PRIMARY HEALTH CARE FOR TRAVELLERS PROJECT

ANALYSIS OF BASELINE QUESTIONNAIRE

September 1995

Compiled by Dr. B. McDonnell & Dr. J. Mac Diarmada

REGIONAL LIBRARY AND INFORMATION SERVICE

EASTERN HEALTH SHARED SERVICES
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BASELINE ANALYSIS

Introduction

The following is a description of results from the analysis of the baseline questionnaire. The questionnaire was usually administered to the woman in charge of the household. It is assumed that the respondent spoke on behalf of the family as a whole, however, some of the answers relate to the individual respondents themselves e.g. in the areas of women's health and education. In addition, because of cultural differences and literacy problems, questions may not have been asked directly as written in the questionnaire, although the answers will have been elicited during the conversation. Some caution should therefore be exercised in interpreting the results. The analysis is generally descriptive and although problems may be highlighted, the reasons why they occur are not elucidated in this analysis. It must be emphasized that the numbers in the various categories of answer were generally small and cross-tabulations were therefore confined to (a) comparing halting sites (b) age of respondents (in questions related to service use and women's health) with other variables, where appropriate. Comparisons between Travellers (e.g. health, use of health services) and the settled community are not made, as the latter were not surveyed. Where respondents have not answered a particular question, the proportions quoted represent those who provided answers.

Also, there are six sections, each of which is represented graphically. There is a summary at the beginning of each section. The sections are as follows:

(1) Demographic characteristics

(2) Site facilities, services and repairs

(3) Health

(4) Use of health services

(5) Women's health

(6) Lifestyle behaviours and nutrition.
1. Demographic characteristics

**Summary:** The survey was undertaken in five halting sites. There were 88 families, comprising a total of 421 people. The age profile of the respondents and residents of the sites is that of a relatively young population; three quarters of respondents were aged between 20 - 39 years i.e. of childbearing age. Only two families had a grandfather as part of their family and six families had a grandmother as part of theirs. Fifty per cent of the people on the sites were children aged 15 or less. The length of stay on a site did not appear to be related to the facilities / services on the site; for example, 60% of families had been on St. Mary's site (official, serviced with group housing) for 5 years or more, compared with 61% on Avila Park (official, some group housing and services) and 88% on Roadside Dunsink (unofficial, few facilities and poorly serviced - though it must be noted that some of the families who had lived on the site for some years had better facilities than those who had arrived more recently). Note: graphs relating to this section are on pages 11 & 12.

The number of families in each site was as follows:

- Avila Park ...................... 23 families
- Cappagh Field ................... 14 families
- Dunsink .......................... 25 families
- St. Marys .......................... 10 families
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The age of respondents was as follows:

- Aged < 20 ............... 8
- Aged 20 - 29 ............ 47
- Aged 30 - 39 .......... 19
- Aged > 40 ............... 7
- Age unknown ........... 7

Accommodation - number of families living in various types of accommodation (graph 2):

- Group housing ......................... 17 (20 %)
- Three trailers ......................... 3 ( 4 %)
- Two trailers ......................... 12 (14 %)
- One trailer ......................... 55 (63 %)
Type of site - number of families:

- Serviced official site: 17 (20%)
- Temporary site: 50 (58%)
- Field / unofficial site: 16 (18%)
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<td>&lt; 1 year</td>
<td>25</td>
</tr>
<tr>
<td>1 - 4 years</td>
<td>74</td>
</tr>
<tr>
<td>5 - 9 years</td>
<td>61</td>
</tr>
<tr>
<td>10 - 14 years</td>
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Length of stay on sites: Two thirds of families were on their site for two or more years. Almost a half were there for 5 - 10 years and a third of families were there for more than ten years.

2. Site facilities, services and repairs

Summary

Overall, there was a deficiency of facilities / services on sites, for example, half of the families had access to only a shared cold water supply and a third of families share either a toilet or portaloo and another fifth of families have no toilet at all. More than half of the families had no electricity supply. All sites appear to have a deficiency in fire-prevention provisions and child-play facilities. Site facilities and services available to families were dependant on the particular site and the type of housing on the site; for example, all ten families in St. Marys Park and seven in Avila Park lived in group housing. All of these families had their own hot / cold water supply, their own bath shower, their own flush toilet and electricity. In unofficial sites (Roadside Dunsink) there were poor or absent toilet and bath / shower facilities; unofficial sites being least satisfactory. Families living in trailers on official sites have some facilities e.g. toilets but not others such as an electricity supply. When requesting repairs, only one fifth of
those making the request felt they received a positive response. In all sites, only a minority of residents considered their site to be healthy. Note: graphs relating to this section are on pages 13 - 18.

Water supply: half of the families had access to only a shared cold water supply, another quarter of families had their own cold water supply only, whereas one fifth of families had their own hot and cold water supply. One third of families felt the water supply was in a poor condition.

Toilets: a third of families share either a toilet or portaloo and another fifth of families have no toilet at all. Of those who use a portaloo, almost all say that it is emptied on an irregular basis. Approximately half of the families have their own flush toilet.

Bath/shower: three quarters of families have no bath or shower.

Rubbish collection: almost half of the families have an irregular rubbish skip collection, though almost a third have a regular skip collection. Just under one tenth of families have no rubbish collection.

Electricity supply: more than half of the families had no electricity supply, one fifth of families had their own supply and less than one fifth had their own generator.

Telephone: none of the sites had a public telephone. Telephone access by more than half of families is that in the caretakers house, more than a third have no access to a phone and just one tenth of families have their own private phone.

Fire prevention: almost all families (97%) say that there are no fire prevention / precautions on site. One family had a fire extinguisher, two had fire hoses and the remaining 85 families had none.

Play facilities: almost all families (99%) say there are no play facilities on site.

Repairs: two thirds of families have no current requests for repairs. Approximately one quarter of families have made a request for repairs within the past six months and one tenth have made the request more than six months ago. Of those that requested repairs, most did so in person, half of these requested repairs directly from the Corporation / County Council a tenth of families made their request through the caretaker / watchman and slightly more through a social worker.
Response to requests for repairs: one quarter of those requesting repairs felt they got a negative response, more than a third felt they got no response. One fifth felt they got a positive response.

Completion of repairs: three quarters of requests were not yet completed, though it is not clear when the requests were made, and one fifth had repairs completed within a month.

3. Health

Summary: one fifth of families did not have a current medical card; 88% of families in Roadside Dunsink site had a family member(s) ill in the previous month compared with 70% in Avila Park and 40% in St. Marys Park. However, there was no significant difference between sites in the proportion of families with chronic illness, though there was a higher proportion families with members that needed special help on the Roadside Dunsink site. More than half of families had a member of their family who had an ongoing illness. Note: graphs relating to this section are on pages 19 - 22.

Medical card: of these, one third said their cards expired within the previous six months and more than half said their card expired more than six months ago. Almost all of those who had a medical card said it was for their own doctor.

Special help, illness books, special diets etc.: slightly less than one tenth of families had a member that required special help, similarly for illness books and special diets. Of those on special diets, one third had diabetes and one had PKU.

Ongoing health problems: More than half of families had a member of their family who had an ongoing illness, three quarters of these had one or two members of their family with ongoing illness.

Main illnesses in the family each year: the most common problems were upper respiratory tract infections (runny noses, throat / ear / chest infections), followed by urinary infections and gastro-enteritis.

Recent illness: approximately two-thirds of families had a sick family member in the previous month. Almost three quarters had one or two ill family members and one fifth had three members of their family ill in the previous month. Three quarters of these illnesses were upper
Breast feeding / bottle feeding of children: more than three-quarters of families did not breast feed their children. Of those that did breast feed, an average four children was breast fed was three months or more. Older respondents were more likely to have breast fed their babies than younger mothers e.g. no mothers (0/14) under the age of 23 had breast fed their babies compared with 60% (6/10) of those over the age of 38 years. Breast feeding continued for 39 weeks on average (range from 4 - 99). The average age at spoon feeding was 14 weeks; 15% commenced spoon feeding when their child was under 12 weeks of age; 78% said they added cereal to bottle feeds. The most common reasons cited by respondents for Traveller women not breast feeding were: embarrassed / ashamed, lack of privacy / facilities, no time or patience to breast feed.

Meals: more than three-quarters of respondents do not plan their meals on a weekly basis. More than half say that this is because they like to plan meals on a daily basis depending on circumstances; however, almost a third of respondents felt that the lack of a refrigerator was a reason that meals were not planned on a weekly basis. More than half of respondents usually eat brown bread and a third usually eat white. All families usually buy their food in supermarkets. The most common ways used for cooking food are boiling and frying. Most respondents felt that the food their family ate was healthy. Respondents felt that Travellers could best improve their diet by cutting down on fat intake and increase cereal / brown bread intake. Other suggestions included; eating more fruit / vegetables and reducing sugar intake.
Length Of Stay At Site

<table>
<thead>
<tr>
<th>Location</th>
<th>0-3 Months</th>
<th>4 to 24 months</th>
<th>2 to 10 years</th>
<th>More than 10 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avila Park</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Cappagh Field</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Dunsink Halting Site</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>St. Mary's Park</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Roadside Dunsink</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Accommodation

- Group Housing: 18%
- 3 Trailers: 5%
- 2 Trailers: 15%
- 1 Trailer: 62%
FAMILY DETAILS

- Children 20+ years
- Children 15-19 years
- Children 10-14 years
- Children 5-9 years
- Children 1-4 years
- Children under 1 year
- Women
- Men

Family Size

Total Number Of People in Family

Numbers Of Children in The Families

Number Of Families

Number Of Children
WATER SUPPLY

SHOWER / BATH FACILITIES

Toilet Facilities On Sites
**WATER SUPPLY**

- Own Hot and Cold water supply
- Individual cold water supply
- Shared cold water supply

**Last Request For Repairs**

- In Last 6 Months: 24%
- More Than 6 Months Ago: 11%
- No Request: 65%

**How Long For Repairs To Be Completed?**

- 0-1 month: 16%
- 2-6 months: 3%
- 6 months+: 8%
- Not Yet Completed: 75%
REQUEST FOR REPAIRS ON THE SITES

REQUEST FOR REPAIRS--TO WHOM?
Perception of Site (Healthy/Unhealthy)

PLAY FACILITIES

YES
1%

NO
99%
Up To Date Medical Card

NO
18%

YES
82%

REFERRED BY FAMILY DOCTOR TO SERVICE IN PAST YEAR

INCONTINENCE CLINIC
MENOPAUSE CLINIC
OPHTHALMIC SERVICE
BREAST EXAMINATION
CERVICAL SCREENING

NUMBER OF FAMILIES REFERRED
SICKNESSES IN PAST MONTH

- ACCIDENT
- ALCOHOL RELATED
- ASTHMA
- BLEEDING ULCER
- CYST ON LIVER
- DEPRESSION
- EAR OPERATION
- GALL STONES
- BLOOD PRESSURE
- ANAEMIA
- KIDNEY INFECTION
- GASTRO ENTERITIS
- MEASLES/CHICKENPOX
- EAR INFECTION
- CHEST INFECTION

SERVICES USED FOR SICKNESSES IN PAST MONTH

- CARE AT HOME
- HOSPITAL
- FAMILY DOCTOR
Family Member With Ongoing Health Problem

Main Health Problems

- Problem with Alcohol-Dependence
- Epilepsy
- Bed-wetting
- Speech
- Hearing Problems
- Ulcers
- Arthritis
- Depression
- Gastro-enteritis
- Kidney Infection
- Ear Infections
- Chest Infections
- Throat Infections
- Runny Nose
CAUSES OF DEATHS IN FAMILIES
IN PAST YEAR

Problems With Health Services
Number Of Visits To Family Doctor In Past Month

Number Of Visits To The Doctor

Number Of Families Who Attended Family Doctor In Past Month

Number Who Attended Family Doctor In Past Month

NO 75%

YES 25%

NO 15%

YES 85%
ATTEND CHILD HEALTH SERVICES IN PAST MONTH?

YES 11%

NO 89%

NUMBER OF TIMES ATTENDING
CHILD HEALTH SERVICE IN
PAST MONTH

NUMBER OF FAMILIES

1 TIME

2TIMES
ATTEND FAMILY PLANNING CLINIC IN PAST MONTH?

YES 10%

NO 90%

NUMBER OF TIMES ATTENDED FAMILY PLANNING CLINIC IN PAST MONTH?

1 TIME
ATTEND MATERNITY SERVICE IN PAST MONTH?

YES 7%

NO 93%

NUMBER OF TIMES ATTENDED MATERNITY SERVICES IN PAST MONTH

<table>
<thead>
<tr>
<th>Number of Times</th>
<th>Number of Families</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 TIME</td>
<td>4</td>
</tr>
<tr>
<td>2 TIMES</td>
<td>2</td>
</tr>
</tbody>
</table>
ATTEND SPEECH THERAPY IN PAST MONTH?

YES
6%

NO
94%

NUMBER OF TIMES ATTENDING SPEECH THERAPY IN PAST MONTH

<table>
<thead>
<tr>
<th>NUMBER OF FAMILIES</th>
<th>1 TIME</th>
<th>2 TIMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
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<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td></td>
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</table>
ATTEND DENTAL SERVICE IN PAST MONTH?

YES 17%

NO 83%

Use Of Mobile Clinic

- Make Appointments
- Medical Cards
- Information
- Baby Check Ups
- Immunisations
Understanding of Entitlements in Health Services

Reasons for Lack of Understanding of Health Services

- Unable to Prepare for Appointments
- Unable to Read Letters/Appointments
- Lack of Info on Check-Ups and Tests
- Lack of Info on How to Use Services
Number Who Attend Healer When Sick

ILLNESSES THAT CURES ARE SOUGHT FOR

ALCOHOL
PKU
WHEN DOCTORS CAN'T CURE
ACCIDENTS
HEART MURMUR
RINGWORM
KIDNEY INFECTION
WARTS
EVERYTHING AND ANYTHING
SPEECH IMPEDIMENT
DEPRESSION / WORRIES
ASTHMA
FLU / CHEST INFECTION
BURNS
ACHES AND PAINS
ARTHRITIS / RHEUMATISM
ECZEMA
INFECTIOUS DISEASES
THRUSH

NUMBER OF FAMILIES
 Attendance At Antenatal Pregnancy Visits

NO 23%
YES 77%

 Attendance At Postnatal Pregnancy Visits

NO 66%
YES 34%

NUMBER OF YEARS WOMEN ATTENDED SCHOOL

<table>
<thead>
<tr>
<th>YEARS</th>
<th>NUMBER OF WOMEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>ON AND OFF</td>
<td>5</td>
</tr>
<tr>
<td>1-2YRS</td>
<td>10</td>
</tr>
<tr>
<td>3-4YRS</td>
<td>15</td>
</tr>
<tr>
<td>5-6YRS</td>
<td>20</td>
</tr>
<tr>
<td>7-8YRS</td>
<td>25</td>
</tr>
<tr>
<td>9-10YRS</td>
<td>10</td>
</tr>
<tr>
<td>11-12YRS</td>
<td>5</td>
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<tr>
<td>13-14YRS</td>
<td>0</td>
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TRAVELLERS MORE ILLNESS THAN OTHERS?

YES
NO

WHY TRAVELLERS HAVE MORE ILLNESS THAN OTHERS?

- EVICTIONS
- POVERTY
- LACK OF INFO RE HEALTH SERVICES
- NO SERVICES FOR TRAVELLERS
- DON'T LOOK AFTER THEMSELVES
- LOCATION OF SITES BESIDE DUMP
- LIVING CONDITIONS
USEFUL CHANGES TO THE HEALTH SERVICES-1

- Provide individual bins for people
- Get rid of rats
- Mobile clinic to visit more often / give talks
- Better postnatal care at home
- More explanation about use of medicines
- Posters and leaflets for travellers
- Travellers to explain to travellers
- Get rid of Castle Street

Number of Families

USEFUL CHANGES TO THE HEALTH SERVICES-2

- Education of service providers re travellers
- Open G.M.S. card
- Reduce waiting lists
- More outreach services
- Access to more services at the local clinic
- Service providers to listen to travellers
- Better living conditions for travellers
- Appropriate information for travellers

Number of Families
Healthy Activities

Do Your Family Eat Healthy Meals?
WHY TRAVELLER WOMEN DON'T BREASTFEED

- Bottle is quicker
- Don't like the idea
- Not enough support
- Need to travel / ties you down
- Lack of information
- No time / patience
- No privacy / facilities
- Embarrassed / shy

Numbers of Women Who Breastfed Their Children

INCIDENCE OF SMOKER IN FAMILY

- Yes
- No

Non-smoker 33%
Smoker 67%
PLAN MEALS WEEKLY?

- YES
- NO

WHY NOT PLAN MEALS WEEKLY?

- NOT ENOUGH MONEY
- NO ELECTRICITY
- NO PLACE TO STORE FOOD
- NO TIME
- NO REFRIGERATOR
- PREFER TO PLAN DAILY
Usual Ways Of Cooking Food

SPOONS OF SUGAR ADDED TO DRINKS / CEREAL PER DAY
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Summary: one fifth of families did not have a current medical card; 88% of families in Roadside Dunsink site had a family member(s) ill in the previous month compared with 70% in Avila Park and 40% in St. Marys Park. However, there was no significant difference between sites in the proportion of families with chronic illness, though there was a higher proportion families with members that needed special help on the Roadside Dunsink site. More than half of families had a member of their family who had an ongoing illness. Note: graphs relating to this section are on pages 19 - 22.

Medical card: of these, one third said their cards expired within the previous six months and more than half said their card expired more than six months ago. Almost all of those who had a medical card said it was for their own doctor.

Special help, illness books, special diets etc.: slightly less than one tenth of families had a member that required special help, similarly for illness books and special diets. Of those on special diets, one third had diabetes and one had PKU.

Ongoing health problems: More than half of families had a member of their family who had an ongoing illness, three quarters of these had one or two members of their family with ongoing illness.

Main illnesses in the family each year: the most common problems were upper respiratory tract infections (runny noses, throat / ear / chest infections), followed by urinary infections and gastro-enteritis.

Recent illness: approximately two-thirds of families had a sick family member in the previous month. Almost three quarters had one or two ill family members and one fifth had three members of their family ill in the previous month. Three quarters of these illnesses were upper
respiratory tract infections or chest infections. Approximately two-thirds of those who were ill received treatment from their GP and the remaining third received treatment from hospital. Almost all (93%) met had no problem with the service they received.

**Hospital admissions for illness in previous month:** Ten families had members admitted to hospital for an average of 21 days. Most of the families (83%) were given information on the diagnosis and two-thirds of families thought this was clear and useful.

**Death in the family:** Most families (94%) had no deaths in the previous year. Of the five deaths that did occur, three were over the age of sixty years. Most were care for in hospital. There were various causes of death.

### 4. Use of health services

**Summary:** Almost all families on sites knew if the mobile clinic visited their site. This was related to age - younger respondents were more likely to know. Approximately one third of families on each site use their local clinic, with the exception of Cappagh Field, where only one sixth of families use the local clinic. Only one tenth of families overall, felt they understood their entitlement to health services. Note: graphs relating to this section are on pages 23 - 30.

**GP services:** Most of the families (85%) had used the GP services within the previous month, an average of three times.

**Mobile clinic:** Most families (84%) said that the mobile clinic visited their site and nearly two-thirds of these use it, usually on a monthly or bimonthly basis. Younger mothers were more likely to know if the mobile clinic visited their site than older mothers and were also more liable to use it. Those who don't use the mobile clinic said that it was for small children only. The mobile clinic was mainly used for immunisations, baby check-ups, information and medical cards. Three quarters of families did not know when the mobile clinic would visit again.

**Local clinics:** Less than a third of families use the local clinic to see the nurse or doctor. Of the 15 families that had been to the local clinic, three quarters had been within the previous 8 weeks. The local clinic was used for a variety of reasons, the most common being child health / developmentals / immunisations etc.
Other health services: just over one tenth of families had used the child health services in the previous month, similarly for family planning services. Less used the speech therapy services and similarly for maternity services. A little less than one fifth used the dental services. However, almost a quarter of families had used the Accident & Emergency / Casualty at the hospital, mostly on one or two occasions only.

Referral by GP to other health services in past year: slightly over one tenth of families had a referral for a cervical smear and one tenth had a referral for breast screening. Less than one tenth of families were referred to ophthalmic, menopausal or incontinence clinics.

Problems with services: almost a quarter of families experience problems with GP services and nearly a tenth of families have problems with bureau doctors. Although nearly one fifth of families experience problems with hospital care, only a third of these have problems with hospital doctors. Almost a fifth of people experience problems with the dental service. The main problems associated with hospital care were: (1) not being seen in turn (2) long waiting times (3) hostile attitude of service provider (4) perceived inadequate care. Problems mentioned in regard to other health service providers included: (a) unable to get GP to visit site (b) not listened to/not enough information given (c) do not know about services (d) not able to register with GP.

Entitlement to health services: most families (89%) felt they did not know their entitlement to various health services. Lack of information on how to use the services and lack of information on checkups and tests were seen as reasons for this. Slightly more than half of families cited the inability to read letters / appointments as a main reason and almost half felt they could not adequately prepare themselves for an appointment. Knowledge of entitlement to services was not related to age. In Cappagh Field, a higher proportion of families (25%) felt they understood their entitlement to health services than other sites.

Healers: most families (81%) use the services of 'healers' for a large range of problems. The three most common problems brought to 'healers' were (1) thrush (2) preventable childhood infections (whooping cough/measles/chickenpox) (3) eczema. The most common 'cures' used were prayers/blessings, holy water, Mass etc., and creams / rubs etc. Others included blowing into mouth, forge water, bread, drinking from skull, biscuits, herbal drinks.
5. Women's health

Summary: women tended to attend late in pregnancy for ante-natal care and a proportion of women had no antenatal care. The average age of women at their first pregnancy was 19 years. Younger women were more likely to have attended for ante-natal care earlier in their last pregnancy than older women. Likewise with post-natal care (though the proportions in all age groups were still very low). Most respondents felt that Travellers had more illness than others. All felt that the idea of CHWs was a good idea.

Maternity care: more than three quarters of women attend for ante-natal check up during pregnancy. Almost all attending for ante-natal care do so at the maternity hospital with less than one-tenth attending at their GP or local clinic. Reasons given by those who did not attend include: (a) didn't understand the need for a visit (b) travelling (c) not time to attend. During their last pregnancy, just over one-fifth of women had no ante-natal care; and a little less than one-third of women attended for their first ante-natal visit during the first three months of pregnancy. Another third of women attended for their first ante-natal visit between 4 - 6 months of pregnancy. Two thirds of women had no post-natal check-up.

Family size spacing of children etc.: the average age of women at their first pregnancy was 19 years (range from 14 - 27 years). One tenth of the women had their first child at 16 years or under. The average spacing between the last two children was 21/2 years (range of < 1 - 7 years). The average age of mothers when the last child was born was 28 years (range 18 - 45 years). However, it should be noted that some of the women may not yet have completed their families.

Education: the average age of respondents when they started school was 4 1/2 years (range of 4 -12 years). On average, 6 1/2 years were spent in school. The average age at leaving school was 13 years (range 8 -18). A quarter of respondents never attended school at all, or very irregularly.

Women’s health / health services in the community: when asked where they would go for family planning (FP) services, women said they go to the GP, the hospital and the FP clinic in that order. However, the GP is most frequently used for FP services. A quarter of women said they don’t know where to go for FP services (or just don’t go). For cervical smears, the GP, the hospital and the family planning clinics is where women would go, in that order. Almost a third of women said they don’t know where to go for a cervical smear (or just don’t go). Similarly for breast cancer screening. Approximately one-quarter of women do not use any of these services. A little less than half of women don’t know where to go (or simply don’t go) for dental
services while pregnant. Almost a quarter would go to the health centre and a fifth would go to a dentist.

**Useful changes to health services:** the most frequently sought changes in health service delivery sought by respondents were: more information appropriate to the needs of travellers, more time to listen to Travellers, reduced waiting lists etc.

**Illness among Travellers / CHWs / improving the health of Travellers etc:** almost all (96%) respondents felt that Travellers had more illnesses than others, mostly due to their living conditions and some felt that locations beside dumps was unhelpful. Another reason cited was that Travellers don't look after themselves / don't go for check ups / don't keep appointments and that there were no services for Travellers. All (100%) felt that visits from CHWs were a good idea. The two most useful ways respondents felt that Travellers could use to improve their health were (1) to fight for better living conditions and (2) to have regular health checks. Other suggestions included: standing up for Travellers' rights, getting more information on health, keeping appointments, Travellers talking to Travellers on health, eating a better diet, fighting for a better site location or better services, drinking less alcohol.

6. **Lifestyle behaviours / nutrition**

**Summary:** there is at least one smoker in half of the families of the respondents. Few of the women have breast fed their babies, particularly the younger women - virtually no women under the age of 28 had breast fed their babies. Most families do not plan their meals on a weekly basis, a proportion of respondents cite the absence of a refrigerator as a main reason for the lack of planning with regard to meals. Note: graphs relating to this section are on pages 34 - 37.

**Personal health:** with regard to personal action to improve health, the vast majority of respondents do not "watch their diet" (84%) or "play a sport" (87%). A minority (41%) undertake brisk walking or take "time to relax" (39%)

**Smoking:** More than half of respondents report that a member of their family smokes and in almost half of these families, there are two smokers in the household. The older the respondent, the more likely there was to be a smoker in the family.
Breast feeding / bottle feeding of children: more than three-quarters of families did not breast feed their children. Of those that did breast feed, an average four children was breast fed was three months or more. Older respondents were more likely to have breast fed their babies than younger mothers e.g. no mothers (0/14) under the age of 23 had breast fed their babies compared with 60% (6/10) of those over the age of 38 years. Breast feeding continued for 39 weeks on average (range from 4 - 99). The average age at spoon feeding was 14 weeks; 15% commenced spoon feeding when their child was under 12 weeks of age; 78% said they added cereal to bottle feeds. The most common reasons cited by respondents for Traveller women not breast feeding were: embarrassed / ashamed, lack of privacy / facilities, no time or patience to breast feed.

Meals: more than three-quarters of respondents do not plan their meals on a weekly basis. More than half say that this is because they like to plan meals on a daily basis depending on circumstances; however, almost a third of respondents felt that the lack of a refrigerator was a reason that meals were not planned on a weekly basis. More than half of respondents usually eat brown bread and a third usually eat white. All families usually buy their food in supermarkets. The most common ways used for cooking food are boiling and frying. Most respondents felt that the food their family ate was healthy. Respondents felt that Travellers could best improve their diet by cutting down on fat intake and increase cereal / brown bread intake. Other suggestions included; eating more fruit / vegetables and reducing sugar intake.
Length Of Stay At Site

- Avila Park
- Cappagh Field
- Dunsink Halting Site
- St. Mary's Park
- Roadside Dunsink

- 0-3 Months
- 4 to 24 months
- 2 to 10 years
- More than 10 years

ACCOMMODATION

Group Housing 18%
3 Trailers 5%
2 Trailers 15%
1 Trailer 62%
RUBBISH COLLECTION

Avila Park Cappagh Field Dunsink Hatting site St. Mary's Park Roadside Dunsink

- Own Bin Coll
- Regular skip coll.
- Irregular skip coll.
- No Rubbish Coll.

NUMBER OF FAMILIES

RUBBISH COLLECTION

- Own bin collection
- Regular skip collection
- Irregular skip collection
- No rubbish collection
Electricity on site

- Own supply
- Own generator
- Shared supply

Number of families:
- Avila Park
- Cappagh Field
- Dunsink Hailing Site
- St. Mary's Park
- Roadside Dunsink

Phone on Site

- No phone
- Private phone
- Phone in caretaker's
- Public phone

Number of families:
- Avila Park
- Cappagh Field
- Dunsink Hailing Site
- St. Mary's Park
- Roadside Dunsink

ELECTRICITY SUPPLY ON ALL SITES

- Own Supply 20%
- Shared Supply 5%
- Own Generator 17%
- No Supply 58%
WATER SUPPLY

- Own Hot and Cold water supply
- Individual cold water
- Shared cold water supply

How Long For Repairs To Be Completed?

- In Last 6 Months: 24%
- More Than 6 Months Ago: 11%
- No Request: 65%

0-1 month: 16%
2-6 months: 3%
6 months+: 6%
Not Yet Completed: 75%
REQUEST FOR REPAIRS ON THE SITES

- LAST 6 MONTHS
- 6 MONTHS +
- NO REQUEST

AVILA PARK | CAPPAGH FIELD | DUNSINK HALTING SITE | ST MARYS PARK | ROADSIDE DUNSINK

REQUEST FOR REPAIRS--TO WHOM?

- DOCTOR
- WORKMEN
- RENT COLLECTOR
- COUNCIL
- SOCIAL WORKER
- CARETAKER
- CORPORATION
Perception of Site (Healthy/Unhealthy)

PLAY FACILITIES

YES
1%

NO
99%
Up To Date Medical Card

NO
18%

YES
82%

REFERRED BY FAMILY DOCTOR
TO SERVICE IN PAST YEAR

INCONTINENCE CLINIC
MENOPAUSE CLINIC
OPHTHALMIC SERVICE
BREAST EXAMINATION
CERVICAL SCREENING

NUMBER OF FAMILIES REFERRED
SICKNESSES IN PAST MONTH

ACCIDENT
ALCOHOL RELATED
ASTHMA
BLEEDING ULCER
CYST ON LIVER
DEPRESSION
EAR OPERATION
GALL STONES
BLOOD PRESSURE
ANAEMIA
KIDNEY INFECTION
GASTRO ENTERITIS
MEASLES/CHICKENPOX
EAR INFECTION
CHEST INFECTION

SERVICES USED FOR SICKNESSES IN PAST MONTH

NUMBER OF FAMILIES

0 5 10 15 20 25

CARE AT HOME HOSPITAL FAMILY DOCTOR
Family Member With Ongoing Health Problem

![Pie chart showing NO 40% and YES 60%]

Main Health Problems

- Problem with Alcohol
- Tablets
- Epilepsy
- Bed wetting
- Speech
- Hearing Problems
- Ulcers
- Arthritis
- Depression
- Gastroenteritis
- Kidney infection
- Ear infections
- Chest infections
- Throat infections
- Runny Nose
CAUSES OF DEATHS IN FAMILIES IN PAST YEAR

Problems With Health Services

- Hospital Doctor
- Speech Therapy
- Bureau Doctor
- Hospital Care
- Dental
- Family Doctor
Number Of Visits To Family Doctor

In Past Month

Number Of Visits To The Doctor

- Number Of Families
- Number Who
- Attended Family
- CASUALTY In Past
- Month

- YES
  25%

- NO
  75%

Number Who

Attended Family

Doctor In Past Month

- NO
  15%

- YES
  85%
ATTEND CHILD HEALTH SERVICES IN PAST MONTH?

YES  11%

NO  89%

NUMBER OF TIMES ATTENDING CHILD HEALTH SERVICE IN PAST MONTH

<table>
<thead>
<tr>
<th>NUMBER OF FAMILIES</th>
<th>1 TIME</th>
<th>2 TIMES</th>
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<tr>
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<td>8</td>
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ATTEND FAMILY PLANNING CLINIC IN PAST MONTH?

YES 10%

NO 90%

NUMBER OF TIMES ATTENDED FAMILY PLANNING CLINIC IN PAST MONTH?

1 TIME
ATTEND MATERNITY SERVICE IN PAST MONTH?

YES
7%

NO
93%

NUMBER OF TIMES ATTENDED MATERNITY SERVICES IN PAST MONTH

NUMBER OF FAMILIES

0 1 2 3 4 5

1 TIME

2 TIMES
ATTEND SPEECH THERAPY IN PAST MONTH?

YES
6%

NO
94%

NUMBER OF TIMES ATTENDING SPEECH THERAPY IN PAST MONTH

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<tr>
<th>NUMBER OF FAMILIES</th>
<th>1 TIME</th>
<th>2 TIMES</th>
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ATTEND DENTAL SERVICE IN PAST MONTH?

YES 17%

NO 83%

Use Of Mobile Clinic

Number Of Families

- Make Appointments  - Medical Cards  - Information  - Baby Check Ups  - Immunisations
Understanding of Entitlements in the Health Services

Number of Families

- YES
- NO

Reasons for Lack of Understanding of Health Services

- Unable to prepare for appointments
- Unable to read letters/appointments
- Lack of info on check-ups and tests
- Lack of info on how to use services

Number of Families

29
Number Who Attend Healer When Sick

NO
19%

YES
81%

ILLNESSES THAT CURES ARE SOUGHT FOR

- ALCOHOL
- PKU
- WHEN DOCTORS CANT CURE
- ACCIDENTS
- HEART MURMUR
- RINGWORM
- KIDNEY INFECTION
- WARTS
- EVERYTHING AND ANYTHING
- SPEECH IMPEDIMENT
- DEPRESSION / WORRIES
- ASTHMA
- FLU / CHEST INFECTION
- BURNS
- ACHES AND PAINS
- ARTHRITIS / RHEUMATISM
- ECZEMA
- INFECTIOUS DISEASES
- THRUSH

NUMBER OF FAMILIES
Attendance At Antenatal Pregnancy Visits

- Yes: 77%
- No: 23%

Attendance At Postnatal Pregnancy Visits

- Yes: 34%
- No: 66%

NUMBER OF YEARS WOMEN ATTENDED SCHOOL

<table>
<thead>
<tr>
<th>Number of Years</th>
<th>Number of Women</th>
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<tbody>
<tr>
<td>0-1 years</td>
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<td>1-2 years</td>
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<td>3-4 years</td>
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<td>9-10 years</td>
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<tr>
<td>11-12 years</td>
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</tr>
<tr>
<td>13-14 years</td>
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TRAVELLERS MORE ILLNESS THAN OTHERS?

WHY TRAVELLERS HAVE MORE ILLNESS THAN OTHERS?

- Evictions
- Poverty
- Lack of Info re Health Services
- No Services for Travellers
- Don't Look After Themselves
- Location of Sites Beside Dump
- Living Conditions

Bar charts show the number of families affected by each factor.
USEFUL CHANGES TO THE HEALTH SERVICES-1

- PROVIDE INDIVIDUAL BINS FOR PEOPLE
- GET RID OF RATS
- MOBILE CLINIC TO VISIT MORE OFTEN / GIVE TALKS
- BETTER POST NATAAL CARE AT HOME
- MORE EXPLANATION ABOUT USE OF MEDICINES
- POSTERS AND LEAFLETS FOR TRAVELLERS
- TRAVELLERS TO EXPLAIN TO TRAVELLERS
- GET RID OF CASTLE STREET

Number of Families

USEFUL CHANGES TO HEALTH SERVICES-2

- EDUCATION OF SERVICE PROVIDERS RE TRAVELLERS
- OPEN G.M.S. CARD
- REDUCE WAITING LISTS
- MORE OUTREACH SERVICES
- ACCESS TO MORE SERVICES AT THE LOCAL CLINIC
- SERVICE PROVIDERS TO LISTEN TO TRAVELLERS
- BETTER LIVING CONDITIONS FOR TRAVELLERS
- APPROPRIATE INFORMATION FOR TRAVELLERS

NUMBER OF FAMILIES
Healthy Activities

- Play A Sport
- Watch Your Diet
- Relaxation
- Brisk Walk

Do Your Family Eat Healthy Meals?

- Healthy
- Not Healthy
WHY TRAVELLER WOMEN DON'T BREASTFEED

- BOTTLE IS QUICKER
- DON'T LIKE THE IDEA
- NOT ENOUGH SUPPORT
- NEED TO TRAVEL / TIES YOU DOWN
- LACK OF INFORMATION
- NO TIME / PATIENCE
- NO PRIVACY / FACILITIES
- EMBARRASSED / SHY

NUMBER OF WOMEN

INCIDENCE OF SMOKER IN FAMILY

Numbers of Women Who Breastfed Their Children

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
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<tr>
<td>Smoker</td>
<td>62%</td>
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</tr>
<tr>
<td>Non Smoker</td>
<td>38%</td>
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</table>
PLAN MEALS WEEKLY?

WHY NOT PLAN MEALS WEEKLY?

- Not enough money
- No electricity
- No place to store food
- No time
- No refrigerator
- Prefer to plan daily
Usual Ways Of Cooking Food

SPOONS OF SUGAR ADDED TO DRINKS / CEREAL PER DAY