



Accessibility of information for the prevention of the spread of SARS-Cov-2 coronavirus as a necessary element of social inclusion and change

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Abstract

The purpose of the paper is to explore the views of the Greek people with and without disability regarding the conditions and changes inflicted in their everyday lives due the COVID-19 pandemic, and to examine whether the need for the provision of accessible information to people with disability is understood and accepted. Data were gathered by electronic questionnaire, which was constructed ad hoc and completed by people with and without disabilities (N = 138). It was found that the COVID-19 pandemic, an unprecedented global crisis, can leverage the inclusion of people with disability to public space. The rapid changes caused by the pandemic and the social distancing measures enforced, made clear that the constant flow of accessible to all information is a matter of imperative necessity. This new common understanding is considered important for the general production of accessible information and, therefore, the protection of the rights of people with disability in general.

Keywords: Covid-19, Human rights, Information, Disability, Accessibility, Emerging adulthood

*"[3] Not many days after their arrival in Attica the plague first began to show itself among the Athenians. It was said that it had broken out in many places previously in the neighborhood of Lemnos and elsewhere; but a pestilence of such extent and mortality was nowhere remembered. [4] Neither were the physicians at first of any service, ignorant as they were of the proper way to treat it, but they died themselves the most thickly, as they visited the sick most often; nor did any human art succeed any better. Supplications in the temples, divinations, and so forth were found equally futile, till the overwhelming nature of the disaster at last put a stop to them altogether."*¹

Introduction

The new strain of coronavirus, SARS-Cov-2 for the year 2019 and the rapid spread of COVID-19 disease (Fauci, Lane & Redfield., 2020) forced the World Health Organization (WHO) to describe the *disease* outbreak as a pandemic (WHO, 2020b) – from the ancient Greek words *πᾶν* and *δῆμος*, i.e, an "*an outbreak of a disease that that spreads throughout a wide geographic area (such as multiple countries or continents) and typically affecting a significant proportion of the population*" (Merriam-Webster, n.d.). In the press conference held on March 11, 2020 (WHO, 2020b), Dr. Tedros Adhanom Ghebreyesus, Director General of the Organization, stressed the fact that the term pandemic "*is not a word to use lightly or carelessly. It is a word that, if misused, can cause unreasonable fear or unjustified acceptance that the fight is over, leading to unnecessary suffering and death*" (02' 20" - 02' 51"). He therefore asked the "*countries to take urgent and aggressive [measures, that] are taking a heavy toll on societies and economies*", and underlined the necessity to "*strike a fine balance between protecting health, minimizing economic and social disruption and respecting human rights*" (03' 40"- 06' 46"). Indeed, according to the WHO "*the best way to prevent and slow down transmission is to be well informed about the COVID-19 virus, the disease it causes and how it spreads*" (WHO, 2020c).

This characterization of the disease outbreak as a pandemic by the WHO was the result of its classification in the fifth (5th) phase of development, which imply the beginning of efforts for its control and reduction of cases

¹ Thucydides. *The Peloponnesian War, Book 2, chapter 47*. London, J. M. Dent; New York, E. P. Dutton. 1910.

(WHO, 2009). Among them, social distancing measures were adopted from a very early age, and were considered as an absolute necessity for the protection of all citizens.

The term of social distancing refers to keeping a safe space between people of the same household and others (CDC, 2020), in other words, to the physical separation of individuals by their "subtraction" or removal from social situations, and crowded places, such as cinemas, and, in its strictest form, to their mandatory stay at their place of residence, except for permitted work, local shopping, and few other specific circumstances. For the observance of the measure, the constant need for co-accountability on an individual and collective level have changed key parameters of social space. More specifically, under the condition of social distance, the need of access to social space for all, regardless of their individual characteristics, presupposes that the organized State shall take specific initiatives so as to enable important aspects of daily life, initiatives that refer to ensuring, inter alia, continuous supply of basic necessities (of food, medicine, etc.), safety at work, and clear and adequate flow of information.

Indeed, the impact of Covid-19 to the daily life of all citizens, mainly caused by the measure of social distancing, is unprecedented. Thus, one of the most important issues that arise from the overall management of the pandemic crisis, and magnify its impact (Mitchell, 2020), is the protection of fundamental human rights (Phelan et al., 2020), i.e., the right to equality, personal security, and information and free participation in the intellectual life of the community (United Nations, 1948· ECHR, 2013, etc.). Among them, the fundamental human right to information, in particular, refers to *"seek, receive and impart information and ideas through any media and regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of [their] choice"* (ECHR, 2013). In conjunction with the articles on equal treatment, and protection of security, it is concluded that, especially in matters regarding the protection of public health, information must have specific features which make it accessible to all citizens, including people with disability.

Accessibility is a concept that refers to social space, defining who enters it and under what conditions. Its context and form is the result of social interaction, and interpretation, which organize in a predictable and repetitive way, people's participation, and their sense of belonging (Titchkosky, 2011). Given the fact that the interpretation is being conducted by the many, i.e., by people of typical development (Titchkosky, 2011), in the case of people with disability, the accessibility of social space – or the lack of it – reflects the longstanding dominant or hegemonic ideology of ableism on which the modern western world is built, that forces them to degrade at a political, economic, cultural or social level (Berger & Lorenz, 2016· Johnson & Walmsley, 2003).

However, the pandemic crisis with the citizens' "subtraction" from public spaces and their home confinement, has changed main aspects of social life, leading to a better understanding of the intangible characteristics of social space, among them, the virtual space of interaction that is constructed via the various telecommunication means. This fact necessitates a re-examination of key parameters of the social space, and the interaction between different social groups in it, for the improvement of the understanding of the different needs they have.

Under the circumstances of the "new normal", it is also important to consider the role that young adults could play, i.e., those who fall into the age group of 18-29 year-olds and are transitioning from adolescence to adult life. At this life phase, described in literature as *"emerging adulthood"* (see, for example, Arnett, 1994), young adults are in a process of developing, on an individual as well as on a social level, all the adult skills, abilities, and characteristics. Among them, as have been pointed out by the young adults themselves, the characteristics of independent decision-making regarding their beliefs and values, and their interest in others are included (Andrew et al., 2006· Arnett, 1994· Arnett, 1998· Arnett, 2000· Billari & Liefbroer, 2010· Panagakis, 2015). Indeed, young adults challenge the existing status quo and are considered to be one of the main channels of social change. Thus, as far as people with disability are concerned, young adults can set the ground for challenging the needs of the many – defined under the influence of ableism – and therefore for social change.

Finally, it should be noted that although the terms social and physical distancing are considered synonyms in the English language (see, for example, The White House, 2020), in the present study they are separated with the aim of greater clarity. More specifically, the use of the term "social distancing" refers to cases of the "subtraction" of all individuals from the conventional spaces, and to the transfer of all communications in virtual spaces. On the other hand, the term "physical distancing" refers to their subtraction only from the conventional social space, where until the pandemic crisis the in-person presence was considered a given, for example, in a business meeting, and therefore, to the abstention of individuals from specific social gestures, such as handshakes, hugs, etc. By that content separation, it becomes clear that while people were obligated to abstain from the physical communication in the traditional social spaces, they could still communicate in virtual social spaces, and in the present study we investigate the differences that occurred between them.

In this context, and given the fact that access to information is a key pillar for achieving social inclusion (Titchkosky, 2011), the present study was conducted with two (2) main goals. The first was to identify the details of the participants' daily life during the first lockdown in Greece (March-May 2020), the emotions they experienced, and the role of the online streaming of cultural goods, such as movies and plays, as a coping mechanism. The

second goal was to evaluate the information about the pandemic received by the participants, in terms of clarity, effectiveness and sufficiency. In this framework, the research questions of the study are the following:

- 1) What were the living conditions of the participants with and without disability during the days of the mandatory social and physical distancing, and which feelings did they experience?,
- 2) How did the participants with and without disability evaluate the initiative of the free of charge circulation of cultural goods via online streaming?,
- 3) What are the views of the participants with and without disability regarding the information in the period under consideration they received?,
- 4) What are the views of the participants with and without disability regarding the accessibility of information?

The reason for conducting this research is the "Reflection of disability in art" International Festival, an event held annually by the University of Macedonia, which focuses on the promotion of accessibility to the cultural events of all people (Vamvoura & Kartasidou, 2020· 2019b· 2019a in Greek language).

Materials and Methods

Design

The present study is a survey based on a questionnaire which was built ad hoc in order to identify, firstly, the participants' with and without disability views regarding their living conditions during the time of the compulsory social and physical distancing (March-May 2020), and secondly, on the question of access to information. The survey consisted of fifteen (15) interconnected, closed questions that can be divided in two (2) groups. The first aims at answering the Research Questions 1-2, as questions about the participants' living conditions during the lockdown, and the feelings it has caused to them, are included, focusing on their views on the online streaming of various cultural goods, e.g. of movies. The second group aims at answering the Research Questions 3-4, and focuses on participants' views on the information transmitted during the same period, and the accessibility of the transmitted information, especially in advertisement campaigns organized by the State for the protection of public health.

Participants

We used a dataset consisting of 138 participants with and without disability (N = 138), 21 (15.22%) males, and 117 (84.78%) females, with mean age the 31.67 years (standard deviation SD = 10.92). Seventy four (53.62%) of the participants belonged to the age group 18-29 (18-23: 30.43% and 24-29: 23.19%), and 124 of them were people without disability (89.86%) and 14 (10.14%) were people with disability (see Table 1).

Furthermore, 104 (75.36%) participants were University students or graduates (bachelor degree or higher), and 117 (84.78%) were living in urban areas. Also, 4 (2.90%) of them were living with a disabled person, and 53 with a person at a high-risk group (38.41%).

For the understanding of the transmitted information, 132 (95.65%) stated that they do not require any accommodations, for example interpretation in Greek Sign Language or other, while of those who answered that they did, 5 (3.62%) answered that they need to be able to see the speaker's face (lip-reading), and 1 (0.72%) subtitling of spoken speech.

Procedure

The invitation to complete the questionnaire was circulated electronically via the e-mail to all the volunteers, artists, key speakers, members of the Organizing, and Scientific Committee, and other members of the wider ecosystem of the International Festival "Reflection of disability in art" of the University of Macedonia (Vamvoura & Kartasidou, 2020· 2019b· 2019a in Greek language), as well as via Facebook. Regarding the latter, and apart from the Festival's Facebook account (4614 followers²), an announcement for the participation to the study was posted on specific Facebook pages and groups, selected based on their disability-related content, i.e., the groups "Advocate for the people with disability" (61371 members), "Disabled women" (2484 members), "Association of the People with Disability" (2,670 members), "Network of Friends & Volunteers for Reading for Others" (21210 members), and the pages "Stay Home" (40,105 followers) – held by the Greek Ministry of Health – and the "Ameaplus" online magazine (2,466 followers)³.

²All the numbers regarding the followers/members of the accounts were taken during the conduction of the online survey, i.e., April 2020.

³<https://www.facebook.com/rodifestival>, <https://www.facebook.com/groups/sinigoros.amea>, <https://www.facebook.com/groups/1610032015912343>, <https://www.facebook.com/groups/158124351267262>, <https://www.facebook.com/groups/330077257187205>, <https://www.facebook.com/menoumespiti.official>, <https://www.facebook.com/ameaplus>.

The electronic questionnaire remained active for completion during a period of three (3) weeks, from 20/4/2020 to 11/5/2020, the first day of the schools' reopening after almost two (2) months. During this period, one (1) reminder was sent via e-mail, and by re-posting the initial invitation to participation to the online survey to the International Festival's "Reflection of disability in art" Facebook page.

For the online survey, Google Forms software was used, and for the data processing Microsoft Excel 2007 and GNU PSPP. For the data processing, descriptive analysis was used.

		Males n (%)	Females n (%)	Total n (%)
Disability	People without disability	17 (12,32)	107 (77,54)	124 (89,86)
	People with disability	4 (2,90)	10 (7,25)	14 (10,14)
Total		21 (15,22)	117 (84,78)	138 (100,00)
Age	18-23	2 (1,45)	40 (28,99)	42 (30,43)
	24-29	3 (2,17)	29 (21,01)	32 (23,19)
	30-35	4 (2,90)	15 (10,87)	19 (13,77)
	36-41	2 (1,45)	11 (7,97)	13 (9,42)
	42-47	6 (4,35)	13 (9,42)	19 (13,77)
	48-53	2 (1,45)	5 (3,62)	7 (5,07)
	54-59	1 (0,72)	4 (2,90)	5 (3,62)
	60-64	1 (0,72)	0 (0,00)	1 (0,72)
Total		21 (15,22)	117 (84,78)	138 (100,00)
Mean age		38,76	30,40	31,67
Standard Deviation SD		11,13	10,33	10,88
Education & Working Status	High School Graduate	1 (0,72)	1 (0,72)	2 (1,45)
	University Student	4 (2,90)	40 (28,98)	44 (31,88)
	University Graduate	4 (2,90)	20 (14,49)	24 (17,39)
	Holder of a Master's Degree	4 (2,90)	24 (17,39)	28 (20,29)
	PhD Student	2 (1,45)	3 (2,17)	5 (3,62)
	PhD Holder	3 (2,17)	0 (0,00)	3 (2,17)
	Working	3 (2,17)	28 (20,29)	31 (22,46)
	NA	0 (0,00)	1 (0,72)	1 (0,72)
Total		21 (15,22)	117 (84,78)	138 (100,00)
Place of Residence	Urban	20 (14,49)	97 (70,29)	117 (84,78)
	Suburban	0 (0,00)	7 (5,07)	7 (5,07)
	Rural	0 (0,00)	12 (8,70)	12 (8,70)
	NA	1 (0,72)	1 (0,72)	2 (1,45)
Σύνολο		21 (15,22)	117 (84,78)	138 (100,00)
Living Conditions	With a disabled person	2 (1,45)	2 (1,45)	4 (2,90)
	With people of high-risk groups	4 (2,90)	49 (35,51)	53 (38,41)
	None of the above	15 (10,87)	64 (46,38)	79 (57,25)
	Other	0 (0,00)	2 (1,45)	2 (1,45)
Total		21 (15,22)	117 (84,78)	138 (100,00)
Accommodations needed for the understanding of transmitted information	Visual hearing	1 (0,72)	4 (2,90)	5 (3,62)
	Sign Language Interpreting	0 (0)	0 (0)	0 (0)
	Subtitles	1 (0,72)	0 (0)	1 (0,72)
	Subtitles of increased fonts size	0 (0)	0 (0)	0 (0)
	None of the above	19 (13,77)	113 (81,88)	132 (95,65)
	Other	0 (0)	0 (0)	0 (0)
Total		21 (15,22)	117 (84,78)	138 (100,00)

Table 1. Participants characteristics (N=138). Frequencies are given in counts (n) and percentages (%)

Results

In the first part of the questionnaire (see Table 2), participants were asked to answer to a group of questions regarding the changes that may have occurred to their daily lives as a result of the social distancing measures during the period of the first lockdown (March-May 2020). Regarding the first question about the living conditions during the pandemic (*Question 2.1*), 46.38% (n=64) of the participants stayed with their parents, 20.29% (n=27) with their own family, 16.67% (n=23) with their partner, or by themselves, at a percentage of 13.77% (n=19). The majority of the participants of the two age groups 18-23 and 24-29 stayed at their parents' home (42.03%, 18-23: n=37, 26.81%, and 24-29: n=21, 15.22%), while the participants of the remaining age groups stayed mostly with their own family (n=25, 18.12%). In the same question, people with disability responded that they stayed with their parents, or alone with their personal assistant (n=4, 2.90% in each).

In the question that referred to the compulsory physical distancing (*Question 2.2*), the participants were kept away from their parents, and friends, 38.41% (n=53) and 24.64% (n=34) respectively. The high percentage of 10.15% (n=14) that the "None of the above" option received must also be pointed out.

Examining, however, the results based on the age distribution, it was found that the participants under thirty years of age were deprived firstly of their friends (n=23, 16.67%), and secondly of their partner (n=22, 15.94%), while the participants over thirty, were deprived mostly of their parents (n=37, 26.81%). Regarding the answers of people with disability, the options of friends, and parents received the highest percentages, 3.62% (n=5) and 2.90% (n=4) respectively.

In the question of the compulsory social distancing (*Question 2.3*), participants stated that they were kept apart – and felt apart regardless of the various telecommunication means –from their parents (n=39, 28.26%), and friends (n=41, 29.71%). The high percentage of 15.22% (n=21) that the "None of the above" option received must also be pointed out.

Based on the age distribution, participants under thirty were deprived of their friends (n=26, 18.84%), and partners (n=18, 13.04%), while those over thirty, mostly of their parents (n=29, 21.01%). Regarding people with disability, the deprivation of their parents, and friends received the highest percentages, 2.90% (n=4) and 2.17% (n=3) respectively.

Regarding the feelings that the participants experienced during the given period as a result of the pandemic and the aforementioned, strong social distancing measures (*Question 2.4*), anxiety came first among all age groups (n=49, 35.51%), together with boredom (n=26, 18.84%), and isolation and loneliness (n=16, 11.59%). The options "None of the above" and "Other" received the percentages of 25.36% (n=35) and 5.07% (n=7) respectively. Amongst the participants with disability, the feelings of isolation and loneliness, and of boredom prevailed (n=4, 2.90% in each).

With regards to the newly observed phenomenon of the free online distribution of cultural goods by many artists and/or public and private cultural institutions such as the Onassis Stegi (<https://www.onassis.org/channel/about>) during the period question (*Question 2.5*), 80.43% (n=111) of the participants answered that they did, indeed, watched these online screenings – 42.75% of those under thirty, and 37.68% of the remaining age groups–of movies in particular (n=77, 55.80%: 18-29: n=40, 28.99%, and 30-64: n=37, 26.81%). People with disability responded that they preferred to watch the online theatrical plays instead of movies (4.35% vs. 2.90%). The options "None of the above" and "Other" were selected at a rate of 19.57% (n=27) and 2.17% (n=3) respectively (see Table 2).

By participating in this new social activity or "habit" of consuming specific cultural goods that became available online (*Question 2.6*), the participants stated that they fought the feelings of boredom (n=40, 28.98%), and of fear or anxiety generated by the pandemic (n=27, 19.57%). Moreover, they felt part of a wider – global – community of people being entrapped involuntarily in the same situation, with common problems and concerns (n=38, 27.54%). In general, the initiative was evaluated positively by 76.09% (n=105) of the participants – 42.75% (n=59) under thirty, and 33.33% (n=46) of the remaining age groups. The "None of the above" and "Other" options were selected at a rate of 18.84% (n=26) and 5.07% (n=7) respectively. People with disability responded that by this activity they alleviated the feelings of anxiety, and boredom (n=4, 2.90% in each). The "None of the above" option was selected by a 2.90% of the participants with disability (n=4).

In the second part of the questionnaire (see Table 3), the participants were asked to answer to a group of questions regarding the information received during the period of the first lockdown (March-May 2020), and its accessibility to the people with disability. More specifically and regarding the source of information (*Question 3.1*), the participants' choices were television (n=87, 63.04%)– 37.68% (n=52) of those under thirty and 25.36% (n=35) of those over thirty – electronic newspapers, and other websites (n=23, 16.67%), and the social media such as Facebook (n=13, 9.42%). The more traditional means of communication, radio and newspapers published in print, were chosen by 5.80% (n=8) of the participants, while the option "Other" by 5.07% (n=7). People with disability, they as well chose television as their main source of information (n=7, 5.07%).

In addition to the above and regardless of the means of communication, participants evaluated the information received (*Question 3.2*) as sufficient (n=75, 54.35%)–28,99% (n=40) of those under thirty, and 25.36% (n=35) of those over thirty – clear (n=25, 18.12%) and effective (n=10, 7.25%). People with disability found the information received effective (n=7, 5.07%). The "Other" option was selected at a rate of 20.29% (n=28).

Moreover, the participants were asked to evaluate the information included in the first television commercial of the campaign "Menoume spiti [We stay at home]", aired during the period in question, created by the National Organization of Public Health (EODY), the Greek Ministry of Health, and the General Secretariat for Civil Protection in an attempt to educate and inform the general population about the pandemic, and the urgent need of self-protection. More specifically, in Question 3.3 its first version with no provision for its understanding by the people with disability was evaluated [see EODY, 2020a: upload date on the Hellenic Broadcasting Corporation (ERT) YouTube channel: 16-3-2020]. Participants responded that they found the information included to be clear (n=44, 31.88%), sufficient (n=30, 21.74%), effective (n=12, 8.70%), and at the same time inefficient for the information of people with disability (n=137, 99.28%). People with disability, on the other hand, found the

information equally effective, and sufficient (n=3, 2.17% in each), while none of them considered it to be appropriate for their information.

Furthermore, according to the participants' opinion, the needs of the people with disability in information could be met (*Question 3.4*) by the simultaneous interpreting to sign language (n=119, 86.23%), and subtitling of speech (n=14, 10.14%). The percentage of the "Other" option is 3.62% (n=5).

In *Question 3.5*, the participants were asked to evaluate the updated second version of the same television commercial, i.e., the version in which the interpretation of speech to sign language was added [see EODY, 2020b: upload date on the Hellenic Broadcasting Corporation (ERT) YouTube channel: 21-3-2020]. They responded that the information included was clear (n=49, 35.77%), effective (n=19, 13.87%), sufficient (n=17, 12.41%), and appropriate to accommodate better the needs of the people with disability (n=42, 30.66%). Regarding the opinion of people with disability, they responded that they found the information sufficient (n=5, 3.65%), and clear (n=3, 2.19%), and appropriate for their needs (n=1; 0.73%).

Following the above mentioned question and regarding the time distance between the screening of the initial, first version of the TV commercial and its updated, second version (*Question 3.6*), 80.95% (n=102) of the participants stated that they did observe it – 43.65% (n=55) of those under thirty and 37.30% (n=47) of the age groups over thirty – and a percentage of 19.05% (n=24) that it bothered them. People with disability responded that they also observed the time distance, and that it bothered them (n=11, 8.73% & n=2, 1.59% respectively).

In addition, 95.65% (n=132) of the total participants, and 92.86% of people with disability (n=13 out of the 14 in total), considered the simultaneous interpreting of speech to sign language to be necessary to any informative advertisement, with regards to the provision and safety of public health (*Question 3.5*), yet for 86.96% (n=120) of the total participants, and for 85.71% of people with disability (n=12 out of the 14 in total), insufficient (*Question 3.6*). In fact, 92.03% (n=127) of the total and 78.57% of the PwD (n=11 out of the 14 in total; 7.97%) pointed the subtitles as an also necessary addition, and more specifically (*Question 3.7*) of large font size, e.g., 16pt (n=85; 61.59%), of regular font size, e.g., 12pt (n=35; 25.36%), and of descriptive subtitles for the sounds, music, etc. (n=7; 5.07%). People with disability responded similarly, for the need for subtitles, of large font size (n=6; 4.35%), of regular font size (n=3; 2.17%), and for descriptive subtitles (n=2; 1.45%).

Discussion

The purpose of this study was to explore the views of the Greek people with and without disability regarding the changes inflicted in their everyday lives due to the COVID-19 pandemic, and to examine whether the need for the provision of accessible information to people with disability is generally understood and accepted. To that purpose, four (4) main questions were sought to address, the first two about the living conditions of the participants with and without disability, the feelings they experienced, and the new "habit" of consuming specific cultural goods via online streaming during the days of the mandatory social and physical distancing. The third question explored the views of the participants with and without disability regarding the information received in the given period and the fourth, about the accessibility of information.

The research draws important conclusions, first of all, for the age groups 18-23 and 24-29 of emerging adulthood, as the majority of the participants belong to them. More specifically, regarding the first Research Question (*What were the living conditions of the participants with and without disability during the days of the mandatory social and physical distancing, and which feelings did they experience?*), it was found that during the days of the compulsory social distancing, young adults stayed with their parents, an expected result given the special characteristics of this age group, among others, the extended university studies and financial dependence on their parents, the occasional and part-time employment, etc.

On the other hand, the answers to the questions regarding the people from whom they were forced to keep themselves apart were not expected. Indeed, the percentages received by the "friends" and "partner" options are not particularly high, as that, for example, of the "parents" in the case of the participants over thirty years of age. This result can be attributed to the young adults' familiarity with the various telecommunication means available nowadays (social media, free video-conferencing software programs such as Google meet), that cultivate an illusion of social contact and, thus, mitigate the feelings of isolation and loneliness. Further investigation on the feelings experienced by the young adults from the social contact through the mediation of a specific telecommunication device, such as the mobile phones, is necessary. The same stands for the feeling of anxiety experienced during the period in question. Future research should focus on its source, i.e., whether it can be attributed to the confinement per se of young adults at home due to the pandemic or to its expected results on, for example, the youth unemployment rate.

Regarding the second Research Question (*How did the participants with and without disability evaluate the initiative of the free of charge circulation of cultural goods via online streaming?*), the high percentage of the participants who answered that they benefited from this opportunity and, indeed, consume the cultural goods is extremely important. More specifically, it is especially useful for the young adults' age group, as it was found that they responded and took advantage of this opportunity which would not have been offered to them otherwise.

The above information, combined with the result that this new social activity has helped them combat the feelings of boredom, and anxiety and fear that were generated by the pandemic and, above all, has created a feeling of emotional closeness and participation in a wider and, in this case, virtual community of people who share the same problems and concerns, regardless of individual characteristics, is extremely important. In fact, it is connected to the global community and the special characteristics that its members have been developing in the midst of a pandemic, and with the redefinition of the role and function of culture in general. A future study will be interesting to examine this "democratization" of culture, by the removal of spatial, economic, and other barriers that previously prevented citizens from participating to cultural events, and its contribution to the public acceptance of State decisions of unprecedented harshness for the western world, such as the compulsory "incarceration" due to the pandemic, as well as the effects of these two, to the age group of the young adults with and without disability in particular.

In the same context, many questions arise regarding the survival of self-financed cultural institutions (museums, festivals, concert venues, etc.) due to the pandemic crisis that have been experiencing significant losses on their revenue, competitive advantage and brand value (UNESCO, 2020), and are at risk of permanent closure. For that, important film festivals around the world have taken the initiative for the introduction of a geographical restriction rule on screenings in online festivals so as *"to maintain the 'ecosystem' of the audiovisual industry and not to threaten the distribution of films in other countries and their screening in festivals, theaters, national platforms, and televisions"* (TIFF, 2020). Future research should focus on the changes inflicted on their operation as well as the coping mechanisms of those originations that will eventually survive the pandemic crisis.

Regarding the third Research Question (*What are the views of the participants with and without disability regarding the information in the period under consideration they received?*) the participants' primary source of information was television, with the majority to evaluate it as sufficient. This is interesting for the age group of young adults in particular, as they were expected to show preference towards other sources of information, such as the social media (facebook, twitter, etc.). This result is considered as particularly useful for the communication planning of main decision making centers, such as the Ministry of Health and the National Public Health Organization, regarding the age range of the recipients of information via the television and other means, and the construction of the information message.

About the fourth Research Question (*What are the views of the participants with and without disability regarding the accessibility of information?*) the participants' positive attitude towards the transmitted information is considered important in general, given the low participation of people with disability, however, in the study, the result casts light on people without disability and their views on the necessity of initiatives that may improve the accessibility to information by people with disability. Indeed, from their answers it is concluded that they took notice and understood the conditions of non-inclusion that formed in the initial design of the first television commercial, as well as the delay in the addition of the interpretation of speech to Greek sign language. This result is extremely important for all age groups and especially for the young adults, who are, as already mentioned, the potential carriers of social change, an importance reinforced by the fact that they consider accessibility to information necessary in all the campaigns organized for the provision and safety of *public health*.

From the above, therefore, the conclusion is that the many, i.e., people of typical development, are ready to accept the introduction of accessible information in TV commercials. This introduction, in fact, could be the basis for further expanding the inclusive "presence" in other television programmes and/or zones, for example, in primetime (8-11 pm). Future quantitative and qualitative research would be valuable to focus on young adults for the clarification of their views regarding accessibility, and disability in general.

As this is a quantitative study conducted via an online questionnaire, the limitation includes a small sample of subjects with disability. For that, the use of a mix of quantitative and qualitative research methods – a research strategy in accordance with the experience acquired globally in the fields of disability (Berger & Lorenz, 2016), and of cultural events management as well (Robertson et al., 2009) – is proposed to be used in the future. Furthermore, another limitation refers to the high percentages that the answers "None of the above", and "Other" received in some of the questions of the questionnaire.

As of the time of writing this paper (February 2021), the total number of global coronavirus cases has topped 106 million, while the deaths have surged to more than 2.31 million (106,643,519 and 2,330,839 respectively, Source: <https://coronavirus.jhu.edu/map.html>, date retrieved information 09/02/2021). During this year of the pandemic, the scientific community has warned of the dangerous wave-like rises and falls of the cases, and the possibility of new lockdowns. In this framework, the need to remove existing barriers and restrictions against the participation of specific groups of the population, such as the people with disability, to social space is already apparent [25]. As stated by Dr. Tedros, WHO's General Director, *"this is not just a public health crisis [but] a crisis that will touch every sector [of human activity]. So, every person and every individual must be involved in the fight"* (WHO, 2020b; 07' 03''- 07' 16'').

Age	People with and without disability (N=138)									PWDs (n=14)
	18-23	24-29	30-35	36-41	42-47	48-53	54-59	60-64	Total	
2.1. I lived:										
<i>Alone</i>	2 (1.45)	3 (2.17)	4 (2.90)	5 (3.62)	2 (1.45)	1 (0.72)	1 (0.72)	1 (0.72)	19 (13.77)	4 (2.90)
<i>With my partner</i>	0 (0.00)	7 (5.07)	5 (3.62)	4 (2.90)	3 (2.17)	1 (0.72)	3 (2.17)	0 (0.00)	23 (16.67)	3 (2.17)
<i>With my parents</i>	37 (26.81)	21 (15.22)	4 (2.90)	1 (0.72)	1 (0.72)	0 (0.00)	0 (0.00)	0 (0.00)	64 (46.38)	4 (2.90)
<i>With the family of my own</i>	2 (1.45)	1 (0.72)	6 (4.35)	3 (2.17)	11 (7.97)	4 (2.90)	1 (0.72)	0 (0.00)	28 (20.29)	1 (0.724)
<i>With my child</i>	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	1 (0.72)	0 (0.00)	0 (0.00)	0 (0.00)	1 (0.72)	0 (0.00)
<i>Alone with personal assistant</i>	1 (0.72)	0 (0.00)	0 (0.00)	0 (0.00)	1 (0.72)	1 (0.72)	0 (0.00)	0 (0.00)	3 (2.17)	2 (1.45)
2.2. I had to avoid physical contact with:										
<i>My partner</i>	15 (10.87)	7 (5.07)	2 (1.45)	0 (0.00)	1 (0.72)	1 (0.72)	0 (0.00)	1 (0.72)	27 (19.57)	2 (1.45)
<i>My parents</i>	5 (3.62)	11 (7.97)	12 (8.70)	11 (7.97)	8 (5.80)	2 (1.45)	4 (2.90)	0 (0.00)	53 (38.41)	4 (2.90)
<i>Members of my own family</i>	1 (0.72)	0 (0.00)	0 (0.00)	1 (0.72)	2 (1.45)	2 (1.45)	0 (0.00)	0 (0.00)	6 (4.35)	0 (0.00)
<i>My child</i>	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	2 (1.45)	0 (0.00)	0 (0.00)	0 (0.00)	2 (1.45)	1 (0.72)
<i>Friends</i>	16 (11.59)	7 (5.07)	4 (2.90)	0 (0.00)	5 (3.62)	2 (1.45)	0 (0.00)	0 (0.00)	34 (24.64)	5 (3.62)
<i>Colleagues</i>	1 (0.72)	1 (0.72)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	2 (1.45)	0 (0)
<i>None of the above</i>	4 (2.90)	6 (4.35)	1 (0.72)	1 (0.72)	1 (0.72)	0 (0.00)	1 (0.72)	0 (0.00)	14 (10.15)	2 (1.45)
2.3. I had to avoid social contact with:										
<i>My partner</i>	13 (9.42)	5 (3.62)	1 (0.72)	1 (0.72)	2 (1.45)	1 (0.72)	0 (0.00)	0 (0.00)	23 (16.67)	1 (0.72)
<i>My parents</i>	4 (2.90)	6 (4.35)	10 (7.25)	8 (5.80)	7 (5.07)	3 (2.17)	1 (0.72)	0 (0.00)	39 (28.26)	4 (2.90)
<i>Members of my own family</i>	1 (0.72)	2 (1.45)	0 (0.00)	1 (0.72)	1 (0.72)	0 (0.00)	0 (0.00)	0 (0.00)	5 (3.62)	1 (0.72)
<i>My child</i>	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	1 (0.72)	0 (0.00)	0 (0.00)	0 (0.00)	1 (0.72)	1 (0.72)
<i>Friends</i>	17 (12.32)	9 (6.52)	6 (4.35)	0 (0.00)	4 (2.90)	1 (0.72)	3 (2.17)	1 (0.72)	41 (29.71)	3 (2.17)
<i>Colleagues</i>	2 (1.45)	3 (2.17)	1 (0.72)	0 (0.00)	1 (0.72)	1 (0.72)	0 (0.00)	0 (0.00)	8 (5.80)	1 (0.72)
<i>None of the above</i>	5 (3.62)	7 (5.07)	1 (0.72)	3 (2.17)	3 (2.17)	1 (0.72)	1 (0.72)	0 (0.00)	21 (15.22)	3 (2.17)
2.4. I felt:										
<i>Excluded and alone</i>	5 (3.62)	3 (2.17)	3 (2.17)	2 (1.45)	1 (0.72)	1 (0.72)	0 (0.00)	1 (0.72)	16 (11.59)	4 (2.90)
<i>Anxiety</i>	15 (10.87)	12 (8.70)	7 (5.07)	5 (3.62)	7 (5.07)	2 (1.45)	1 (0.72)	0 (0.00)	49 (35.51)	2 (1.45)
<i>Fear</i>	1 (0.72)	1 (0.72)	0 (0.00)	2 (1.45)	0 (0.00)	1 (0.72)	0 (0.00)	0 (0.00)	5 (3.62)	2 (1.45)
<i>Boredom</i>	11 (7.97)	7 (5.07)	2 (1.45)	1 (0.72)	3 (2.17)	1 (0.72)	1 (0.72)	0 (0.00)	26 (18.84)	4 (2.90)
<i>None of the above</i>	9 (6.52)	7 (5.07)	4 (2.90)	3 (2.17)	7 (5.07)	2 (1.45)	3 (2.17)	0 (0.00)	35 (25.36)	2 (1.45)
<i>Other</i>	1 (0.72)	2 (1.44)	3 (2.17)	0 (0.00)	1 (0.72)	0 (0.00)	0 (0.00)	0 (0.00)	7 (5.07)	0 (0.00)
2.5. I watched the cultural goods that were freely available on the internet:										
<i>Movies</i>	24 (17.39)	16 (11.59)	9 (6.52)	9 (6.52)	11 (7.97)	4 (2.90)	4 (2.90)	0 (0.00)	77 (55.80)	4 (2.90)
<i>Theatrical plays</i>	3 (2.17)	5 (3.62)	4 (2.90)	1 (0.72)	2 (1.45)	1 (0.72)	1 (0.72)	0 (0.00)	17 (12.32)	6 (4.35)
<i>Music and dance performances</i>	0 (0.00)	0 (0.00)	2 (1.45)	1 (0.72)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	3 (2.17)	1 (0.72)
<i>Concerts</i>	5 (3.62)	6 (4.35)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	11 (7.97)	0 (0.00)
<i>None of the above</i>	10 (7.25)	5 (3.62)	4 (2.90)	2 (1.45)	4 (2.90)	2 (1.45)	0 (0.00)	0 (0.00)	27 (19.56)	1 (0.72)
<i>Other</i>	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	2 (1.45)	0 (0.00)	0 (0.00)	1 (0.72)	3 (2.17)	2 (1.45)
2.5. I watched the cultural goods that were freely available on the internet:										
<i>Movies</i>	24 (17.39)	16 (11.59)	9 (6.52)	9 (6.52)	11 (7.97)	4 (2.90)	4 (2.90)	0 (0.00)	77 (55.80)	4 (2.90)
<i>Theatrical plays</i>	3 (2.17)	5 (3.62)	4 (2.90)	1 (0.72)	2 (1.45)	1 (0.72)	1 (0.72)	0 (0.00)	17 (12.32)	6 (4.35)
<i>Music and dance performances</i>	0 (0.00)	0 (0.00)	2 (1.45)	1 (0.72)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	3 (2.17)	1 (0.72)
<i>Concerts</i>	5 (3.62)	6 (4.35)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	11 (7.97)	0 (0.00)
<i>None of the above</i>	10 (7.25)	5 (3.62)	4 (2.90)	2 (1.45)	4 (2.90)	2 (1.45)	0 (0.00)	0 (0.00)	27 (19.56)	1 (0.72)
<i>Other</i>	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	2 (1.45)	0 (0.00)	0 (0.00)	1 (0.72)	3 (2.17)	2 (1.45)
2.6. That initiative:										
<i>helps me fight the feelings of fear or anxiety</i>	6 (4.35)	7 (5.07)	5 (3.62)	3 (2.17)	2 (1.45)	3 (2.17)	1 (0.72)	0 (0.00)	27 (19.56)	4 (2.90)
<i>of boredom</i>	19 (13.77)	8 (5.80)	4 (2.90)	5 (3.62)	2 (1.45)	1 (0.72)	1 (0.72)	0 (0.00)	40 (28.98)	4 (2.90)
<i>Makes me feel like a member of a wider group of people in the same situation</i>	10 (7.25)	9 (6.52)	6 (4.35)	3 (2.17)	6 (4.35)	1 (0.72)	3 (2.17)	0 (0.00)	38 (27.54)	2 (1.45)
<i>None of the above</i>	6 (4.35)	6 (4.35)	3 (2.17)	2 (1.45)	7 (5.07)	2 (1.45)	0 (0.00)	0 (0.00)	26 (18.84)	4 (2.90)
<i>Other</i>	1 (0.72)	2 (1.45)	1 (0.72)	0 (0.00)	2 (1.45)	0 (0.00)	0 (0.00)	1 (0.72)	7 (5.07)	0 (0.00)

Table 2: Participants' daily live conditions during the period of the first lockdown. Frequencies are given in counts (n) and percentages (%).

Age	People with and without disability (N=138)									PWDs (n=14)
	18-23	24-29	30-35	36-41	42-47	48-53	54-59	60-64	Total	
3.1. I learned about the pandemic from the:										
Television	28 (20.29)	24 (17.39)	12 (8.70)	6 (4.35)	9 (6.52)	5 (3.62)	3 (2.17)	0 (0.00)	87 (63.04)	7 (5.07)
Radio	0 (0.00)	1 (0.72)	2 (1.45)	2 (1.45)	1 (0.72)	0 (0.00)	0 (0.00)	0 (0.00)	6 (4.35)	2 (1.45)
Newspapers	1 (0.72)	1 (0.72)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	2 (1.45)	0 (0.00)
Electronic newspapers	7 (5.07)	1 (0.72)	3 (2.17)	5 (3.62)	5 (3.62)	1 (0.72)	1 (0.72)	0 (0.00)	23 (16.67)	2 (1.45)
Social media	3 (2.17)	4 (2.90)	1 (0.72)	0 (0.00)	2 (1.45)	1 (0.72)	1 (0.72)	1 (0.72)	13 (9.42)	2 (1.45)
Other	3 (2.17)	1 (0.72)	1 (0.72)	0 (0.00)	2 (1.45)	0 (0.00)	0 (0.00)	0 (0.00)	7 (5.07)	1 (0.72)
3.2. The information is:										
Clear	10 (7.25)	6 (4.35)	2 (1.45)	1 (0.72)	4 (2.90)	1 (0.72)	1 (0.72)	0 (0.00)	25 (18.12)	3 (2.17)
Effective	2 (1.45)	1 (0.72)	2 (1.45)	2 (1.45)	2 (1.45)	0 (0.00)	1 (0.72)	0 (0.00)	10 (7.25)	3 (2.17)
Satisfactory in terms of amount of information	20 (14.49)	20 (14.49)	11 (7.97)	7 (5.07)	10 (7.25)	5 (3.62)	2 (1.45)	0 (0.00)	75 (54.35)	7 (5.07)
Other	10 (7.25)	5 (3.62)	4 (2.90)	3 (2.17)	3 (2.17)	1 (0.72)	1 (0.72)	1 (0.72)	28 (20.29)	1 (0.72)
3.3. The information included in the 1st version of the TV commercial "Stay home":										
Is clear	15 (10.87)	8 (5.80)	7 (5.07)	2 (1.45)	6 (4.35)	3 (2.17)	3 (2.17)	0 (0.00)	44 (31.88)	3 (2.17)
Is effective	3 (2.17)	3 (2.17)	1 (0.72)	2 (1.45)	1 (0.72)	0 (0.00)	1 (0.72)	1 (0.72)	12 (8.70)	1 (0.72)
Is sufficient	10 (7.25)	6 (4.35)	6 (4.35)	0 (0.00)	6 (4.35)	1 (0.72)	1 (0.72)	0 (0.00)	30 (21.74)	3 (2.17)
3.3.1. It is appropriate for the needs of the PwDs:										
Yes	0 (0.00)	1 (0.72)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	1 (0.72)	0 (0.00)
3.4. The needs of specific population groups, such as the people with disability, could be met by:										
<i>Simultaneous interpretation of sign language</i>										
Subtitles	4 (2.90)	5 (3.62)	0 (0.00)	0 (0.00)	2 (1.45)	2 (1.45)	1 (0.72)	0 (0.00)	14 (10.14)	4 (2.90)
Other	0 (0.00)	0 (0.00)	3 (2.17)	0 (0.00)	2 (1.45)	0 (0.00)	0 (0.00)	0 (0.00)	5 (3.62)	2 (1.45)
included in the 2nd version of the TV commercial "Stay home (Menoume spiti)" (with sign language):										
Is clear	20 (14.60)	5 (3.65)	5 (3.65)	5 (3.65)	8 (5.84)	3 (2.19)	2 (1.46)	1 (0.73)	49 (35.77)	3 (2.19)
Is effective	7 (5.11)	7 (5.11)	3 (2.19)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	17 (12.41)	2 (1.46)
Is sufficient	4 (2.92)	3 (2.19)	2 (1.46)	2 (1.46)	5 (3.65)	2 (1.46)	1 (0.73)	0 (0.00)	19 (13.87)	5 (3.65)
3.5.1. It is appropriate for the needs of the PwDs:										
Yes	11 (8.03)	13 (9.49)	7 (5.11)	5 (3.65)	3 (2.19)	1 (0.73)	2 (1.46)	0 (0.00)	42 (30.66)	1 (0.73)
3.6. The time distance between the 1st and the 2nd version of the TV commercial:										
I took notice of it	32 (25.40)	23 (18.25)	15 (11.90)	9 (7.14)	14 (11.11)	5 (3.97)	4 (3.17)	0 (0.00)	102 (80.95)	11 (8.73)
It bothered me	6 (4.76)	6 (4.76)	2 (1.59)	3 (2.38)	3 (2.38)	2 (1.59)	1 (0.79)	1 (0.79)	24 (19.05)	2 (1.59)
3.7. The addition of sign language is necessary to all informative commercials:										
Yes	41 (29.71)	30 (21.74)	18 (13.04)	13 (9.42)	18 (13.04)	7 (5.07)	4 (2.90)	1 (0.72)	132 (95.65)	13 (9.42)
No	0 (0.00)	1 (0.72)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	1 (0.72)	0 (0.00)	2 (1.45)	0 (0.00)
N/A	1 (0.72)	1 (0.72)	1 (0.72)	0 (0.00)	1 (0.72)	0 (0.00)	0 (0.00)	0 (0.00)	4 (2.90)	1 (0.72)
3.8. The addition of sign language to all informative commercials is adequate:										
Yes	1 (0.72)	2 (1.45)	2 (1.45)	1 (0.72)	1 (0.72)	2 (1.45)	0 (0.00)	0 (0.00)	9 (6.52)	1 (0.72)
No	40 (28.98)	28 (20.29)	16 (11.59)	12 (8.70)	15 (10.87)	4 (2.90)	4 (2.90)	1 (0.72)	120 (86.96)	12 (8.70)
N/A	1 (0.72)	2 (1.45)	1 (0.72)	0 (0.00)	3 (2.17)	1 (0.72)	1 (0.72)	0 (0.00)	9 (6.52)	1 (0.72)
3.9. Other necessary additions are:										
<i>Subtitles</i>										
Of regular font size.	9 (6.52)	14 (10.14)	1 (0.72)	4 (2.90)	4 (2.90)	2 (1.45)	1 (0.72)	0 (0.00)	35 (25.36)	3 (2.17)
Of large font size.	33 (23.91)	15 (10.87)	13 (9.42)	9 (6.52)	8 (5.80)	3 (2.17)	3 (2.17)	1 (0.72)	85 (61.59)	6 (4.35)
Descriptive of sounds, music, etc.	0 (0.00)	1 (0.72)	2 (1.45)	0 (0.00)	3 (2.17)	1 (0.72)	0 (0.00)	0 (0.00)	7 (5.07)	2 (1.45)
Simpler way of speaking	0 (0.00)	1 (0.72)	1 (0.72)	0 (0.00)	2 (1.45)	1 (0.72)	0 (0.00)	0 (0.00)	5 (3.62)	2 (1.45)
N/A	0 (0.00)	1 (0.72)	2 (1.45)	0 (0.00)	2 (1.45)	0 (0.00)	1 (0.72)	0 (0.00)	6 (4.35)	1 (0.72)

Table 3: Participants' views on accessibility of information. Frequencies are given in counts (n) and percentages (%)

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