



**National Traveller Women's Forum,
4-5 Eustace Street, Dublin 2**

Phone: +353 (0) 1 6727430

Email: ntwf@iol.ie Website: www.ntwf.net

NTWF position paper on Health

Introduction

The National Traveller Women's Forum (NTWF) is the national network of Traveller women and Traveller women's organisations from throughout Ireland.

The NTWF recognises the particular oppression of Traveller women in Irish society and are working to address this issue through the provision of opportunities to Traveller women to meet, share experiences, ideas and develop collective strategies and skills to work towards the enhancement of their position in society.

The following statement presents the understanding of the issues for Traveller women in relation to violence against women.

Current Role of the NTWF

The NTWF currently represents our members on the NTHAC and NTHAF. In gathering data we use the policy forum, National Traveller Health Network and direct contact with members.

Issues for Traveller Women & Health

The All Ireland Traveller Health Study (2010) allows us to identify issues affecting Traveller women in relation to their health. The key issues of significance to Traveller women are related to mortality, maternity and reproductive health, mental health and the need to implement both policy and practical changes to improve the health and quality of lives of Traveller women. When addressing health inequalities which exist it is important to be aware of the other social determinants which can have an effect on health such as accommodation and sanitation facilities, access to education outcomes, social and economic supports.

Traveller female mortality is three times higher than settled women with the main causes of death in Traveller women named as Heart disease and stroke, cancer, respiratory issues and external causes including alcohol poisoning, drug overdoses and suicide. Traveller female life expectancy at birth has increased by 4.8 years from 65.3 years to 70.1 years. This is slightly greater than the increase in the general female population of 4.4 years. Traveller females now have a level of life expectancy experienced by the general population in 1960 to 1962 when it was 71.9 years (Central Statistics Office, 2009a).

In relation to reproductive and maternity care Traveller women (on average) have more children¹ during the course of their reproductive years with 30.9% losing a baby over the course of their lifetime in comparison to an

¹ Travellers in ROI have a higher crude birth rate than in NI. Overall, CBR for Travellers in both regions is high compared to the CBR in the corresponding general population. The CBR for the general population in ROI was 17.0 per 1,000 population (Central Statistics Office, 2008) and 14.4 for Northern Ireland (Northern Ireland Statistics and Research Agency, 2008). However, compared to the Traveller Health Status Study: Vital statistics of Travelling people, 1987 (Barry *et al.*, 1989) the CBR of Travellers in ROI has fallen (from 34.9 per 1,000 populations to 25.1 per 1,000 populations) (Figure 13).

average of 1 in 5 settled women (20%) of settled women. Traveller babies are 3.6 times more likely to die than their settled counterparts. 89.7% of Traveller women have not breastfed their children whereas 47% of settled women in Ireland breastfeed their children.

Issues such as the increase in use of illicit drugs and alcohol are becoming greater considerations for the Traveller community with a recent NACD report highlighting² increasing levels of drug use within the Traveller Community. For Traveller women there are the complex issues of drug use itself as well as the impact on the family and the additional burden of responsibility placed on women to care for children, partners and grandchildren.

The issue of mental health is a significant issue for Traveller women, increases in suicides within the community and the impact of suicide on the family structure.

The Primary Health Care model has been very successful with 46 PHC Projects currently operating in the country giving employment (part time) to Traveller women whilst providing valuable information and support resources to the community. HSE cuts both nationally and locally are having an impact on these projects and reducing the potential future impact both on the community and the limited employment opportunities for women within the community.

Work for the NTWF over the coming years

The NTWF sees its role as insuring the implementation of policies and practices which will have a positive effect on the health outcomes for Traveller women which will show itself in increased life expectancy, increased confidence of Traveller women in health care services and reduced infant mortality.

There is a need for an information and support maternity programme to be rolled out to the Community Health Care workers in order to ensure both ante natal and post natal care for Traveller women which could contribute to a reduction in infant mortality and provide post natal support for Traveller women.

The current policy structures to ensure Traveller women's access to decision making is very limited. There needs to be a review of the role and function of the Traveller Health Units to ensure ring fenced locally managed budgets with accountability at local, regional and national level in terms of funding expenditure and equity within regions of services and supports available to Traveller women. The future of Traveller specific health provision should not be dependent on personnel in regions but should clearly follow the policies outlined in the Traveller Health Strategy and reflect the findings of the All Ireland Traveller Health Study. Primary Health Care projects need to be protected within HSE funding cuts and areas where no PHC is developed immediate work should begin to address this to ensure that all Traveller women have access to supports irrespective of location.

The link between accommodation and health is widely acknowledged and the interdependence of the issues should stimulate a joint working group between the NTACC and the NTHAC to identify areas of joint concern and areas where improved working could bring about a positive change for Traveller women and children i.e. playground facilities at all halting sites to encourage play and activity for Traveller children which will have an impact on their health status.

Lifestyle and dietary issues featured as a significant element within the AITH and PHC in consultation with the health promotion unit should be supported to develop innovative projects which will work to make progress on this issue.

² Concern has been expressed that there may be problematic prescription drug use amongst Traveller women (Hurley 1999; Pavee Point, 2004). NACD/DAIRU (2005b) report that, in the population as a whole, women were more likely than men to report having used sedatives, tranquillisers, and antidepressants in the last year (7.3%:4.2%).