

Physical Activity and Lifestyle Survey of the Traveller Community in Galway City



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Report by

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Executive Summary

Travellers in general have a lower life expectancy and poorer health status compared to the settled community (Department of Health, 2000). Diseases of the circulatory system are one of the highest causes of deaths in Travellers (Barry, Herity and Solan, 1987). Inactivity is a significant contributor to increased risk of Coronary Heart Disease (Department of Health and Children, 1999). The study aimed to examine the participation levels in Physical Activity and lifestyle behaviours of the Traveller community in Galway City.

The research methodology comprised of a focus group, a questionnaire and an activity diary administered by one-to-one interview to 91 Travellers in a number of sampling areas throughout Galway city.

The findings of the study can be summarised as follows:

- €# In total, 59% of Travellers rate their health as excellent or good with 41% rating their health as poor or very poor.
- €# The majority (87%) believe exercise to be important to their health but only 43% exercise 3 or more times per week. Females participate more regularly in physical activity than males. Participation in physical activity also declines with age.
- €# Considerably more females spend over five hours per day on activities than males. Females worked at a higher intensity than males and also scored a higher average on the activity index than males.
- €# The main reasons for participation were for good health and fitness, for enjoyment and to lose weight.
- €# The main reasons for not participating were discrimination, not enough time, not fit or healthy enough and not interested or motivated.
- €# The most popular activities for females were walking, dancing and swimming. The most popular activities for males were walking, soccer and swimming.
- €# Exercise facilities used most in the last six months were the local community hall, the swimming pool and playing pitch/ football field. Half of Travellers never use exercise facilities.
- €# Only 26% eat the recommended fruit and vegetables servings per day and only 16% are consuming the recommended servings of carbohydrates per day.

Travellers consume more fried foods per week compared to the general population.

- €# Alcohol consumption is more common in males with 67% of males drinking alcohol compared to 36% of females. 15% of alcohol drinkers reported drinking over the recommended weekly units.
- €# A total of 57% of Travellers surveyed smoke with 77% smoking ten or more per day.
- €# In total, 39% of Travellers reported suffering from stress quite often or very often. Females suffer from stress more often than males.
- €# Only 15% of Travellers rated their risk of Heart Disease as very high or high with 44% stating that they did not know their risk. Only 22% of Travellers felt that they could reduce their risk of Heart disease. The main methods stated to reduce risk of Heart Disease were to exercise more, healthier diet and to stop smoking.

The study recommended that the following be considered when developing health promotion initiatives aimed at the Traveller Community:

1. There is a need to increase Traveller's awareness of the impact of their lifestyle behaviours on their health.
2. Health education and promotion initiatives for Travellers should emphasise that health is not completely outside of an individual's control and should highlight the measures that can be taken to reduce the risk of developing life threatening diseases.
3. Reasons for participation should be emphasised when motivating Travellers to exercise, promoting exercise as an enjoyable method of staying fit and healthy.
4. The gender imbalance should be addressed with an emphasis on encouraging more male Travellers to participate in physical activity.
5. The decline in participation with age also needs to be addressed with exercise promotion aimed at age groups with the lowest participation rates.
6. Barriers to participation need to be addressed, in particular discrimination, with an emphasis on making exercise facilities more accessible to Travellers. Lack of time should also be addressed by highlighting that health benefits can be derived from only 30 minutes of exercise a day.

7. Health promotion campaigns should be aimed at Travellers with a view to increasing awareness of the link between smoking and heart disease.
8. Health promotion campaigns should highlight the risk of damage to health caused by excessive drinking
9. When developing health promotion initiatives, lifestyle issues should be addressed in the context of Travellers lives, taking into perspective their environment and social factors such as poverty, discrimination and social exclusion.

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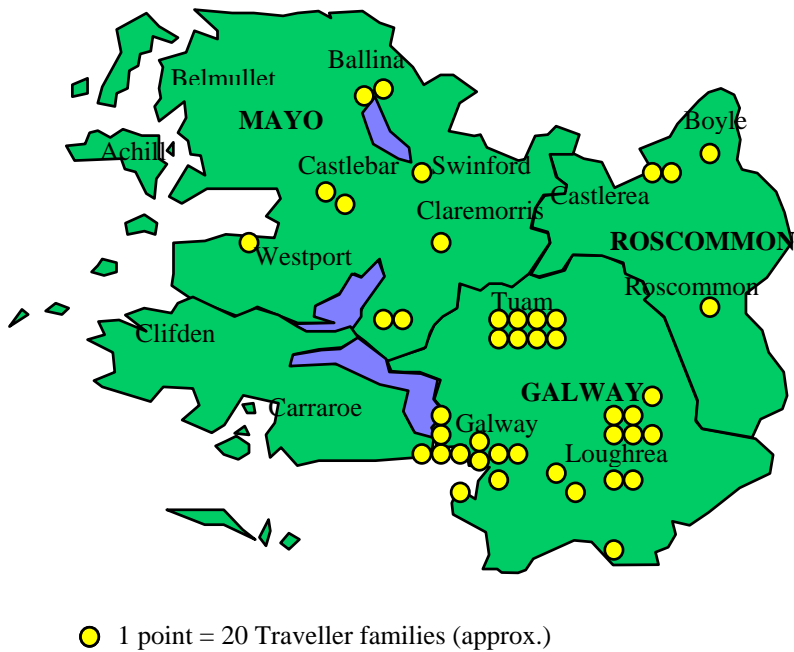
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1. Introduction

1.1 Background

Travellers account for about 0.5% of the Irish population making them a minority group. The Western Health Board was found to have the second highest Traveller population in Ireland, accounting for 18% of the Traveller population as a whole with 71% residing in County Galway (Barry and Daly, 1986). Figure 1.1 shows the Distribution of Travellers in the Western Health Board Region:

Fig 1.1 Distribution of Traveller families in the Western Health Board region



Travellers in general have a lower life expectancy and poorer health status compared to the settled community (Department of Health, 2000). They have a considerably different age structure from that of the general population with 50% of Travellers under the age of 15 years (Barry and Daly, 1986). This compares to slightly less than 25% for the general population. The median age is 14 years in the Travelling community compared to the national median age of 31. Travellers over the age of 65 accounted for only 1% of the total Traveller population compared to 11% of the general population. Life expectancy is considerably lower for Travellers than for settled people; 9.9 years less for males and 11.9 years less for females (Barry, Herity and Solan, 1987). Statistics show that the infant mortality rates per thousand live births currently stands at 9.9 in Ireland as a whole but is 28.3 for the Travelling population. Their higher mortality rate and poorer standard of health is related to substandard living conditions, low levels of social support and not engaging in 'good' behaviours (Department of Health, 2000).

Cardiovascular diseases are still the principal causes of death in Ireland accounting for over 40% of all mortality in Ireland (Department of Health, 2000). Cardiovascular diseases are more common among the socio-economically disadvantaged (Department of Health, 1999). The Travellers health status study (Barry, Herity and Solan, 1987) shows that diseases of the circulatory system are one of the highest causes of deaths in Travellers. Inactivity is a significant contributor to increased risk of Coronary Heart Disease (Department of Health and Children, 1999) with regular physical activity decreasing the risk of cardiovascular disease mortality in general and of coronary heart disease mortality in particular (Centres for Disease Control and Prevention, 1996). Regular physical activity also prevents or delays the development of high blood pressure, and reduces blood pressure in people with hypertension.

The Centres for Disease Control and Prevention (1996), reveals that higher levels of regular physical activity are associated with lower mortality rates for older and younger adults and even those who are moderately active on a regular basis have lower mortality rates than those who are least active. The risk level of coronary heart disease attributable to physical inactivity is similar to that of other lifestyle factors, such as smoking, hypertension and raised blood cholesterol (UK Sports Council and Health Education Authority, 1992). The most beneficial effects of Physical Activity on Cardiovascular disease mortality can be attained through moderate intensity

activity with the greatest potential for reducing mortality in individuals who go from a sedentary state to moderately active (Myers, 2000). Only recent exercise makes a significant difference to decreasing the risk of cardiovascular disease with exercise taken in earlier life showing no long term protective effect (Sherman et al, 1999). Therefore there is a strong need for activity to be regular and continuous throughout ones lifetime.

There have been few studies on Travellers and participation in physical activity and exercise. These studies have shown that Travellers tend to take less exercise than the Irish population as a whole and generally perceive themselves to be unfit. A study by the North Eastern Health Board revealed that 58% of Travellers in the region considered themselves to be unfit with 18% considering themselves to be very unfit (Bedford et al, 1996). Only 11% reported taking regular exercise (3 times or more a week). This compares to 42% of the general population taking some form of regular physical exercise (Friel et al, 1999). A significant number of Travellers also reported taking no exercise (66%) compared to 21.4% of the general population (Friel et al, 1999).

The National Survey of Involvement in Sport and Physical activity (Health Promotion Unit, 1996) found that 'Not having enough time' was the most common reason given for not participating in physical activity. The North Eastern Health Board study on Traveller health (Bedford et al, 1996) found that the majority (34%) also reported that they had no time.

Lack of physical activity may also be due to the possibility that Travellers are unaware of the benefits of physical activity on their health. For instance when asked about how they could reduce their risk of heart disease, 47% did not know how to prevent it and 31% were unaware of the causes (Bedford et al, 1996). When asked what Travellers do to improve their health only 26% reported doing brisk walking while 49% reported doing nothing (O' Donovan et al, 1995).

The National Survey of Involvement in Sport and Physical Activity (Health Promotion Unit, 1996) also shows that there is a positive link between participation in physical activity and previous involvement in school Physical Education programmes. This may

also be a factor in non-participation as the most common age for Traveller children leaving school is at the age of 12 (Pavee Point, 1995).

1.2 Rationale for the survey

Travellers in general have a poorer health status and tend to have lower participation rates in regular physical activity. Physical activity includes numerous health benefits such as reducing or preventing cardiovascular diseases, reducing stress and general and physical and emotional well being (Centres for Disease Control and Prevention, 1996). As the Traveller community is at a higher risk of premature mortality than the general population, regular participation in physical activity would be extremely beneficial in improving health and quality of life.

At present there is little information on the physical activity and fitness levels of Travellers. The North Eastern Health Board (Bedford et al, 1996) has provided some data on the frequency and type of exercise taken by Travellers, their perceptions of their own fitness and the reasons for not exercising. However, a comprehensive study is necessary, taking into account factors such as barriers to participation, access to facilities and Traveller's knowledge of the benefits of physical activity to their health. This information will provide us with a greater insight as to why Travellers may not participate in physical activity to the same degree as the general population.

By establishing current levels of physical activity in the Traveller community and assessing other lifestyle factors, we can identify potential risk areas in Traveller lifestyle that may be associated with lower life expectancy and poorer health status. This research will provide baseline information on lifestyle factors, levels of physical activity, reasons for participation and barriers to participation in the Traveller community and will be useful in developing intervention programmes that impact on Traveller health.

1.3 Aim of the study

The aim of the study is to examine the participation levels in Physical Activity and lifestyle behaviours of the Traveller community in Galway City.

This study will:

1. Provide current data on participation levels in physical activity.
2. Identify reasons for participation/ non- participation in physical activity and sport.
3. Highlight Travellers knowledge of health and lifestyle behaviours.
4. Assess lifestyle behaviours (e.g. smoking, diet, and stress).

1.4 Objectives

The study has been designed to meet the following objectives:

1. To assess levels of physical activity.
2. To identify the most popular activities.
3. To identify differences in age and gender in relation to participation in Sport and Physical activity.
4. To assess Travellers knowledge of their health
5. To identify any barriers to participating in Physical activity and Sport.
6. To assess other lifestyle factors (smoking, alcohol, diet and stress) which may impact on Traveller's health.

2. Methodology

2.1 Introduction

The research methodology comprised of a focus group, conducted to explore any issues needing further depth and elaboration, and a questionnaire and activity diary administered by one-to-one interview.

2.2 Focus Group

A focus group was conducted with a Traveller woman's group in Hillside Community Centre to discuss issues needing further depth and elaboration. The focus group is a method of group interview in which the group interaction is used to generate data. The method can be used to examine “not only what people think, but how and why they think that way” (Kitzinger, 1995). Focus groups can provide us with richer information about the knowledge, attitudes and experiences of the participants. They are particularly useful in highlighting cultural norms, shared values and common knowledge and can facilitate the discussion of sensitive subjects. The use of focus groups can also help empower the research participants; they become an active part of the research process as they get an opportunity to voice their opinions. Focus groups are particularly relevant for research with the ultimate aim of improving services as they facilitate the expression of criticisms (which people may be reluctant to mention in individual interviews) and the exploration of the advantages and disadvantages of different solutions. They can also encourage participation from people who are reluctant to be interviewed or who feel they have little to say (Kitzinger, 1995). The key issues discussed in the focus group were:

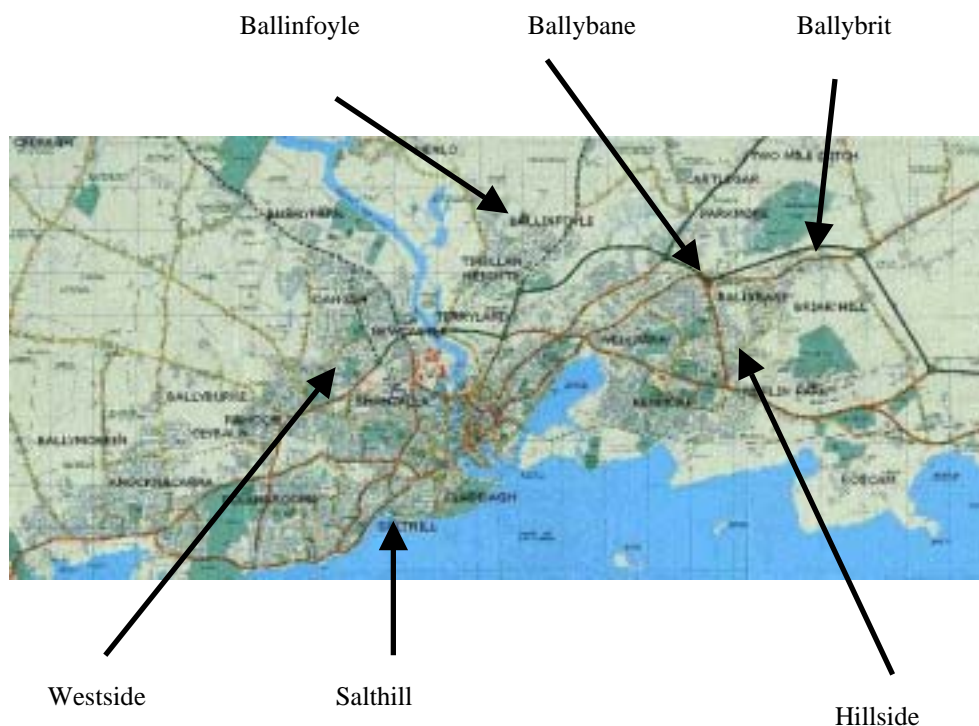
1. Barriers to participation/ reasons for not participating
2. Cultural issues in relation to exercise participation
3. Travellers perceptions of their health and lifestyle
4. Use of and access to Sport and recreational facilities
5. Travellers perceptions of the importance of exercise to their health

A topic guide was developed (appendix 1) which consisted of open-ended questions and more detailed 'probe' questions. It was intended that the open-ended questions be used as much as possible so participants could raise the most important issues themselves. The 'probe' questions used only if there was a lack of conversation on particular topics or if it was felt that more information was needed on a topic.

2.3 The Sample

A total of 91 Travellers were interviewed using a standardised questionnaire (appendix 2). A number of sampling points were chosen based on the distribution of Travellers in Galway city. These sampling points are outlined in Figure 2.1:

Figure 2.1 Sample distribution



A quota sampling method was used to reflect the demographic structure of the Travelling community as closely as possible. The age structure was determined from

the Travellers Health Status Study (Barry and Daly, 1986) and the gender structure was determined from the 1996 Census of Population (Central Statistics Office, 1996). Table 2.1 represents the quota sample composition:

Table 2.1 Sample Composition

Age	Male	Female	Total
14- 24	15	28	43
25- 44	13	19	32
45- 64	6	6	12
65+	2	2	4
Total	36	55	91

This quota was obtained systematically by calling at every 3rd household. Table 2.2 shows the response rate at each area surveyed. Traveller women from Galway Traveller's Support Group accompanied the researcher on all interviews, introduced the researcher and the study to the participants and were also trained to administer questionnaires. This ensured greater access to the Traveller community and ensured a higher response rate.

2.4 The Questionnaire

The questionnaire was designed in consultation with the Galway Travellers Support Group and was piloted with members of the Galway Travellers Support Group. The questionnaire (appendix 2) consisted of a series of multiple choice and open-ended questions. These questions were delivered through face to face interviews. Illustrated scales were provided for some questions in order to accommodate any literacy problems (appendix 3). The questionnaire was designed to elicit the following:

1. Travellers knowledge of their health.
2. Amount of physical activity taken per week.
3. Most popular activities.
4. Differences in age and gender in relation to participation.
5. Use of facilities to exercise.
6. Other lifestyle behaviours such as stress, diet, smoking and alcohol consumption.

2.5 Activity Diary

Fitness and the associated health benefits can be gained from a wide variety of activities provided that they involve physical exertion. Exercise of an adequate intensity, frequency and duration may be a component of many sports, recreation, leisure pursuits and occupation (Allied Dunbar National Fitness Survey, 1992). Therefore participants also completed an activity diary (appendix 4), where they listed the activities that they did yesterday, the duration spent on each activity and the intensity of each activity.

The Borg scale (Health Promotion Unit, 1996) was used to determine the level of intensity at which these activities were done (appendix 3). This is an ordinal scale developed by Borg that measures the perceived rate of exertion of a task. Verbal anchors are provided along the scale to standardise for comparisons across individuals and tasks. However, for the purposes of this study verbal anchors were substituted with illustrations to accommodate variation in literacy levels. This scale was also used in the National Survey of Involvement in Sport and Physical Activity (Health Promotion Unit, 1996). However, 24% of those who completed the activity diary did not complete the intensity scale. Wysocki et al (2000) states that a small percentage of adults may have difficulties in understanding the Borg scale. This may be more common in individuals with poor verbal and mathematical abilities. A lack of understanding may have hindered some people from completing the intensity scale. Also the range between no exertion and maximal exertion may not have the same meaning for everyone and therefore not all people can give a reliable or valid rating on the scale.

In terms of effort and exertion participants were asked to choose a point on the scale which best reflected the degree of effort used in each activity. The diary was designed to assess the amount, level and duration of planned recreational activity and sport taken and also any other daily activities that may provide health benefits. It also determined the amount of time spent on other activities such as watching television. An activity index was developed by multiplying the activity time by the intensity score. This gave an indication the general activity levels of Travellers.

2.6 Statistical methods

A number of statistical tests were used to analyse the questionnaire and activity diary results. For normally distributed numerical data Independent T tests were used. For non-parametric ordinal data, the Mann Whitney U test was used and Kendall's Rank order correlation was used on non-parametric, ordinal, ranked data. Statistical differences were tested at the 0.05 and 0.01 levels of significance.

3. Focus Group Results

3.1 Introduction

The following results represent a summary and interpretation of the focus group conducted with a Woman's group in Hillside Community Centre. The focus group was established to identify areas in the research needing further depth and discussion. It aimed to address barriers to participation, types of activities participated in, Travellers knowledge of their health and their knowledge of the benefits of physical activity.

3.2 Travellers knowledge of their health status

Travellers in this group felt that their health was mainly associated with their living conditions. They did not link their health to their lifestyle behaviours. When asked whether Travellers are as healthy as the settled population, one particular comment was:

“Some of them is and some of them isn’t because of their living conditions. Especially the halting sites. There’s no hot water, there’s no right toilets, They have to go in and out in the cold to go to the toilets, so that means then they’re in and out to the doctors with flus and colds, they’re in and out with kids, and a lot of them don’t have the proper clothing to be out in the cold or whatever.... And then there’s an awful lot that’s old..... there’s an awful lot of them old that are not able to go out to the toilet outside and there not a proper toilet inside”.

When asked about lifestyle issues such as diet, it was felt that in general Travellers did not have much education and knowledge regarding their diet. Travellers do not follow diets or take vitamin supplements:

"They don't really know much about it, about health food and all that"

*"Vitamins and stuff like that, Travellers never take vitamins.... Or iron.
There is no man, Travelling man going that takes vitamins or Iron."*

"Travellers never goes on proper diets, health food and stuff like that. But they do have dinner every day like, a healthy dinner."

It was also revealed that most Traveller women don't eat breakfast.

*"There's an awful lot of Travelling women and girls that don't eat a breakfast.
They go all day without eating and then they eat. I don't eat a breakfast."*

This is possibly due to the fact that they are busy around the house all day and don't take time to sit and eat a breakfast:

"I suppose as well, most Travellers, Traveller girls have to do the housework before their parents come home and they don't have time all day as they're busy".

3.3 Participation in Physical Activity

Most of the women felt that, as a Traveller, there was not enough choice in the activities available to them and only for their weekly meeting in the community centre, they would not get the opportunity to exercise:

"We do some [exercise]...But that's only because of the clubs. And if there was no clubs we wouldn't be doing it."

"There isn't a lot of am, choice and discrimination"

Most felt that they would like to see more choices available to them such as going out on walks and day trips. They also said that they would be more likely to participate if their friends also participated.

3.4 Knowledge of the health benefits of exercise

Some Travellers felt that participating in exercise would be beneficial to their health, but generally they showed a limited knowledge of the health benefits of exercise with only one woman stating that it would help in losing weight. Most agreed that their health was a matter of chance and that a healthier lifestyle did not lessen their chance of illness:

"Some people, you hear of an awful lot of people that smokes, that doesn't smoke, doesn't drink, mad into fitness and take an heart attack like that. And a person that does smokes and drinks all around them and do no exercise is still living. Its true, isn't it?"

3.5 Barriers to participation

A significant barrier to participation in exercise was time. Travellers are busy all day, particularly women, who have to look after children, do housework and prepare all of the family meals. Therefore they feel they have no opportunity to exercise:

"It is because my mother works full time, and then there's my brother and he goes to school and I have to be back in and I have to do things in the house... And then like she goes to meetings and she could be at 8 or 9 o'clock in the meeting."

"And they're trying to make money. They don't have time to go to it"

However, discrimination seemed to be a key determinant of participation and accessing facilities to exercise:

"They don't be accepted.... Its true though, if one Traveller walks in among settled"

"It's mostly all discriminating... discrimination"

Most felt discriminated against when trying to access exercise facilities. Two women gave an account of when they trying to go to an exercise class and were refused:

"Remember me and you went in, remember the, remember down to do the exercise on the club, there on the XXXX Road... They wouldn't take us in."

"Do you know what I mean, we were put out of it. They made a laugh of us. We asked him could we go in he just started laughing."

Discrimination seems to be a regular occurrence when accessing exercise facilities. This is also apparent when trying to access other health services:

"And doctors, some of doctors are very bad towards Travellers. When Travellers go in whatever, doctors don't want touch them, so they don't ask people what your saying, just give you anything at all just to get you out of their office."

When asked if gender has an influence on participation in exercise and sport, some felt that boys were doing more activities. Others said that there was not much of a difference between men and women. However, it seems that males have more role models than females in motivating them to exercise:

"And there's Frank, Francis Barrett, he went in the Olympics and all of his brothers is boxing and all of his cousins is boxing... And they're mad into fitness".

3.6 Summary

The research highlighted a number of key issues:

1. Travellers do not relate their ill health to their lifestyle. They see their poor accommodation as the primary cause of their ill health. They don't see modifying lifestyle behaviours as having a positive effect on their health but see health as a matter of chance.
2. Travellers have a lack of knowledge regarding their diet and admit that they know very little about 'health foods'. Traveller women often don't have a breakfast, putting their daily housework and family before their own nutritional needs.
3. Travellers also have limited knowledge about the benefits of physical activity.
4. Travellers do very little physical activity. They feel that there are not a lot of choices for them and that accessing facilities are a problem due to discrimination. Traveller women feel that they don't have a lot of time to participate in activities, as they are busy looking after the home and family.

4. Questionnaire Results

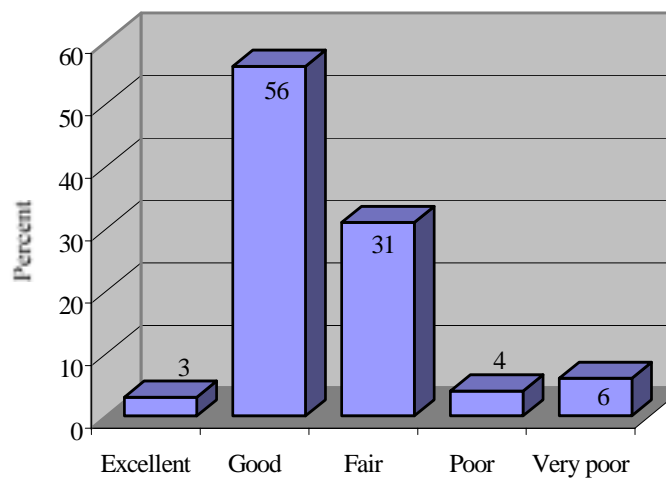
4.1 Introduction

A total of 91 Travellers from Galway City completed the questionnaire, which addressed participation levels in physical activity, barriers to participation, reasons for participation, use of exercise facilities and other lifestyle issues.

4.2 Perceived health status

Figure 4.1 shows that 59% of Travellers rated their health as excellent or good with 41% rating their health as only fair, poor or very poor.

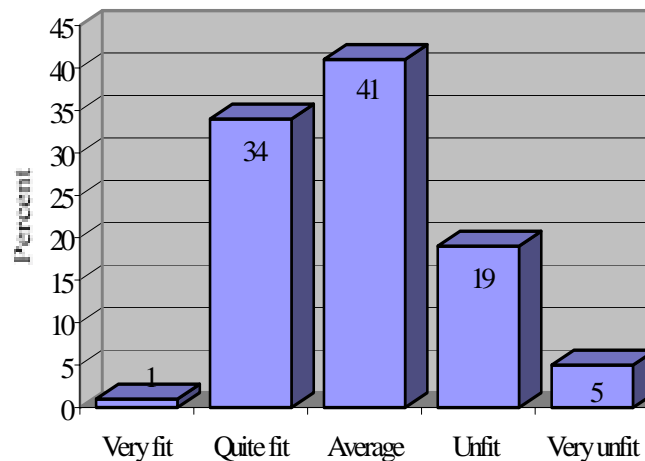
Figure 4.1 Self-assessment of health



4.3 Perceived fitness levels

Figure 4.2 shows that 41% of Travellers stated that their fitness was average with 35% rating their fitness as very good or excellent. However 24% rated themselves as unfit or very unfit.

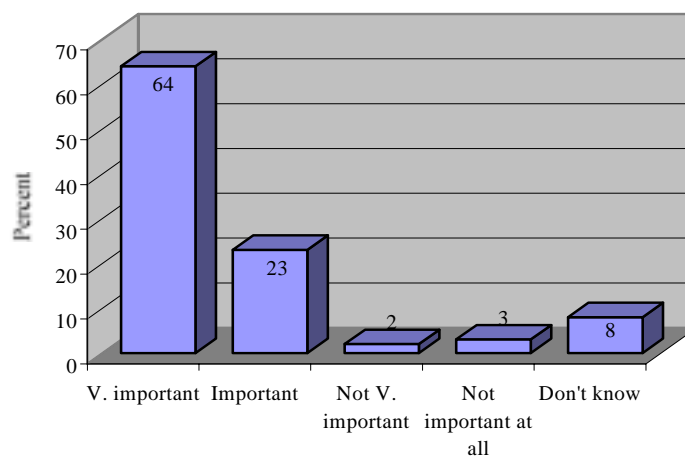
Figure 4.2 Self-assessment of fitness levels



4.4 Participation in exercise

A total of 87% believe exercise to be very important or important to their health (figure 4.3). However only 54% of respondents reported doing some form of exercise and only 37% felt that they were currently doing enough exercise. A total of 43% reported exercising at the recommended three times or more per week (table 4.1). This is similar to the general population with 42% engaging in some form of regular exercise (Friel et al, 1999). The key difference between Travellers and the general population is that 46% of Travellers report doing no exercise at all compared to 21% of the general population (Friel et al, 1999).

Figure 4.3 Perceived importance of exercise



A comparison of participation between males and females who participate in exercise showed that females participate more regularly than males, with 70% of female participants exercising three or more days in the week compared to only 16% of males (table 4.1). However these differences were not statistically significant (Mann-Whitney U test, $p = 0.15$).

Table 4.1 Weekly participation in exercise

Days	Male		Female		Total	
	No	%	No	%	No	%
< once a week	9	47	4	13	13	27
1-2 times per week	7	37	8	27	15	30
3-4 times per week	1	5	7	23	8	16
5+ per week	2	11	11	37	13	27

Participation in physical activity also declines with age. Table 4.2 shows that 33% of Travellers under 24 years of age exercise three or more times per week. This compares to only 16% between 25 and 44 years of age, 8% between the ages of 45 and 64 and 25% over the age of 65. These differences were statistically significant (Kendall's rank order correlation, $p < 0.01$)

Table 4.2 Weekly participation in exercise among different age groups

Age	15- 24		25- 44		45- 64		65+	
Days per week	No	%	No	%	No	%	No	%
Don't exercise	10	23	21	65	8	67	3	75
< once a week	9	21	2	6	2	17	0	0
1 -2 times weekly	10	23	4	13	1	8	0	0
3 -4 times weekly	7	16.5	1	3	0	0	0	0
5+ weekly	7	16.5	4	13	1	8	1	25

4.5 Reasons for participation

Table 4.3 shows the reasons for participation in exercise. The most common reasons among those who participate in exercise are for good health and fitness (82%), for enjoyment (37%), to lose weight (35%) and because friends participate (29%). These results are similar to the general population with the main reasons for participation

being to maintain good health (39%), to get outdoors/ fresh air (36%) and for enjoyment (31%) (Health Promotion Unit, 1996).

Table 4.3 Reasons for participation in exercise

Reason	Total		Male		Female	
	No	%	No	%	No	%
Good Health/ fitness	40	82	16	84	24	80
Enjoyment	18	37	8	42	10	33
Loose/ maintain weight	17	35	3	16	14	47
Because friends participate	15	30	5	26	10	33
To get outdoors/ fresh air	5	10	2	11	3	10
To fill spare time	4	8	3	16	1	3
To meet others	1	2	1	5	0	0
For relaxation	1	2	0	0	1	3
Other reasons	4	8	0	0	4	13

* Multiple responses, therefore percentages may not add up to 100%

4.6 Reasons for non participation

The most common reason for non-participation in exercise was discrimination (30%). Typical responses included the following:

"... It's no good trying to join a gym as being a Traveller, I have been discriminated a lot"

*"...Not left in because of being a Traveller. Living in *****, mention your address and straight away you're told sorry, it's all booked out"*

Other main reasons for non-participation included not enough time (27%), not fit or healthy enough (24%) and not interested or motivated (24%). Lack of time was also the main reason for non-participation in the general population (38%) (Health Promotion Unit, 1996).

Table 4.4 Reasons for non-participation in exercise

Reason	Total		Male		Female	
	No	%	No	%	No	%
Discrimination	11	30	4	25	7	33
Not enough time	10	27	2	13	8	38
Not fit or healthy enough	9	24	4	25	5	24
Not interested or motivated	9	24	3	19	6	29
Lack of facilities	8	22	3	19	5	24
Not skilled/ sporty enough	8	22	6	38	2	10
Too expensive	5	14	0	0	5	24
Too old	5	14	3	19	2	10
Weather is too bad	1	3	0	0	1	5
Other reasons	5	14	3	19	2	10

* Multiple responses, therefore percentages may not add up to 100%

4.7 Participation in activities

Table 4.5 shows activities partaken in the last 6 months. The most popular activities among all Travellers were walking (81%), dancing (42%) and swimming (36%). The most popular activities for males were walking (72%), soccer (47%) and swimming (36%). The most popular activities for females were walking (87%), dancing (53%) and swimming (36%).

Table 4.5 Participation in activities over the last 6 months

Activities	Total		Male		Female	
	No	%	No	%	No	%
Aerobics	6	7	0	0	6	11
Basketball	4	4	0	0	4	7
Boxing	8	9	7	19	1	2
Cycling	18	20	10	28	8	15
Dancing	38	42	9	25	29	53
Gaelic football	11	12	9	25	2	4
Handball	9	10	9	25	0	0
Hurling/ Camogie	2	2	2	6	0	0
Jogging/ running	13	14	9	25	4	7
Karate/ judo	5	6	0	0	5	9
Outdoor pursuits	3	3	1	3	2	4
Racket sports	5	6	1	3	4	7
Soccer	19	21	17	47	2	4
Swimming	33	36	13	36	20	36
Walking	74	81	26	72	48	87
Weights	13	14	6	17	7	13
Other Sports	2	2	2	6	0	0

* Multiple responses, therefore percentages may not add up to 100%

4.8 Other daily activities

Table 4.6 shows participation in other daily activities. The most common activities for females were carrying shopping bags (93%), heavy housework (84%) and lifting children (76%). The most common occupational activities for males were climbing stairs (64%), manual labour (61%) and Heavy lifting (53%).

Table 4.6 Other daily activities

Activities	Males		Females		Total	
	No	%	No	%	No	%
Heavy housework	2	6	46	84	48	53
Lifting Children	11	31	42	76	53	58
Climbing Stairs	23	64	38	69	61	67
Heavy lifting	19	53	30	55	49	54
Manual Labour	22	61	2	4	24	26
Carrying shopping bags	10	28	51	93	61	67
Other activities	1	3	1	2	2	2

* Multiple responses, therefore percentages may not add up to 100%

4.9 Use of facilities

Only 25% of Travellers surveyed use exercise facilities often or very often and half of respondents never use exercise facilities (table 4.7).

Table 4.7 Frequency of use

Frequency	Male		Female		Total	
	No	%	No	%	No	%
Very often	3	8	5	9	8	9
Often	5	14	10	18	15	16
Occasionally	11	31	4	7	15	16
Not very often	5	14	3	6	8	9
Never	12	33	33	60	45	50

Figure 4.4 shows the exercise facilities most used by Travellers. Of those who do use facilities, the most commonly used were the local community hall (74%), the swimming pool (71%) and playing pitch/ football field (37%).

Figure 4.4 Use of exercise facilities

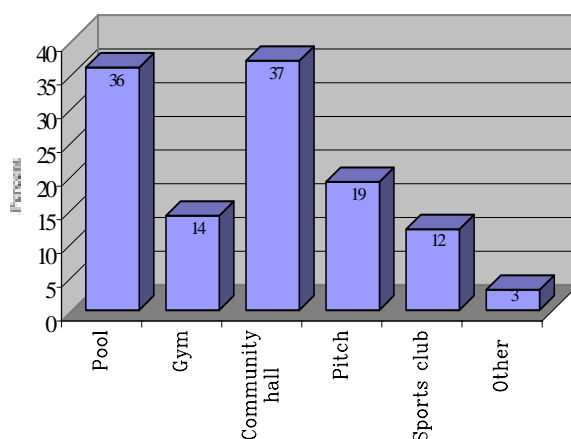


Table 4.8 shows the most common reasons given for not using facilities to exercise are lack of facilities (28%), discrimination (26%) and not fit or healthy enough (26%).

Typical responses included:

"No proper facilities... and won't be left in over being a Traveller"

"Haven't bothered because I wouldn't be accepted anyway"

*"Have tried to join up in the gym and over being a Traveller and living in
 ***** , I was turned away"*

*"There should be more facilities for young people in Galway and Travellers
 should be encouraged more to join in"*

Lack of facilities was also a major reason for non participation in exercise in the general population (28%) (Health Promotion Unit, 1996)

Table 4.8 Reasons for not using exercise facilities

Reason	Total	
	No	%
Lack of facilities	12	28
Not fit or healthy enough	11	26
Discrimination	11	26
Not interested or motivated	7	16
Not enough time	6	14
Too old	5	12
Not skilled/ sporty enough	3	7
Friends don't use facilities	2	5
Too expensive	1	2
Other reasons	3	7

* Multiple responses, therefore percentages may not add up to 100%

4.10 Alcohol consumption

A total of 48% of Travellers surveyed drink alcohol. Of those who drink, 21% believe their alcohol consumption to be harmful to their health. Table 4.9 shows that 15% of alcohol drinkers reported drinking over the recommended weekly units. Alcohol consumption is more common in males with 67% of males drinking alcohol compared to 36% of females. Males drink on average 11.6 units of alcohol per week compared to 2.33 for females. These gender differences were statistically significant (Independent T test, $p < 0.01$). Of those who drink, 25% of males drank over the recommended units of alcohol weekly compared to 5 % of females with 4% of males drinking at harmful levels of 50 units or more in the week (Health Education Authority, 1993). Two males in the study admitted to having problems relating to alcohol. Their comments included the following:

"I am an alcoholic and I know I am very unfit and unhealthy as the nerves in my legs are very weak, my liver is poorly and my chest is poorly"

"I have been on the drink for the past week. I drink a lot when I am on it..."

Table 4.9 Weekly alcohol consumption

Units/ week	Males		Females		Total	
	No	%	No	%	No	%
No alcohol taken in the past week	10	42	12	57	22	50
Under recommended weekly units	8	33	8	38	16	35
Over recommended weekly units	6	25	1	5	7	15

* Units as recommended by the Health Education Authority (1993)

4.11 Smoking

A total of 57% of Travellers surveyed smoke with 77% smoking 10 or more cigarettes per day (table 4.10). This is much higher than the general population with 31% smoking (Friel et al, 1999). A higher percentage of males smoke (69%) compared to females (49%) with a higher proportion of men (43%) smoking 20 or more per day (table 4.9). Males smoke on average 19 cigarettes per day compared to 15 for females. However, these differences were not statistically significant (Independent T test, $p = 0.91$).

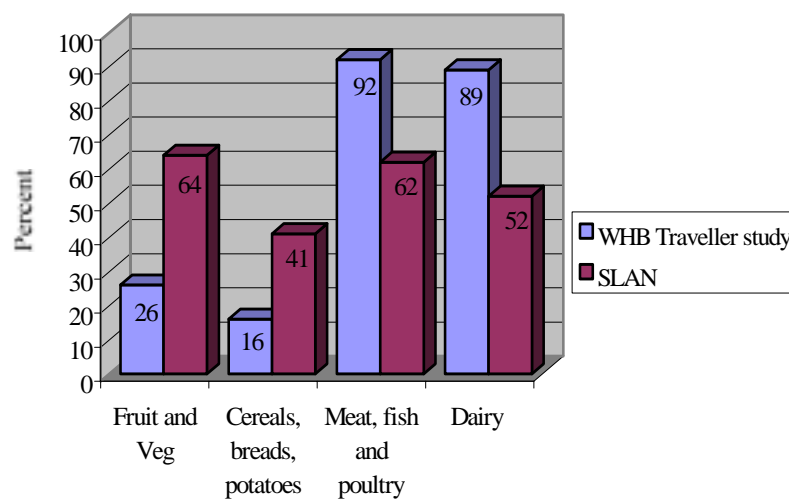
Table 4.10 Amount of cigarettes smoked per day

Amount	Male		Female		Total	
	No	%	No	%	No	%
<10	3	14	7	27	10	21
10-19	9	43	12	46	21	45
20+	9	43	7	27	16	34

4.12 Diet

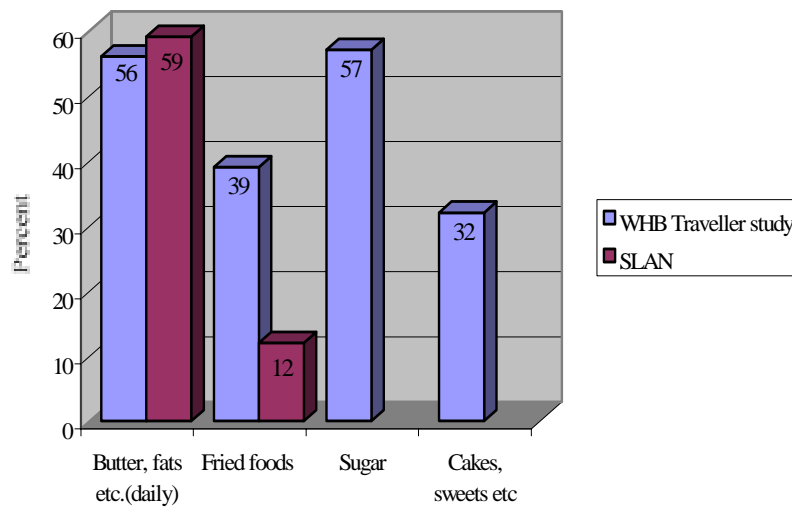
A total of 47% of Travellers believed their diet was healthy at the moment, 19% felt their diet was unhealthy and 34% stated that they did not know if their diet was healthy or not. However, only 26% of Travellers surveyed eat the recommended four or more fruit and vegetables servings per day and only 16% are consuming the recommended six or more servings of breads, cereals and potatoes per day. However, 90% eat the recommended three or less servings of dairy products per day and 92% eat the recommended two or less servings of meat. Figure 4.5 shows a comparison in diet between Travellers and the general population.

Figure 4.5 Nutritional intake in Travellers and the general population



Travellers consume much more fried foods per week compared to the general population. In total, 39% of Travellers consumed fried foods more than three times per week compared to only 12% of the general population.

Figure 4.6 Percentage consuming over the recommended amounts of fats, fried foods and sugars weekly



4.13 Stress

Figure 4.7 shows that 39% of Travellers reported suffering from stress quite often or very often. Females tend to suffer from stress more often than males with 48% of females suffering from stress very often or quite often compared to 25% of males. However, these differences were not statistically significant (Mann-Whitney U test, $p = 0.08$) The most common methods of relieving stress were to sleep or lie down (26%), to exercise (26%) and to meet friends or socialise (23%) (table 4.11).

Figure 4.7 Frequency of stress

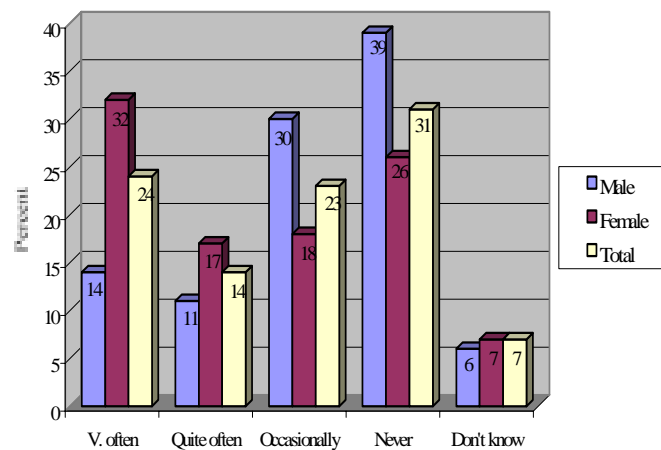


Table 4.11 Methods of relieving stress

Method	No	%
Exercise	15	17
Work	4	4
Talk to someone	2	2
Meet friends/ socialise	13	14
Smoke	4	4
Cry	6	7
Drink alcohol	7	8
Medication	3	3
Listen to music	2	2
Sit and think	4	4
Sleep/ rest/ lie down	15	17
Relaxation	2	2
Do nothing for stress	1	1

* Multiple responses, therefore percentages may not add up to 100%

4.14 Heart disease

Only 15% of Travellers rated their risk of heart disease as very high or high with 44% stating that they did not know their risk (figure 4.8). Only 22% of Travellers felt that they could reduce their risk of heart disease, 15% felt that they could not reduce their risk and 63% stated that they did not know if they could reduce their risk. The most common methods stated to reduce risk of heart disease were to exercise more (53%), healthier diet (36%) and to stop smoking (15%) (Table 4.12).

Figure 4.8 perceived risk of heart disease

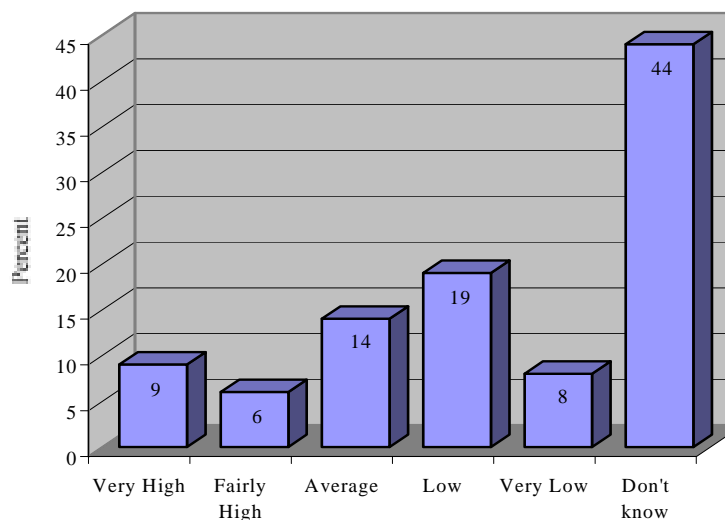


Table 4.12 Methods of reducing risk of heart disease

Method	No	%
Do more exercise	25	28
Not smoking	7	8
Healthy Diet	17	19
Reduce alcohol intake	1	1
Better living conditions	1	1
Check cholesterol	1	1
A healthier lifestyle	1	1
Don't know/ not stated	14	15

* Multiple responses, therefore percentages may not add up to 100%

4.15 Summary

The research highlighted a number of key points:

1. The majority (87%) believe exercise to be important to their health but only 43% exercise three or more times per week. Females participate more regularly in physical activity than males.
2. Participation in physical activity significantly declines with age.
3. The main reasons for participation were for good health and fitness, for enjoyment and to lose weight.
4. The main reasons for not participating were discrimination, not enough time, not fit or healthy enough and not interested or motivated.
5. The most popular activities for females were walking, dancing and swimming. The most popular activities for males were walking, soccer and swimming.
6. Exercise facilities used most in the last six months were the local community hall, the swimming pool and playing pitch/ football field. Half of Travellers never use exercise facilities.
7. Only 26% eat the recommended fruit and vegetables servings per day and only 16% are consuming the recommended servings of carbohydrates per day. Travellers consume more fried foods per week compared to the general population.

8. Alcohol consumption is significantly more common in males with 67% of males drinking alcohol compared to 36% of females. A sizeable minority (15%) of alcohol drinkers reported drinking over the recommended weekly units.
9. A total of 57% of Travellers surveyed smoke with 77% smoking ten or more per day.
10. In total, 39% of Travellers reported suffering from stress quite often or very often. Females suffer from stress more often than males.
11. Only 15% of Travellers rated their risk of Heart Disease as very high or high with 44% stating that they did not know their risk. Only 22% of Travellers felt that they could reduce their risk of Heart disease.

5. Activity Diary Results

5.1 Introduction

A total of 75 participants (82%) completed the activity diary and 57 participants (63%) completed the activity index. Lack of completion of the activity index may be due to lack of understanding of the Borg scale (see chapter 2). The diary addressed activities participated in, time spent on activities and the intensity of participation. The activity index was developed by multiplying the time by intensity of each activity. Time spent on other activities such as watching TV and socialising were also measured.

5.2 Participation in activities

Table 5.1 shows that the most common daily activities for females were housework (88%), caring for children or relatives (49%) and walking (43%). The most common daily activities for males were manual work (67%), walking (20%) and caring for children or relatives (13%). Apart from walking (34%), very few Travellers reported participating in any structured sport or exercise during their day.

Table 5.1 Activities participated in

Activities	Male		Female		Total	
	No	%	No	%	No	%
Aerobics	0	0	2	4	2	3
Boxing	3	10	0	0	3	4
Cycling	1	3	0	0	1	1
Gaelic Football	3	10	0	0	3	4
Jogging/ running	3	10	0	0	3	4
Soccer	1	3	0	0	1	1
Swimming	1	3	5	10	6	8
Walking	6	20	21	43	27	34
Weights	1	3	2	4	3	4
Housework	3	10	43	88	46	58
Caring for children or relatives	4	13	24	49	28	35
Manual work	20	67	4	8	24	30
Shopping	0	0	8	16	8	10
School	0	0	4	8	4	5
Work	6	6	12	25	18	23

* Multiple responses, therefore percentages may not add up to 100%

5.3 Frequency and Intensity

Table 5.2 shows the time spent per day on activities. The majority (49%) spend between five and ten hours per day on activities. Females spend more time on daily activities compared to males, with 77% of females spending over five hours per day on activities compared to 55% of males. The average time spent on activities was 407 minutes for males and 451 minutes for females. However these gender differences were not statistically significant (Independent T test, $p = 0.14$).

Table 5.2 Time spent on activities

Time/ hours	Total		Male		Female	
	No	%	No	%	No	%
Up to 5	17	30	8	45	9	23
5 to 10	28	49	6	33	22	56
10 to 15	11	19	4	22	7	18
15 upwards	1	2	0	0	1	3

Intensity was calculated using the BORG scale (see appendix 3). In terms of effort and exertion participants were asked to choose a point on the scale which best reflected the degree of effort used in each activity. Table 5.3 shows that a higher

proportion of females worked at a higher intensity than males, with 33% of females scoring an average intensity of nine or above compared to 12% of males. The average intensity for males was five compared to six for females. These differences were not statistically significant (Independent T test, $p = 0.11$).

Table 5.3 Average intensity of activities

Intensity	Total		Male		Female	
	No	%	No	%	No	%
1 to 5	30	58	10	63	20	56
6 to 8	8	15	4	25	4	11
9 to 11	9	17	1	6	8	22
12 to 15	5	10	1	6	4	11

5.4 Activity index

In order to obtain a more accurate estimation of activity levels both time and intensity must be considered. Therefore an activity index was devised by multiplying the time spent on each activity by the intensity of that activity. This activity index has also been used to measure activity levels in Secondary School students (Ni Mhuircheartaigh, 1999). Table 5.4 shows that the majority of respondents (63%) scored 3000 or lower on the activity index. The average score for females was 3042 compared to 2549 for males. These differences were not statistically significant (Independent T test, $p = 0.96$).

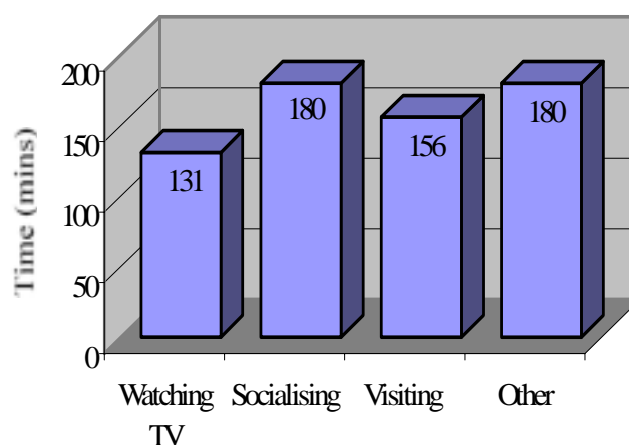
Table 5.4 Activity index

Index	Total		Male		Female	
	No	%	No	%	No	%
up to 3000	36	63	12	66	24	61
3001-6000	13	23	3	17	10	26
6001-9000	7	12	3	17	4	10
9001-12500	1	2	0	0	1	3

5.5 Time spent on other activities

Figure 5.4 shows the time spent daily on other activities. These activities include watching television, socialising and visiting friends or relatives. These activities will each be dealt with separately.

Figure 5.3 Average time spent on other activities



5.5.1 Time spent watching TV

In total 66% of participants reported watching television daily. The average time spent watching TV was over 2 hours per day (figure 5.4). Males reported watching more TV than females, with 45% of males watching TV more than 2 hours per day compared to 24% of females (table 5.5). These differences, however, were not statistically significant (Independent T test, $p = 0.18$).

Table 5.5 Time spent watching TV

Time	Males		Females		Total	
	No	%	No	%	No	%
0	9	31	17	37	26	34
1 to 30 minutes	0	0	5	11	5	7
30 minutes to 1 hour	3	10	8	17	11	15
1 to 2 hours	4	14	5	11	9	12
2 to 4 hours	12	41	10	22	22	29
More than 4 hours	1	4	1	2	2	3

5.5.2 Time spent Visiting friends and relatives

A total of 44% reported visiting friends or relatives. The average time spent visiting friends and relatives was two and a half hours (figure 5.4). Females reported spending more time visiting than males but the difference was not significant (Independent T test, $p = 0.31$).

Table 5.6 Time spent visiting friends and relatives

Time	Males		Females		Total	
	No	%	No	%	No	%
0	18	62	24	52	42	56
1 to 2 hours	4	14	11	24	15	20
2 to 4 hours	5	17	11	24	16	21
More than 4 hours	2	7	0	0	1	3

5.5.3 Time spent socialising

Only 10% of participants reported socialising in the previous day. The average time spent socialising was three hours (Figure 5.4). There was no significant difference between males and females (Independent T test, $p = 0.88$) but a higher proportion of males (7%) spent over four hours socialising compared to females (2%) (table 5.7).

Table 5.7 Time spent socialising

Time/ hours	Males		Females		Total	
	No	%	No	%	No	%
0	26	90	41	89	67	90
1 to 2	1	3	3	7	4	5
2 to 4	0	0	1	2	1	1
More than 4	2	7	1	2	3	4

5.6 Summary

The activity diary highlighted a number of points:

1. Apart from walking, very few Travellers reported participating in any structured sport or exercise during their day with the most common activities being housework (58%), caring for children or relatives (35%) and walking (34%).
2. The average time spent on activities was 407 minutes for males and 451 minutes for females.
3. The average intensity of activities for males was five compared to six for females.
4. The average score on the activity index was 2549 for males compared to 3042 for females.
5. The average time spent watching TV was over two hours per day
6. The average time spent visiting friends and relatives was two and a half hours per day
7. Only 10% of Travellers socialised in the previous day. The average time spent socialising was three hours.

6. Discussion

6.1 Introduction

The aim of the study was to examine participation in physical activity among the Travelling Community, identify barriers to participation, Travellers knowledge of health and other lifestyle issues. The results of the focus group, questionnaire and activity diary will be discussed in conjunction with each other.

6.2 Knowledge of health and health status

Over half of Travellers rated their health as good or excellent despite Travellers poorer health status and lower life expectancy. The focus group showed that Travellers do not relate their health to their lifestyle behaviours but perceive health to be out of their control. They mainly relate their health to their living conditions and also see it as being largely due to chance. Heart Disease is one of the main causes of death in Travellers and the general population, yet very few Travellers (15%) felt that they were at high risk of Heart Disease. Less than one-quarter of Travellers felt that they could do something to reduce their risk of Heart disease showing a lack of knowledge on preventative health measures. There is a need to increase Travellers awareness of the impact of their lifestyle behaviours on their health. Health education and promotion initiatives for Travellers should emphasise that health is not completely outside of an individual's control and should highlight the measures that can be taken to reduce the risk of developing life threatening diseases.

6.3 Participation in physical activity

The national recommendation for physical activity is 20- 30 minutes of aerobic exercise, four to five times a week (Department of Health, 2000). The results show that less than half of Travellers are participating in physical activity three times or more per week. While this is similar to the general population (Friel et al, 1999) there is still room for considerable improvement in participation. There is also a higher proportion of Travellers doing no exercise at all (46%) compared to the general population (21%). These participation rates are low considering that over three-quarters of Travellers felt that exercise is important to their health, yet only half are actually doing any exercise. The most popular activities for Travellers are walking, dancing and swimming. There should be more exercise campaigns specifically targeted at Travellers taking into account factors that affect participation such as barriers to exercise and motivational factors.

There are also differences in participation levels among males and females. A higher proportion of females participate in physical activity compared to males. Females also spend much more time per day on all daily activities and they participate in activities at a higher intensity. Females also scored a higher average on the activity index. Participation in physical activity also declines with age. Those in the lower age group (14- 24) report exercising significantly more often than those in other age groups. Any differences in exercise participation should be addressed in strategies of exercise promotion with a view to targeting those who are least active.

6.4 Reasons for participation

The main reasons for participation in physical activity were for good health and fitness, for enjoyment and to loose or maintain weight. This shows that some Travellers realise the health benefits of exercise. However, almost one quarter of Travellers reported that they were not motivated to exercise. These reasons for participation should be promoted when motivating Travellers to exercise, therefore promoting exercise as an enjoyable method of staying fit and healthy.

6.5 Barriers to participation

The most noted barrier to participation in physical activity in the Traveller community was discrimination. The majority of participation takes place outside of exercise facilities with less than one-quarter of Travellers using exercise facilities on a regular basis. A high proportion of Travellers felt that activities were not accessible, as they would not be allowed into facilities. Time was also a significant barrier to participation. Almost one third of Travellers felt that they did not have time to exercise. The focus group also reported that they did not have time to exercise because of domestic and child rearing duties. Barriers to participation need to be addressed in particular discrimination. Physical activity promotion should work with a focus towards eliminating discrimination and ensuring facilities are accessible to Travellers. Lack of time should also be addressed by highlighting that only 30 minutes of exercise three or more times a week is recommended to provide health benefits.

6.6 Lifestyle behaviours

In the focus group, Travellers reported that they were not well educated regarding their diet. This is also evident when looking at Traveller's nutritional intake. Traveller's consumption of the recommended amounts of fruit, vegetables and carbohydrates is much less than the general population, while their consumption of fried foods is much higher. Almost half of Travellers felt that their diet was healthy despite these results, showing little knowledge of their recommended nutritional intake.

Over half of Travellers reported smoking. This is considerably more than the general population with less than one-third smoking (Friel et al, 1999). Over three-quarters of smokers are heavy smokers, smoking 20 or more cigarettes a day. The proportion of heavy smokers in the Traveller population was almost twice that of the general population (Health Promotion Unit, 1996). Overall, smokers have a 70% greater risk of cardiovascular disease than non-smokers (Hahn et al, 1998). However, Travellers

have not linked smoking to their risk of heart disease as only 10% of smokers felt that their risk of heart disease was high. Campaigns and smoking cessation programmes should be aimed at Travellers with a view to increasing awareness of the link between smoking and heart disease. The Cardiovascular Health Strategy Group (Department of Health and Children, 1999) also recommended the need for education and support in smoking cessation.

Almost half of the Travellers surveyed drink alcohol with 21% believing their alcohol consumption to be harmful to their health. The Health Education Authority (1993) showed that the recommended sensible drinking limits for males is under 21 units of alcohol per week and under 14 units of alcohol per week for females. In excess of these limits provides increasing risk of damage to health with damage being very likely above 50 units per week for males and 35 units per week for females. Alcohol consumption and alcohol overuse were significantly more common in male Travellers. Of those who drank, one quarter of males drank over the recommended units of alcohol weekly with 4% of males drinking at extremely harmful levels. Less than half of the Travellers who drank over the recommended units felt that their drinking was harmful to their health, showing that excessive drinking was not perceived by Travellers to damage health. Campaigns should highlight the risk of damage to health caused by excessive drinking. It was also felt that drinking levels may have been underreported. Data on units of alcohol consumed is missing in a number of cases and as spouses and family were present at some of the interviews, information given may not have been accurate.

There should be better education for Travellers in relation to their lifestyle behaviours. However, Queally (2001) states that linking health and lifestyle without looking at determinants of ill health, such as environmental and social circumstances is flawed. Therefore, when developing health promotion initiatives, it is important to look at these lifestyle issues in the context of Travellers lives, taking into perspective their environment and social factors such as poverty, discrimination and social exclusion.

6.7 Limitations of the study

It was felt that lack of privacy in some of the interviews may have led to inaccurate reporting, particularly in the case of alcohol consumption as family and spouses were present. External distractions in the focus group also made data difficult to collect and to interpret afterwards. The focus group should be in an area as free from distraction as possible. The size of the study may have affected some of the statistical analysis particularly for the activity diary. Some of the statistical analysis proved to be insignificant at a level that may be significant with a larger number of participants. Difficulty in understanding the Borg intensity scale may be the reason for lack of completion of a number of the activity diaries. Despite modifications for literacy difficulties it was felt that the Borg scale may have been misinterpreted, with unfavourable activities scoring higher on the scale rather than perceived rate of exertion. For future applications of the scale, it is recommended that the scale be defined and explained clearly to participants. Despite minor difficulties, the study produced many valuable findings that will provide useful when developing health promotion initiatives targeted at the Travelling Community.

7. Conclusions and Recommendations

The findings of the study can be summarised as follows:

- €# In total, 59% of Travellers rate their health as excellent or good with 41% rating their health as poor or very poor.
- €# The majority (87%) believe exercise to be important to their health but only 43% exercise three or more times per week. Females participate more regularly in physical activity than males. Participation in physical activity also declines with age.
- €# Considerably more females spend over five hours per day on activities than males. Females worked at a higher intensity than males and also scored a higher average on the activity index than males.
- €# The main reasons for participation were for good health and fitness, for enjoyment and to lose weight.
- €# The main reasons for not participating were discrimination, not enough time, not fit or healthy enough and not interested or motivated.
- €# The most popular activities for females were walking, dancing and swimming. The most popular activities for males were walking, soccer and swimming.
- €# Exercise facilities used most in the last six months were the local community hall, the swimming pool and playing pitch/ football field. Half of Travellers never use exercise facilities.
- €# Only 26% eat the recommended fruit and vegetables servings per day and only 16% are consuming the recommended servings of carbohydrates per day. Travellers consume more fried foods per week compared to the general population.
- €# Alcohol consumption is more common in males with 67% of males drinking alcohol compared to 36% of females. A sizeable minority (15%) of alcohol drinkers reported drinking over the recommended weekly units.
- €# A total of 57% of Travellers surveyed smoke with 77% smoking ten or more per day.
- €# In total, 39% of Travellers reported suffering from stress quite often or very often. Females suffer from stress more often than males.

€# Only 15% of Travellers rated their risk of Heart Disease as very high or high with 44% stating that they did not know their risk. Only 22% of Travellers felt that they could reduce their risk of Heart disease. The main methods stated to reduce risk of Heart Disease were to exercise more, healthier diet and to stop smoking.

From these findings, a number of recommendations can be made:

1. There is a need to increase Traveller's awareness of the impact of their lifestyle behaviours on their health.
2. Health education and promotion initiatives for Travellers should emphasise that health is not completely outside of an individual's control and should highlight the measures that can be taken to reduce the risk of developing life threatening diseases.
3. Reasons for participation should be emphasised when motivating Travellers to exercise, promoting exercise as an enjoyable method of staying fit and healthy.
4. The gender imbalance should be addressed with an emphasis on encouraging more male Travellers to participate in physical activity.
5. The decline in participation with age also needs to be addressed with exercise promotion aimed at age groups with the lowest participation rates.
6. Barriers to participation need to be addressed, in particular discrimination, with an emphasis on making exercise facilities more accessible to Travellers. Lack of time should also be addressed by highlighting that health benefits can be derived from only 30 minutes of exercise a day.
7. Health promotion campaigns should be aimed at Travellers with a view to increasing awareness of the link between smoking and heart disease.
8. Health promotion campaigns should highlight the risk of damage to health caused by excessive drinking
9. When developing health promotion initiatives, lifestyle issues should be addressed in the context of Travellers lives, taking into perspective their environment and social factors such as poverty, discrimination and social exclusion.

References

- Barry J and Daly L. *The Travellers' Health Status Study, Census of the Travelling People*. The Health Research Board. 1986
- Barry J, Herity B and Solan J. *The Travellers' Health Status Study, Vital Statistics of Travelling People*. The Health Research Board. 1987
- Bedford D, O' Keefe B, Corcoran R. *Travellers and their health- A time for action*. Department of Public Health Medicine, North Eastern Health Board. 1996
- Central Statistics office. *The Demographic situation of the Traveller Community*. 1996
- Department of Health. *Annual Report of the Chief Medical Officer*. 1999
- Department of Health and Children. *Building Healthier Hearts, The report of the Cardiovascular Health Strategy Group*. 1999
- Department of Health. *The National Health Promotion Strategy*. 2000
- Friel et al. *The National Health and Lifestyle Surveys*. Health Promotion Unit and Centre for Health Promotion Studies. 1999
- Hahn, R. *Cardiovascular Disease Risk Factors and Preventive Practices Among Adults - United States*. A Behavioral Risk Factor Atlas. MMWR Surveillance Summaries, December 11/ 47 (SS-5); 35-69. 1998
- Health Education Authority in Donaldson and Donaldson. *Essential Public Health Medicine*. Kluwer Academic Publishers. 1993
- Health Promotion Unit. *A national Survey of involvement in Sport and Physical Activity*. Department of Health. 1996

Kitzinger, J. Introducing Focus Groups. *British Medical Journal*, 311 299-302.

Myers, J. *Physical Activity and Cardiovascular diseases*. IDEA Health and Fitness Source. 2000

National Centre for Chronic Disease Prevention and Health Promotion. *Physical Activity and Health*. A report of the Surgeon General. 1996

Ni Mhuircheartaigh, J. Participation in Sport and Physical Activities Among Secondary School Students. Department of Public health. Western Health Board. 1999

O' Donovan O, McKenna V, Kelleher C, McCarthy P and McCarthy D. *Health Service provision for the Travelling Community*. Centre for Health Promotion Studies, UCG. 1995

Pavee Point and the Eastern Health Board. Primary Health Care for Travellers Project. 1995

Queally, M. *Health Promotion Needs of the Travelling Community*. *Journal of Health Gain*. Vol. 5. Issue 1. 2001

Sherman et al. *Comparison of past versus recent physical activity in the prevention of premature death and coronary artery disease*. *American Heart Journal*, 138, 900-907. 1999

The Sports Council and Health Education Authority (UK). *Allied Dunbar National Fitness Survey*. 1992

Wysocki, A et al. *Rate of Perceived Exertion scales*. *Kinesiology* 356, University of Waterloo. 2001 (<http://ahsmail.uwaterloo.ca/kin356/rpe/rpe/rpe.htm>)

Appendix 1

Focus Group

The Topic Guide

Introduction

Background information

Hello, my name is Karen and this is Cathy and we are researchers with the Western Health Board. I will start by telling you a little bit about my study. I am looking at Traveller's participation in sport and exercise. The study is designed to find out how much sport and exercise Travellers do, what types of activities they participate in and the reasons that they may not participate. Today I have some key questions that I would like to ask you. I would like to hear all that you have to say on the matter so feel free to talk to each other. To ensure that everyone gets a fair chance to share their views I ask that only one person speak at a time.

Confidentiality

All of the information given here today is confidential and will not be available to anyone other than the research team

Consent for taping

We would like to get your permission to tape today's discussion to ensure that we have a complete transcript of what people have said. There is no way of tracing a comment to any individual and names will not be mentioned.

Introduction

We will start by introducing ourselves.

Introductory Question: *Please tell us your name and a little bit about what you like to do in your spare time.*

Section 1: Knowledge of their health status

Aim of Questions: To assess Travellers knowledge of their own health

General Question: *Do you feel that Travellers are as healthy as the settled population?*

Why do you think there are differences between Travellers and the settled population?

Section 2: Participation in physical activity

Aim of Questions: To identify the types of activity that Travellers participate in and any gender or cultural differences that influence participation.

General Question: *What types of exercise do you like to do these days?*

Do you think that Travellers participate in the same activities as the settled population?

Do you feel that there are differences between male and female participation?

Section 3: Knowledge of the health benefits of exercise

Aim of Questions: To assess Travellers knowledge of the relevance of physical activity to their health.

General Question: *Do you feel that regular exercise would be good for your health?*

Do you think that exercise has an important role in improving your health?

What benefits do you think exercise could have on your health?

Do you think that exercise can help to prevent illness?

Would being fit help to make your daily life easier?

How would being fit help in your daily life?

Section 4: Barriers to participation

Aim of Questions: To explore the reasons why Travellers may not participate in exercise and discuss any barriers that may prevent them from participating.

General Question: *Why do you think Travellers don't participate in sport and exercise as much as the settled population?*

Do you feel that there is enough choice of facilities and activities for you to do?

Does it matter if your friends are participating or not?

Do you feel that finding time to do any sport or activity is difficult?

Do you think free time for sport and exercise is the same for men and women?

Is access to facilities a problem for Travellers?

Ending the session

Is there anything important that you feel may have been overlooked?

What areas of the study that you feel may be especially important to Travellers?

Are there any areas in the study that you feel may not be relevant to Travellers and may need to be changed?

Thank everybody for their time and explain that these results will be very useful.

Reiterate confidentiality.

Appendix 2

SURVEY OF PARTICIPATION IN SPORT AND PHYSICAL ACTIVITY IN THE TRAVELLER COMMUNITY

DEPARTMENT OF PUBLIC HEALTH, WESTERN HEALTH BOARD

Q1 How do you rate your health
In general?
(circle one number only)
(SHOW SCALE NO 1)

Excellent	1
Good	2
Fair	3
Poor	4
Very poor	5

Q2 How fit do you think you are?
(circle one number only)
(SHOW SCALE NO 2)

Very Fit	1
Quite Fit	2
Average	3
Unfit	4
Very unfit	5

Q3 Do you do any exercise at the moment?
(circle one number only)

Yes	1	GOTOQ4
No	2	GOTOQ5

Q4 Do you think that you take enough exercise?
(circle one number only)

Yes	1
No	2
Don't know	3

How many days a week do you participate
in Sport or exercise?
(circle one number only)

Never	1
< once a week	2
1- 2 times a week	3
3-4 times a week	4
5 times + a week	5

Please give 3 main reasons why you **do** Sport or exercise?
(State no more than 3 reasons)

(GO TO Q6)

Official use

For good health	1
For enjoyment	2
To loose weight	3
Because friends participate	4
To meet others	5
For relaxation	6
To get outdoors/ fresh air	7
To fill my spare time	8
I enjoy the competition	9
Other	10

Q5 Please give 3 reasons why you **don't** participate in Sport or exercise?
(State no more than 3 reasons)

Official use

Lack of facilities in the area	1
Too expensive	2
My friends don't do it	3
Not enough time	4
Not fit or healthy enough	5
The weather is too bad	6
Too old	7
Not skilled /not sporty type	8
Discrimination	9
Not motivated	10
Other	11

Q6 How important do you feel exercise is to Your health?
(circle one number only)
(SHOW SCALE NO 3)

Very important	1
Important	2
Not very important	3
Not important at all	4
Don't Know	5

Q7 Do you smoke?

Yes	1
No	2

Official use

<10	1
10-19	2
20+	3

IF YES, How many per day? _____

Q8 Have you done any of
The following activities
In the past 6 months?

	Yes	No
Aerobics	1	2
Basketball	1	2
Boxing	1	2
Cycling	1	2
Dancing	1	2
Gaelic football	1	2
Handball	1	2
Hurling/ Camogie	1	2
Jogging/ running	1	2
Karate/ judo	1	2
Outdoor pursuits (e.g rock climbing)	1	2
Racket sports	1	2
Soccer	1	2
Swimming	1	2
Walking	1	2
Weights	1	2
Other (please specify) _____	1	2

Q9 Have you used any of the
Following facilities in the
Past 6 months to do sport
or exercise?

	Yes	No
Swimming pool	1	2
Gym/ fitness centre	1	2
Local Community hall	1	2
Playing pitch/ football field	1	2
Sports club	1	2
Other (please specify) _____	1	2

**IF YES TO ONE OR MORE
OF THE ABOVE:**

How often have you used these
Facilities in the past 6 months?

Very often	1	GOTO Q10
Often	2	
Occasionally	3	
Not Very Often	4	CONTINUE

IF NO TO ALL THE ABOVE

Never	5	CONTINUE
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Why don't you use these facilities?

Official use

Too expensive	1
My friends don't do it	2
Not enough time	3
Not fit or healthy enough	4
Too old	5
Not skilled /not sporty type	6
Discrimination	7
Not motivated	8
Other	9

Q10 Do you drink alcohol?

Yes	1	CONTINUE
No	2	GO TO Q11

Do you think that the amount you drink
Is harmful to your health:

Yes	1
No	2
Don't know	3

Q11 How many times a day do you eat?

Fruit	
Vegetables	
Bread, cereals and potatoes, pasta, rice	

Official use

4+	1	2-3	2	<2	3
6+	1	2-5	2	<2	3

Dairy- milk, cheese and yoghurt	
Meat, fish and poultry	

Official use

3 or less	1	>3	2
2 or less	1	>2	2

How many days a week do you eat?

Sugar	
Chocolate, sweets, crisps, biscuits	
Butter, cooking oils, fats	
Fries	

Official use

3 or less	1	4-6	2	7	3
3 or less	1	4-6	2	7	3
3 or less	1	4-6	2	7	3
3 or less	1	4-6	2	7	3

Q12 Do you do any of the following in
Your day?

	Yes	No
Heavy Housework	1	2
Lifting children	1	2
Climbing stairs	1	2
Any heavy lifting	1	2
Manual Labour (e.g. buildings, scrap)	1	2
Carrying shopping bags	1	2
Other (Please Specify Below)	1	2

Q13 Is your diet healthy at the moment?
(circle one number only)

Yes	1
No	2
Don't Know	3

Q14 How often do you suffer from stress?
(circle one number only)

Very often	1	CONTINUE
Quite often	2	
Occasionally	3	
Never	4	GOTO Q15
Don't know	5	

What do you do to relieve stress?

Q15 Do you think that your chance of getting Heart Disease is:
(circle one number only)

Very High	1
Fairly high	2
Average	3
Low	4
Very low/ little risk	5
Don't know	6

Q16 Do you think that you could reduce Your risk of getting Heart Disease?
(circle one number only)

Yes	1	CONTINUE
No	2	
Don't Know	3	GO TO Q17

How you could reduce your risk of Heart Disease?

Q17 **IF YES TO Q10**
How many drinks did you have last week?

Bottles of Beer:	
Pint/ glass of Beer:	
Glasses of Wine:	
Measures of spirits:	

Official use

Male		Female	
<21	1	<14	1
21-50	2	14-35	2
>50	3	>35	3

Q18 What is your age? _____ years

Official use

15- 24	1
25- 44	2
45- 64	3
65+	4

Q19 Are you:

Male	1
Female	2

Q20 We would now like to ask you about your daily activity yesterday, listing all the activities that you participated in, how long you spend at each activity and how difficult that activity was. Activities may include exercise or sports that you have participated in, time spent doing housework, walking to the shops, heavy lifting and any other activity that you do each day **(use activity diary to record activities)**

Q21 Do you have any further comments or suggestions?

THANK YOU FOR YOUR ASSISTANCE

Official use
Standard.Hse

Group Hse

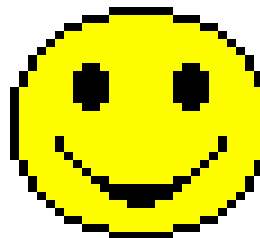
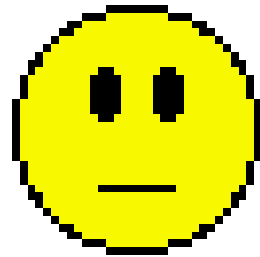
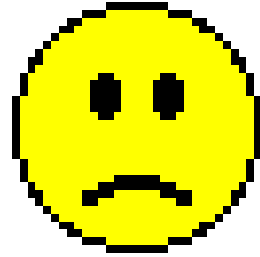
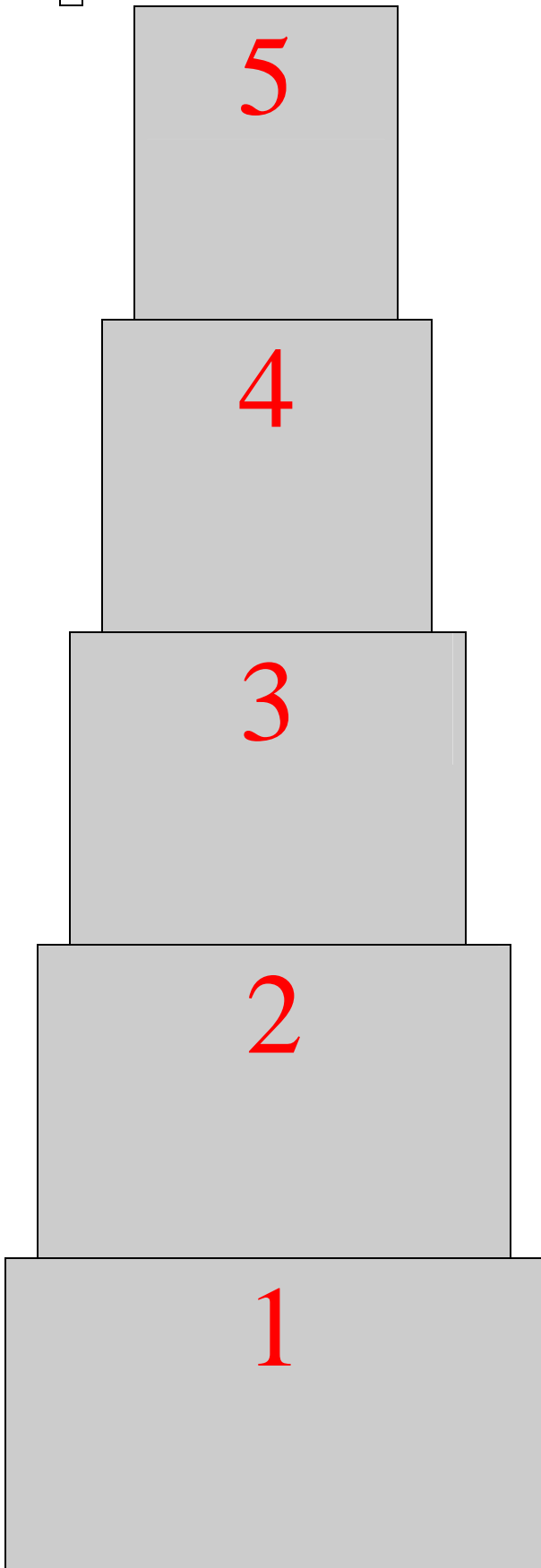
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Transient HS

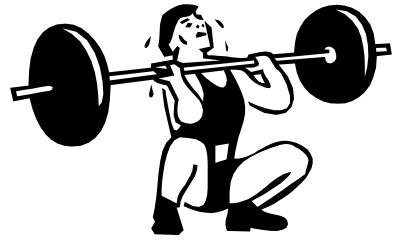
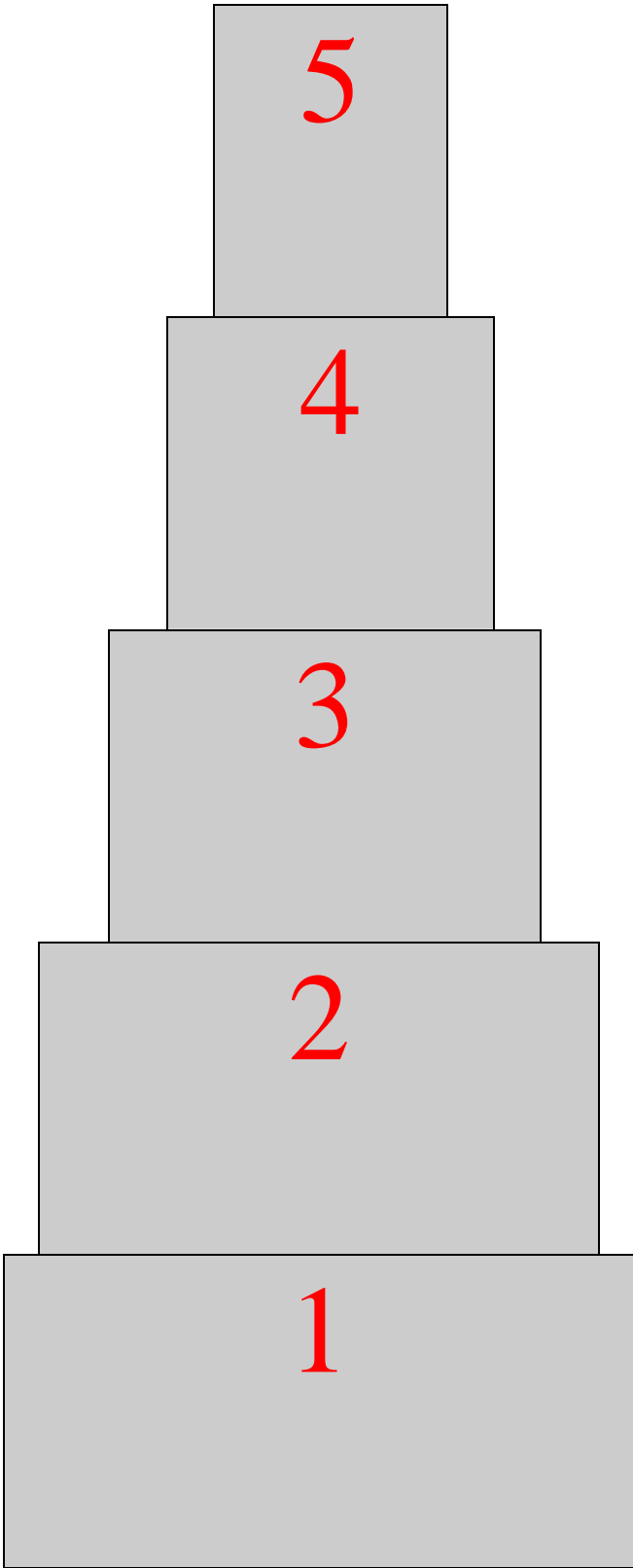
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Appendix 3

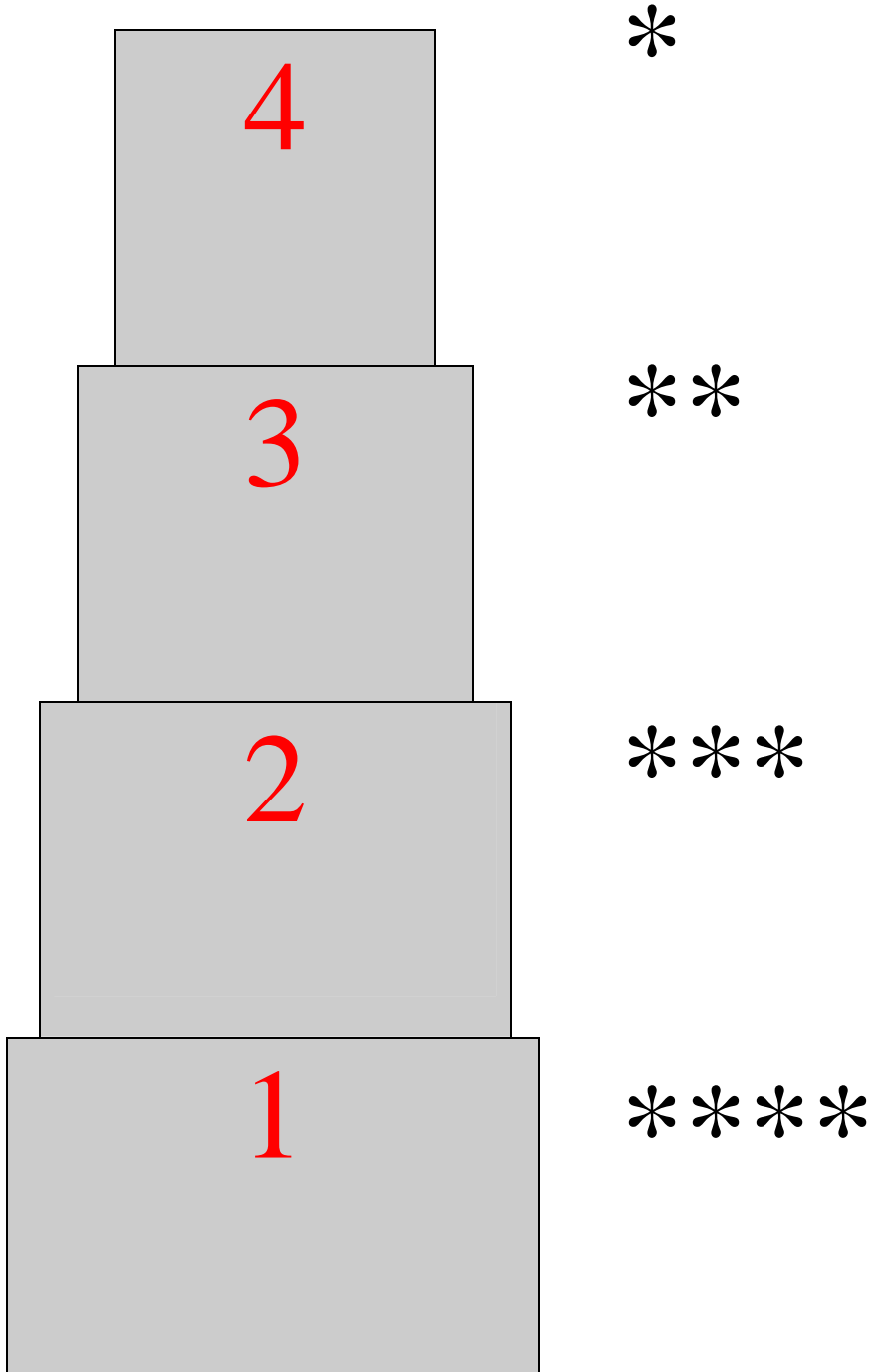
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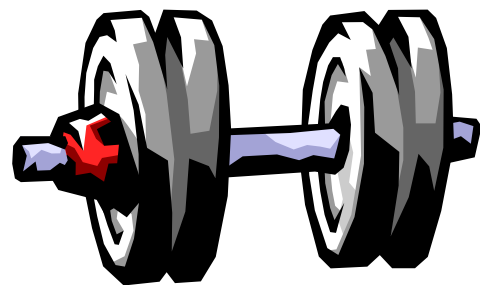
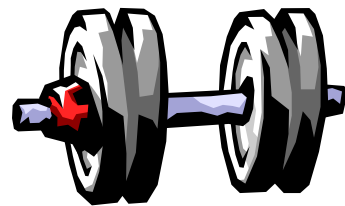
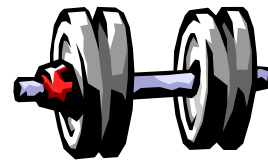
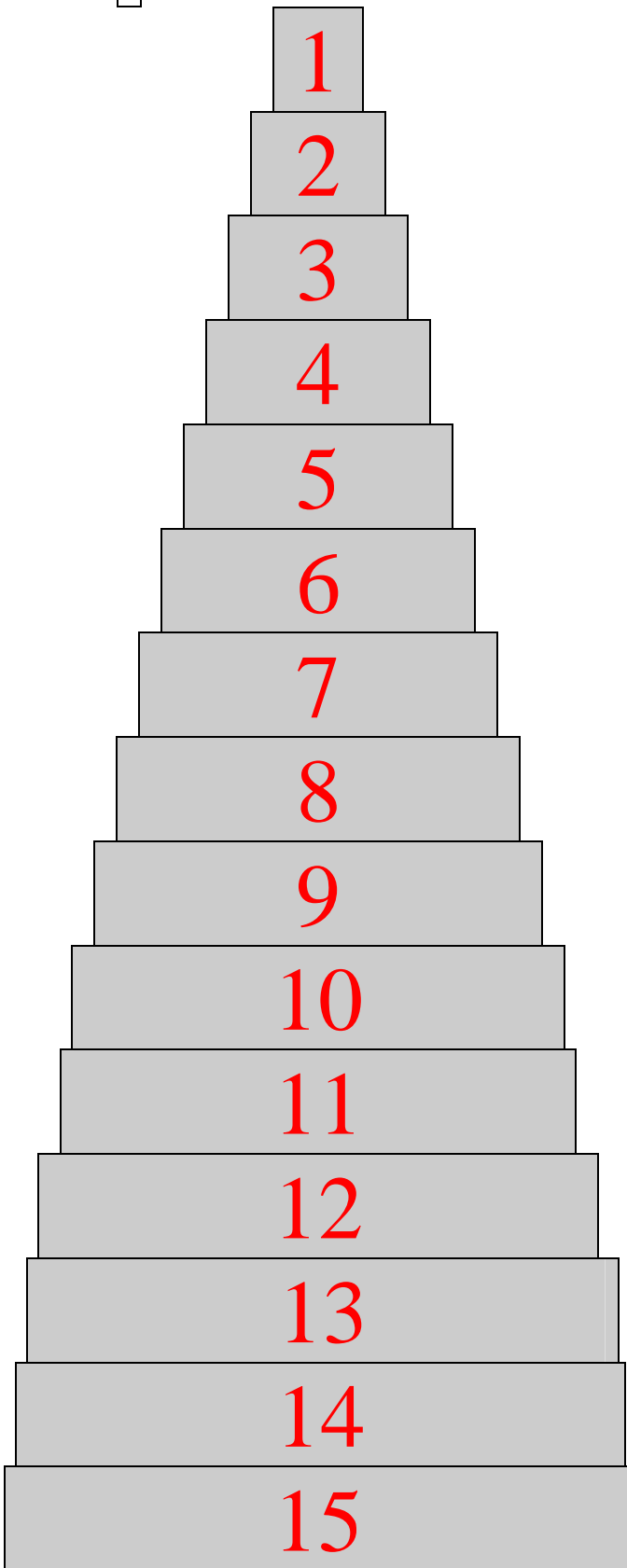
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3



4



Appendix 4

Activity Diary

Time of Day	Activities i.e. sports, exercise and daily work activities	Time spent on activity	Intensity (Scale 4)
Morning	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
Afternoon	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
Evening	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

Other Activities	
Activity	Time
Watching TV/ sitting and relaxing	
Socialising (e.g. pub, bingo)	
Visiting neighbours or friends	
Other	