%) and men (50.4%). 10 respondents did not wish to answer this question and 4 indicated "Other"⁹ as their gender. In terms of age groups, of the original five categories (question 28 of the questionnaire), the 36-50 age group (36.3%) is the most represented, followed by the 26-35 age group (29.5%) (Figure 2). The other three age groups are represented in one-tenth of the proportion and there are a further 20 missing responses. In further analyses, we use the 3 aggregated age group distributions: 25-35 years old, i.e. young (38.5%), 36-50 years old, middle-aged (36.3%) and older age group (over 50 years old).

⁹ Further in the gender distribution the category "Other" is included in the missing data due to the small number of cases.

Surprisingly, of the socio-demographic variables, the question on marital status received the fewest responses (41 missing records). This can be explained by the high proportion of single people: almost two-thirds (63.2%) of the respondents are single (a quarter of those aged 50 and over and almost two-thirds of those aged 36-50), a quarter are married (25.7%), 16 are widowed, 11 are divorced and 7 are in a partnership. Hereafter, those living alone (single, widowed and divorced, 72% in total) and those in a married or a relationship (28%) are treated as separate categories.

2. Figure. Distribution of respondents by age group (% , N=325)



Source: research database

14 respondents did not answer the question on highest level of education: most respondents had a secondary school education (40.5%), followed by those with a university, bachelor degree (23.9%), then vocational school (15.4%) and those with maximum 8 classes of primary school (10.3%). There are also 16 respondents with a master's degree and 1 with a doctorate, 13 with a school for children with special needs (the most frequent response category for the open question and equivalent to a primary school degree) and 3 with other qualifications. The educational attainment levels, including the classic primary-secondary-tertiary grouping, are shown in Table 2.

Table 2. Distribution of respondents by educational attainment level (%)

Maximum 8 classes of primary school	10.3	Up to primary level	14.3
School for children with special needs	3.9		
Vocational school	15.4	Secondary	56.4
Secondary school	40.5		
University, Bachelor's degree	23.9	Tertiary	29.3
University, Master's degree	4.8		
Doctoral Degree	0.3		
Other	0.9	Total	100
Total	100	N	328
N	331		

Source: research database

For the question on the employment status of the respondent (question 31 of the questionnaire), the responses to the 11 close-ended and one open-ended response options were grouped into 13 categories (Table 3). The two most common categories, each comprising approximately one quarter of respondents, are: white-collar employee (26.3%) and disability pensioner (24.1%). Another category, comprising approximately one tenth of respondents each, is blue-collar employee (14.9%) and pensioner (12.3%). 15 persons are unemployed, 13 self-employed, 10 active with reduced working capacity, 9 are students, 7 are inheritance pensioners, 6 dependents, 4 are housewives and 3 are on maternity or paternity leave. In addition to the 29 non-respondents, there are also 4 in the "other" category. In the further analysis, we use the economically active (53.8%) and inactive categories (46.2%).

3. Table. Distribution of respondents by employment status (%)

Self-employed, entrepreneur	4.1	Economically active	53.8
White-collar employee	26.3		
Blue-collar employee	14.9		
Active with reduced working capacity	3.2		
Unemployed	4.7		
Disability pensioner	24.1	Economically inactive	46.2
Pensioner	12.3		
Inheritance pensioner	2.2		
On maternity/paternity leave	0.9		
Student	2.8		
Housewife	1.3		
Dependant	1.9		

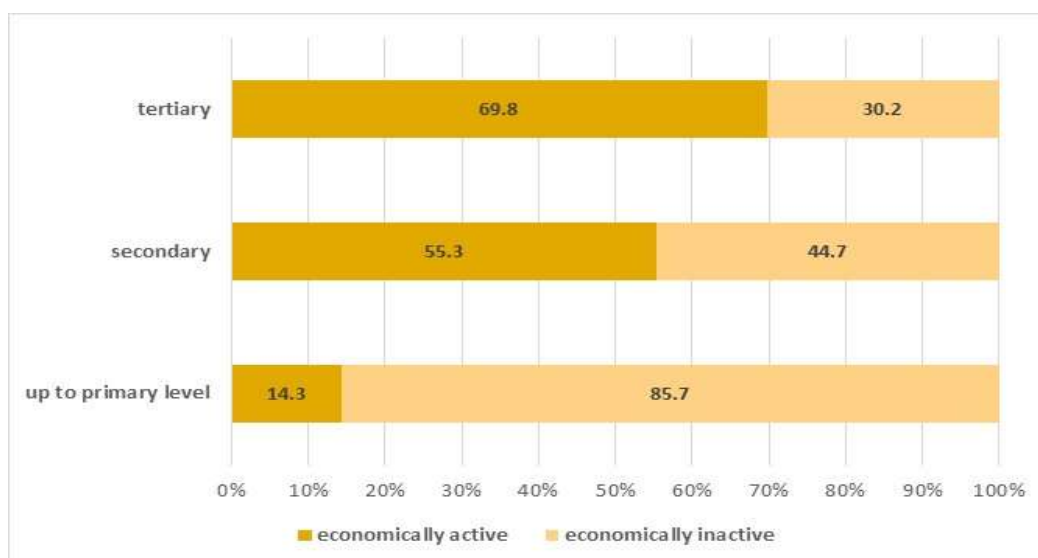
Other	1.3		
Total	100	Total	100
N	316	N	312

Source: research database

Overall, the vast majority of the 354 valid respondents with disabilities are of Hungarian nationality (88.1%), live in a rural or medium-sized urban environment (70.4%), are aged 26-50 (67%) and slightly more than half have a secondary education (56.4%) and are economically active (53.8%). Half of the respondents from metropolitan areas and 38% of those from rural areas are middle-aged (36-50 years), while the largest proportion of respondents from small and medium-sized towns are young (42-44%).

As in most studies, a much higher proportion of those with higher education are economically active ($p=0.000$, $\chi^2 = 35.345$) than those with lower education (Figure 3). This indicates that also for people with disabilities, higher educational attainment may be a significant factor in labor market participation.

Figure 3. Economic activity by educational attainment level (% , N=298)

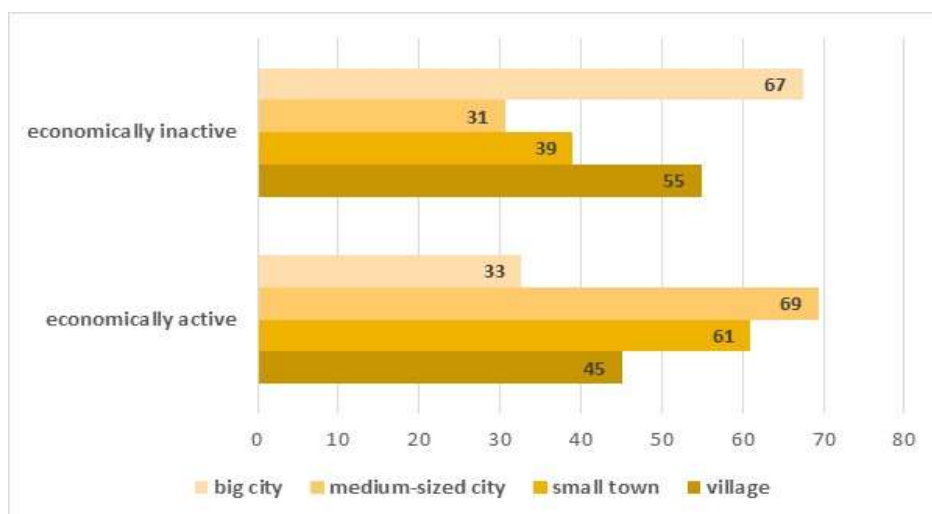


Source: research database

However, as indicated above, although this is not a representative study, even controlling for age group, we find that the type of municipality is also significantly associated with economic activity for the two younger age groups ($p<0.01$, $\chi^2 > 13.40$): the proportion of economically active people is highest in medium-sized cities and lowest in big cities (Figure 4). It seems that even in small towns and rural areas, it is easier for working-age people with disabilities to find a job than in big

cities. The reason for this is that in smaller cities the community is more cohesive, people know and listen to each other better, the small-town community is more inclusive, support networks are better functioning and as a result, people with disabilities are better supported in providing assistance and even jobs.

Figure 4. Economic activity by type of settlement (% , N=308)

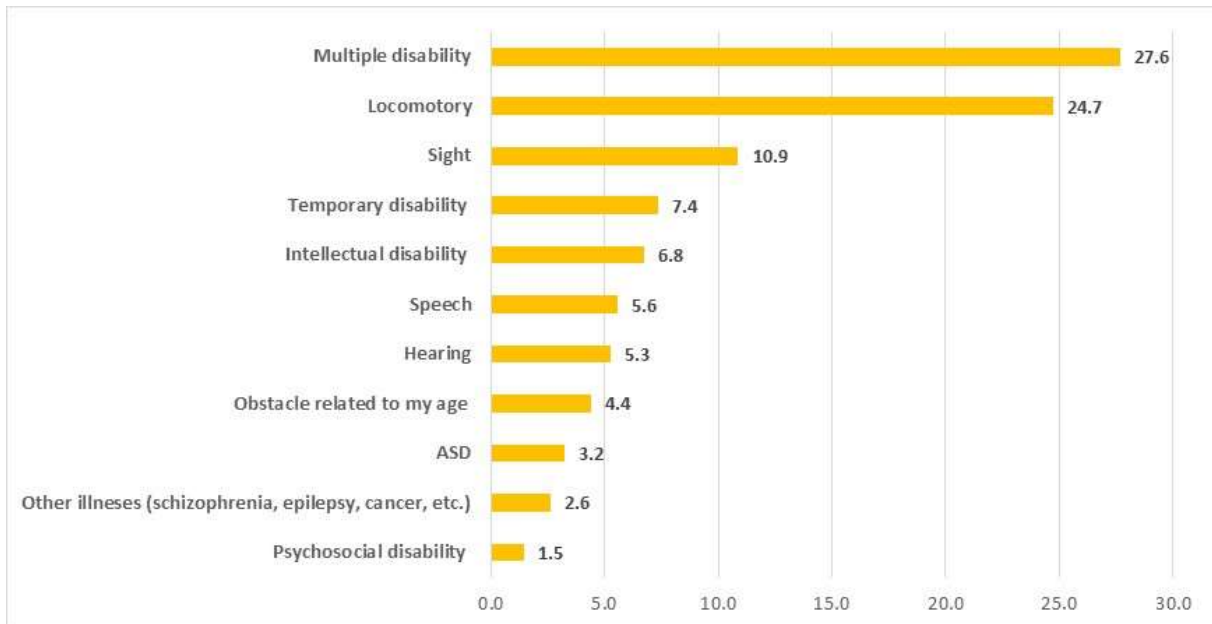


Source: research database

3. Disability-related characteristics

We asked 5 questions (K1-K5) on disability and its impact on the daily life of people with disabilities. The first question asks about the type of disability, where in addition to 10 close-ended answers, there was also an open option for respondents. As this was a multiple-choice question, there were a large number (51) of combinations of answers to question K1. For clarity of results, these were regrouped into the original 10 categories (Figure 5), which also included the category "Multiple Disability". All cumulative disabilities (more than one disability) were included in this category. Overall, the response rate to this question was surprisingly high, with only 5 people not answering the question. As can be seen in Figure 5, most people have multiple and locomotory disabilities, with over half of respondents falling into these two categories. The category of sight disability (visually impaired) is also significant, with all other disabilities being less prevalent among respondents.

Figure 5. Distribution of respondents by type of disability (% , N=340)



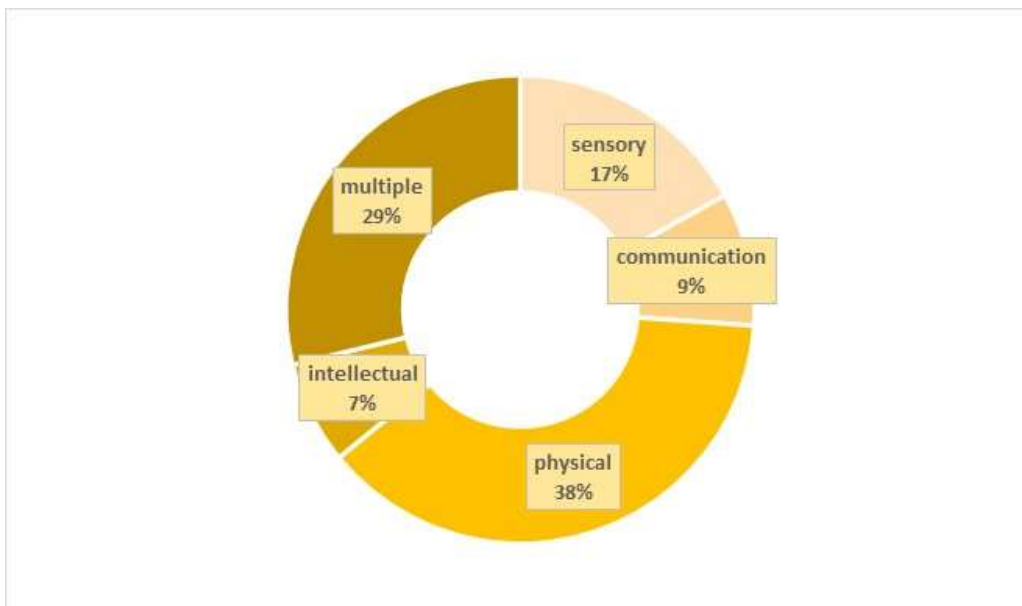
Source: research database

The 11 types of disability are further grouped into 5 broad categories: sensory (visual and hearing), communication (speech and ASD), physical (locomotory, temporary disability, age-related disability), intellectual (intellectual), and multiple disabilities. Other disabilities, which included psychosocial disability¹⁰ due to the very low (5) frequency of mention, were not included in this categorization (19 missing data in total). In this distribution, most valid respondents have a physical disability and the second most populous group continues to be followed by people with multiple disabilities (Figure 6). So overall, when it comes to respondents, we are talking mainly about people with a physical disability and people with multiple disabilities (two-thirds of disabled people fall into this category).

¹⁰ The very low number of cases suggests that respondents did not understand this term.

Figure 6. Distribution of respondents by the 5 major disability types

(%, N=326)



Source: research database

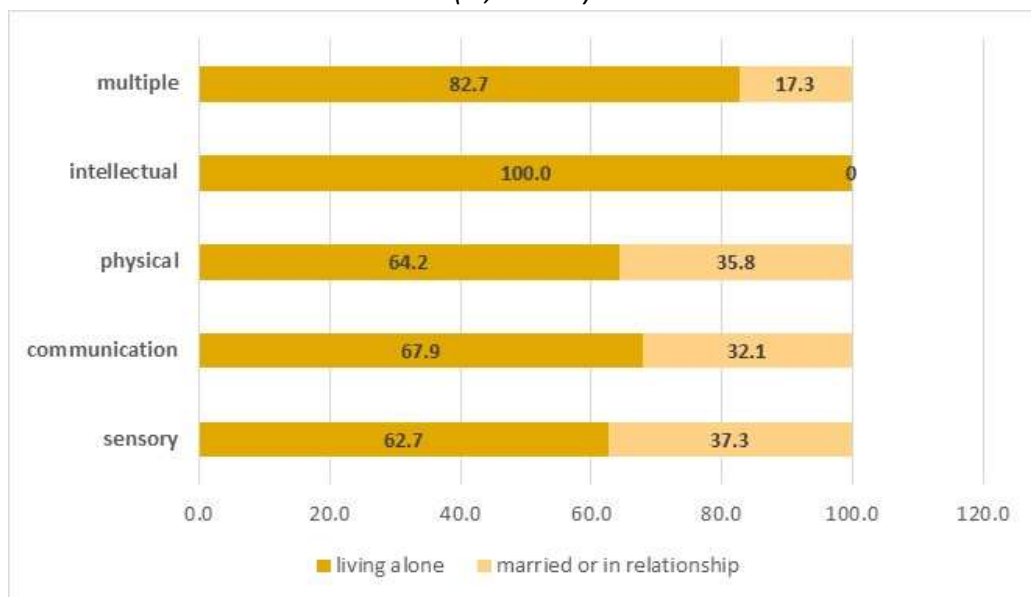
The analyze of disability types by socio-demographic variables slightly nuances the picture. Romanian respondents are more than twice as likely to have a physical disability as Hungarians. All other types are represented in significantly lower proportions than Hungarians ($p=0.000$, $\chi^2=22.133$). There is no significant difference between women and men and between different age groups in this respect, nor is there any difference in smaller municipalities. More than half of the respondents living in big cities are Romanian, so the proportion of people with a physical disability is also higher among respondents living in big cities than in other types of municipalities.

A significant association between educational attainment and disability type was expected ($p=0.000$, $\chi^2=44.723$): none of the people with intellectual disabilities had completed tertiary education, and those with at most primary education had a much higher proportion of intellectual and multiple disabilities than those with higher education. Higher education is most likely to be obtained with a physical disability.

Similarly, these two types of disability (intellectual and multiple) also have a significant effect on marital status ($p=0.001$, $\chi^2=18.047$): no one with intellectual disability is in a couple and people with multiple disabilities have more difficulty finding a partner than people with other disabilities (Figure 7).

The type of disability also has a significant effect on economic activity ($p=0.00$, $\chi^2=27.198$), similarly: people with intellectual and multiple disabilities and people with mobility impairments are more inactive than economically active, i.e. they have more difficulty finding a job than people with visual, hearing and speech impairments.

Figure 7. Family status by disability type
(%, N=286)

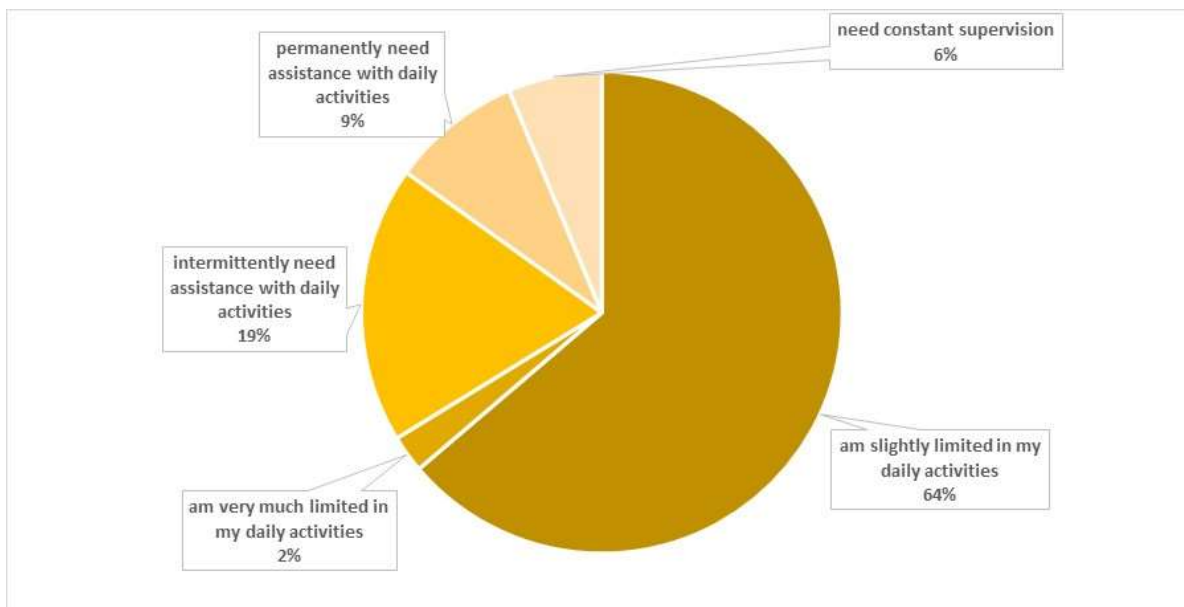


Source: research database

More than half of disabled respondents (58.4%) were born with a disability. This also correlates with the type of disability ($p=0.000$, $\chi^2=54.405$): physical disability is the least genetically determined disability, followed by multiple disabilities and then sensory disability. Intellectual disability, followed by communication disability, is the most common type of disability from birth.

In the second question of the questionnaire, we wanted to find out how much the research participants were limited in their daily activities by their disability. Almost two-thirds (63.7%) of respondents feel only slightly limited in their daily activities because of their disability. In contrast, 48 respondents (15.1%) need constant supervision with daily activities (Figure 8).

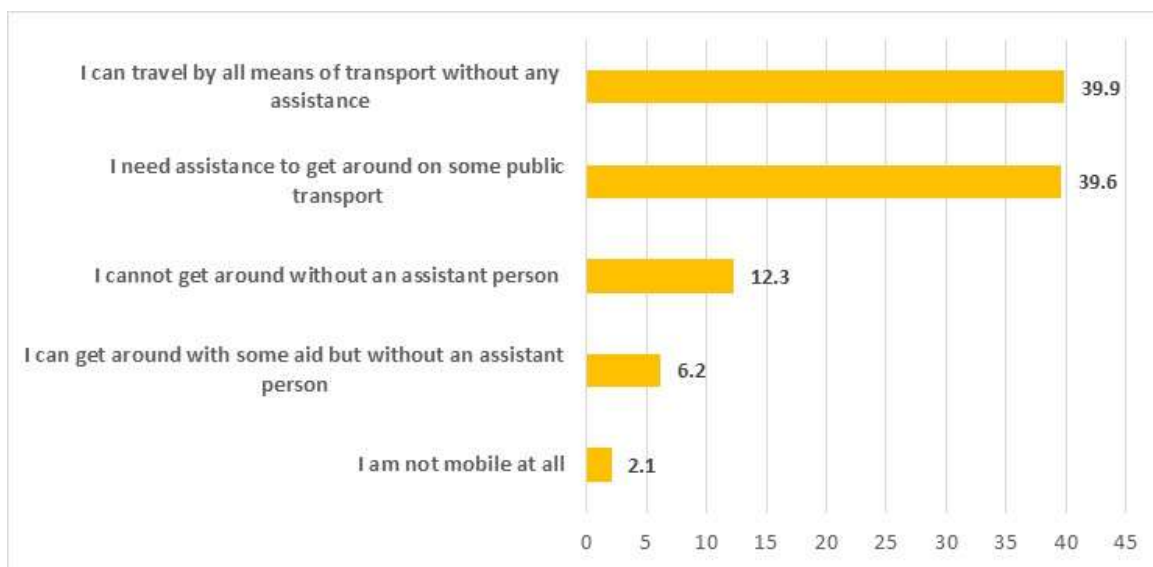
Figure 8. Degree of disability restriction (% , N=317)



Source: research database

On the issue of individual mobility disability, we see a similar picture: two-fifths can use all means of transport without assistance, almost two-fifths need assistance to get around on some public transport, 21 (6.1%) can get around with some aid but without an assistant person and 14.4% cannot use public transport at all or can only use it with an assistant person (Figure 9).

Figure 9. Transport barriers of people with disabilities (% , N=341)



Source: research database

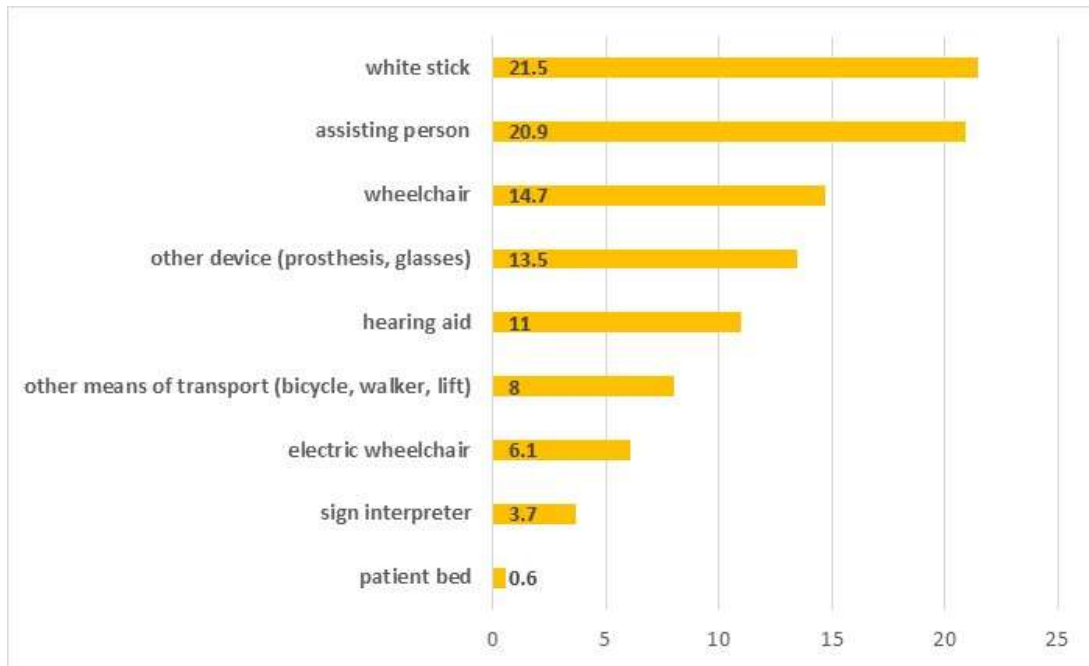
The fact that the majority of people with disabilities in the survey can manage independently or with little assistance and can manage their daily activities is confirmed by the fact that more than half of the respondents (52.9%) leave their homes daily without assistance and more than a third (37.1%) do so with assistance. Only one-tenth (9.9%) do not leave the house to go shopping, to cultural events, etc.

4. Tourism trips by people with disabilities

We asked a number of questions (K6-K23) about leisure travel, as this is the main pillar of our research. The responses received from the filter question were encouraging, as only 28 people indicated that they did not travel for recreational purposes (8.1%), and therefore, as their responses were not considered relevant, they were excluded from answering further travel-related questions in the questionnaire. A further 6 respondents did not answer this question (they were not excluded from further responses), so nearly three-fifths (58.8%) of the 311 leisure travellers travelled with the use of some aid and two-fifths (41.2%) travelled without the use of any aid.

More than half of the relevant respondents (N=315) (52.7%) also need some kind of assistance during their travels, the nature of which is summarised in Figure 10.

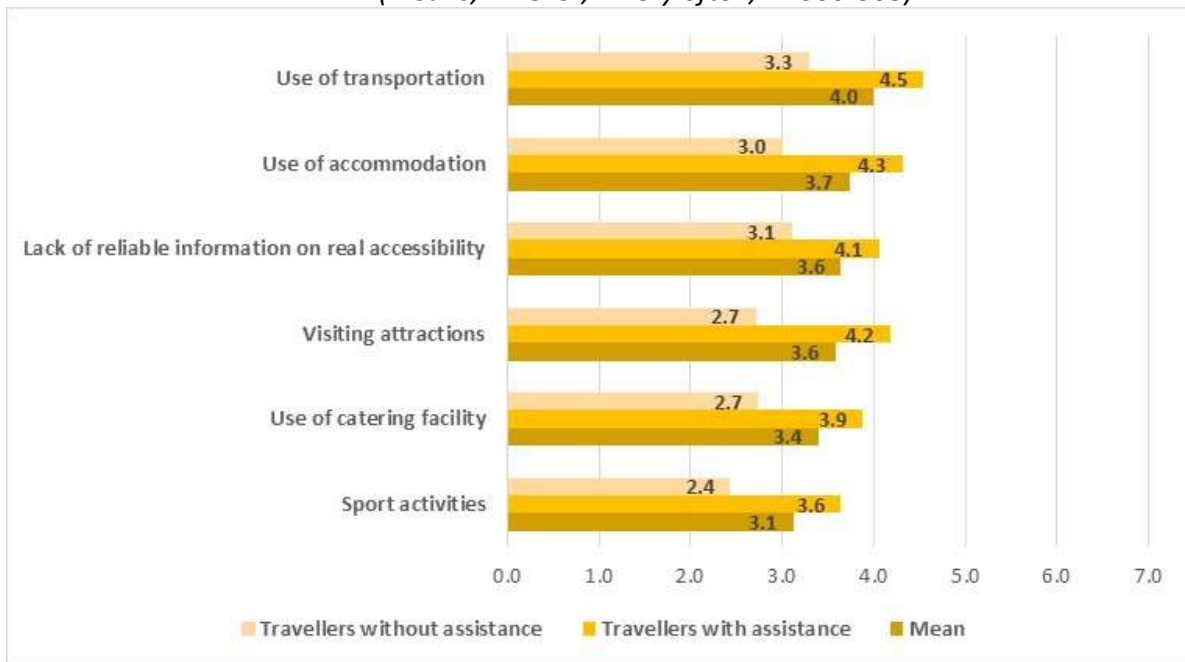
Figure 10. Aids used during tourism trips (% , N=163)



Source: research database

In question block 7, we listed 6 factors for which respondents were asked to rate the frequency of each area of difficulty on a scale of 1-7 (1- I am never faced with this problem; 7. I am faced with it very often). The minimum value for all 6 questions was 1 and the maximum was 7, with a valid response rate ranging from 300-308. The mean scores show that transport is the most frequent problem for people with disabilities, and access to sports activities the least. There is, however, a significant difference ($p=0.000$, $F>20.783$) between the ratings of those travelling without assistance and those travelling with assistance: for all factors, those travelling with assistance perceived the problem more often (Figure 11).

Figure 11. Prevalence of difficulties experienced by people with disabilities when travelling for tourism purposes in six areas (means, 1-never, 7-very often, N=300-308)



Source: research database

Overall, problems in these areas are encountered with a medium frequency and are more strongly felt by those travelling with assistance. The same is true for those who require some form of aid device for their travel ($p < 0.05$, $F > 6.454$) and the order is the same: transport is the most problematic (mean score for assisted travellers 4.54, for unassisted travellers 3.29) and sports activities the least (mean score for assisted travellers 3.64, for unaided travellers 2.43).

Questions 9 to 12 of the questionnaire cover the frequency of intern and international travel for the period 2018-2021 and the year before the survey (2022). From the responses (Table 4), we see that in 2022, compared to the 4-year period before, half as many people with disabilities travelled abroad three or more times. Although it is not possible to compare one year with 4 years, we also see that in 2022 the proportion of people who did not travel abroad once tripled, so this again supports the view that the propensity to travel for tourism in this particular target group appears to be declining after the pandemic. The frequency of intern travel has decreased only marginally, so we see no significant difference in this area. Overall, those who do not travel at all (28) and those who travel in their country only very rarely seem to account for just over one-tenth of respondents. This is in line with previous findings that approximately 15% of disabled respondents are unable to engage in tourism, either in the country or abroad, due to

significant mobility limitations resulting from their disability. Furthermore, it also seems to be emerging that around one-third of people with disabilities also travel abroad for tourism purposes at least once a year.

4. Table. Frequency of respondents' abroad and intern trips in the last 5 years (%)

	in 2022		2018-2021	
	in the country	abroad	in the country	abroad
Not once	2.9	54.6	2.2	16.8
Once	5.4	0.0	1.9	14.3
Twice	5.4	22.4	4.8	22.9
Three times	9.8	10.1	4.8	17.1
More than three times	76.5	12.9	86.2	28.9
Total	100	100	100	100
N	315	317	312	315

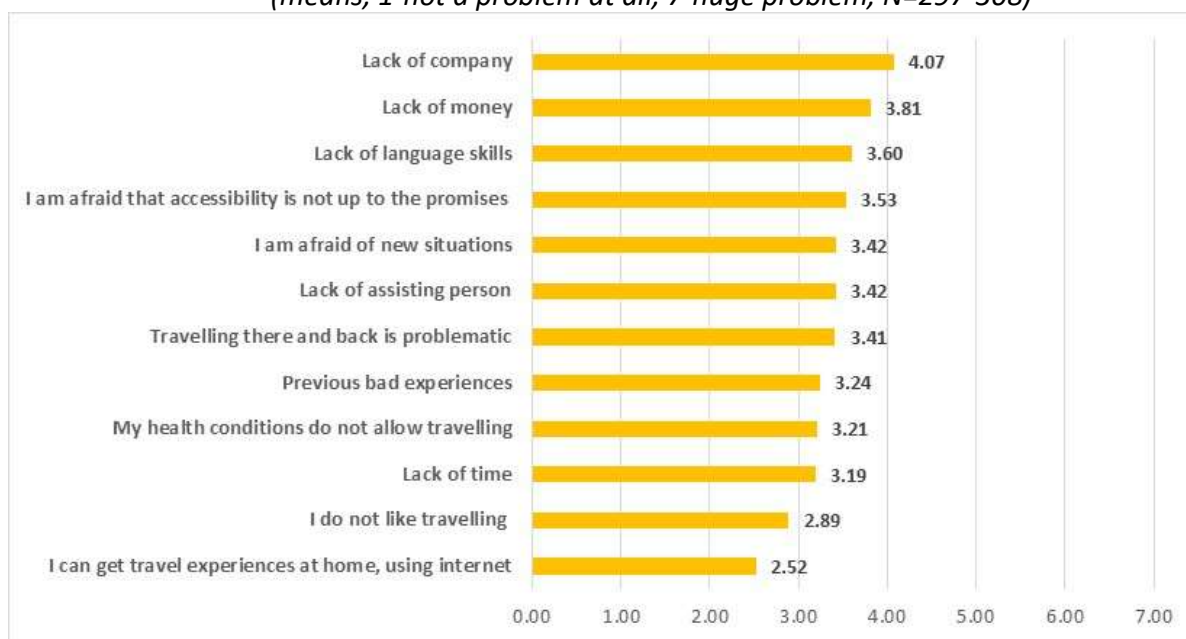
Source: research database

In question block 13, we have listed 12 factors that could potentially act as barriers to tourism travel. As with question 7, respondents were asked to rate each of the factors causing problems on a scale of 1 to 7 according to the severity of the problem: 1 - not a problem for my travels at all; 7 - this factor is a huge problem for my travels. The data indicate (Figure 12) that the biggest obstacle is a lack of company, followed by a lack of money and language skills. The least important factor discouraging respondents from travelling for tourism purposes is the possibility of getting travel experiences at home, using the internet and technology and the fact that they do not like to travel. Overall, in addition to health-related travel constraints, the lack of company, money and language skills, the fear of not having accessibility and being in unfamiliar situations, the lack of an assistant person, problems with travelling there and back and previous bad experiences are also more of a problem for them. All this suggests that adequate, accessible transport and accommodation conditions would significantly reduce the involvement of people with disabilities in tourism. In addition, the involvement of more volunteers, language courses and the organisation of paid group trips would go a long way to increasing the involvement of people with disabilities in tourism, thereby significantly improving their quality of life.

The correlation between disability types (5 categories) and the twelve factors listed shows a significant difference for 6 factors ($p < 0.05$, $F > 2.727$). People with sensory, communication and multiple disabilities are less likely to travel, and the lack of time and company are more significant barriers to travel than for people with intellectual and physical disabilities. Lack of language skills was rated as a more significant barrier by people with intellectual, communication and multiple disabilities than people with physical and sensory disabilities. The lack of an assistant person was a greater barrier for people with physical, sensory and intellectual disabilities than for people

with multiple and communication disabilities. Finally, understandably, the lack of accessibility is more of a barrier to participation in tourism travel for people with physical and multiple disabilities than for the other three categories.

Figure 12. Barriers to tourism trips by people with disabilities
(means, 1-not a problem at all, 7-huge problem, N=297-308)



Source: research database

No significant gender differences were found along any of the barriers. However, as expected, the analysis by age groups indicates significant differences along two factors ($p < 0.05$, $F > 6.072$). The older age group perceives time pressure and the internet as less of a barrier than the two younger generations.

There are important differences between nationalities. Except for two factors (reliability of information on accessibility and lack of money), Romanians have lower mean scores for the listed barriers to tourism travel. While there is little difference between the two nationalities in the perception of lack of money, there is a significant difference in the reliability of accessibility information ($p = 0.000$, $F = 13.740$): Romanians' confidence in information is significantly lower than that of Hungarians. Also, there is a significant difference ($p < 0.05$, $F > 13.739$) in the barriers of not liking to travel, lack of time, lack of company, lack of language skills and health: all of these are perceived more strongly as barriers by Hungarians than Romanians.

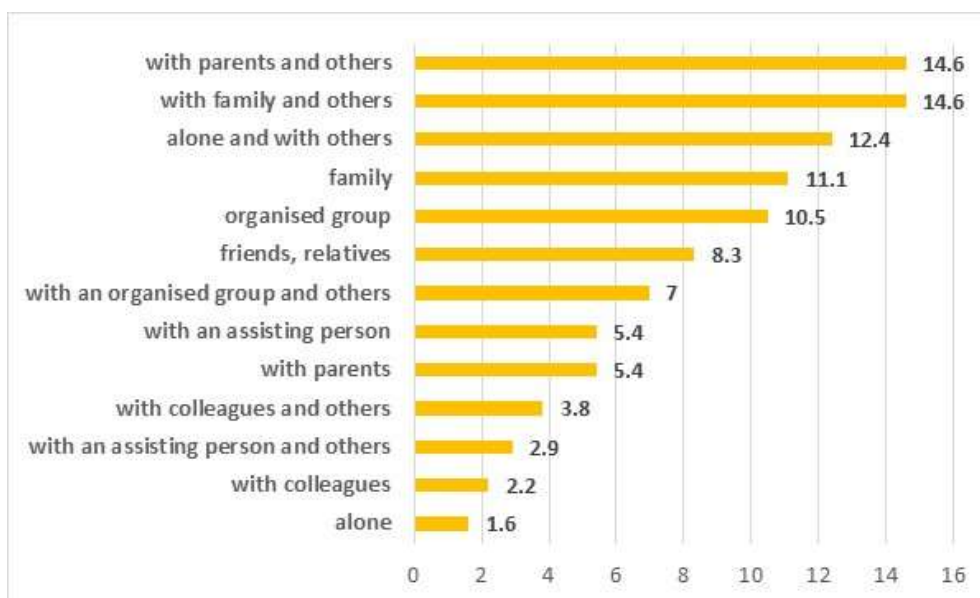
There is also a significant difference between living alone and living with a partner in the perception of 5 barriers ($p < 0.05$, $F > 5.310$): lack of language skills and an assistant person, as well as fear of new situations, of travelling there and back and of unhindered conditions that do not match promises, are significantly more barriers for those living alone than for those living with a partner.

Economically active people are significantly more inhibited ($p < 0.05$, $F > 4.333$) by lack of time, previous bad experiences and not liking to travel, while inactive people are inhibited by lack of an assistant person.

Finally, there is also a significant difference in educational attainment along 4 factors ($p < 0.05$, $F > 3.856$): lack of time, lack of company (most important) and previous bad experiences are more important barriers for those with higher education, and lack of language skills is less important than for those with lower education.

Next (Q14) we asked who respondents usually travel with. In addition to the 7 response options, respondents were also given the option of answering the question in open-ended form or of ticking more than one of the options listed. In this way, 69 different combinations of responses were obtained, which were grouped into 13 categories along the close-ended categories provided to facilitate interpretation (Figure 13).

Figure 13. Travelling companions of people with disabilities (% , N=314)

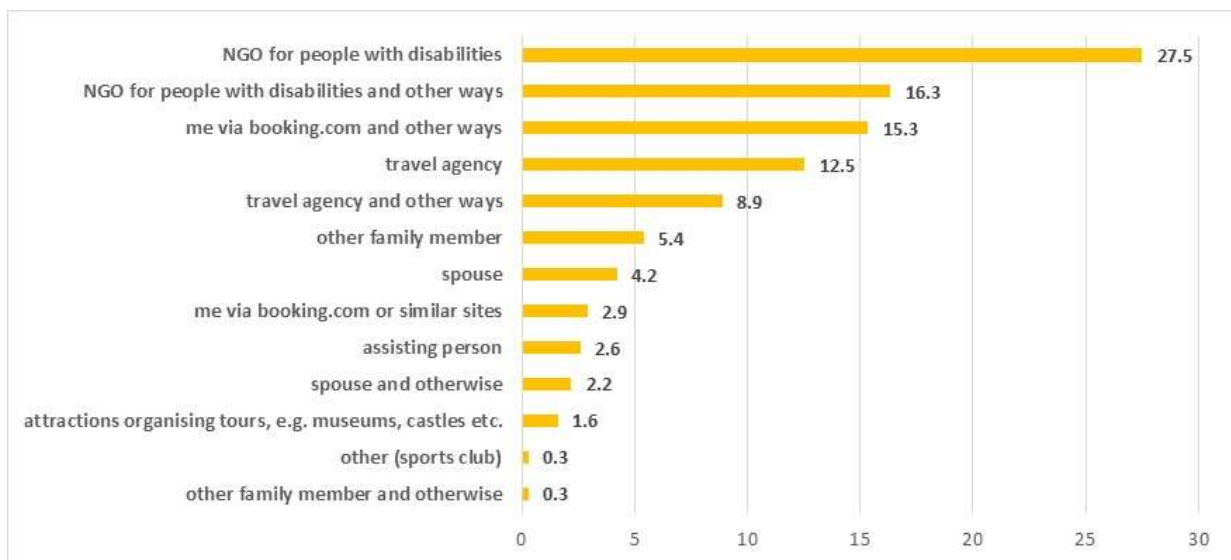


Source: research database

Only 5 of the relevant respondents indicated that they usually travel alone. Also low is the proportion of respondents who travel with colleagues, colleagues and others, with an assisting person, or with an assisting person and others. Few disabled people travel with their parents, 17 (5.4%) in total, but it should also be noted that only 9 students completed the questionnaire. Travelling with organised groups is a characteristic of nearly one in two disabled people (17.5%). The most common is travelling with several people, with family, parents and others, for a tourist trip, a characteristic of at least one in two disabled people. Nearly one in ten people with disabilities travel with friends and distant relatives (8.3%).

In a similar format to the previous question, and also using a combination of 7 closed and 1 open response option, we also asked who usually organizes the trips they take (K8). Again in a similar way to the previous question, the 59 different combinations of responses were compressed into 13 aggregated categories (Figure 14). As shown in Figure 14, NGOs for people with disabilities are the most important actors in the organisation of trips, being responsible for more than two-fifths of the trips (43.8%). This high proportion may also be related to the fact that, as mentioned in the methodological introduction, it is precisely through these NGOs and public organisations that respondents were reached.

Figure 14. Organisers of trips for people with disabilities (% , N=313)



Source: research database

Travel agencies (21.4%) and individual tour operators (18.2%) also play an important role. All the other modes of travel organisation listed seem to be of very little importance for the participation of people with disabilities in tourism.

Similar to the previous two questions, we also asked about the source of help available in organising and managing the trip (Q16). The original 35 response combinations were again compressed along the close-ended response options (Table 5). As in the previous question, the predominance of NGOs assisting people with disabilities in organising and providing assistance for tourist trips (42.2%) is also evident here. The role of family assistance in organising and providing assistance for trips is also significant (28.2%) - as we saw earlier, family members are most often involved in these trips. The role of travel agencies is less important in this question, while the contribution of individuals and others is more important.

5. Table. People and organizations who help people with disabilities to organise trips for tourism purposes (% , N=315)

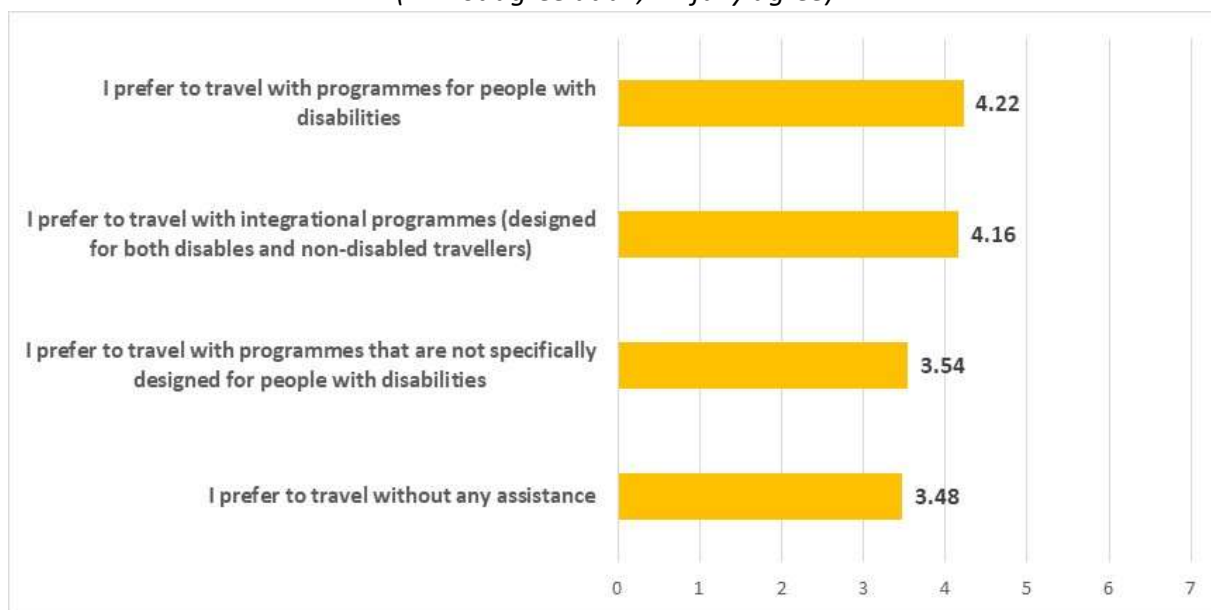
I can make it on my own, without assistance	4.8
I can make it on my own, without assistance and with other kind of help	13
family	13.3
family and other kind of help	14.9
NGO assisting people with disabilities	34.3
NGOs assisting people with disabilities and other kind of help	7.9
travel agency	11.4
other (friends)	0.3
Total	100

Source: research database

Question 17 asked about the typical financial coverage of travel, again using a multiple-choice question with 6 close-ended categories. The 27 possible combinations of answers were again compressed into the original 6 categories. Only one person indicated that the only typical source of their travel was public funding, 4 indicated that they had no funds for travel and 6 indicated that they relied only on NGO support for travel. 28 (8.9%) relied only on family funding and 39 (12.4%) relied only on personal funding for travel. The majority of persons with disabilities (75.2%) rely on more than one of these sources when they travel for tourism purposes.

Next, we wanted to know what kind of content is preferred by people with disabilities (K18).

Figure 15. Preferred programmes for people with disabilities (means, N=304-306)
(1 - not agree at all, 7 - fully agree)



Source: research database

Using a previously familiar method, respondents were asked to indicate their preference for each of the four types of programme on a scale of 1 to 7 (1 - not agree at all, 7 - fully agree) (Figure 15). Respondents preferred programmes for people with disabilities and integration programmes. Unassisted and non-disabled programmes are therefore less preferred.

There is a significant difference between people with different types of disabilities and preferred programme types ($p < 0.05$, $F > 2.912$). People with intellectual disabilities are the most likely to prefer programmes for people with disabilities or inclusion, followed by people with physical disabilities. Those who prefer programmes for the non-disabled and individual programmes are mostly the sensory disabled.

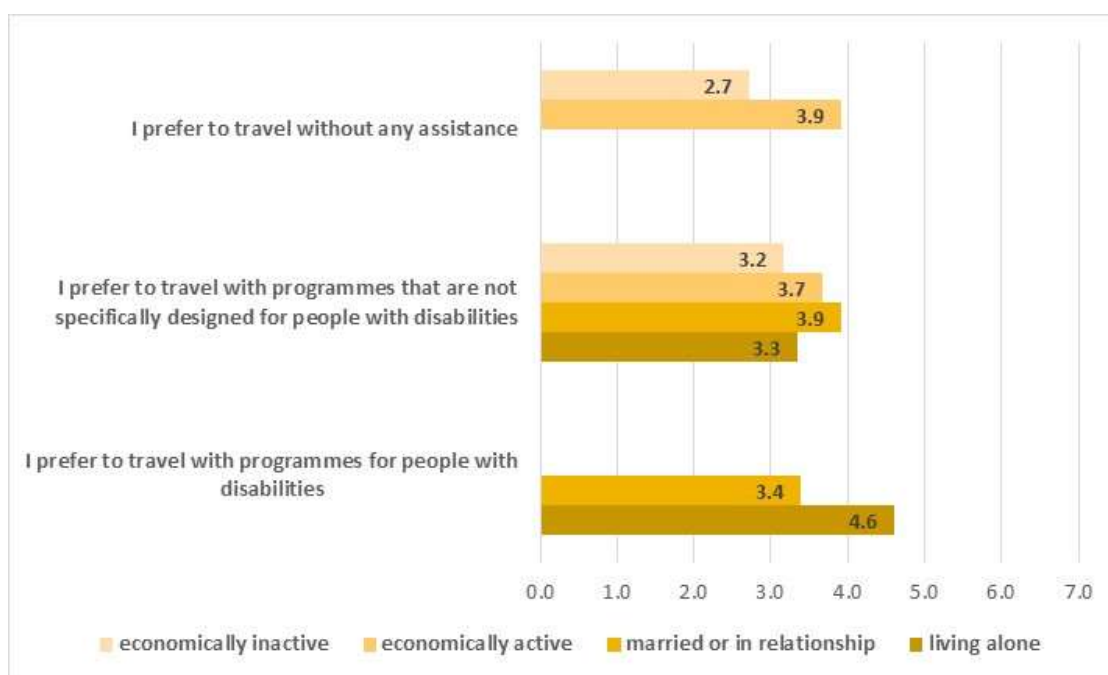
By gender, there is only a significant difference ($p < 0.05$, $F > 8.056$) between the mean preference for integrational and programmes that are not specifically designed for people with disabilities: women prefer both categories more than men. In the other two categories, although the difference is not significant, men are the ones who give higher scores.

The economically active ($p < 0.05$, $F > 5.920$) prefer non-disabled and self-organised tourism programmes more than the economically inactive. Those living with a partner ($p < 0.05$, $F > 6.055$)

prefer non-disabled programmes and those living alone prefer programmes specifically for people with disabilities (Figure 16)

Figure 16. Preferred programmes for people with disabilities by economic activity and marital status

(means, N=271-278, 1 - not agree at all, 7 – fully agree)



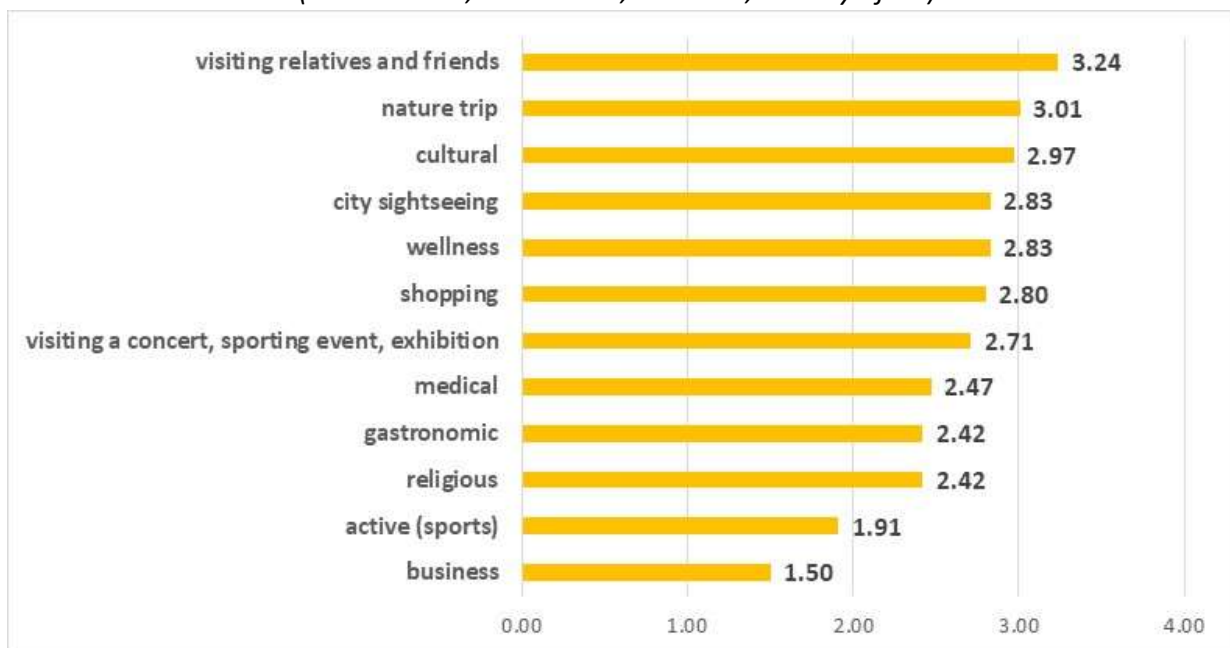
Source: research database

Educational attainment shows a significant difference in the other two categories, along the preference for programmes entirely for people with disabilities and for individualised solutions ($p < 0.05$, $F > 8.200$): those with higher and secondary education are more open to individualised programmes and less prefer programmes specifically for people with disabilities than those with primary education or less.

People living in different sizes of settlements also prefer different programmes ($p < 0.05$, $F > 2.843$): programmes specifically for people with disabilities are preferred by people living in smaller settlements (villages and small towns), integrational programmes by people living in big cities, and individually organised programmes by people living in small and medium-sized towns. Related to this, Romanians ($p < 0.05$, $F > 4.927$) also prefer integrational programmes and programmes for non-disabled people more than Hungarians.

Question block 19 maps the frequency of travel motivations on a 1-4 point Likert scale (1. never; 2. rarely; 3. often; 4. very often) along 12 motivations. The most important motivation for travelling is to visit relatives and friends, followed by trips to nature and cultural motivation (Figure 17). Business, active sports, religious and gastronomic trips are the least frequent motivations for respondents.

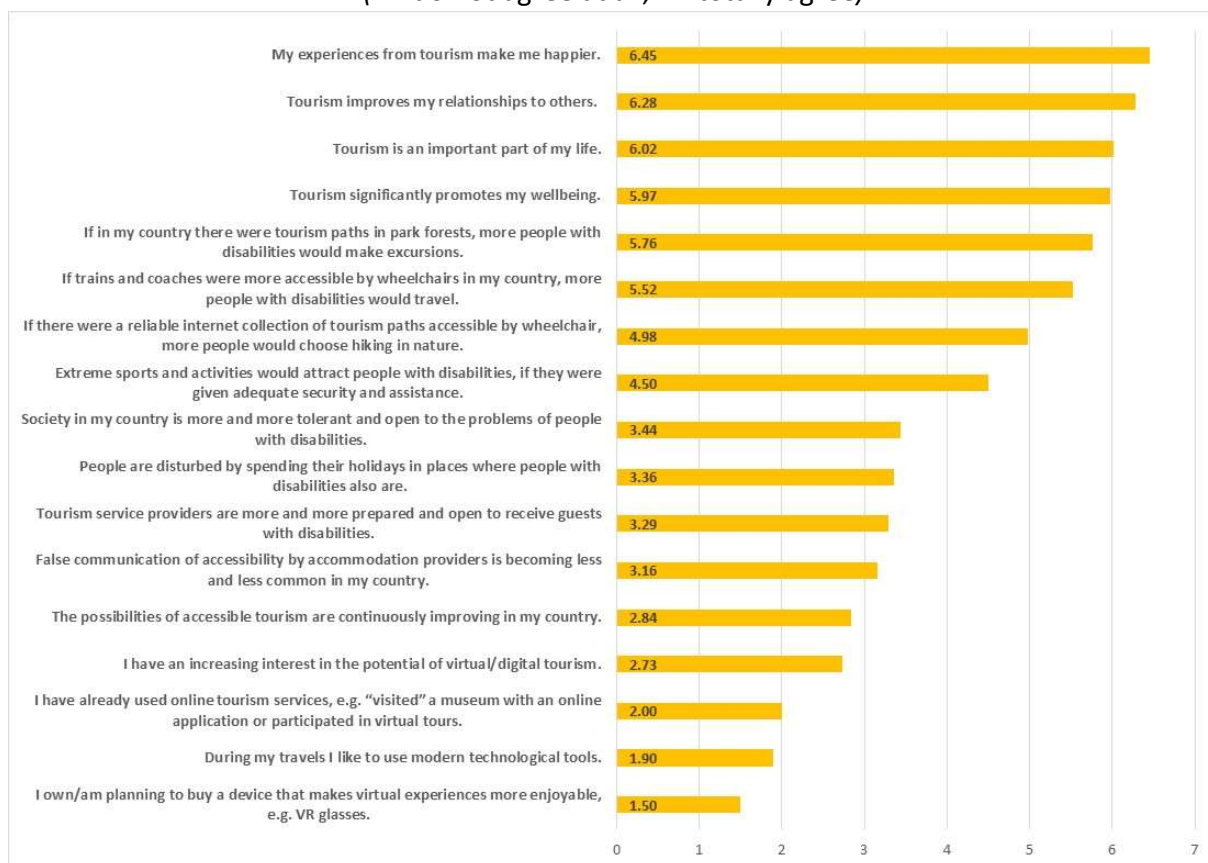
Figure 17. Frequency of travel motivations of people with disabilities
(mean values, N=303-312, 1 - never, 4 - very often)



Source: research database

Question 20 asked about the country situation and personal experiences and opinions on disability. Respondents were asked to indicate their level of agreement with 17 statements on a scale of 1-7 (1 - do not agree at all, 7 - totally agree). Respondents most agreed with the statement that their travel experiences made them happier. There is also a high level of agreement that tourism improves their human relations, that tourism is an important part of their lives and that it contributes significantly to their wellbeing (Figure 18). There is also higher than mean level of agreement on the questions related to facilitating access to tourism for people with disabilities: if there were better accessibility infrastructure, tourist routes and more reliable accessibility information, many more people with disabilities would be able to participate in tourism.

Figure 18. Disabled people's agreement with disability-related statements
(means, N=303-312, N=229 for penultimate statement)
(1 - do not agree at all, 7 - totally agree)



Source: research database

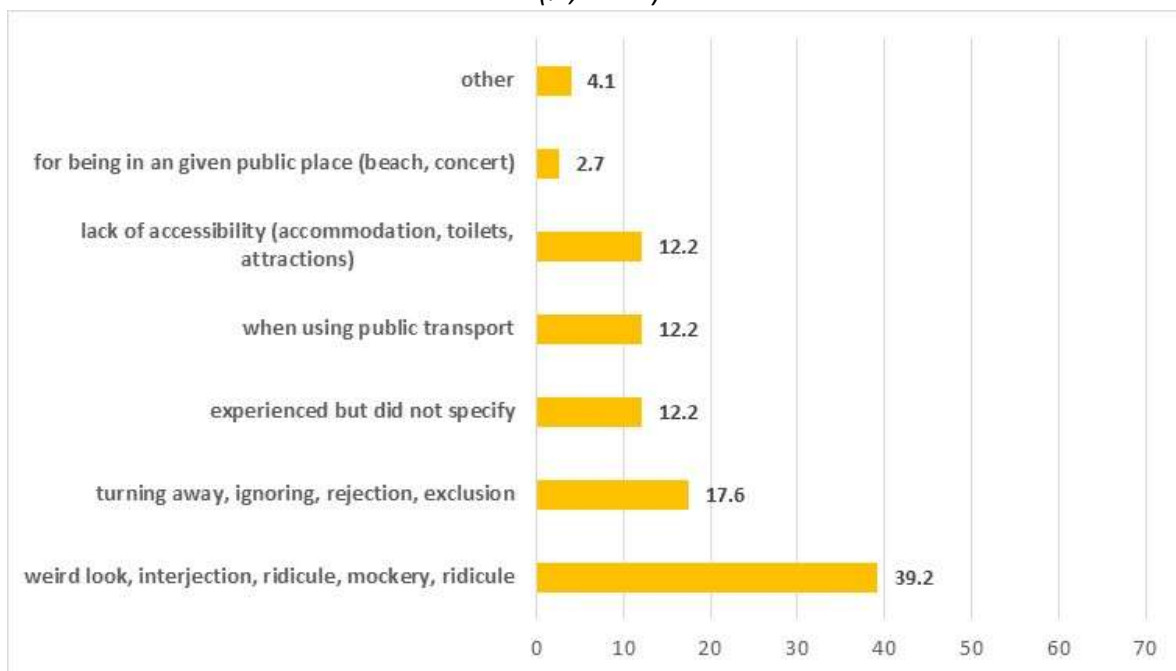
The picture is not very positive in terms of statements about the situation in the country: accessibility in Romania is not seen to be improving, there is still a high level of misinformation about accessibility from institutions, tourism service providers are not seen to be more prepared and open to accommodating disabled guests and Romanian society is not seen to be more tolerant and open to the problems of people with disabilities. There is also a medium level of agreement (3.36) with the statement that people are bothered by spending their holidays in places where people with disabilities are present.

Respondents are least receptive to virtual/digital, online tourism and the potential of modern technology.

When travelling, people with disabilities tend to face discrimination more often than healthy members of society. Open-ended question 21 also asked about respondents' experiences in this

area. Of the 317 relevant respondents, 148 did not answer this question, so we believe that the vast majority of these respondents have not experienced discrimination in their travels. The 81 different response alternatives indicated by the remaining 169 specific respondents have been grouped into 8 broad categories. Of these, the most populous group was also the 'not experienced' response option (56.2%), so this was also excluded from further analysis. Overall, more than three quarters (76.7%) of the 317 relevant respondents (who usually travel for tourism purposes) had not experienced discrimination during their travel. The remaining almost one quarter (23.3%, 74 respondents in total) reported discrimination in the form of discrimination are summarised in Figure 19.

Figure 19. Forms of discrimination experienced by people with disabilities
(%, N=74)



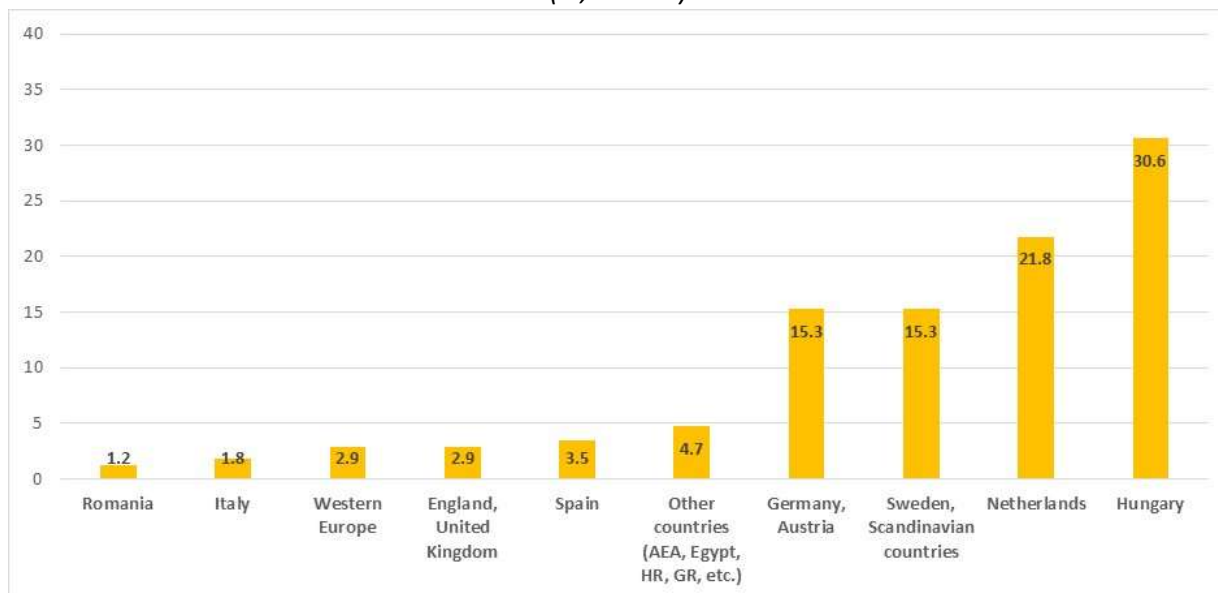
Source: research database

By far the most common type of discrimination is the pejorative verbal and non-verbal expressions and reactions that some healthy people have to the appearance of a person with a disability. These create a feeling of psychological discomfort for the disabled person and include: looking at people strangely, talking to them, laughing at them, mocking, and ridiculing. A total of 29 disabled people reported such reactions, almost two-fifths (39.2%) of those discriminated against. Another type of negative response from others, ignoring, rejecting, excluding, or turning away, also occurs, although much less frequently (13 cases). Two people reported that they had been discriminated against just for appearing in a public place such as a beach or a concert. More

people (18) felt discriminated against because of the lack of accessibility, or more specifically the resulting vulnerability, in different places: transport, accommodation, tourist attractions. There are a further 12 persons who did not specify the reason for the discrimination or who did not fit into any of the previous categories of the situation they indicated.

Two further open-ended questions (Q22-Q23) were asked to find out in which countries and specifically in which municipalities and tourist attractions good examples of good practice in promoting the participation of people with disabilities in tourism have been found. A total of 170 valid responses were received (slightly more than half of the respondents, 53.1%, could name a specific country or group of countries). The results obtained should be measured against the tourism opportunities available abroad, i.e. the destinations to which respondents are most likely to travel. Given that the majority of respondents are Hungarians from Harghita County and the primary motivation for travelling is to visit friends and relatives (K19), it is not surprising that most of the good examples were also in Hungary (52 entries) (a significant proportion of respondents may have only visited this foreign country) (Figure 20).

Figure 20. Good examples of good practice in promoting the participation of people with disabilities in tourism: countries
(%, N=170)

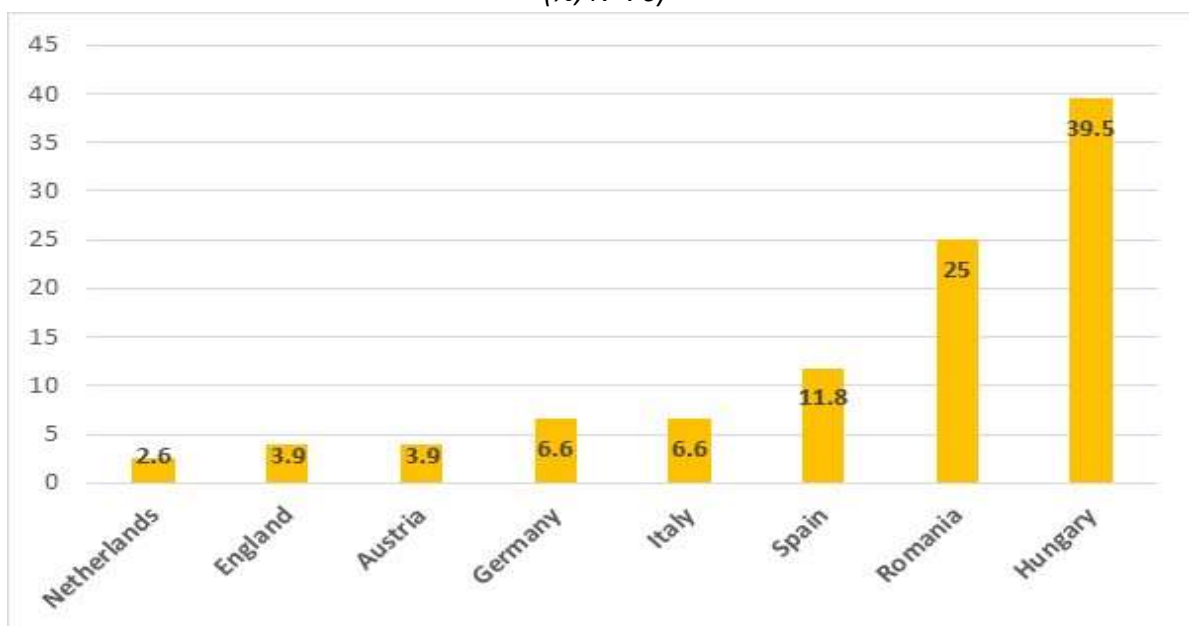


Source: research database

After Hungary, the Netherlands, followed by Germany, Austria and the Scandinavian countries were the most frequently cited positive examples to follow. Only 2 people mentioned Romania as a good example.

Finally, the last open-ended question on the involvement in tourism, on specific locations of positive examples, received a total of 76 specific responses, but most of them only included a country. In addition, there were 6 'don't know' and 2 'none' responses, which were not included in the total of locations. Due to the wide variety of sites named, both accurately and inaccurately, we can only statistically aggregate and present the countries named (Figure 21). If we compare the results with the previous question, we see that, although the preference for Hungary is clear here too, the number of specific sites named was much higher in Romania (19 sites named), Spain (9) and Italy (5) than the previous question. This can be explained by the fact that 2.2 times as many people answered the previous question and did not actually base their country name on specific location experience but on their general perception of the country (e.g. 37 people, in general (Q22), found the Netherlands to be a good example to follow to help people with disabilities participate in tourism, but at Q23 only 2 people nominated the country and only 1 person could name the city of Dordrecht).

Figure 21. Countries with concrete examples of good practice experienced by people with disabilities
(%, N=76)



Source: research database

Hungary is clearly the country where most good examples are known (10 general country names and 20 specific locations were given for the second question Q23), but the country is also generally considered a good example (based on question Q22). The most frequently mentioned



good examples are in Budapest (Buda Castle, zoo, museums, Gellért Hill, rail transport, etc.), Debrecen and the spa towns (Gyula, Győr, Lake Balaton, beaches and spas in general).

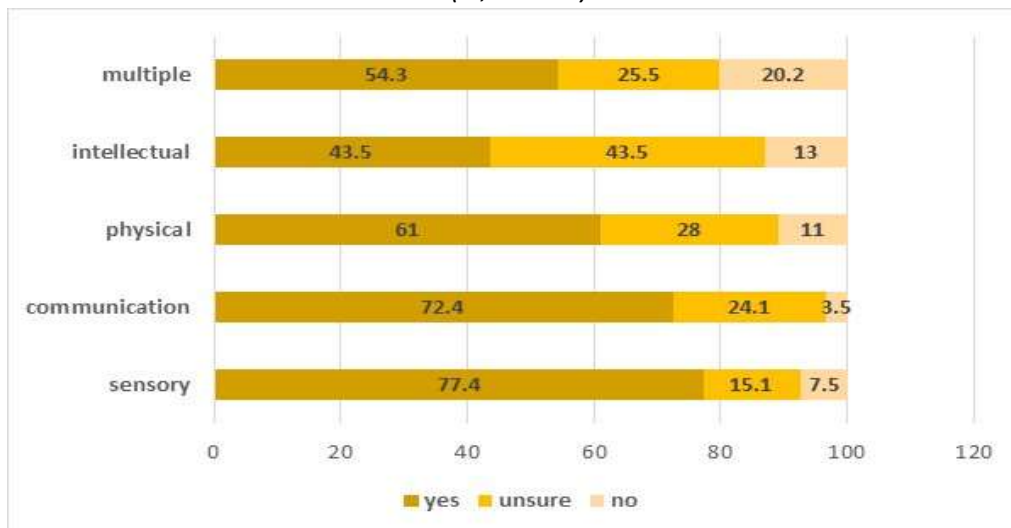
Romania, although only 2 mentions in the general country nomination (Q22), received 19 nominations for specific sites (Q23). This indicates that, although the overall perception of the tourism offer for people with disabilities in Romania is not good compared to other countries (in line with previous assessments), the many good organisational initiatives in the country are impressive. The locations listed in the country are Brasov (kayaking initiative of the Caiac Smile association, which was also included in the survey, on the New Lake, Brad ski slope), Buzau, Galac, Cluj Napoca, Harghita County (Jesus Lookout, Barnabas Christian Camp, Gyimes bobsleigh track, Tusnad Hotel, Odorheiu Secuiesc - Mini Transylvania Park), Lokód, Tirgu Mures, Baia Mare and Chiuzbaia, Timisoara and Bukovina.

5. Disabled people's views on tourism volunteering and higher education training material

The proportion of people who volunteer to help people with disabilities to participate in travel and tourism activities (Q24) is surprisingly high: almost two-thirds (61.9%) say yes, while another quarter (25.6%) are unsure ('not sure'/'do not want to answer'). Only one in ten (12.5%) refuses, says no.

The type of disability also significantly influences willingness to volunteer to help people get involved in tourism ($p=0.024$, $\chi^2=17.676$). People with multiple and then intellectual disabilities were significantly less likely to volunteer than people with physical and especially communication and sensory disabilities (Figure 22).

Figure 22. Participation of people with disabilities in volunteering by type of disability (% , N=317)



Source: research database

There is no significant difference by gender, nationality and marital status, but there is a significant difference by age group ($p=0.001$, $\chi^2=17.965$): those aged 50+ are twice as likely to be discouraged from volunteering and more likely to be insecure than those two younger age groups. The effect of educational level is also significant ($p=0.002$, $\chi^2=17.276$): higher educational level significantly increases the propensity to volunteer. By size of the settlement, villagers are the least likely to volunteer and those living in small towns are the most likely ($p=0.008$, $\chi^2=17.441$), and by economic activity ($p=0.000$, $\chi^2=20.372$), economically active people are the ones who are more likely to see themselves as volunteer assistant persons, economically inactive people less so.

The last 2 content questions of the questionnaire¹¹ (Q25 and Q26) asked whether higher education tourism training should include the specificities, problems and possible solutions for disabled people in tourism and whether it would be useful to make these higher education materials available online to increase knowledge about accessible tourism. The answers to the alternative criteria ('yes' and 'no') are quite clear. All of the 336 relevant answers received for the first question were 'yes', for the second question 333 (99.7%) of the 334 relevant answers were 'yes' and only 1 person answered that these higher education materials should not be made available online.

¹¹ The questionnaire then included questions on the collection of socio-demographic data, which are described in the second subsection of the analysis.

6. Summary and conclusions

The non-representative mixed (paper and online) survey of people with disabilities in Romania, conducted in October-November 2023, summarises the experiences of 345 respondents on tourism-related travel. The vast majority of respondents are from Harghita County and of Hungarian nationality. The majority of the respondents live in villages and medium-sized towns, belong to the age group of 26-50 years and have secondary education. The ratio of women to men and of economically active to inactive is approximately half.

Most of the respondents have a multiple disability and a physical disability, with more than half of respondents falling into these two categories. There is also a significant proportion of visually impaired respondents, with all other types of disability being less common. Almost two-thirds of respondents feel only slightly limited in their daily activities due to their disability, while more than one-tenth need constant assistance to carry out their daily activities and need an assistant person to help them move around. So the vast majority of disabled people in the survey can manage well on their own or with little help, while 10-15% are significantly limited in all their daily activities.

Less than a tenth of respondents do not travel for tourism. Almost three-fifths of those who travel for tourism do so with assistance, two-fifths without assistance and about half of them need some form of assistance. Overall, approximately 15% of disabled respondents are unable to participate in tourism, either in the country or abroad, due to their significant mobility limitations resulting from their disability. Furthermore, it appears that about one-third of disabled people also travel abroad for tourism purposes at least once a year.

The most common is travelling with several people, families, parents and others for a tourist trip, a characteristic of at least one in two people with disabilities. Nearly one in ten people with disabilities travel with friends and distant relatives. NGOs for people with disabilities are the most important in organising trips, followed by travel agencies and individual organisations. Respondents prefer programmes organised for people with disabilities and integrational programmes, with the main motivation for travelling being to visit relatives and friends, to go on nature trips and to visit cultural destinations.

Transport is the most common problem for people with disabilities when travelling, while access to sporting activities is the least common (those who need assistance have more difficulty in all areas). More than health-related travel restrictions, they face problems with lack of company, money and language skills - the main barriers to tourism travel. In addition, fear of the lack of accessibility and unfamiliar situations, the absence of a support person, problems with the return journey and previous bad experiences all discourage some people with disabilities from



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travelling. All this suggests that adequate, accessible transport and accommodation conditions would significantly increase the participation of people with disabilities in tourism. In addition, the involvement of more volunteers, language courses and the organisation of paid group trips would go a long way to increasing the participation of people with disabilities in tourism, thereby significantly improving their quality of life and wellbeing.

As the data from the questionnaire survey shows, travel experiences make people with disabilities happier, and improve their human relations, tourism is an important part of their lives and contributes significantly to their well-being. If there were better accessibility infrastructure, tourist routes and more reliable accessibility information, many more people with disabilities would be able to participate in tourism. Respondents do not see much improvement in the potential of accessible tourism in Romania, they still see a significant lack of misinformation about accessibility in institutions, they do not see tourism service providers becoming more prepared and open to accommodating disabled guests and Romanian society becoming more tolerant and open to the problems of people with disabilities.

APPENDIX

Questionnaire for the survey

Dear Respondent,

an international research on the participation of people with disabilities in tourism, its challenges and possible improvements is being carried out with the participation of the University of The project, which also includes a questionnaire survey, aims at gathering information on the travel habits of people with disabilities, their specific tourism preferences and possible reasons for not travelling, with the aim of understanding their specific problems and making suggestions for improvement, and thus helping people with disabilities participate more intensively in tourism. Our aim is to use the data to develop a programme to help people with disabilities, to support decision-makers, tourism staff and entrepreneurs in making tourism more accessible to all, and to develop training materials to enable future professionals to better meet the needs of disabled travellers.

The response is, of course, voluntary. All questionnaires will be processed and handled anonymously. If there are obstacles to the person concerned completing the questionnaire, another person (family member, relative, assistant, etc.) may help with completing the questionnaire. Where you feel that several answers are correct, you can provide more than one. If you are no longer travelling or have not travelled before, or the question is irrelevant for you for other reasons, please, read the questionnaire anyway, as many of the answers are still relevant. Please, ignore question that you think are not relevant for you.

Filling out the questionnaire will take approximately 20-25 minutes. Your answers will be treated confidentially and used for research purposes only.

Thank you for your cooperation!

1. What disability do you live with? Multiple choice is possible!

1. Sight 2. Hearing 3. Locomotory 4. Speech 5. ASD (Autism spectrum disorder) 6. Intellectual disability 7. Psychosocial disability 8. Multiple disability
9. Obstacle related to my age 10. Temporary disability (after an operation or illness, accident etc.) 11. Other (please specify):

2. What is the statement you most agree with? I ...

1. am slightly limited in my daily activities 2. am very much limited in my daily activities 3. intermittently need assistance with daily activities 4. permanently need assistance with daily activities 5. need constant supervision 6. do not want to answer

3. To what extent do you consider that you are hindered in your individual mobility? Please, choose one option! I ...

1. can travel by all means of transport without any assistance 2. need assistance to get around on some public transport 3. I can get around with some aid but without an assistant person 4. cannot get around without an assistant person 5. am not mobile at all

4. Were you born with your disability?

1. Yes 2. No

5. Do you typically leave your home in your everyday life to manage things (shopping, culture etc.)?

1. Yes, and I do not need help 2. Yes, but I need help 3. No

6. Do you travel for recreational purposes?

1. Yes, and I do not need help 2. Yes, but I need help 3. No

7. Please, indicate how much difficulty is caused by the items listed below during your leisure trips! (1 means: I am never faced with this problem; 7: I am faced with it very often)!

1. Use of transportation	1-2-3-4-5-6-7
2. Use of accommodation	1-2-3-4-5-6-7
3. Use of catering facility	1-2-3-4-5-6-7
4. Sport activities	1-2-3-4-5-6-7
5. Visiting attractions	1-2-3-4-5-6-7
6. Lack of reliable information on real accessibility	1-2-3-4-5-6-7

8. Do you need to use some aid during your travels, and if so, what?

1. Yes 2. No

8.1. If so, what aids do you need during your trip?

I use.....

9. How many times did you travel in your country in 2022?

1. Not once 2. Once 3. Twice 4. Three times 5. More than three times

10. How many times did you travel abroad in 2022?

1. Not once 2. Once 3. Twice 4. Three times 5. More than three times

11. How many times did you travel in your country in 2018–2021?

1. Not once 2. Once 3. Twice 4. Three times 5. More than three times

12. How many times did you travel abroad in 2018–2021?

1. Not once 2. Once 3. Twice 4. Three times 5. More than three times

13. Please, indicate how much the factors listed below keep you from travelling as a tourist (1 means: this factor is not a problem for my travels at all; 7: this factor is a huge problem for my travels)!

1. I do not like travelling	1-2-3-4-5-6-7
2. Lack of time	1-2-3-4-5-6-7
3. Lack of money	1-2-3-4-5-6-7
4. Lack of company	1-2-3-4-5-6-7
5. Lack of language skills	1-2-3-4-5-6-7
6. Lack of assisting person	1-2-3-4-5-6-7
7. I am afraid of new situations	1-2-3-4-5-6-7
8. Travelling there and back is problematic	1-2-3-4-5-6-7
9. I am afraid that accessibility is not up to the promises and/or my needs	1-2-3-4-5-6-7
10. My health conditions do not allow travelling	1-2-3-4-5-6-7
11. Previous bad experiences	1-2-3-4-5-6-7
12. I can get travel experiences at home, using internet and technology	1-2-3-4-5-6-7

14. Who do you typically travel with? Multiple choice is possible!

1. I travel on my own 2. Family (spouse and children) 3. Colleagues
 4. Parents 5. Organised group 6. Assisting person



7. Friends, relatives 8. Other (please specify):

15. Who organises the tours typically? Multiple choice is possible!

1. I do, using booking.com or other similar sites 2. Travel agency 3. NGO (non-governmental organisation) assisting people with disabilities 4. Spouse 5. Other family member 6. Assisting person 7. Attractions organising tours, e.g. museums, castles etc. 8. Other (please specify):

16. To whom can you turn for help if you need assistance in organising and implementing your travel? Multiple choice is possible!

1. I can make it on my own, without assistance 2. Family 3. NGO assisting people with disabilities 4. Public state organisation 5. Travel agency 6. Tourist information offices 7. Other (please specify):

17. What resources do you typically finance your travels from? You can mark more than one answer!

1. Own income 2. Family 3. Support (e.g. from NGO-s) 4. State support 5. I use several of the resources specified above 6. I have no resources for travels

18. Please, indicate on a scale from 1 to 7 to what extent you agree with the following statements (1: do not agree at all; 7: fully agree)!

1. I prefer to travel with programmes for people with disabilities	1-2-3-4-5-6-7
2. I prefer to travel with integrational programmes (designed for both disabled and non-disabled travellers)	1-2-3-4-5-6-7
3. I prefer to travel with programmes that are not specifically designed for people with disabilities	1-2-3-4-5-6-7
4. I prefer to travel without any assistance	1-2-3-4-5-6-7

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

1. cultural	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
2. wellness	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
3. medical	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
4. active (sports)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
5. business	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

6. religious	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
7. nature trip	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
8. shopping	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
9. city sightseeing	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
10. visiting relatives and friends	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
11. visiting a concert, sporting event, exhibition	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
12. gastronomic	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

20. Please, specify how much you agree with the statements below! Mark 1 if you do not agree at all, and 7 if you totally agree with the given statement!

1. The possibilities of accessible tourism are continuously improving in my country.	1-2-3-4-5-6-7
2. Tourism service providers are more and more prepared and open to receive guests with disabilities.	1-2-3-4-5-6-7
3. False communication of accessibility by accommodation providers and other establishments is becoming less and less common in my country.	1-2-3-4-5-6-7
4. Society in my country is more and more tolerant and open to the problems of people with disabilities.	1-2-3-4-5-6-7
5. People are disturbed by spending their holidays in places where people with disabilities also are.	1-2-3-4-5-6-7
6. If trains and coaches were more accessible by wheelchairs in my country, more people with disabilities would travel.	1-2-3-4-5-6-7
7. If in my country there were tourism paths in park forests, at least in the vicinity of cities, more people with disabilities would make excursions.	1-2-3-4-5-6-7
8. If there were a reliable internet collection of tourism paths accessible by wheelchair, more people would choose hiking in nature.	1-2-3-4-5-6-7
9. Extreme sports and activities would attract people with disabilities, if they were given adequate security and assistance.	1-2-3-4-5-6-7
10. Tourism is an important part of my life.	1-2-3-4-5-6-7
11. Tourism significantly promotes my wellbeing.	1-2-3-4-5-6-7



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12. My experiences from tourism make me happier.	1-2-3-4-5-6-7
13. Tourism improves my relationships to others.	1-2-3-4-5-6-7
14. I have an increasing interest in the potential of virtual/digital tourism.	1-2-3-4-5-6-7
15. I have already used online tourism services, e.g. "visited" a museum with an online application or participated in virtual tours.	1-2-3-4-5-6-7
16. I own/am planning to buy a device that makes virtual experiences more enjoyable, e.g. VR glasses.	1-2-3-4-5-6-7
17. During my travels I like to use modern technological tools (apps, AR, i.e. augmented reality, I also used VR glasses during a city tour and VR, i.e. virtual reality devices that facilitate and/or enhance the travel experience).	1-2-3-4-5-6-7

21. If you have you ever experienced discrimination because of your disability during your travels, what was it?

.....
.....

22. Based on your experiences, the example(s) of what country/countries should be followed by your country in the field of accessible tourism?

.....

23. In what countries, and/or in your country in what settlements/tourism attractions have you seen good examples of supporting the participation of people with disabilities in tourism? Please name the country, settlement, attraction, good example!

.....
.....

24. Would you help as a volunteer with the travel and tourism activities of people with disabilities?

- 1. Yes
- 2. No
- 3. I am not sure/I do not want to answer

25. Do you think that the specificities, problems, and possible solutions of tourism for people with disabilities should be included in tourism training in higher education?

- 1. Yes
- 2. No

26. Do you think it would be useful to have higher education material available online to increase knowledge about accessible tourism?

1. Yes 2. No

Personal data

27. Your gender:

1. Male 2. Female 3. Other 4. I do not want to answer

28. To which age group do you belong?

1. 18-25 years 2. 26-35 years 3. 36-50 years 4. 50-65 years
 5. older than 66 years 6. I do not want to answer

29. Your marital status:

1. Single 2. Married 3. Divorced 4. Widow(er) 5. In partnership 6. I do not want to answer

30. Your highest finished school education:

1. Maximum 8 classes of primary school 2. Vocational school 3. Secondary school
 4. University, bachelor degree 5. University, master degree
 6. Doctoral degree 7. Other, please specify:.....

31. Your employment conditions:

1. Blue-collar employee 2. White-collar employee 3. Self-employed, entrepreneur 4. On maternity/paternity leave 5. Housewife 6. Student 7. Pensioner 8. Unemployed 9. Active with reduced working capacity 10. Dependant 11. Disability pensioner 12. Other, namely: 13. I do not know/want to answer

32. What is the type of settlement where you live?

1. capital city 2. international regional centre: up to 500,000 – 1 million people 3. regional centre: up to 250,000 – 500,000 people 4. big city: up to 100,000 – 250,000 people 5. medium-sized city: up to 25,000 – 100,000 people 6. small town: up to 10,000 – 25,000 people 7. small town with less than 10 000 inhabitants 8. village with more than 1,000 inhabitants 9. small village with less than 1,000 inhabitants 10. Other, namely:



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33. In which country do you live?

.....

Thank you for your cooperation!