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Highlights from the
Traveller Women's Food,
Physical Activity and Health Study

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in conjunction with the

Southern Traveller Health Network

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1. Introduction

This exploratory qualitative study was undertaken through a partnership between the Department of Epidemiology and Public Health of University College Cork and the Southern Traveller Health Network (STHN). It explores food choices and food consumption as well as participation in physical activity and exercise among a sample of Traveller women, subjects about which little is known. The study was supported by the Department of Health Promotion HSE South and STHN members' participation was funded by the Traveller Health Unit of the HSE South.

Travellers Health Status and Determinants of Health

Irish Travellers are a small indigenous ethnic minority group which has been part of Irish society for centuries. Their distinctive lifestyle and culture, based on a nomadic tradition, sets them apart from the general population (The All Ireland Traveller Health Study (AITHS), 2010). It's estimated that there are over 36,000 Travellers in the Republic of Ireland with about 4,000 more living in Northern Ireland. The AITHS highlighted the extent and persistence of health inequalities between Irish Travellers and the general population. It measured the life expectancy of a Traveller man at 61.7 years, 15.1 years less than men in the general population and equivalent to the life expectancy of the general population in the 1940s. The life expectancy of a Traveller woman was 70.1 years, 11.5 years less than a woman in the general population. Disturbingly, the suicide rate among Traveller men is 6.6 times higher than the general population (ibid). These health indicators are strongly influenced by the determinants of health across many of which Travellers fare poorly by comparison with the general population. Some of these health determinants are outlined below.

- Travellers have a marginalised position in Irish society and aren't recognised as a distinct ethnic group by the Irish state despite repeated recommendations from the UN Human Rights Committee, the ICCPR (the International Covenant on Civil and Political Rights)

- Travellers experience very high levels of discrimination / racism. As far back as 1991 the European Parliament Committee of Enquiry on Racism and Xenophobia found that in Ireland "the single most discriminated group are the Travelling people" (Report of the Task Force on the Travelling Community, 1995, p. 81). Research presented in the AITHS (2010) indicated that Travellers reported much higher levels of discrimination across a wide range of social settings in Ireland compared with a study of Black, Latino and White working class adults in Boston, USA (Krieger *et al*, 2005).

- Travellers have low levels of educational attainment compared with the general Irish population (CSO)

- 24.4% of Republic of Ireland (ROI) Travellers rated their living place as 'unhealthy' or 'very unhealthy' and 26.4% rated it as 'unsafe' (AITHS, 2010, p. 46) and their family homes are smaller (ibid, p. 47).

- Travellers have low levels of satisfaction with health service care and less trust in health professionals than the general population (HSE, 2008).

- Traveller women are approximately 4 times more likely to eat fried or fast foods 4 or more times per week than other women in Ireland; butter and salt are used regularly by most Traveller adults (AITHS).

- A small study of Travellers (n=187) found that 34% were overweight and 48% were obese (Slattery et al, 2010).

- Most Traveller adults participate in physical activity fewer than 3 times a week but Traveller women report higher rates of strenuous and moderate exercise compared to a similar socio-economic group in the SLÁN 2007 report (cited in AITHS, 2010).

- Spouses / partners, parents, children and other close relatives are major sources of support among Travellers, at a level notably higher than the general population in the SLÁN 2002 study (ibid).

- Travellers marry younger and have more children than the general population (CSO, 2012).

2. Theoretical Framework

Grounded in the discipline of Health Promotion the study is informed by the 4 concepts outlined below.

I. **Travellers are understood to be an indigenous ethnic group in Ireland**

II. **A Social Determinants of Health perspective:** health is created and influenced by a broad range of factors many of which are socially constructed and therefore amenable to social change. The Social Determinants of Health operate in a dynamic fashion as illustrated in Figure 1 below.

Figure 1 'Socio-Economic Model of Health' (from The Acheson Report into Inequalities in Health, 1998)
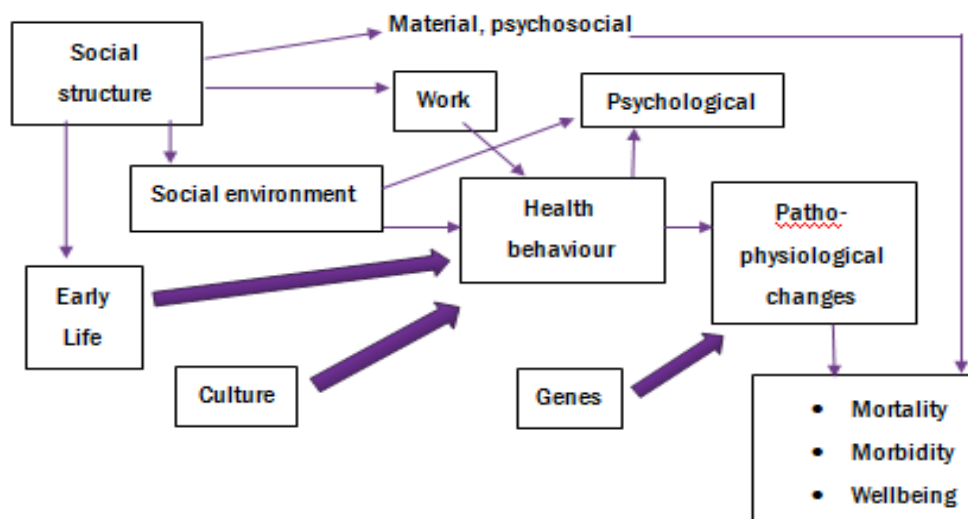
III. **The Life Course Perspective on Health Inequalities:** this perspective proposes that during one's life one accumulates positive or negative exposures to important health determinants arising from lived experiences, with the cumulative effect reflected in one's health outcomes (Graham, 2002; Graham, 2009; Wadsworth, 1997).

IV. **A Life Course Perspective on Present Food Choice:** this takes account of cumulative life experiences along with current social, cultural, physical and environmental influences. Figure 2 below illustrates this perspective (Delaney and McCarthy, 2011, p. 120).

Figure 2 Key life course influences on present food choice patterns
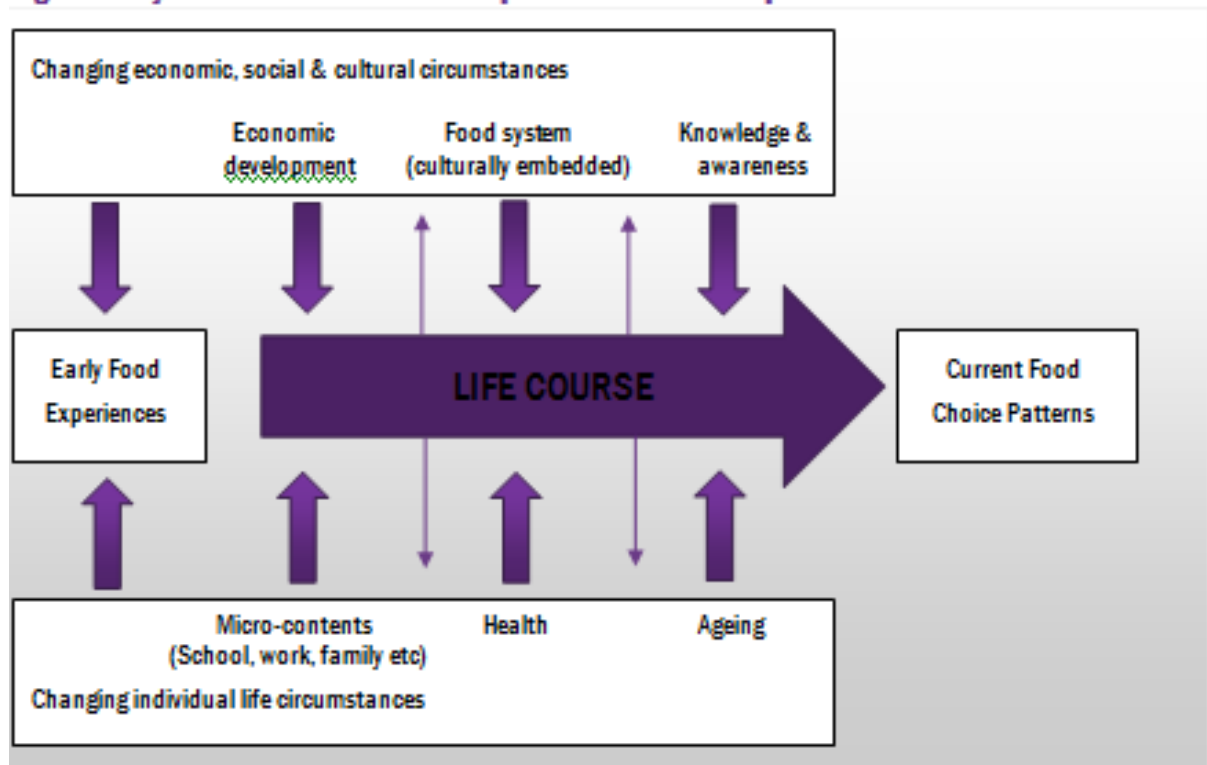
3. Aim and Objectives

The study aim was generated by the STHN members and it was to explore why they find it challenging to make lasting changes to their food choice / consumption, physical activity and exercise norms, despite having received health education on these topics. The study objectives were:

1. To identify and explore factors influencing Traveller women's food choices and consumption
2. To identify and explore factors influencing their levels of physical activity and exercise
3. To explore the relationship, if any, between the above factors

4. Methodology and Methods

A Community Based Participatory Research approach (CBPR, Minkler and Wallerstein, 2008) was employed. Planning meetings involved representatives of the STHN, UCC and the HSE South Health Promotion Department; methodology and data collection methods were discussed and chosen with a view to ensuring maximum participation by the STHN members. Focus groups employing the use of a vignette were used to collect primary data. A topic guide was developed from the literature review and suggestions from the STHN. Three focus groups explored food choice and consumption and two weeks later the same three groups discussed physical activity and exercise; a total of 21 STHN members took part with 17 participating on both occasions. A thematic analysis was undertaken in two phases; analysis of the food related data was undertaken first; at a later stage analysis of the data on physical activity / exercise was completed followed by a process of synthesis of both sets of findings.

5. Literature Review

A review of international literature was undertaken focusing largely on selected studies on food choice / consumption and exercise related to Irish Travellers, women from other ethnic minorities and lower socio-economic backgrounds in Ireland and elsewhere, who hold similar social positions. It identified many factors influencing food choice / consumption and physical activity / exercise as outlined below.

5.1 Social Factors influencing Food Choice and Consumption

Some of the key social factors known internationally to influence food choice and intake among ethnic minority and poor women include 'Women's Roles including the role of Mother', 'the Family', 'the Impacts of Food Poverty and Food Insecurity on Women and Mothers', 'Culture, Identity and Body Image' and 'Level of Education'. These are briefly described below.

5.1.1 Women's Roles including the Role of Mother

According to Hodgins *et al* (2006) Traveller women consider their multiple roles as women in their community and especially as mothers, to be stressful and detrimental to their personal health; however they were generally reluctant to engage with health professionals. Life was experienced as hard, involving a constant daily struggle. They described feeling completely responsible for their often large families and compromising their own health in favour of their children and husband. This latter phenomenon, sometimes called 'maternal deprivation', has also been found in studies on women from other ethnic minority and lower socio-economic groups and the deprivation sometimes relates to food (McIntyre et al, 2003; Dammann and Smith, 2009; Martin and Lippert, 2012).

5.1.2 The Family

The influence of family is discussed in the literature in two respects: (i) the phenomenon of 'familism' and (ii) the preferences / influence of spouses and children. 'Familism' is a concept used to describe a belief that the needs of any individual in the family are subordinate to needs of the family as a group (Rajkai, www.ncfr.org). Dupcsik and Toth describe two types of familism *"1. familism understood as a cultural ideology (internal aspect), and 2. familism regarded as a result of specific social conditions (lack of interpersonal trust) (external aspect)"* (in Rajkai, www.ncfr.org). Familism is more common in traditional or collective cultures. Values associated with familism include a tendency to live near family members and for family to provide social and emotional support (Vega, 1990).

Preferences of spouses/partners and children strongly influence food choice and consumption despite the woman being responsible for managing the costs and supply of food, meal planning, shopping and cooking. Barker *et al* found that some partners make food choices for themselves and their family of which the women did not approve (2008). Studies have also found that living with children can have an adverse effect on a woman's diet (Groth, Fagt and Brondsted, 2001; Robinson *et al*, 2004).

5.1.3 Food Insecurity and its Impact on Women and Mothers

There is growing evidence that food insecurity among women is positively related with an increased risk of being overweight (Towsend *et al*, 2001; Adams, Grummer-Strawn and Chavez, 2003; Martin and Ferris, 2007). In 1995 Dietz proposed a link between hunger and obesity triggering ongoing debate and research (cited in Dinour, Bergen and Yeh, 2007). Food insecurity exists *"whenever the availability of nutritionally adequate and safe foods or the ability to acquire acceptable foods in socially acceptable ways is limited or uncertain"* (Dinour, Begen and Yeh, 2007, p. 1952). When discussing the 'Food Insecurity-Obesity Paradox', the authors stated that a correlation in these two apparently contradictory states has been seen among women, but with less evidence in relation to men and children. Martin and Lippert argued that there's a significant relationship between *"food insecurity and being overweight or obese for mothers, but not child-free women or all men"* (2012, p. 1755). It's been suggested that the Food Insecurity-Obesity Paradox is caused by experiences of food insecurity in childhood which are magnified in adulthood (ibid).

Dammann and Smith (2009) highlighted the stress of being a mother and living in poverty; they reported maternal deprivation where some participants fasted to ensure their children had something to eat, thus putting their own health at risk. These authors highlight the paradoxical nature of maternal deprivation, when one takes into account the high rate of overweight/obese women among disadvantaged, low-income groups.

5.1.4 Culture, Identity, Food and Body Image

Culture is one of the strongest influences on food choice and consumption; food choices *"express preferences, identities and cultural meanings and are based on an individual's lifetime experience of food and expectations for the future"* (Shepherd and Raats, 2006). According to Kittle and Sucher *"individuals may consciously or unconsciously participate in these activities to preserve traditions and maintain group identity"* (cited in James, 2004, p. 351). A number of studies have shown that the foundations of long-lasting food choice patterns are strongly established during childhood (Delaney and McCarthy, 2011, citing Birch, 1999 and Lien, Lytle and Klepp, 2001). Ochieng has highlighted the importance of health messages appreciating cultural identity and respectful of cultural identity -*"you have to understand us and understand our lifestyle; that is important....whether it is healthy or not is not important...it is who we are..."* (2013 p.12).

Johnson *et al* proposed that those with a more defined 'health identity' made *"healthier food choices for themselves and similar choices for their children"* (2011, p. 220), while also acting as positive role models for their children. Culture is also known to influence body image and a number of studies have identified that some cultures seem to be accepting of larger body size (Walcott-McQuigg 1995; Lawrence *et al*, 2007; Caradas *et al*, in Lawrence *et al*, 2007, p. 317).

5.1.5 Level of Education

Education has been identified internationally as a key factor influencing healthy eating. Research from a range of European countries identified an association between diet and educational attainment (Barker *et al*, 2008) with higher educational attainment being recognised as a key determinant of a healthier diet (Harrington *et al.* 2008; Robinson *et al*, 2004). Interestingly though, according to Kearney *et al* (2000) nutritional knowledge of itself is not strongly associated with dietary habits (in Delaney and McCarthy, 2011)*.*

Barker *et al.* (2008) identified that partners of women with higher educational attainment are more supportive of the woman's attempt to make healthier food choices and more involved in food planning and cooking. They proposed that children had less control over food choices when their mother had higher educational attainment.

5.2 Psychological Factors influencing Food Choice and Consumption

Within the international literature psychological factors known to influence food choice / consumption include 'Sense of Control', 'Emotional State' and 'Stress' 'Chance, Fatalism and Stoicism'. These are briefly described below; some of this literature resonates with social factors already outlined.

5.2.1 Sense of Control / Lack of Control

Having a sense of control over one's life circumstances is important to health. In Hodgins *et al's* (2006) study some Traveller women described having no sense of agency or power to improve things; the authors used the term 'helpless' to describe participants attitude to their health. In the UK Ochieng found that African Caribbean people felt they had limited control due to societal oppression, believing the government or 'ruling class' made all decisions regarding healthy eating and exercising advice and didn't take into account their life experiences and priorities. Government health messages and campaigns were considered to sometimes be hard to comply with, costly, and not necessarily relevant as they struggled with other priorities. Gypsies and Travellers identified developing high levels of stress when they can't be self-reliant / in control (Van Cleemput *et al*, 2007).

Control of food choice is a key concept in the psychology of health. Lawrence and Barker (2009) found *'lack of control'* over food choices to be a common theme among women with low educational attainment. Spouses and children show little support for making healthier food decisions exercising a lot of control over foods purchased and meals prepared. James (2004) found partners and children tended to act as barriers to healthy eating, with women worrying about the cost and possible waste of new food items which may be rejected; some spouses were described as believing they were entitled to whatever they wanted regardless of how it affected others' eating habits.

5.2.2 Emotional State and Food Consumption

It has long been understood that one's emotional condition can impact on food consumption - the term 'emotional eating' is sometimes used to describe food consumption driven primarily by feelings other than hunger. Emotions such as depression, boredom and stress are all known to contribute to changes in eating habits and long-standing experiences with such emotional states can create new patterns of food consumption. Traveller women have reported high levels of stress, worry and perceived depression which were associated with not eating properly or not eating at all (Hodgins *et al*, 2006).

5.2.3 Stress: Its Causes and Impact on Food Consumption and Weight Control

<u>Causes of Stress for Ethnic Minority Women:</u> International literature identifies racism, social exclusion, socio-economic disadvantage, family illness and death, threats to cultural identity, the roles of woman and mother, and sexism as causing stress for ethnic minority women. Traveller women named pervasive discrimination and poor living conditions as incompatible with health, stating they are *"disliked or even hated by society at large"* (Hodgins *et al,* 2006, p1987). UK based Gypsies and Travellers felt policies constrained their self-determination, that authorities excluded and oppressed them and tried to destroy their cultural identity (Van Cleemput et al, 2007). Racism was identified by African Caribbean people in the UK as a factor which *"permeated nearly all aspects of their lives which resulted in them being excluded from not only the labour market but also a much broader spread of social and economic life chance"* (Ochieng, 2013 p.10). Participants held racism accountable for high rates of morbidity and mortality in their community believing it discouraged the maintenance of a healthy lifestyle (ibid). Walcott-McQuigg's research with African American women identified a positive correlation between body weight and stress where *"more than 50% of the women thought that stress negatively affected their weight-control behaviour"* (1995, p.427). The more recent *Sister-Talk* study of 350 African-American women in the US, 76% of whom had a college education and 75% were employed outside the home, found a strong association between perceived racial discrimination, emotional eating behaviours and perceived stress levels (Johnson *et al,* 2012).

<u>Chronic Stress; its impact on Physiological Responses and Weight Control:</u> According to Davis, Stange and Horowitz *"evidence from over forty years of basic science and clinical research shows that chronic stress disrupts the complex neuro-endocrine pathways in the human stress response system which impedes the ability to maintain homeostasis"* (2012, p.113). Other unhealthy behaviours such as poor diet, low levels of physical activity and poor sleep patterns are secondary to this underlying impaired biological process but they nonetheless contribute to increased energy consumption and / or a reduction in physical or mental activity (ibid).

<u>Childbearing, Maternal Stress and Risk of Obesity:</u> In the US the *"five year risk of developing obesity for women giving birth to at least one child was 3.5 times that of women who had never given birth"* (Davis, Stange and Horowitz, 2012, p.110). The risk was found to be significantly higher for ethnic minority women and those of lower socio-economic status ((ibid). These authors explored *"under-appreciated modifiable factors contributing to obesity including maternal stress"* (ibid, p.111) and cite Epel *et al* (2000) who found higher levels of abdominal fat among women experiencing high levels of life stress and stronger stress reactivity, and lower levels among women experiencing less stress.

5.2.4 Chance, Fatalism and Stoicism

Some consider chance or luck to have a role in health creation. Lawrence *et al* (2009) highlight that people in lower socio-economic classes frequently believe that good health is a result of chance. Fatalism, or the idea that 'you have to die of something', is evident among some ethnic minorities and disadvantaged populations. African American women identified fatalism (James, 2004) and Gypsies and Travellers identified stoicism and fatalism (Van Cleemput *et al*, 2007) in relation to their ill health. Stoicism was in evidence among Traveller women who agreed *"they would have to be very, very bad before they'd go to a Doctor"* (Hodgins *et al,* 2006, p.1984).

5.3 Environmental Factors influencing Food Choice and Consumption

Environment can be understood in a number of ways including economic, social, political, cultural and physical conditions. This section reviews some literature on the concepts of 'the Global Food System', 'the Obesogenic Environment', 'Food Cost and Food Waste', and 'Access to Food'.

5.3.1 The Global Food System

Contemporary international research and debates on overweight and obesity acknowledge significant influences far removed from the individual and the family, which are driving the global obesity epidemic and food choice. In an important Lancet series on Obesity in 2011, changes in the global food system were identified as major drivers of the global obesity epidemic; it was argued that *"governments have largely abdicated the responsibility for addressing obesity to individuals, the private sector and non-governmental organisations, yet the obesity epidemic will not be reversed without government leadership, regulation and investment"* (Swinburne *et al*, 2011, p. 804). Lawrence and Barker (2009) cite the global influence of the "*productionist paradigm of food provision*" as well environmental, social, historical and psychological influences on food choice.

5.3.2 The Obesogenic Environment

The 'obesogenic (or obesity-promoting) environment' (Egger and Swinburne, 1997) is understood as the wider social, political and economic influences on food choice and intake and on participation in physical activity. The greater availability of high energy fast foods /drinks, work demands reducing the time available to shop for and cook fresh foods, the subsidisation of less healthy foods and the increasing use of transport to travel even small distances, are creating an environment where it's increasingly challenging to maintain a healthy weight. Overweight and obesity are increasing in Ireland closely resembling international patterns with 2 out 5 Irish adults (38%) overweight and 1 in 4 (23%) obese (Harrington *et al*, 2008).

5.3.3 Food Cost and Food Waste

The amount of money available, together with access to and affordability of good quality food, are undeniably important factors in food choice and consumption and *"unbalanced, unvaried diets are more common amongst poor and disadvantaged women"* (Lawrence and Barker, 2009, p.1004). Irish research in 2004 showed that a large percentage of the income of low-income families was needed to purchase a 'healthy' food basket (Friel and Conlon, 2004). Studies elsewhere have also found cost to be a major barrier because healthy food is more expensive then foods high in saturated fats and sugars (Barton, Kearney and Stewart-Knox, 2011; Martin and Lippert, 2012). Balancing the issues of food cost and food waste is a recurring theme in research. Participants have described that they couldn't afford to have food not liked, go 'off' and be thrown out; they buy what they knew their family would eat; for many this meant selecting convenience food (Barker *et al,* 2008; Lawrence *et al*, 2009).

5.3.4 Access to Food – Local Retail, Built and Home Environments

Access can be interpreted in a number of ways. First, it can be understood in terms of what kind of food is available in the local environment. Food choices are strongly pre-determined by what retailers sell (Lawrence and Barker, 2009) and where food is sold. 'Food deserts' are urban areas whose residents have little or no access to affordable healthy foods as they don't have transport to large retail outlets on city peripheries and instead must buy from outlets which aren't primarily food retailers (e.g. petrol stations) where there may be little fresh and / or healthy produce. Irish and North American studies (Layte *et al*, 2011) have found that the local food environment has a significant influence on food choice. The built environment is also important. High concentrations of fast food outlets are common in some poor communities and may lead to an increase of consumption of cheap, nutritionally poor foods (Antin and Hunt, 2012).

Second, access can also mean easy access to food when spending a lot of time at home. Women with lower education qualifications are more likely to be caring for small children at home which may be critical to the way they eat and is linked to boredom (Barker *et al*, 2008); it may also be linked to constant opportunities to eat, with many finding it difficult to resist temptation (Lawrence *et al*, 2009). In this circumstance access and emotional state combine and compound each other.

5.4 Physiological Factors influencing Weight Control

Scientific understanding of the physiological factors impacting on weight gain, retention and loss is growing; it is also becoming better understood by the wider public.

5.4.1 The Role of Leptin in Regulating Body Composition and Hunger

For overweight and obese individuals weight-loss may be extremely difficult to achieve (Kayman, Bruvold and Stern, 1990); this is partly due to biological processes and the hormone Leptin is understood to have a key role. Leptin is produced by fat cells (adipocytes); it regulates body composition by both modulating appetite via the sensation of hunger, and by enhancing the body's ability to utilise stored fat (Wang *et al*, 2005). As fat (adiposity) levels increase, fat cells release leptin, signalling to the brain that fat stores are adequate, thus producing feelings of fullness. An absence of leptin leads to uncontrolled hunger and resulting obesity. Paradoxically, however, overweight and obese people generally display higher concentrations of leptin than normal weight persons due to their higher percentage of body fat (Considine *et al,* 1996). It's thought that fat cells exposed to chronically high levels of leptin progressively lose sensitivity, leading to *leptin resistance* (Myers, Cowley and Munzberg, 2008). This can result in reduced fatty acid oxidation, and fat cells which are less inclined to absorb free fatty acids from the blood, potentially contributing to insulin resistance (Kraegen and Cooney, 2008); this in turn may lead to Type 2 Diabetes. In addition, neurons in the hypothalamus in the brain also show decreased responsiveness to leptin levels in the blood, with high levels of leptin failing to control hunger and modulate weight (Oswal and Yeo, 2010).

5.5 Factors influencing Physical Activity and Exercise

Factors known to broadly influence physical activity can be described under three broad headings - Social Environmental factors, Individual / Personal factors and Physical Environment factors. Giles-Corti and Donovan found that while a positive physical environment was helpful, it was of less influence than social environmental and individual level factors (2002).

5.5.1 Social Environmental factors

A comprehensive review of concepts and evidence on the relationship between the social environment and physical activity was published by Haughton McNeill, Kreuter and Subramanian (2006). It identified the five social determinants which appear most frequently in published research as (1) social support and social networks; (2) socio-economic position and income inequality; (3) racial discrimination; (4) neighbourhood factors; (5) social cohesion and social capital. A detailed explanatory table is reproduced in Table 2.

Table 2 'Five Social Determinants of Physical Activity' (Haughton McNeill, Kreuter and Subramanian, 2006)

Dimension	Description/key elements	Mechanism
Social environment dimensions, descriptions and key elements, and mechanisms by which they influence behaviour		
Social support and social networks	The presence and nature of interpersonal relationships and interactions; extent to which one is interconnected and embedded in a community; interpersonal level characteristic	Enables or constrains the adoption of health-promoting behaviours; provides access to resources and material goods; provides individual and community coping responses; buffers negative health outcomes; and restricts contact to infectious diseases
Socioeconomic position (SEP) and Income Inequality (II)	*SEP:* Reflects one's social standing in society; commonly measured using educational attainment, occupation, and individual income *II:* Reflects the unequal distribution of income; signifies the gap between the rich and poor	*SEP:* Increases biological stress and subsequently adverse health; reduces accumulation of and access to material resources that can protect against stress *II:* Creates less socially cohesive communities through disinvestments in social capital; reduces social spending on programmes and services; and increases psychosocial conditions (e.g. frustration, social comparison)
Racial discrimination	Interpersonal or institutional bias that results in psychological harm; limits opportunities for advancement	Produces economic and social deprivation; increases exposure to harmful substances; and creates psychological trauma. Inadequate healthcare and targeting of harmful substances to marginalised groups is also a by-product of racial discrimination
Neighbourhood factors	Also described as neighbourhood deprivation; represents independent environmental factors of "place" rather than the aggregation of individuals living in an area	Exposure to harmful elements of the physical environment (e.g. water quality), availability of health, social and community support services, community reputation and other historical and cultural features
Social cohesion and social capital	Extent of connectedness and solidarity among groups; shared resources that allow people to act together; area or community-level characteristic	Ability to enforce and/or reinforce group or social norms for positive health behaviours' provision of tangible support (e.g. transportation)

The authors cited an Institute of Medicine explanation of how the 'social environment' shapes *"norms, enforcing patterns of social control, providing or not providing environmental opportunities to engage in particular behaviours, reducing or producing stress, and placing constraints on individual choice"* (ibid, p.1011).

5.5.2 Individual / Personal factors

Lower socio-economic groups participate less in physical activity (Wilcox *et al*, 2005, p. 39). In an EU wide survey of benefits / barriers to physical activity (Zunft *et al*, 1999), increasing levels of educational attainment led to better appreciation of the health benefits of physical activity. In an Australian study *"self-efficacy and social support for physical activity explained virtually all of the differences in physical activity across educational attainment groups"* (Cerin and Leslie, 2008, p. 2596).

5.5.3 Barriers to Physical Activity / Exercise for Ethnic Minority Women

Studies with ethnic minority women have identified some common barriers to physical activity and exercise. Traditional gender roles are thought to lead to multiple responsibilities, complex continual demands resulting in lack of time and motivation, and exercise is not a priority (Eyler *et al*, 1998; Juarbe, Turok and Perez-Stable, 2002; Wilcox *et al*, 2005). A large US population based study (n=2912) of women aged 40 years or older reported that *"for all ethnic sub-groups care-giving duties and lacking energy to exercise"* were high among the barriers to physical activity (King *et al*, 2000, p. 354). Other known factors include lack of culturally appropriate programs, safety / fear concerns, laziness, lack of commitment, health concerns, cost, transport and distance. Latina women used the term 'flojera' to describe both a lack of energy / tiredness as well as laziness (Juarbe, Turok and Perez-Stable, 2002). An African American study identified cultural resistance as a factor; white people's suggestions were likely to be resisted by comparison with those from their own community or church (Barton, Kearney and Stewart-Knox, 2011).

5.5.4 Facilitators of Physical Activity / Exercise among Ethnic Minority Women

In a review of 91 studies of women from diverse ethnic backgrounds, Eyler *et al* (2002) found social support to be the strongest factor supporting physical activity. Social support was also identified in an earlier study (Eyler *et al*, 1998) which found convenient access to a setting to be important while being in a culturally familiar group was also considered helpful by many minority groups. Latina women were found to be motivated by the potential benefit of exercise for them in their family role rather than as an individual (Juarbe, Turok and Perez-Stable, 2002). Wilcox *et al* (2005) found African American rural women less likely to consider exercise potentially enjoyable than white women.

5.6 Conclusion of Literature Review

The breadth of this literature review demonstrates that food choice and consumption by ethnic minority and socio-economically marginalised women is a complex process with many social, psychological and environmental factors co-existing and inter-linking to create an intricate web of influences.

6. Findings and Discussion of Dominant Themes

This study originated in a reflective question from Traveller women asking why they weren't losing weight despite being recipients of health education. It may appear that they were taking on board the blame placed on overweight people which is evident in much media discourse (De Brún *et al*, 2013). Or perhaps they were rejecting that simplistic analysis and seeking a more complex explanation?   The study produced a complex analysis and the themes which dominated the findings are listed below. They are discussed with reference to the literature reviewed and information on Travellers health determinants. Where appropriate, food and exercise issues are discussed together.

- **Psycho-Social Stress** – sources of stress and its impact on food and exercise; the roles of Traveller women and mothers; experiences of grief and tragedy; pressure to conform.
- **Cultural factors** - Travellers cultural identity, food customs and body image; history of food insecurity; sociability and being in pairs
- **Social factors** – experiences of discrimination, racism and social exclusion; discomfort among the settled community; social support
- **Individual level factors** – care giving responsibilities; level of education; lack of energy / tiredness; lack of motivation / laziness; undermining of motivation
- **Environmental Factors** – food cost and food waste; global food systems and the obesogenic environment; access to food
- **Physiological Factors** – links between weight and stress, impaired stress response, pregnancy and motherhood.

6.1 Psycho-Social Stress and its influence on Food Choice / Consumption, Physical Activity / Exercise and Weight Management

Participants reported multiple sources of stress on a daily continuous basis and over their life-course, echoing the findings of Hodgins *et al's* study (2006); this chronic stress impacts on food choice, consumption and physical activity / exercise. One source of stress is their demanding, busy, care-giving roles within their families and community. Their second major source of stress is the racial discrimination and social exclusion which they experience as Travellers in Irish society; this is discussed in Section 6.3 - Social Factors.

In their roles as Traveller women chronic stress arises from having to be always available, ongoing worry, as well as grief and tragedy due to high levels of sickness and early death, including suicide in the family.

"You carry your brothers, sisters, mothers, aunts and uncles, nephews and nieces"·······"Do you know, such a one is coming and telling you their problems, you're still here and you're still like unconsciously carrying it too"· (FG-B)

Pressure to conform to cultural norms and fear for their children's futures as Travellers, also play a role.

There is a body of evidence linking emotional state and stress with food consumption and weight gain because of its relationship with mood-related eating, as well as the physiological changes in the neuro-endocrine system arising from exposure to chronic stress. From the findings of this study it is reasonable to consider chronic stress to be a factor contributing to weight gain among Traveller women and creating significant challenges for successful weight loss, particularly in middle age. If Traveller women are to be supported to lose weight it's essential to identify measures which will contribute to a real reduction in stress as well as measures to assist them develop healthy stress management mechanisms. Positive support for mental health is a key need for Traveller women in their very challenging life circumstances.

6.2 Cultural Factors

<u>Familism</u>: The concept of familism as a cultural ideology in which family needs come before individual needs, appears to be applicable to the Travelling community with its traditional and collective culture. In practice it means that girls are socialised at a young age into a highly responsible care-giving role in the extended family. In this and other studies Traveller women describe very demanding, multiple care-giving roles in which family always comes first and oneself last or not at all.

"You have to be a certain way, you don't think about yourself, you think about everyone else and after they are all looked after there is no time to think about yourself"· (FG-A)

The finding that caring for children, largely without her husband's involvement, is of central importance mirrors the findings of Hodgins *et al's* study (2006). Previous generations of Traveller mothers are considered influential in maintaining this role and while the participants in this study are sustaining this pressure on themselves, they suggest that they are less likely to impose it on their daughters.

While it can be argued that women worldwide deal with similar family demands, cultural norms in most western societies have for some time incorporated an acceptance of a level of individualism. This facilitates girls / women to participate in education, paid work outside the home and an independent social life. Family responsibilities fit in alongside other activities and / or people outside the family may be paid to do some caring / domestic work. For many Traveller women familism appears to contribute to "a hard life", a risk of depression, stress and lower levels of self-reported health. These findings strongly resemble those reported in some studies on Latina and African American rural women in the

USA. If Traveller women wish to achieve a level of 'women's liberation' similar to settled women in Irish society a significant cultural transformation will need to be facilitated by the community, possibly with the support of others outside the community.

<u>Culture, Food Customs, Body Image and Food Insecurity</u>: The study found that by tradition Travellers are very hospitable and women may cook extra food daily for possible visitors. The custom of visiting family living at a distance has been replaced by visiting family nearby, due to limitations on Travellers scope to travel arising from boulder policies blocking traditional campsites and the threat of evictions.

> *"You always put on a big dinner just in case because you're always expecting other people are going to be there so you want to share it". (FG-A)*

Travellers may eat 2 or even 3 main meals some days while visiting or through eating left-over food. These two sources of excess calorie intake, along with high salt and butter usage and the frequency of frying as a cooking method (AITHS, 2010), are likely to contribute to weight gain and other health risks.

The study learned of a lack of routine around meals, possibly arising from Traveller men's nomadic economic activities. This means women can spend long hours in the kitchen cooking meals according to people's preferences with constant access to food and the likelihood of excess food consumption.

> *"....they're picking away while they're doing it". (FG-B)*

This flexibility around meals may be important to the family's economic well-being but it may be also be amenable to change. For example families could consider having a smaller number of options available each day (one traditional and one contemporary) to reduce the amount of time a mother / wife / sister spends cooking food and freeing her up for other activities.

<u>The Food-Insecurity–Obesity Paradox</u>: Some participants had personal experience of food insecurity and international research shows that for women and particularly mothers, this creates a risk of overweight / obesity (Dinour, Bergen and Yeh, 2010). It appears there is also a community memory of food insecurity, reflecting the life-course perspective on food choice (Delaney and McCarthy, 2011).

> *"You ate what was there because if it wasn't there you done without it. Sometimes you wouldn't know when you'd next get a dinner. So you ate what was there, when it was there, when it was given to you". (FG-B)*

This community memory appears to have created a concern for child survival leading to a degree of over-feeding of infants and a positive regard for 'chubby' children. It may also contribute to acceptance of excess weight following childbirth among married women; while few Traveller women breastfeed nowadays it would have been the norm in the past and extra maternal weight may have been regarded as

necessary to ensure infant survival and to support future healthy pregnancies. This cultural acceptance echoes other studies which found that some cultures don't regard extra weight negatively or worry about weight control (Lawrence and Barker, 2009; Walcott-McQuigg, 1995; Lawrence *et al*, 2007). As food insecurity was not identified as a contemporary experience, these cultural legacies could be explored and alternatives being found, as cultures are dynamic with a capacity to change.

Stoicism and Peer Support: Hodgins *et al's* study (2006) identified a sense of stoicism among Traveller women but also concluded they had a sense of helplessness; in this study stoicism was most evident. It's clear that Traveller women cope with significant ongoing stresses and worries, are very reluctant to seek help and neglect their own health until something 'serious' happens.

> *"We definitely think we are robots, invincible that we can't be shut down".*
> *(FG-B)*

In a somewhat contradictory manner, Traveller women's close relationships are a source of support and humour providing some counter-balance to daily hardships but simultaneously, they can be a source of pressure to conform to norms regarding Traveller women's roles.

6.3 Social Factors – Experiences of Racial Discrimination / Social Exclusion and Sources of Social Support

Experiences of Racial Discrimination / Social Exclusion: Participants described experiencing social exclusion and racial discrimination in a wide range of contexts including from An Garda Síochána, an important arm of the state. These experiences have an emotional and self-esteem cost.

> *"Sometimes you just pass it off but deep down inside it is hurting". (FG-A)*

This finding corresponds strongly with those of the AITHS (2010). Social support, social participation and social exclusion are widely recognised as key factors influencing engagement in physical activity Haughton McNeill, Kreuter and Subramanian (2006). The level of racism which Travellers in Ireland experience is exceptionally high when compared with that experienced by other minority ethnic groups for example in the USA (AITHS, 2010). According to Haughton McNeill and colleagues (ibid) racial discrimination is the 3rd most frequent social determinant of physical activity. Therefore racial discrimination and social exclusion must be considered to have a direct negative impact on participation in exercise outside the home / outside the Traveller community, as well as potentially contributing to emotional eating.

Social cohesion and social capital have been identified among the top 5 social determinants of exercise (ibid). Travellers do not experience a socially cohesive society and while the existence of many Traveller

groups and networks provide evidence of strong bonding social capital, the community appears to have low levels of the bridging and linking social capital which would create solidarity with others and give them effective access to influential decision / policy makers.

This study found that Travellers do not experience racism from non-Irish people in Ireland or while abroad; this clearly indicates that racism towards Travellers is learned by settled people in Irish society – it's not a given. Findings of life-long experiences of racial discrimination by Travellers in this and other studies highlight the importance of Travellers being legally recognised as a distinct ethnic group by the Irish government; without this they can't benefit from all available legal protections awarded to such groups. Arguably lack of ethnic recognition contributes to lack of respect for Travellers and their culture exposing them to racial discrimination and social exclusion.

Unsurprisingly, participants reported feeling uncomfortable among settled people. Seeking to minimise / avoid contact with the majority community is an understandable coping / defence mechanism and is a manifestation of the second type of familism in which family is prioritised because it provides a protective mechanism against negative social circumstances.

> "…. that's why we can't stop and talk to them [settled people] for so long because that's in our head. It's there all the time kind of beating us as if we're Black. You're Black over there in that corner and stay over there kind of. Keep away from the rest of us". (FG-A)

Past generations of Traveller women had a lot of contact with the settled community through their buying / selling nomadic economic activities but current generations are experiencing diminished opportunities for social participation, education, training and work. This increasing marginalisation / lack of visibility of Traveller women could further undermine their health and reinforce their almost exclusively family-focussed role, with its attendant stresses and personal constraints.

Social Supports: Similar to the findings of other studies on ethnic minority women, social support and cultural familiarity are central to Traveller women engaging in activities and exercise. Traveller women's groups were considered to be the best and most likely sources of support. Participants described the cultural practice for girls and women of socialising in groups or pairs. This was regarded positively but was also recognised as a mechanism for coping with racial discrimination; they are aware too that it is often perceived negatively by settled people. Participants suggested that the cultural practice of being in groups or pairs could be utilised to support exercise outside the home. It was evident that participants looked only to themselves as Travellers for supports to make positive change, which may indicate a lack of trust in those outside the community to make a constructive contribution.

6.4 Individual / Personal Factors

<u>Level of Education and Sense of Control</u>: According to Kearney *et al*. (2000) nutritional knowledge of itself is not strongly associated with dietary habits and its long been known that health education / information alone are not sufficient to change behaviour. Many studies have highlighted the higher a woman's level of education the greater her control over food choice and food consumption, as opposed to control resting with children and / or her partner (Barker *et al,* 2008; Robinson *et al*, 2004; Harrington *et al*, 2011). Educational attainment also relates positively to the level of support a woman is likely to receive from her male partner when making food choices for the family (Barker *et al*, 2008) . Travellers have much poorer educational attainment than the general population in contemporary Ireland; it's likely to be even lower among older generations. In this study participants had gained knowledge of healthy foods and exercise through health education sessions but still reported having little control over the food they and their family consumed. They identified the preferences of husbands and children as key factors which overrode any ambition they had to change to a healthier diet, mirroring the findings of other research (Barker *et al*, 2008; Robinson *et al*, 2004; Lawrence *et al*, 2009). The wishes / needs of Traveller men and older boys appeared to be particularly influential and their desires were accommodated. In general participants believed that overcoming resistance to dietary change was difficult and also wasteful of food; sticking to the status quo was felt to be easier and less stressful.

"..so you go for convenience all the time, you have to for the sake of sanity".
(FG-B)

If Traveller women are to have greater control over their own and their family's diet now and in the future, investment in Traveller adult education – not simply healthy eating education - as well as Traveller children's education, is essential. However recent years have seen exactly the opposite happen with cuts to budgets for community development projects which deliver much adult education in Ireland and the dismantling of the dedicated Traveller Visiting Teacher service, removing a key support for Traveller parents and Traveller children in education. This does not augur well for future improvements in their educational or their health status and needs to be urgently addressed.

<u>Participation in Physical Activity / Exercise</u>: Participants reported low levels of regular exercise which corresponds with the AITHS finding that most Traveller adults participate in physical activity fewer than 3 times a week and engage in high levels of sedentary activity, such as watching TV (AITHS, 2010). Socialising rather than exercise was the main feature of walks / strolls and there is a high usage of cars to travel even short distances. Participants were aware that they get far less exercise than previous generations of Traveller women who were far more economically and physically active in rural areas. The habit of driving short distances may be open to modification as it is relatively recently established and

small changes (for example walking children to school in urban areas or walking to nearby relatives) could make a valuable contribution for both women and children.

The study found that Traveller women do participate in exercise activities organised by Traveller organisations but the majority don't avail of other public or private facilities due to fear of racial discrimination, hostility towards Travellers being in groups and discomfort among settled people.

It's essential that those working with Traveller women on health promotion programmes - focused on food, exercise or otherwise – understand the challenging nature of Traveller women's lives, the level of stress, worry and tragedy that they experience and how these factors could impact on participation and the achievement of goals. It's equally important that health promoters understand the role of stress in weight gain and the physiological challenges of weight loss. Older age and lower levels of education are known barriers to weight loss so it is advisable that activities for middle-aged and older Traveller women aim for improvement in metabolic profiles and mood elevation as recommended by Poirier and Després (2001). It's important that evidence-based goals are included in exercise activities and that unrealistic ones are avoided by those who run and / or fund them.

Lack of Energy / Tiredness / Laziness and Undermining of Motivation: This and other studies report lack of energy and tiredness arising from care giving duties as obstacles to participation in physical activity / exercise outside the home (King *et al*, 2000). These findings and those of Hodgins *et al's* study (2006) with Traveller women closely resemble those from with other ethnic minority women, in particular those with Black and Latina women (Wilcox *et al*, 2005; Juarbe, Turok and Perez-Stable, 2002). Obligation to family takes precedence, leading to fatigue and little time / energy for the woman's individual needs / aspirations.

Laziness was identified as a factor by some participants but was mentioned far less than tiredness and lack of energy. Participants were clear that racial discrimination is severely limiting their opportunities to be active in society or to socialise; they feel there's little reason to make an effort to look good.

"The joy of life is gone you know. There's no social life. There's no way that you can go out. There's no point in looking well because you're not gonna get in anyway". (FG-A)

Traditional Traveller women's roles and a hostile societal environment appear to be combining to form a vicious circle of stressful circumstances which will be difficult to escape unless those root causes improve. The overall context of social exclusion, lack of social opportunities, along with tiredness could be considered to contribute to laziness, undermining Traveller women's motivation to eat a healthy diet,

to exercise and to 'look well'. Davis and colleagues (2012) have argued that unhealthy behaviours such as poor diet and low levels of physical activity are secondary to the impaired biological process which arises from chronic stress; this can be linked to Roses' 'causes of the causes' approach (ibid). Thus the causes of chronic stress must first be tackled before more active behaviour is likely to be possible.

Motivational Supports: For participants short-term motivation for behaviour change in relation to food and exercise is associated with up-coming major social occasions (e.g. weddings, christenings) but was considered unlikely to lead to sustained change. A more long-term source of motivation could lie in their sense of obligation to their children / family and their sense of self-worth as mothers; caring for children / grandchildren is clearly a priority for Traveller women individually and collectively. While from a feminist perspective this may be questionable, for some members of a culture steeped in familism it may be appropriate and reflect many Traveller women's current value system. For other Traveller women a more personal sense of self-worth may motivate them and for some it may be a combination of the two; this is a choice for Traveller women to make. It is also essential to address mental health as previously stated and Traveller Primary Health Care teams with the support of other health professionals could play an important role in the promotion of mental health as well as physical health.

6.4 Environmental Factors

Food Cost & Food Waste: Similar to poor or marginalised women in other studies (Barton, Kearney and Stewart-Knox, 2011; Martin and Lippert, 2012; Lawrence and Barker, 2009; Antin and Hunt, 2012), food cost and waste were important considerations for participants; there was also a moral dimension as food waste was regarded by some as a sin.

> "It comes down to brass tacks doesn't it. You're going to buy whatever you can afford so you're probably going to get the cheaper food" (FG-C)

The cost of healthy eating is very expensive for many in Ireland; it is even more challenging for those with large families. Traveller women are often on low incomes and are largely dependent on social welfare payments some of which have been reduced during the recent economic recession. Even prior to that period, the Traveller economy was squeezed by legislative changes related to keeping horses, selling at markets, scavenging from landfill sites and waste recycling. Many Traveller families have a history of relative economic uncertainty and even if money is available, habits of careful spending on food are well established, again reflecting the life-course perspective on food choice. Higher educational attainment and better, more secure incomes are key to reducing the impact of these factors on Traveller women, similar to the arguments made by Ochieng (2013) in relation to Afro-Carribean people in the UK.

Obesogenic Environment: The nature of the contemporary Irish urban food environment and its impact on food choice and consumption was understood by participants. Convenience / processed food was reported to be eaten more by younger generations and less by these participants who still largely prefer to eat traditional food from the 'big pot'. Nonetheless they regularly had to purchase and cook processed / convenience food for family and sometimes, due to the effort involved in cooking multiple meals, they eat it too. However it's not only the food environment which impacts on Travellers food choice and exercise, it is also the wider social, political and economic environment.

Arguably Travellers experience an obesogenic environment to a greater degree than most others in Irish society due to social exclusion and racism. As argued in the 2011 Lancet series on obesity, local environments pose challenges to societies and communities in many parts of the world and require policy level measures to effect real improvements in the global obesity pandemic (Swinburne et al, 2011).

6.6. Physiological factors

Traveller women experience many of the physiological factors associated with weight gain including chronic stress (Walcott-McQuigg, 1995; Davis, Strange and Horwitz, 2012), pregnancies (Davis, Strange and Horwitz, 2012) and a personal and / or community experience of food insecurity (Martin and Lippert, 2012); Dinour, Bergen and Yeh, 2007; Townsend *et al*, 2001). Therefore it's necessary that an understanding of these factors informs any discussion and attempts to address the issue of excess weight in this community. In the short term it is essential that culturally appropriate methods for coping with stress are developed, piloted and evaluated; more importantly, for long term change, measures to reduce and eliminate chronic stress must be implemented also.

6.7 Similarities between Findings of Study and International Literature

There are strong similarities between the main themes identified in the findings on Traveller women in this study and international literature related to ethnic minority and low-income women. Figure 3 (page 23) illustrates similarities in the area of Food Choice and Consumption among; Figure 4 (page 24) illustrates similarities in relation to Physical Activity and Exercise. These indicate that the lived experience of Traveller women is related not just to their particular culture but is strongly related to their marginalised position in Irish society as women from an ethnic minority group which experiences racial discrimination and lacks official recognition.

Figure 3 Similarities between International Research on Food Choice / Consumption and Study Findings

Food Choice / Consumption Literature	Food Choice / Consumption Data

Social Factors
→

Role of women and mother;
Influence of family;
Cultural identify and food;
Impact of food insecurity;
Level of education;
Culture and body image

→

Role of women and mother;
Influence of family;
Cultural identify and food;
Absence of racial discrimination
with non-Irish;
Impact of food insecurity;
Level of education;
Culture and body image

Psychological Factors
→

Sense of control/lack of control;
Stress;
Stoicism and fatalism

→

Negative emotional states, stress
and eating;
Stoicism;
Pressure to conform;
Sense of control;
Motivation to change;
Undermining of motivation

Environmental Factors
→

Food cost and food waste;
Obesogenic environment;
Access to food – local
retail, home and built
environment

→

Access to home cooked
and convenience food;
Generational change;
Food cost and food waste

Physiological Factors
→

Leptin levels impact on
hunger control and
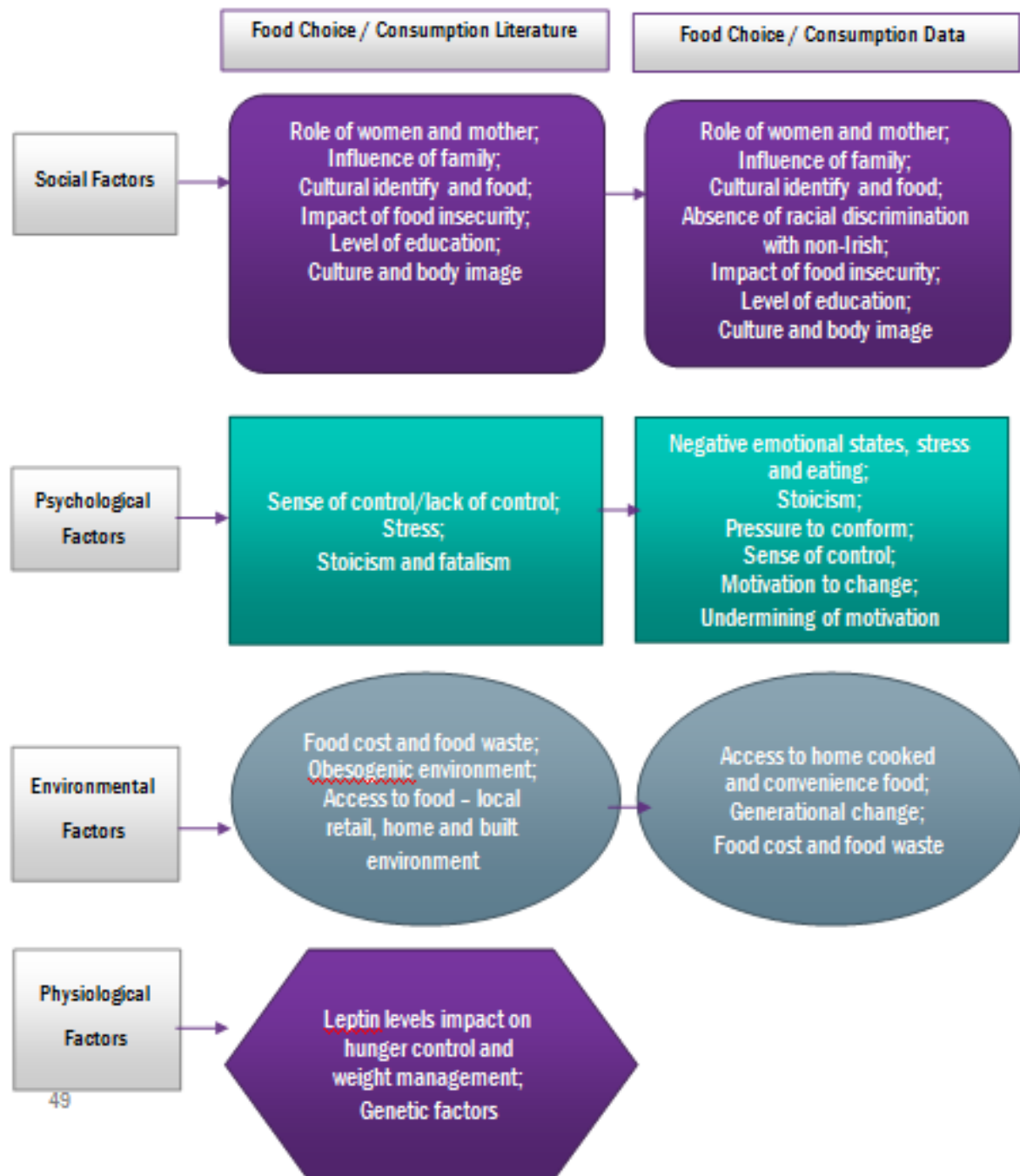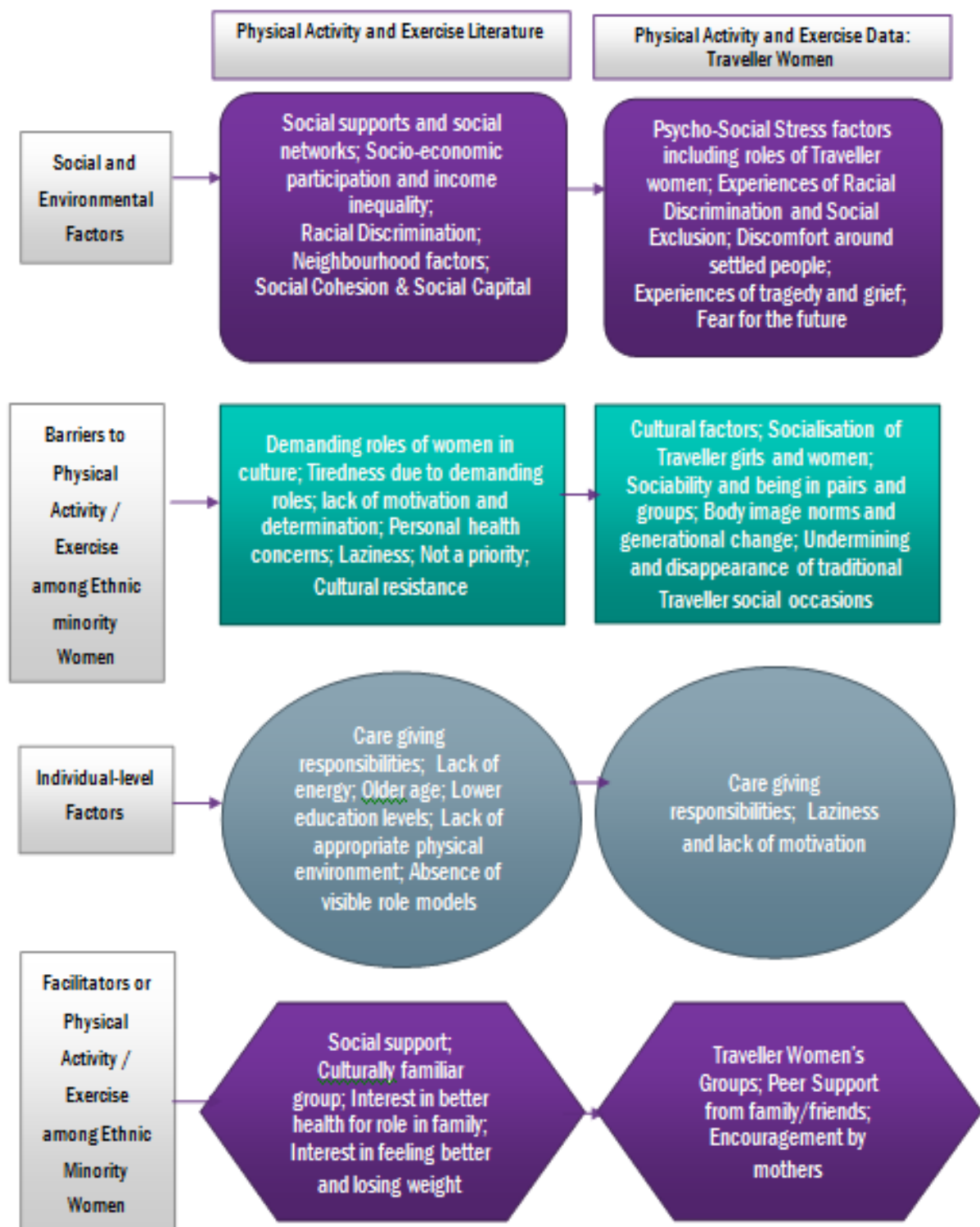weight management;
Genetic factors

49

23

Figure 4 illustrates the strong similarities between international research on this topic among ethnic minority and low income women, and the primary data from this study.

Figure 4 Similarities between International Research on Physical Activity / Exercise and Study Findings

	Physical Activity and Exercise Literature	Physical Activity and Exercise Data: Traveller Women
Social and Environmental Factors	Social supports and social networks; Socio-economic participation and income inequality; Racial Discrimination; Neighbourhood factors; Social Cohesion & Social Capital	Psycho-Social Stress factors including roles of Traveller women; Experiences of Racial Discrimination and Social Exclusion; Discomfort around settled people; Experiences of tragedy and grief; Fear for the future
Barriers to Physical Activity / Exercise among Ethnic minority Women	Demanding roles of women in culture; Tiredness due to demanding roles; lack of motivation and determination; Personal health concerns; Laziness; Not a priority; Cultural resistance	Cultural factors; Socialisation of Traveller girls and women; Sociability and being in pairs and groups; Body image norms and generational change; Undermining and disappearance of traditional Traveller social occasions
Individual-level Factors	Care giving responsibilities; Lack of energy; Older age; Lower education levels; Lack of appropriate physical environment; Absence of visible role models	Care giving responsibilities; Laziness and lack of motivation
Facilitators or Physical Activity / Exercise among Ethnic Minority Women	Social support; Culturally familiar group; Interest in better health for role in family; Interest in feeling better and losing weight	Traveller Women's Groups; Peer Support from family/friends; Encouragement by mothers

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7. Conclusion: The Demanding and Constrained Lives of the Traveller Women

This qualitative exploratory study was undertaken through a partnership between the Department of Epidemiology and Public Health, UCC and the Southern Traveller Health Network, with support from the Department of Health Promotion and Improvement and the Traveller Health Unit of the HSE South. While identifying and exploring factors underlying Traveller women's behaviour in relation to food choice and consumption and physical activity and exercise, it found evidence of serious social exclusion among the study participants and other Traveller women whose lives they described. Traveller women experience racial discrimination on an ongoing basis while attempting to socialise, to exercise outside the home, to shop – this is a source of chronic stress which impacts negatively on both their food consumption and participation in exercise.

Traveller culture as it's experienced by women appears to reflect both aspects of the concept of familism. First, the internal aspect of familism subjugates the needs of the individual woman to those of the family and is likely to limit a Traveller woman's vision for her life. Second, the external aspect, in which family is prioritised as a response to external circumstances (i.e. hostility and racism in Irish society) also constrains her, but arguably is a logical defence mechanism. Participants mentioned no roles for Traveller women outside of the extended family and community. By comparison with previous generations of Traveller women who were more economically and physically active through selling in rural communities and travelling to fairs and markets regularly, the world of the women discussed in this study has been significantly reduced. They describe life as hard and chronically stressful and they experience boredom and depression, known contributors to excess food consumption.

During the early years of the family cycle the young Traveller mother is very likely to be at home with young children all day – unlike many women in the settled community she is unlikely to be returning to work outside the home after maternity leave. When her children are in school or young adults, her role is to always be available to them and to respond immediately to their needs, food related and otherwise, as well as the needs of the extended family. At all ages Traveller women socialise almost exclusively with other Travellers, spending many hours visiting family / friends and during this process often eating more food than is healthy, as it would be rude in their culture to refuse hospitality. When not visiting a Traveller woman is likely to be cooking for her family or hosting others; if extra food for visitors isn't eaten, middle-aged and older Traveller women will consume it because to throw it out would be wasteful and sinful.

Middle-aged Traveller women seem to be in a position as guardians of tradition in a culture which is under significant threat. Some speak of wanting things to be different for their daughters and grand-daughters but simultaneously continue to place a strong critical gaze on each other, thus supporting continuity of traditional roles and practices rather than facilitating change. They're worried for their

children's future due to the hostile social environment and the shocking suicide statistics in the community. Taking proactive measures to have a better diet and more exercise is not necessarily a high priority for these women. As one participant succinctly expressed it -

"Healthy eating would be a luxury now to be worrying about compared to the other stuff that be going on" (FG-C)

These findings illustrate that a multiplicity of social, psychological, cultural, historical, political and environmental factors overlap in complex ways to influence Traveller women's behaviour regarding food choice / consumption and physical activity / exercise. A number of significant barriers to better diet and increased participation in exercise have been identified, many of which are also evident in international literature on other ethnic minority women and women on low incomes, clearly indicating that they are not exclusive to Travellers culture.

7.1 WAYS FORWARD – Recommendations

The 5 Key Action Areas of the Ottawa Charter for Health Promotion (WHO, 1986) are used to structure the recommendations, emphasising the need for multilevel interventions to address complex health issues.

I Build Healthy Public Policy

Recommendation 1: That the Irish government immediately officially recognises Travellers as a distinct ethnic group.

Recommendation 2: That the Irish government ensures that existing equality laws are effective in practice, provide proper protection to the Traveller community and facilitate prosecution and meaningful sanctions when appropriate.

Recommendation 3: That the Department of Education develops a well-resourced strategic long-term plan to resource Traveller education at all levels.

Recommendation 4: That Government policies (a) provide those on social welfare incomes with an income sufficient to purchase a healthy diet and (b) that public policies do not have a disproportionately adverse effect on Travellers opportunities to earn a living.

Recommendation 5: That the Department of Health develops an ethnic identifier within the public health system with which Travellers can voluntarily co-operate.

II Create Supportive Environments

Recommendation 6: That anti-racism education be funded by Government and provided extensively through all levels of the education, health and justice systems as well as public, private and community sector workplaces.

Recommendation 7: That the Government proactively uses its policies and powers to address the obesogenic environment for the health of all in Irish society.

Recommendation 8: That Public Health and Health Promotion practitioners and researchers reflect on aspects of their discourse which over-emphasise individual responsibility as a cause of overweight / obesity and become actively involved in publicly disseminating a more nuanced analysis which articulates the multiplicity of factors involved.

III Strengthen Community Actions through Community Development

Recommendation 9: That the Government restores investment in Traveller community organisations working at local, regional, national and international levels.

Recommendation 10: That Traveller organisations take on board the findings of this and other studies in relation to cultural features which are not supportive of Traveller women's mental or physical health.

Recommendation 11: That Traveller and health organisations take on board this study's findings regarding cultural features which can support women's health and employ them in culturally appropriate initiatives to support behaviour change regarding food consumption and exercise.

Cultural features such as those listed below could incorporated into health initiatives and provide shared motivation to engage positively with changes in food consumption and exercise.

- *Traveller women's strong focus on their children's wellbeing*
- *Traveller women's central role and importance to the family*
- *The practices of being in pairs and groups*
- *Strong relationships between Traveller women*
- *The influence of mothers*
- *Being motivated by social occasions*

Recommendation 12: That Traveller organisations take on board the findings of this study in relation to food customs, food preferences and health beliefs which are likely to promote excess weight and work towards the development of new / alternative customs and beliefs.

IV Develop Individual Skills

Recommendation 13: Traveller women should be supported to develop healthy mechanisms for coping with stress

Recommendation 14: Traveller women should be supported to engage in personal development to supports their self-worth and individuality, incorporating aspects of Travellers values as appropriate.

Recommendation 15: Traveller women should be supported to engage in adult education, literacy and numeracy skills development. Health education classes employing a discourse of empowerment and not blame, have a contribution to make also.

Recommendation 16: Traveller women should be actively supported to engage in paid employment or self-employment outside the home and if desired, outside their community.

V Reorient Health Services towards Primary Health Care

Recommendation 17: That the Dept. of Health resources Traveller Primary Health Care Teams to lead and/or support other Traveller organisations to take on board relevant recommendations of this study.

Recommendation 18: That culturally appropriate health promotion programmes are developed by Traveller organisations with the support of HSE Departments of Health Promotion and Improvement

Recommendation 19: That a mental health dimension to the work of Traveller Primary Health Care Teams be developed and resourced.

Recommendation 20: That mainstream community health services engage proactively and in an informed manner with the Travelling community.

7.2 Conclusion

To support behaviour change related to diet Bowen and Hilliard argue that *"theoretically driven and culturally grounded research on dietary behaviour is increasingly important"* (2006, in Delaney and McCarthy, 2011, p.1180).

The research team hopes that this study will make a positive contribution to the appreciation of intricate web of factors influencing Traveller women's food choice and food consumption, as well as their participation in physical activity and exercise. We hope that this greater understanding prompts action on the many modifiable factors, particularly those in the public policy domain, which contribute to the health inequalities Travellers experience across so many health outcomes, not only weight and obesity.

All sectors of Irish society have the potential to play a positive role in improving Travellers determinants of health but politicians and public servants have a greater political and moral responsibility to do so. Travellers are the key agents of change in relation to exploring aspects of their culture which are amenable to change and which could lead to more positive health determinants for Traveller women. Travellers may also wish to work in partnership with other sectors to address wider health determinants and lead the development of new initiatives.

The research team agrees with the All Ireland Traveller Health Study which concluded that

> *"Many positive aspects of Traveller culture and value systems should be better promoted ..... and this should be capitalised upon. Another key factor is how valued children and young people are in the community. ......This needs to be disseminated to the general public and harnessed as a means of achieving next steps" (2010, p.157).*

It is essential that the lived experience, social context and culture of Traveller women and the wider Traveller community are fully appreciated if their health status is to be improved and Travellers are to be equal and active citizens in contemporary Ireland.

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