Interests and needs for participation in tourism among disabled from eastern regions of Poland

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INTRODUCTION
While undertaking the problem of disability, which concerns mainly people at an older age, attention should be paid to the improving state of health of the population of Europe. It is a positive fact that at the beginning of the 21st century, in selected countries of Central Europe (Czech Republic, Poland, Slovakia, Slovenia, Hungary) these trends have begun to change for the better, both among males and females, and their pace is one of the highest in Europe [1]. The causes for these changes have not been univocally recognized. Thus, the question arises about the position of the disabled in these positive transitions.

The results of studies to-date indicate that in the older age groups – females prevail among the disabled, while in the younger age groups – young males are dominant [2, 3, 4], which is mainly due to the fact that women have a longer life span.

The ageing of society which lives increasingly longer leads to an increasingly larger group of the disabled, which poses new social challenges. It is also emphasized that physical activity is an important element of successful ageing and concern about the quality of life [5, 6, 7, 8, 9]. Among the potential value of motor exercises it is worth considering the inhibition of the development of various diseases:

- diseases of the cardiovascular system [10, 11], cancer [12], and degenerative changes [13].
- In recent years, the scope of problems concerning physical activity among the elderly and disabled has been undertaken in many countries, with consideration of health [14, 15] and social aspects [16, 17, 18]. The participation of the disabled at various ages in tourism occupies an important role in physical activity [19, 20].

The favourite changes in the integration of the disabled through participation in tourist tours [21], as well as humanitarian and cultural values, are highlighted [22]. However, it should be borne in mind that the participation of the disabled in such a type of tourism is a complex problem [23]. Sollignac [24] emphasizes the doctors’ comments pertaining to the difficulties which accompany patients with degenerative joint disease. It is noteworthy that many barriers still accompany the disabled in active tourism. Social attitudes towards the disabled continue to be an important obstacle [25]; nevertheless, the greatest limitations lie in own awareness [26], and such environmental factors as low material standard and lack of adjustment of the means of transport. Difficulties related with individual types of disability should also be considered [27, 28].
METHODOLOGY OF RESEARCH

Objective
The objective of the study was determination of the interests and needs of the disabled from eastern regions of Poland with respect to the use of forms of tourism during their leisure time. In order to achieve this goal, the following research problems were posed:
1. Interests and needs of the disabled with respect to the use of their leisure time for involvement in various forms of tourism.
2. Offers concerning the possibilities of using free time.
3. Forms of tourism considered by the disabled as most attractive in which they would like to participate.
4. Frequency and places visited by the respondents for leisure purposes, apart from their permanent place of residence.
5. Variation in the participation of the disabled from eastern regions of Poland in the forms of tourism leisure.

Material, method and organization of studies
The study was conducted during the period from June – October 2006, in the area of 3 regions: Rzeszów, Lublin, and Białystok, and covered a total number of 750 disabled classified into three degrees of disability: considerable, moderate and light. The above mentioned degrees of disability were diagnosed on the basis of medical certificates. The representative group was selected by the method of stratified random sampling. The method of a diagnostic survey was applied using a questionnaire. Statistical calculations were performed by means of Pearson’s chi-square test. The hypotheses that two population qualitative features are independent, were verified. The significance level of difference was assumed as \( \alpha = 0.05 \).

RESULTS

Respondents’ leisure time
The majority of respondents (86.4%) reported that they spend their leisure time in accordance with their interests and needs (Fig. 1). Only 13.7% of the disabled expressed an opposite opinion, including the largest group from the Lublin Region (18.6%). Statistically significant differences were observed between inhabitants of individual regions (\( \chi^2 = 17.54, p = 0.002 \)). The most frequent reasons for not spending free time in accordance with own expectations were: the respondents’ state of health (42.8%) and lack of appropriate offerings (67.8%). Comparison of the results obtained in individual regions showed statistically significant differences (\( \chi^2 = 28.23, p = 0.0001 \)).

Unfortunately, the situation was also unsatisfactory concerning the respondents receiving offers of possibilities for using their leisure time. Only 39.4% mentioned that they did receive such information, with a relatively considerable variation of results in the individual regions (Fig. 2). The most favourable situation was observed in the Białystok Region (57.5%), whereas the lack of such an offer was reported by the largest number of disabled from the Lublin Region (67.8%). Comparison of the results obtained in individual regions showed statistically significant differences (\( \chi^2 = 28.23, p = 0.0001 \)).

According to the respondents, the offers concerning the possibilities of using leisure time come primarily from Occupational Therapy Workshops – 33.0%, and the media – 27.9%, followed by residential homes – 17.4%, family – 11.6%, and place of work – 10.1% (Fig. 3).

The respondents, to the greatest extent (summed up values 4 and 5), expected assistance from their family (52.6%), specialist facilities (48.0%), associations and social organizations (42.4%) (Fig. 4), whereas to the lowest degree (summed values 1 and 2) from the place of work – 79.3% and from acquaintances – 61.2%. The studies showed statistically significant differences (\( \chi^2 = 1033.83, p < 0.0001 \)).
significant differences between the above-mentioned environments ($\chi^2=1033.83, p=0.0001$).

**Attractiveness of tourism forms**

The respondents would most willingly participate (four or more times a year) in rehabilitation camps – 62.8%, sightseeing tours – 62.1%, package holidays – 58.3% and stay in a sanatorium – 49.7%. They would be the least willing to participate in canoeing trips – 67.1%, camps – 66.7%, bivouacs – 65.1%, and yacht cruises – 64.2%, i.e. forms of leisure requiring specialist skills and efficacy (canoeing, yachting), or less comfortable conditions (bivouac, camp).

Considering the degree of respondents’ disability, statistically significant relationships were found with respect to the use of rehabilitation camps ($\chi^2=25.45, p=0.013$) and coach trips ($\chi^2=18.50, p=0.018$) (Tabs. 1, 2).

**Table 1. Willingness to participate in rehabilitation camp and degree of respondents’ disability. $\chi^2=25.45, P=0.0131$.**

<table>
<thead>
<tr>
<th>Degree of disability</th>
<th>Never [%]</th>
<th>Rarely [%]</th>
<th>Often [%]</th>
<th>Most frequently [%]</th>
<th>Always [%]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total No. of respondents</td>
<td>12.87</td>
<td>8.63</td>
<td>15.56</td>
<td>26.73</td>
<td>36.21</td>
</tr>
<tr>
<td>Considerable</td>
<td>10.65</td>
<td>9.26</td>
<td>20.83</td>
<td>24.07</td>
<td>35.19</td>
</tr>
<tr>
<td>Moderate</td>
<td>8.19</td>
<td>10.34</td>
<td>12.07</td>
<td>27.16</td>
<td>42.24</td>
</tr>
<tr>
<td>Light</td>
<td>18.92</td>
<td>6.56</td>
<td>14.29</td>
<td>28.57</td>
<td>31.66</td>
</tr>
</tbody>
</table>

**Table 2. Willingness to participate in coach tour and respondents’ degree of disability. $\chi^2=18.50, P=0.0179$.**

<table>
<thead>
<tr>
<th>Degree of disability</th>
<th>Never [%]</th>
<th>Rarely [%]</th>
<th>Often [%]</th>
<th>Most frequently [%]</th>
<th>Always [%]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total No. of respondents</td>
<td>11.95</td>
<td>6.97</td>
<td>17.50</td>
<td>28.59</td>
<td>34.99</td>
</tr>
<tr>
<td>Considerable</td>
<td>15.81</td>
<td>6.11</td>
<td>18.34</td>
<td>27.95</td>
<td>31.79</td>
</tr>
<tr>
<td>Moderate</td>
<td>6.99</td>
<td>10.34</td>
<td>12.07</td>
<td>27.16</td>
<td>43.44</td>
</tr>
<tr>
<td>Light</td>
<td>13.13</td>
<td>6.97</td>
<td>17.50</td>
<td>28.59</td>
<td>34.99</td>
</tr>
</tbody>
</table>

**Places of leisure trips**

The majority of respondents went outside their place of permanent residence for leisure purposes (tourist-sports-recreational) – 69.3%, mainly those from the Rzeszów Region – 83.4%, and Białystok Region – 77.0%, and most rarely from the Lublin Region – 57.5% (Fig. 5). The differences between the data concerning the disabled from different regions are statistically significant ($\chi^2=52.18, p=0.00001$). The respondents most often chose package holidays in Polish vacation centres – 66.2%, to the smaller degree – rehabilitation camps – 15.9%, and visits to their family – 12.6%, with a small percentage of other places.

The frequency of leaving for leisure purposes was very low. The largest number of respondents (51.1%) went several times a year, whereas 30.4% – once in several years. The highest activity with respect to going for leisure (once a month), was noted among inhabitants of the Białystok Region – 62.9%, while the lowest – among those from the Lublin Region – 38.1%. These differences are statistically significant ($\chi^2=52.09, p=0.0001$) (Fig. 6).

**Figure 6. Frequency of respondents’ participation in leisure trips outside permanent place of residence.**

In order to recognize the participation by the disabled in active forms of leisure, the respondents from the rural and urban environments were analyzed. Significant differences between the disabled from these environments were observed with respect to stays in a sanatorium ($\chi^2=5.05, p=0.024$), package holidays ($\chi^2=4.09, p=0.043$), pilgrimages ($\chi^2=6.16, p=0.013$), and walking tours ($\chi^2=5.17, p=0.023$).

**DISCUSSION**

The forms of tourism occupy an important position among the various ways of spending leisure time by the disabled. They serve, among other things, an integration of the disabled with those who are able [21]. It should be kept in mind that the participation of the disabled in various forms of tourism is a complex problem due to their state of health [23]; hence, medical consultations with various types of disability are an important issue [24, 25, 26].

Positive information obtained from the conducted study is the fact that the majority of the disabled reported that they spend their leisure time in accordance with own interests and expectations. It is noteworthy that respondents with a considerable degree of disability, to the lowest degree spend their free time in accordance with expectations. Probably, those with a higher level of disability are not able to use many forms of tourism which are available for others, or perhaps the proposed offer is too modest.

The conformation of this thesis is the fact that offers concerning the possibilities of spending leisure time by the disabled reach the minority of them, and come mainly from Occupational Therapy Workshops and the media.

The respondents also indicated the need for using assistance from others, to the greatest degree from their family and specialist facilities. The forms of tourism which they mainly use are tourist excursions and rehabilitation camps. They most rarely use offers requiring higher efficacy, such as: canoeing trips, camps, bivouacs, and yacht cruises. It should
also be mentioned that the minority of the respondents participate in less demanding forms of activity, such as bicycle rides or walking tours. It is also interesting that the forms of tourism which they would like to practice are close to those in which they are involved; therefore, it may be presumed that the proposed offer is adequate. Perhaps their dreams are so modest due to other barriers accompanying them in daily life. Social attitudes towards disability are still among these barriers [27], although in recent years the situation has improved.

The main places of leisure trips outside the permanent place of residence are Polish recreation centres, and to a lesser extent – rehabilitation camps in spa resorts and visits to the family. However, the frequency of these stays in low; most often these are leisure trips performed several times a year or more rarely. It is also noteworthy that the offers and places of selected tourism forms vary in individual regions, which may result from different specialist care in these regions.

In the light of the results of the studies obtained it should be presumed that constantly making the disabled aware of the health promoting role of physical activity is still indispensable. The major premise for higher physical activity among the disabled lies in own awareness, emphasizing at least two issues: preferring outdoor physical activity [28] and the extensive use of self-assessment of physical fitness in a non-apparatus tests [29].

CONCLUSIONS

1. The majority of respondents spend their leisure time devoted to tourist activity in accordance with their interests and needs.

2. The majority of respondents leave their permanent place of residence for leisure purposes. These are mostly frequently sightseeing tours, and package holidays.

3. The forms of tourism in which the respondents would be most willing to participate are rehabilitation camps and sightseeing tours, whereas they found canoeing trips, camps and bivouacs, and yacht cruises the least interesting.

4. A great variation was observed in the forms of tourism in which the disabled from the eastern regions of Poland participate, which may result from different offers in these regions.

POSTULATES

1. An interesting offer of spending leisure time which would come especially from specialist facilities, associations and relevant organizations, may not only help with their usage, but may also result in the regeneration of physical and mental strengths, better general wellbeing and rehabilitation, and restoration of the self-esteem of the disabled.

2. The disabled who do not wish to participate in sports-recreational activities, especially due to poor health status, inability to walk or limited contact, require special attention and care. The remainder, who reject integration with the able due to the lack of time, strength, low efficacy and lowered self-esteem, should be made aware of the health promoting role of motor activity, provided assistance in the organization and participation in this type of activities, and also convinced that they should first make an attempt to participate, and later decide if it suits them. A basis for changing their attitude towards participation in these activities together with the able is primarily their trust in own capabilities (I can) and proper motivation (I want).

3. The variety of the forms of tourism used by the disabled from the eastern regions of Poland showed the need for an exchange of experiences between the staff of specialist facilities, associations and relevant organization in order to prepare better offers.

REFERENCES


