



**All Ireland
Traveller Health Study**
Our Geels

**Technical Report 1:
Health Survey Findings**

All Ireland Traveller Health Study

Technical Report 1 Health Survey Findings

September 2010



All Ireland Traveller Health Study Team

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Region	Traveller Org/Project	Research Coordinators	Peer Researchers
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Region	Traveller Org/Project	Research Coordinators	Peer Researchers
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Region	Traveller Org/Project	Research Coordinators	Peer Researchers
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Region	Traveller Org/Project	Research Coordinators	Peer Researchers
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Region	Traveller Org/Project	Research Coordinators	Peer Researchers
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Region	Traveller Org/Project	Research Coordinators	Peer Researchers
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Region	Traveller Org/Project	Research Coordinators	Peer Researchers
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Region	Research Coordinators	Peer researchers
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All Public Health Nurses

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Director General of the Irish Prison Service and Governors of all prisons in the Republic of Ireland

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Note:

The previous census of Travellers took place in November 1986 (Barry and Daly, 1998) and the Component Traveller vital statistics were calculated for the calendar year following the census (Barry *et al.*, 1989). As appropriate this study is referred to in this report as the 1986 or 1987 study.

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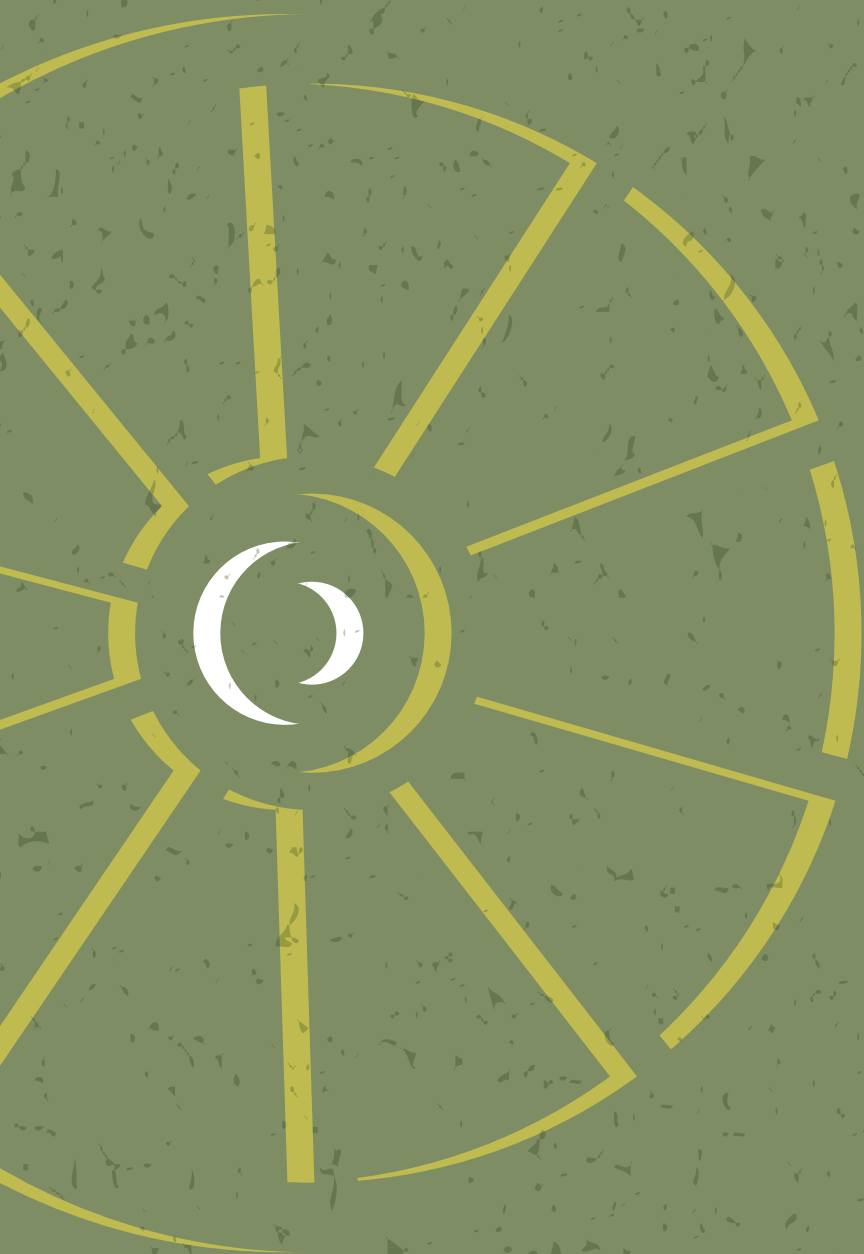
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List of Abbreviations

A&E	Accident and Emergency
AITHS	All Ireland Traveller Health Study
CCDB	City and County Development Board
CDP	Community Development Project
CHW	Community Health worker
CSO	Central Statistics Office
DOELG	Department of Environment and Local Government
DOHC	Department of Health and Children
DHSSPSNI	Department of Health, Social Services and Public Safety Northern Ireland
ELO	Environmental Liaison Officer
EHB	Eastern Health Board
ESRI	Economic and Social Research Institute
FAS	Foras Áiseanna Saothair
FRC	Family Resource Centre
GMS	General Medical Services Scheme
GP	General Practitioner
GUI	Growing up in Ireland
HBSC	Health Behaviour in School Aged Children
HIQA	Health Information and Quality Authority
HLOG	High Level Official Groups
HSE	Health Service Executive
ICGP	Irish College of General Practitioners
IPH	Institute of Public Health
IRAS	Integrated Research Application System
ISSDA	Irish Social Science Data Archive
ITM	Irish Traveller Movement
LDP	Local Development Programme
LHM	Local Health Manager
LHO	Local Health Office
LTACC	Local Traveller Accommodation Consultative Committee
NAPAR	National Action Plan against Racism
NATC	National Association of Traveller Training Centres
NHO	National Hospitals Office

NI	Northern Ireland
NISRA	Northern Ireland Statistics and Research Agency
NITN	Northern Ireland Traveller Network
NLSC	National Longitudinal Study of Childhood
NTHAC	National Traveller Health Advisory Committee
NTHAF	National Traveller Health Advisory Forum
NTHN	National Traveller Health Network
NTMAC	National Traveller Monitoring Advisory Committee
NTWF	National Traveller Women's Forum
OFM/DFM	Office of the First Minister and the Deputy First Minister
ORECNI	Office for Research Ethics Committee Northern Ireland
PCCC	Primary Community and Continuing Care
PHC	Primary Health care
PHCP	Primary Health Care Project
PHCTP	Primary Health Care Traveller Programme
PHN	Public Health Nurse
PSI	Promoting Social Inclusion
RGN	Registered General Nurse
ROI	Republic of Ireland
SC	Social Class
SLAN	Survey of Lifestyle, Attitudes and Nutrition
SW LA	Social Worker Local Authority
TCHW	Traveller Community Health Workers
THN	Traveller Health Network
THU	Traveller Health Unit
TRHN	Traveller Regional Health Network
TSG	Technical Steering Group
TTC	Traveller Training Centres
UCD	University College Dublin
VTTP	Visiting Teacher Traveller Programme

Background to the All Ireland Traveller Health Study



Introduction

The All Ireland Traveller Health Study (AITHS) is the first study of Traveller health status and health needs that involves all Travellers living on the island of Ireland, North and South. It arose from a recommendation in the Department of Health and Children's National Traveller Health Strategy – 2002-2005 (Department of Health and Children, 2002): *'A Traveller Needs Assessment and Health Status Study to be carried out to develop and extend the indicators collected in the last survey of Travellers' Health Status (HRB, 1987) and to inform appropriate actions in the area of Travellers' Health.'*

Following the publication of the National Traveller Health Strategy, the Institute of Public Health (IPH) was commissioned by the Department of Health and Children in the Republic of Ireland (ROI), and supported by Pavee Point, a National Traveller Organisation in ROI, to undertake a comprehensive consultation process throughout Ireland to ascertain the views of Travellers, Traveller organisations, the HSE and health personnel in relation to the scope and conduct of the AITHS. This consultation involved over 600 people throughout the regions and was completed in December 2003 with a national conference (McMahon, 2003).

The IPH then submitted a report to the Department of Health and Children, which was developed into a scoping document for an All Ireland Traveller Health Study (AITHS) and was put out to tender. The AITHS is jointly funded by the Department of Health and Children (DOHC) of Republic of Ireland and the Department of Health, Social Services and Public Safety of Northern Ireland (DHSSPSNI), with fieldwork funding support by the HSE and FAS.

In June 2007 the School of Public Health and Population Science, University College Dublin, was awarded the contract for the AITHS. The study team worked in collaboration with the HSE and Travellers and Traveller organisations throughout the island of Ireland to conduct this research.

Launch of Study

The All Ireland Traveller Health Study was launched formally by the Minister for Health, Mary Harney T.D. on 10th July, 2007 and was attended by statutory and voluntary Traveller organisations from throughout the island of Ireland. It was by then 20 years since Traveller health had been last examined in ROI by the Health Research Board (Barry and Daly, 1988; Barry *et al.*, 1989). Those findings highlighted that Travellers of all ages have much higher mortality rates than the general population, with differentials in life expectancy averaging 11 years less than the general population.

Minister Harney stated at the launch in 2007:

'...Traveller Health is a priority area and considerable work has been undertaken, in consultation with the interest groups, in commissioning this study. The purpose of the Study is to examine the health status of Travellers, to assess the impact of the health services currently being provided and to identify the factors which influence mortality and health status. It will provide a framework for policy development and practice in relation to Travellers.'

Study Aims and Principles

Study Aims

- To count the number of Travellers living on the island of Ireland
- To document fertility rates, the number of births (prospectively) and deaths (retrospectively) of Travellers over a period of one year on the island of Ireland
- To follow a birth cohort of Traveller infants over a period of 1 year prospectively documenting outcomes, and uptake of services including vaccinations
- To document the health status of Travellers living on the island of Ireland
- To determine the factors influencing the health status of Travellers and their access to social and health services currently available/utilised by Travellers on the island of Ireland
- To document qualitatively the attitudes/perceptions of Irish Travellers to health services

Study Principles

During the consultation process for the AITHS a number of principles were proposed that were to guide all stages of the study. These were endorsed by the study team tender to form the rationale and basis for the study:

- Key local, regional and national Traveller policies, strategies and programmes
- A holistic model of health and a broad view of the factors that affect and impact on Traveller health. These factors include education, accommodation, the experience of racism and discrimination, health and social services and lifestyles
- Principles of equality, human rights, social inclusion, anti-racist, anti-sexist, anti-discriminatory and anti-poverty values
- Respect for Traveller values, beliefs and perceptions as well as other parts of Traveller culture including nomadism
- Training and resourcing to ensure that Travellers and Traveller organisations build their research capacity to participate fully in all stages of the study
- Support to ensure participation of relevant health and social service providers in all relevant stages of the study
- Confidentiality for all participants, with proper procedures that adhere to data protection legislation and established frameworks for research ethics
- Appropriate qualitative and quantitative methods to collect, analyse and interpret data
- Linkages to ongoing international research with ethnic minorities

Rationale for the Study

Process

The study accordingly adopted a holistic approach to health, using a social-determinants model that acknowledges the broader impact of social, economic, environmental and political policy on health (Figure 1) (Dahlgren and Whitehead, 1991). This strategy is in keeping with public policy on health in the Republic of Ireland dating back to 1986 when *Health: the Wider Dimensions* (Department of Health, 1986) was published. Successive strategies in the 2 decades since then for health promotion, disease prevention and provision of care have emphasised the importance of contextualising health experiences of groups and individuals and facilitating health choices. This led to the adoption in *Quality and Fairness, a Health System for You* (Department of Health and Children, 2001) of a focus on social inclusion, at policy and delivery level. The Traveller community presents a particular challenge, exemplifying as it does an identifiable group in Irish society with complex health needs and service delivery challenges.

The international literature on health inequalities increasingly acknowledges the need to take account of both material factors such as access to education, housing and other amenities and so called psychosocial factors that can work either positively or negatively at the level of individuals or groups, such as social support, networks or engagement (Mackenbach *et al.*, 2008; Berkman and Kawachi, 2000; National Economic and Social Forum, 2003). Successful health choices, whether in lifestyle or access to care, are contingent on empowerment, a fundamental principle of the *Ottawa Charter for Health Promotion* (WHO, 1986). It is increasingly clear also that a life-course perspective is essential to the understanding of how groups or individuals maintain wellness, or conversely, develop ultimately disease-specific outcomes.

In 2007 the findings of the 7-year Health Research Board (HRB) of Ireland-funded Unit for Health Status and Health Gain were published (Kelleher, 2007). The outcome of this work programme corroborated that of others in Ireland, including the Institute of Public Health (Balanda and Wilde, 2001), that there is significant health inequality in Ireland, whether measured across social groups or in pockets or areas of disadvantage. Health is strongly socially patterned in Ireland as elsewhere and health policy requires cross-sectoral initiatives led by, but not confined to, the formal health sector (Middleton, 2001).

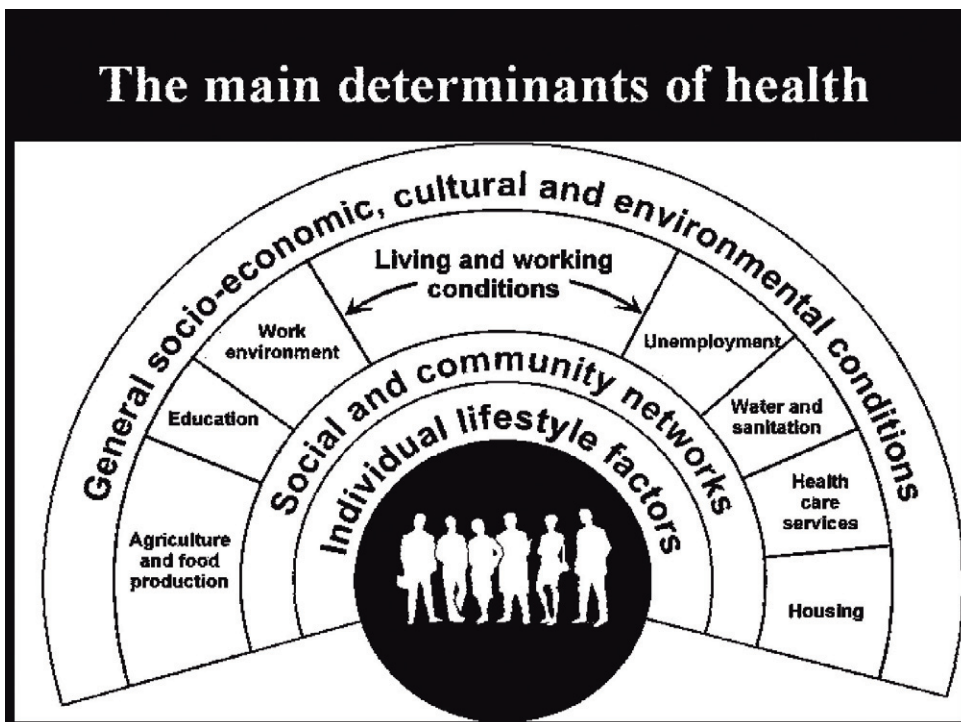
Approach

As with models of health inequalities and disadvantage generally, the burden of health problems experienced by Travellers is arguably strongly attributable to social conditions and educational and cultural opportunity and engagement (Quirke, 2006). The study approach also acknowledges the considerable influence that psychosocial factors potentially of specific relevance to Travellers, such as discrimination, can have on health outcomes (Krieger *et al.*, 2005). Health policies overly dominated by disease-focused and reductionist solutions that operate at the level of the individual without a wider appreciation of social determinants are unlikely to be successful (Bradley and Corwyn, 2002; Marmot *et al.*, 2008).

The key health issues identified for Travellers during the consultation process were as follows:

- Environment and poor living conditions.
- Issues related to equality of access to, participation in, and outcome of service provision.
- Right of Travellers to appropriate access to services based on culture and way of life.
- Lifestyle issues.
- Lack of culturally appropriate provision.
- Lack of data on Traveller health and health needs.
- Lack of recognition of Traveller culture and identity.
- Individual and institutional level racism.
- Social exclusion.

Figure 1: Social Determinants Approach



Source: Dahlgren and Whitehead, 1991

Irish Travellers

Irish Travellers are a small indigenous minority group that has been part of Irish society for centuries. They have a value system, language, customs and traditions, which make them an identifiable group both to themselves and to others. Their distinctive lifestyle and culture, based on a nomadic tradition, sets them apart from the general population.

The Equal Status Act (Government of Ireland, 2002) defined the Traveller Community as follows: *'Traveller community means the community of people who are commonly called Travellers and who are identified (both by themselves and others) as people with a shared history, culture and traditions, including historically, a nomadic way of life on the island of Ireland.'*

This is the same definition as the Race Relations Order in Northern Ireland (UK Parliament, 1997)

Traveller separateness, partly by choice, enables them to retain their identity as an ethnic group, often in the face of opposition and pressure to conform to general societal norms (Ní Shuinear, 1994). Their experience of low social status and exclusion, which can prevent them from participating as equals in society, is often aggravated by hostility and misconceptions of people towards them (Helleiner, 2000). Yet there are many positive aspects to Traveller life, not generally appreciated by the wider population. Some of these characteristics are in keeping with the so-called social capital literature, which advocates the positive health benefits of social supports and networks, family ties and kinship, community participation and cross-generational respect, all hallmarks of traditional Traveller communities (Gmelch and Gmelch, 1976).

The challenge in devising a research instrument for this study was to capture the complex whole that is the modern Traveller community, both the positive and negative aspects, and to compare and contrast that experience with the general population.

Traveller Population

According to the 2006 Census (Central Statistics Office, 2007a) there were just over 22,000 Travellers living in the Republic of Ireland (Central Statistics Office, 2007b) and 1,770 in Northern Ireland (Census for NI, 2001). It is accepted that this is a count of ascertained Travellers only (Kobayashi, 2005). It does exemplify an important demographic characteristic of the Traveller population however; the low number of Travellers in the middle and older age groups, compared with the general Irish population pyramid (Figures 2 and 3).

Figure 2: Population Pyramid by Age and Sex (Central Statistics Office, 2007a)

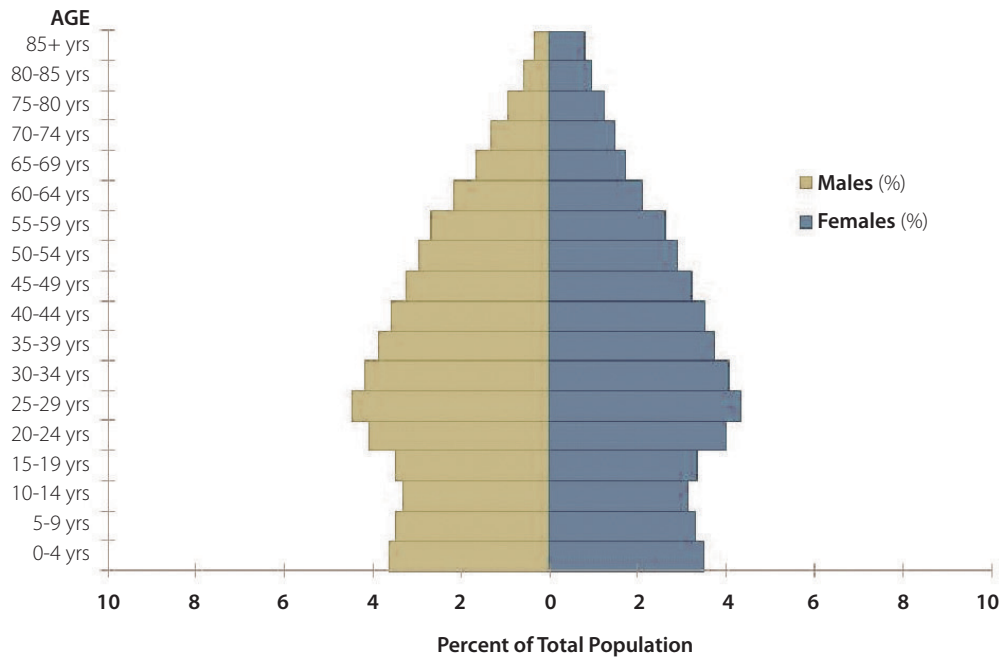
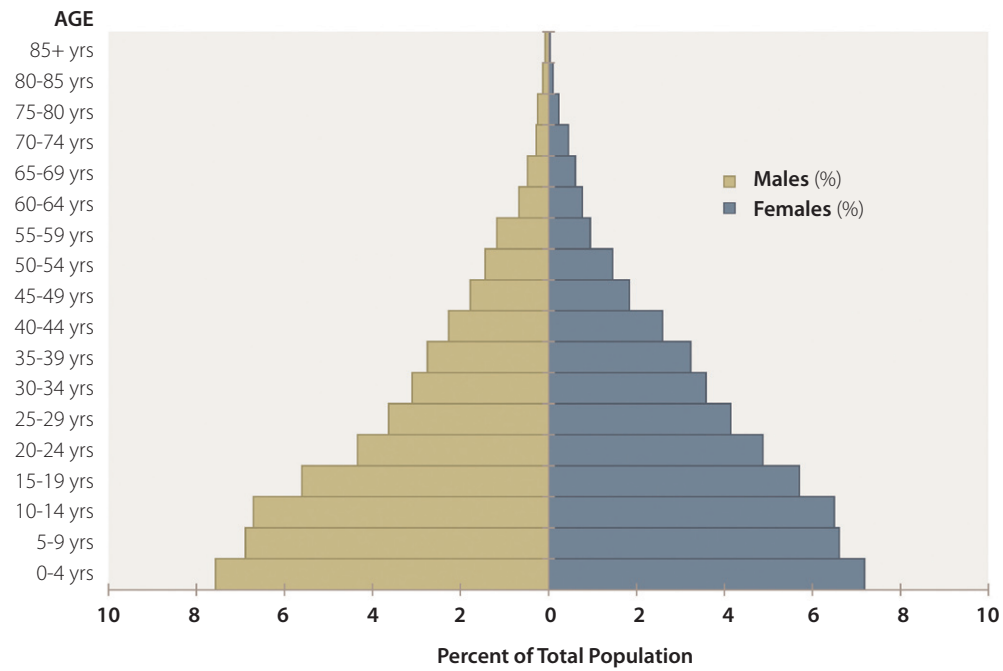


Figure 3: Traveller Population Pyramid by Age and Sex (Central Statistics Office, 2007b)



All Ireland Traveller Health Study

These population pyramids illustrate a very different profile for the Traveller population than the general Irish population. Whilst the general population pyramid is increasingly typical of Westernised developed countries, with relatively large numbers of middle-aged people and increasing numbers of old people, the Traveller population is more reminiscent of a pyramid of a developing country, characterised by high fertility and premature mortality. The 2006 census also published a detailed profile of non-Irish national persons living in Ireland (Central Statistics Office, 2007c). In contrast with Travellers, these pyramids emphasised patterns classically associated with immigration, with large numbers of young people, particularly males. One challenge in the All Ireland Traveller Health Study was to undertake as accurate a census as possible with the highest level of ascertainment to update the information available from 1987 and to conduct also a vital statistics exercise that gave as accurate as possible a picture of prevailing fertility and mortality patterns.

Review of the Policy Contexts Framing the All Ireland Traveller Health Study

The following section describes some important policy statements regarding Traveller health and well being, by the domains of accommodation and living conditions, education and literacy, income adequacy, cultural and ethnic identity, and lifestyle and health choices. A number of studies relating to the Traveller group are also commented upon, as well as policy statements that relate to overall Traveller status and wellbeing.

Accommodation and Living Conditions Provision of Traveller-Specific Accommodation

A number of policy developments have been undertaken in the area of Traveller accommodation since 1995, such as the establishment of Local and National Traveller Accommodation Consultative Committees (NTACC) and the Traveller Accommodation Unit in the Department of the Environment (National Traveller Accommodation Consultative Committee, 2008).

The issue of Traveller accommodation has long been contentious (MacLoughlin, 1995). The Traveller accommodation crisis has been highlighted repeatedly in Government and other reports over the years. Five-year local Traveller accommodation programmes were developed in response to the Housing (Traveller Accommodation) Act (1998), but many Local Authorities failed to adopt or implement these programmes (Coates *et al.*, 2008). The Act provides for consultation mechanisms with Travellers and Traveller organisations at national and local levels and provides local authorities with increased powers of eviction from unauthorised Traveller encampments. It established the NTACC on a statutory basis. The main reason given for non-implementation of these plans is objections by local residents to the development of Traveller sites in their area (Department of Justice, Equality and Law Reform, 2005).

As stated above, NTACC was established under the Housing (Traveller Accommodation) Act, 1998. The principal function of the Committee is to advise the Minister in relation to matters concerning accommodation for Travellers.

In 2004 NTACC conducted a review of the operation of the Housing (Traveller Accommodation) Act, 1998 which stated that NTACC provides a useful structure for consultation and debate on Traveller accommodation and related issues and that the opportunity for Government Departmental officials, local authority members and officials, Traveller representatives, and other experts in Traveller issues to discuss and advise the Minister on matters regarding Traveller accommodation was significant.

NTACC has no specific powers to influence implementation of Traveller Accommodation Plans as it acts in an advisory only capacity to the Minister. The reconvened NTACC is currently examining the issue of Traveller participation in Local Traveller Accommodation Consultative Committees. It should be noted that during the review of the 1998 Act the proposal for a specific Traveller Accommodation Agency was put forward by Traveller organisations to address the weaknesses in the effectiveness of the NTACC. However, this proposal has not been adopted.

The Local Traveller Accommodation Consultative Committees (LTACC) were established under Sections 21 and 22 of the Housing (Traveller Accommodation) Act 1998. The local authorities appoint these local committees to advise on the provision and management of accommodation for Travellers. The Local Traveller Accommodation Consultative Committees are made up of members of the appointing local authority, officials of the local authority, representatives of local Travellers and Traveller bodies and one member from each relevant housing authority within the administrative county council, where the Local Traveller Accommodation Consultative Committee has been appointed by the council of a county.

The European Commission against Racism and Intolerance (2001) stated in its second report on Ireland: *'One of the main barriers to improvement of the situation as regards accommodation is reported to be the unwillingness of local authorities to provide accommodation and resistance and hostility among local communities to planned developments, often resulting in injunctions and court cases. In this respect, it has been commented that the fact that no sanctions are provided for in the Housing (Traveller Accommodation) Act against authorities who do not take measures to provide accommodation for Travellers may weaken its effectiveness.'*

In the 2008 the NTACC annual report estimated that 38% of Travellers were living in standard housing; 18% in private rented accommodation, 5% in private housing, 4% in shared housing, 6% in housing of their own resources, 8% in group housing, 1% in social housing, 13% in halting sites, and 7% on unauthorised sites (National Traveller Accommodation Consultative Committee, 2008)

In 1999 the New Policy on Accommodation for Travellers was produced (Office of the First Minister and the Deputy First Minister, 1999). In it the Department of the Environment proposed one strategic agency to deal with Traveller accommodation and agreed that that agency should be the Northern Ireland Housing Executive. The Department recommends responsibility for transient halting sites remains with the relevant District Councils. The target for accommodation in the Promoting Social Inclusion (PSI) 2002 policy is to develop appropriate permanent accommodation that meets the special needs of Travellers (Office of the First Minister and the Deputy First Minister, 2002).

All Ireland Traveller Health Study

In Northern Ireland 42% of Travellers live in social housing, 21% live on serviced sites, 9% live in privately rented housing, 6% live in privately owned housing, and 5% live in grouped accommodation. A further 5% live in cooperated sites, 5% in transit sites and 7% on unauthorised sites (Northern Ireland Housing Executive, 2008).

Education and Literacy

Traveller organisations have for many years expressed concerns regarding Traveller education in terms of equality of outcomes, data collection, and lack of interculturalism in the curriculum. The 1995 Task Force Report on the Travelling Community made 167 recommendations in the field of Traveller education - more than half of the total number of recommendations in the report (Report of the Task Force on the Travelling Community, 1995). This reflected the massive need for change in the provisions that existed.

Traveller educational status has been recorded repeatedly as considerably lower than that of their general peers, to an extent unmatched by any other community in Irish society. The 2006 census (Central Statistics Office, 2007c) revealed that 63.2% of Traveller children under the age of 15 had left school, compared to 13.3% nationally. Participation of Travellers in higher education was 0.8% (8 in 1,000). This compares to 30.2% (302 in a 1,000) of the national population. There are many possible explanations for this continued inequity. Advocates argue that it is difficult for Travellers to see the positive outcomes in staying on in mainstream education as many Travellers experience discrimination in trying to obtain employment (Danaher *et al.*, 2009).

There is a transgenerational issue, well established in the economics of education literature (Heckman, 1974; Harmon and Walker 1995). When parents have poor literacy, they then are not able to read or interpret the child's educational material or such literature as health instructions for taking medication. School policy must meet the challenges of attendance at school and assessment of children's skills and abilities with allocation to the appropriate class situation. All too often in the past separate or even segregated teaching of Traveller children occurred and assumptions about intellectual capability were coloured by the child's membership of the Traveller community. To address such factors the 'Report and Recommendations for a Traveller Education Strategy' was published in 2006, and proposed a 5-year strategy to examine Traveller Education including education in preschool and the early years, primary, post-primary, further and adult education and third-level education. The primary goal of the strategy is to achieve equality for Travellers in education, in terms of access, participation and outcomes (Department of Education, 2006).

The 'Report and Recommendations for a Traveller Education Strategy'

- examines existing provisions and supports for Travellers in education at all levels from preschool to higher education
- identifies objectives for Traveller education, sets out plans of action, with suggested time scales
- makes recommendations in relation to optimising or reallocating existing resources
- sets out expected outcomes
- addresses all aspects of Traveller education taking a holistic lifelong learning perspective from preschool provision to adult and continuing education.

The general recommendations of the report include a focus on the need to meaningfully engage with parents of Traveller children, in particular through community development and relationship building with educational providers. Inclusionary education strategies within preschool, primary and post-primary educational settings were viewed as essential in allowing Traveller children to fully enjoy their right to education. Further, recommendations included an emphasis on equality, inter-agency support and adequate funding of specialised assistance programmes. Within third-level education, the Strategy emphasised the need for alternative entry routes, support and mentoring of those Travellers entering third-level education.

In Northern Ireland, data from Connolly and Keenan (2002) suggest that

- 18% of Traveller children access preschool or nursery compared to 58% of the general population.
- 59% of Travellers aged between 16 and 24 years leave school with no qualifications, compared to 17% of this age group in the general NI population.
- 92% of Travellers have no GCSEs or higher qualifications.

Income Adequacy

The Department of Environment Northern Ireland Census 2001, counted 1,710 Travellers in Northern Ireland. Features of multiple disadvantages experienced by Travellers included long-term unemployment - only 11% are in paid employment whilst 70% who are economically active have had no paid work in the last 10 years. In Northern Ireland 89% were unemployed compared to 4% for the general population (Department of the Environment, 2001). In the 2006 census in the Republic of Ireland (Central Statistics Office, 2007c) the unemployment rate for Travellers was 75% compared to 9% for the general population.

Research into the economic activities of Traveller culture identifies an emphasis on income generation rather than wage employment. However with increasing regulation and enforcement in work areas associated with Travellers (e.g. recycling, waste disposal, horse trading) opportunities for self-employment have become more difficult to find. Barriers to Travellers accessing the labour market include educational standard, lack of role models and discrimination. The majority of Travellers are unemployed and are dependent on social welfare payments. This often results in families living in poverty trying to cope with the increasing costs of basic services, as well as the struggle to feed and clothe large families (Report of the Task Force on the Travelling Community, 1995).

The Report of the Task Force on the Travelling Community stated that it was important that the full range of employment and training options are open to Travellers and that institutional or discriminatory obstacles are removed. The links between Traveller cultural identity and traditional employment types were recognised. In order to fully exploit these links, a need has been identified to take account of traditional structural characteristics of Traveller economic activity in implementing culturally reinforcing employment policies. This involves a community development model that establishes a 'logic of empowerment' which aims 'to help remove shame of self or the will to hide one's differences when they are compared to the 'norm' or majority'.

The Committee to Monitor the Implementation of the Recommendations of the Task Force on the Travelling Community found shortcomings in implementation and disparities *'between the objectives of the Task Force and the opportunities offered by a range of State sectors'*. The main recommendations of the Task Force Report addressed the effective organisation of trading activities, the development of recycling and waste management strategies, the development of strategies to increase participation by Travellers in mainstream employment and training/ employment schemes. FÁS accepted the Task Force Report and Travellers are now included on a range of programmes.

Lots of local initiatives and models of good practice have been developed but have not been mainstreamed. The THU in the Eastern region commissioned work and published a report on developing a 'toolkit' for employment of Travellers. The report, entitled 'Toolkit and Guidelines for the Employment of Travellers in the Health Service Executive' (Traveller Health Unit, 2007), gives an overview of some of the barriers and enablers to training and employment for Travellers.

Factors identified that result in a low level of participation in the labour market by Travellers:

- A lack of recognition of Traveller culture.
- A lack of outreach or specific efforts to recruit Travellers, and poor tailoring of recruitment documentation to meet the needs of Travellers.
- A lack of additional support for Travellers, for example, childcare supports.
- A lack of progression options as a result of participating on (particularly) labour market programmes.
- Loss, or fear of loss, of welfare and secondary benefits.

Enablers to training and employment

Labour market research on participation of Travellers also identifies good practice for overcoming barriers and low participation rates. They must be considered at all stages of the recruitment process, from planning to delivery, and they include:

- Adopting an inter-agency approach, including engagement with Traveller representative organisations.
- Availability of additional supports to Travellers throughout the recruitment process.
- The availability of dedicated staff to build relationships and support Travellers: mentoring and high support is seen as particularly important.
- An outreach approach, and engagement with local Traveller organisations in attracting Travellers to programmes.
- Flexibility and innovation in delivery of programmes.
- Finally, the importance of Travellers who have participated on programmes and in the workplace as role models is seen as very important, both in the workplace and also amongst the Traveller community as a whole.

The public policy context has acknowledged the need for Traveller inclusion in the labour market, and has specifically identified this need in respect of the public sector, highlighting a leadership role that the sector has to play in this regard. Positive action measures are consistent with Employment Equality and Equal Status legislation, and Travellers are specifically mentioned as one of the groups for whom positive action can be undertaken. Key policy and national agreements also have a consistent emphasis on lifelong learning in the workplace in particular for low skilled and low paid workers.

Recognition of Traveller Cultural and Ethnic Identity

Travellers are officially recognised as a minority ethnic group in both Northern Ireland and Great Britain (UK Parliament Race Relations Order, 1997). Travellers are considered as a minority ethnic group by many specialised and expert equality and anti racism organisations, by many academics, and by all of the main Traveller representative groups in Ireland, North and South (Equality Authority, 2006; Human Rights Commission, 2004; McDonagh, 2002). Whilst the Irish Government does not assign this specific status, Travellers are however recognised as having distinct grounds for protection under Ireland's anti-discrimination laws (Employment Equality Act, 1998 and the Equal Status Act, 2002). For example, the National Traveller Health Strategy (DOHC, 2002) recognises Travellers as *'a distinct minority with their own culture and beliefs and most importantly that they have a right to have their culture recognised in the planning and the provision of services.'*

The United Nations Committee on the Elimination of Racial Discrimination (United Nations Committee on the Elimination of Racial Discrimination, CERD, 2005) concluded:

'Recalling its General Recommendation VIII on the principle of self-identification, the Committee expresses concern at the State party's position with regard to the recognition of Travellers as an ethnic group. The Committee is of the view that the recognition of Travellers as an ethnic group has important implications under the Convention (Articles 1 and 5).'

The Irish National Committee for the 1997 European Year Against Racism highlighted that *'one of the more visible forms of racism is that experienced by the Traveller community, based on their distinct culture and identity which is rooted in a tradition of nomadism.'*

The Task Force placed particular emphasis on this issue by devoting a chapter to discrimination and in the health chapter, they acknowledged that the context of constant discrimination that the lives of Travellers are exposed to has a health impact and has relevance for health provision (Report of the Task Force on the Travelling Community, 1995).

Lifestyle and Health Choices

It is well recognised that there is a social gradient to health behaviour and this can in itself present an inequity if health promotion policies do not take this into account (Ridde *et al.*, 2007; Kelleher, 2007; Lynch *et al.*, 1997). Repeated health surveys illustrate that adverse lifestyle, including smoking, alcohol consumption and unhealthy diet are strongly socially patterned (Kelleher *et al.*, 2003; Morgan *et al.*,

2007) and the challenge is to understand what motivates those health choices and how supportive positive changes can be made. Knowledge, skills and education are all important determinants, but so are factors such as amenities, income adequacy and ease of choice. *'Making the healthier choice the easier choice'* is a fundamental aspect of Health Promotion Strategy in Republic of Ireland (Department of Health, 2000). In areas such as diet, cultural practice and traditions are important, as well as access to affordable, adequate food (Hodgins *et al.*, 2006). Lifestyle can also be a signal as well as a symptom of ill-health. In the context of Travellers it is necessary to understand traditions, practice and cultural norms when investigating lifestyle behaviours. The influence on disadvantaged groups of availability of drugs and other recreational substances and the compounding complexity of exposure of Travellers to adverse social scenarios in disadvantaged situations such as prisons all have to be taken into account (Hannon *et al.*, 2007; Fountain, 2006).

Brief History of Traveller Health Surveys in the Past

The 1963 Commission on Itinerancy Report

The Commission on Itinerancy Report (Commission on Itinerancy, 1963) was the first formal initiative to address Traveller health. The terms of reference of the Commission as set out were:

'To enquire into the problem arising from the presence in the country of itinerants in considerable numbers; to examine the economic, educational, health and social problems inherent in their way of life.'

The starting point for the Commission therefore was that *'itinerancy'* was a problem, and it was part of mainstream thinking at the time that solutions included rehabilitation, settlement and assimilation into the general population. The Commission's Report comments on the social and ethical behaviour of Travellers and their tendency to keep aloof from the majority population. There was no explicit acknowledgement or examination of issues such as discrimination towards Travellers.

In chapter VII of its report the Commission examined various aspects of the health of Travellers, such as medical requirements, adult, infant and child health, family size, conditions at birth, hygiene, food supply, clothing and age structure and life expectancy. Two health issues that gave them particular and appropriate concern were the high infant mortality rate (IMR) and the low life expectancy of the Travelling community in comparison to the national average.

The Report of the Travelling People Review Body (1983)

The Report of the Travelling People Review Body (Travelling People Review Body, 1983) was asked to examine *'the needs of Travellers who wish to continue a nomadic way of life'* and *'how barriers of mistrust between the settled and Travelling communities can be broken down and mutual respect for each others' way of life increased'*. It was thought that *'the extent to which they (Travellers) will integrate into the settled community will depend on individual decisions by them and not on decisions made by Travellers as a whole or any grouping of them.'*

The review body also considered the issues of Traveller health and as with the earlier report, noted that life expectancy for Travellers appeared to be considerably shorter than for the population as a whole. It was noted that Traveller families were larger than the national average and that the age profile was exceptionally young. It recommended *'the regular and systematic collection of data on the health status of Irish Travellers'*.

The Travellers' Health Status Study 1986 & 1987

The publication of the 'Travellers' Health Status Study - Census of Travelling People 1986' (Barry and Daly, 1988) and 'The Travellers' Health Status Study - Vital Statistics of the Travelling People 1987' (Barry *et al.*, 1989) gave rise to considerable concern about the health status of the Traveller community. The main findings reported at that time were:

- Traveller fertility rate. The fertility rate of Travellers in 1987 was 34.9 per 1,000 - more than double the national average and the highest in the European Union.
- Health of the Traveller mother and baby. Travellers had more than double the national rate of stillbirths, and the IMR was three times higher than the national rate.
- Traveller mortality. Traveller men lived on average 10 years less than settled men, and Traveller women lived on average 12 years less than their settled peers. Travellers were only then reaching the life expectancy that settled people had reached in the 1940s, and Travellers of all ages had very high mortality rates compared to the general Irish population.
- Traveller Health. Travellers had higher rates of morbidity than the general Irish population. The Report of the Task Force on the Travelling Community (1995) presents a comprehensive range of strategies to address the situation of the Travelling community. Such as the following general recommendations:
 - That the distinct culture and identity of the Traveller community be recognised and taken into account
 - Provision of increased resources to Traveller organisations
 - Promoted a partnership approach to working with Travellers

The 1995 Task Force Report

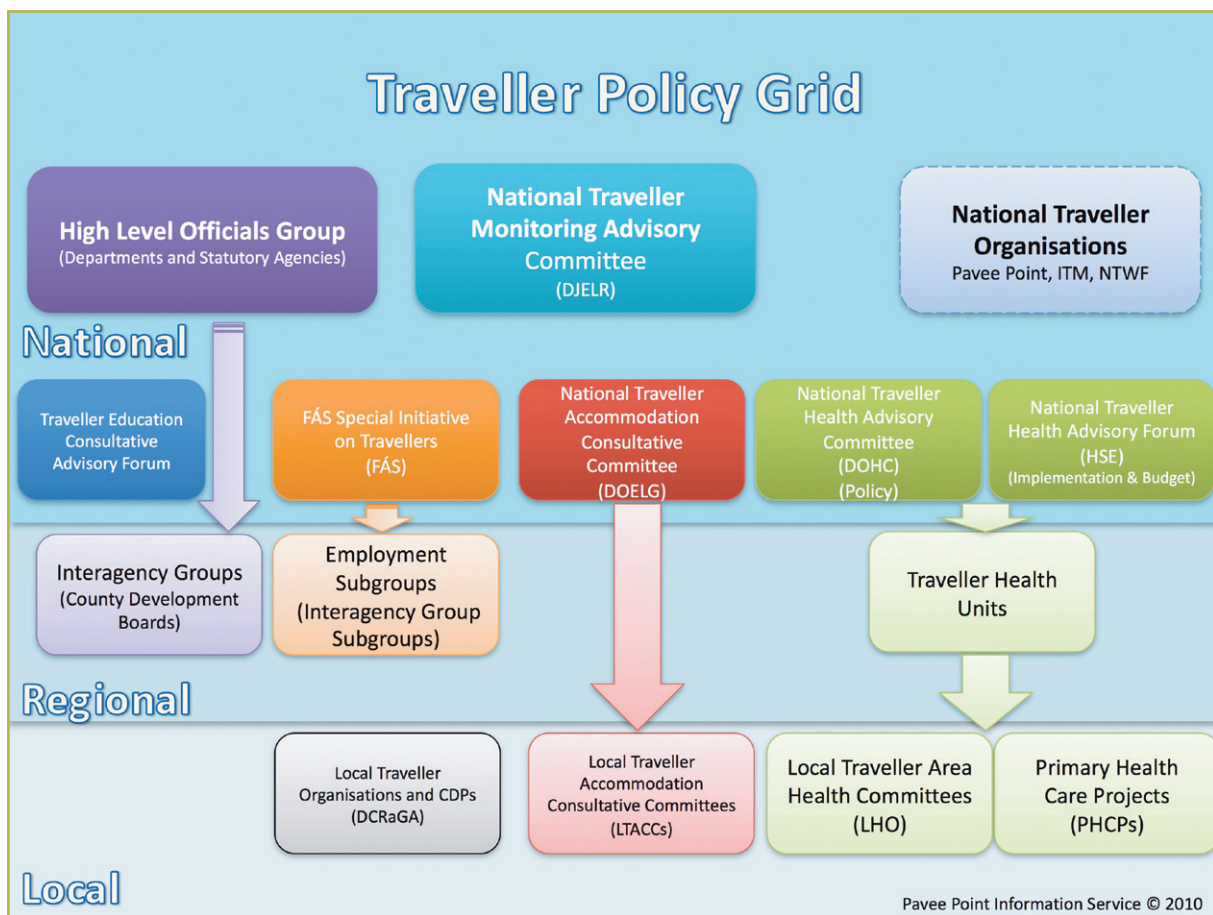
As background information for the 1995 Task Force Report, a study on the uptake and utilisation of health services was performed (O'Donovan, *et al.*, 1995). This study examined interviews with 200 Travellers in Dublin and Galway and Service Providers in all Health Board Areas in order to establish the main issues in relation to Traveller access to the health services. The questionnaire was designed in collaboration with Travellers, Traveller support groups and medical personnel. Questionnaire administration posed logistical challenges in this study, due to both respondents' literacy and access to families, facilitated by assistance of Peer Researcher support. The questionnaire examined family size and composition, accommodation status, as well as a range of questions related to personal and family health status, lifestyle, health beliefs, access to GMS services, use of preventative medicine and child health services, hospital services, women's health, health education and their views on the existing health services.

All Ireland Traveller Health Study

This study identified specific obstacles, including illiteracy, which leads to difficulties completing forms for the renewal of medical cards; lack of provision for tracing and transferring the health records of Travellers who are mobile, which makes referrals and continuity of care more difficult; and prejudice on the part of the general public and service providers, resulting in Travellers being refused access (O'Donovan, *et al.*, 1995). It reported that Travellers had generally a low expectation of health services, and that Travellers had high utilisation rates of a small number of services (specifically Accident and Emergency Services (A & E) paediatric services and obstetric services) but low usage rates of many other services, particularly preventative services. Difficulties were experienced by all health boards in the utilisation and delivery of A & E services; including perceptions of inappropriate use of these services, non-attendance at follow-up appointments and difficulties arising because Traveller patients are sometimes accompanied by large family groups. These findings informed important policy recommendations in the Task Force Report (Report of the Task Force on the Travelling Community, 1995), including the recommendation for self-held patient records that might overcome challenges of data transfer. The 1995 Task Force placed particular emphasis on the impact which discrimination has on Traveller health and its relevance to health provision, identifying this discrimination as happening both at the individual and interpersonal level and at the institutional level.

The 1995 Report of the Task Force on the Travelling Community identified the provision of health services and in particular, questions associated with access to and utilisation of these services, as being of major concern to the Traveller community. The main elements of these strategies in health include the introduction of a number of measures to improve the health status of the Traveller community and to remove the obstacles to Traveller access to health services. They also acknowledged the relationship between health and accommodation and the need to facilitate the participation of Travellers in the planning of health services through the establishment of the National Traveller Health Advisory Committee and the establishment of regional THUs. Figure 4 describes the committees and structures established and/or revised subsequent to the publication of the 1995 Task Force Report (Report of the Task Force on the Travelling Community, 1995).

Figure 4: Framework of the Traveller and Service Provider partnership committees and structures. These structures have been established and/or revised to implement the recommendations from the 1995 Task Force report



New Targeting Social Need 1999

In 1998 the New TSN (Targeting Social Need) and PSI working groups were established in Northern Ireland. The New TSN can be seen as an initiative which ‘tends to compliment the equality provisions outlined under the Northern Ireland Act 1998’ (UK Parliament, 1998). One aspect of this policy is to promote social inclusion including adopting ‘a strategic approach to the needs of minority ethnic people’. A steering group of senior civil servants has been set up to oversee the implementation of the New TSN across government departments. A New TSN Unit within Office of the First Minister and Deputy First Minister (OFMDFM) advises departments on how best to implement the New TSN and working groups have been set up for each aspect of the policy (Office of the First Minister and the Deputy First Minister, 1999).

The factors which cause social need and exclusion do not always fit comfortably within the areas of responsibility of individual Departments. Through the PSI (2002) element of the New TSN, Departments work together - and with partners outside Government - to tackle factors which contribute to social exclusion and to improve the life circumstances of groups at risk of social exclusion. As part of PSI, work is already ongoing to prevent and tackle social exclusion among Travellers.

The following are some findings (specific to the Traveller community) in the New TSN:

- There is clear evidence of deprivation and poor health among Travellers.
- Long-term unemployment is a problem, with only 1 in 10 Travellers in paid employment.
- There is a high illiteracy level among Travellers and 92% have no GCSEs or equivalent.
- Travellers have generally poor living conditions – they are 8 times more likely than the general population to live in crowded accommodation.
- Child mortality up to age 10 has been found to be 10 times that of the population as a whole.
- On average, Travellers die about 15 years earlier than the general population. Only 1 in 10 of the Traveller population is over 40 years of age and only 1 in 100 is over 65.
- Further work needs to be carried out on developing good indicators for health inequalities; for instance, better ways of measuring the gap in health status between minority ethnic groups, e.g. Travellers, and the rest of the population (1999 New TSN and PSI working groups).

Investing for Health 2002

The Northern Ireland public health strategy 'Investing for Health' was published in 2002 (Department of Health, Social Services and Public Safety, 2002). The strategy contains a framework for action that is based on a multi-sectoral partnership working amongst Departments, public bodies, local communities, voluntary bodies, district councils and social partners.

The key aims of the strategy are to improve life expectancy across the population and to reduce health inequalities. The strategy has a particular focus on the most disadvantaged in Northern Ireland.

'Health is an outcome that results from a whole range of influences in everyday life. Inequalities in these determinants are responsible for inequalities in health.'

'Investing for Health' goes on to say that *'differences in social and educational opportunities'* are strongly implicated in the occurrence of these inequalities. (Department of Health, Social Services and Public Safety, 2002).

Perceptions of Health and Health Services by the Traveller Community in the Greater Belfast Area (2005)

This study involved finding out perceptions of the Irish Traveller community of their health needs, their perception and experience of health services in general and the Royal Hospitals in particular.

Most Travellers believe they suffer poor health and attribute this to three main factors: lack of appropriate accommodation, discrimination and racism they experience and poor health behaviours. Most Travellers believe that improvements in their health status will come with opportunities to participate in employment and social activity, coupled with a programme of Traveller specific accommodation and a reduction in the discrimination and prejudice they face. Travellers recognise that improved access to health services over recent years has created some positive change in their lives today. The first piece of research commissioned by a statutory agency on the condition of Traveller health in Northern Ireland took place in 1993 and covered the Eastern Health and Social Services area (Ginnety, 1993). This employed an ethnographical approach that sought to discover the views people hold about their social world and attempted to elicit the naturally occurring health knowledge that is used by Travellers themselves. A total of 55 Travellers participated in indepth interviews. The report concluded that poor environmental conditions and poor access to existing health and social services were major influences on Traveller health. It also highlighted the need to involve Travellers in decision-making.

Since 1987, no national studies have been conducted on Traveller health in ROI, but research carried out in recent years suggests that the health status of Travellers may not have improved. This review does not seek to cover these various studies, many of which have methodological limitations, including small numbers, difficulty in identifying Travellers and lack of generalisability of findings. Some indicative examples only are included.

The Irish Sudden Infant Death Association (ISIDA) found in their Annual Report of 1999 that the rate of Sudden Infant Death Syndrome (SIDS) among Travellers was 12 times greater than the rate among the settled population (Irish Sudden Infant Death Association, 1999).

In 2000, a study on Travellers attending the Adelaide and Meath Hospital in Tallaght in south-west Dublin (Traveller Health Unit in the Eastern Region, 2000), found that while over a third of the hospital's general population patients were in the over 65 year age group, compared with 11% of general population aged over 65 years (Central Statistics Office, 2003b), just 2% of Traveller patients were aged over 65 years, compared with 3% of Traveller patients aged over 65 years (Central Statistics Office, 2003b).

All Ireland Traveller Health Study

Travellers Health: A National Strategy 2002 - 2005

This strategy is very significant in that it represents a change in national policy towards Travellers. It firstly recognises Travellers as a distinct minority group in Irish society with a health status far below the general population and having specific health needs.

'Travellers are particularly disadvantaged in terms of health status and access to health services. Generally speaking, they suffer poor health on a level which compares so unfavourably with the settled community that it would probably be unacceptable to any section thereof' (Department of Health and Children, 2002).

The strategy contains 122 actions that were to be implemented over a 4-year period, from 2002 to 2005. To date, some of the key recommendations that have been implemented are the establishment of the national and regional Traveller Health Structures, which have facilitated the development of Traveller Health initiatives at local level. It recognises the role that primary healthcare projects have had in addressing Traveller health issues and it recommends their replication throughout the country.

'Primary healthcare for Traveller Projects will be developed in conjunction with Traveller organisations in all Health Board areas where there is a significant Traveller population by the end of 2005' (Department of Health and Children, 2002).

Since 2002, 40 PHCTPs have been established around the country and they have trained more than 300 Traveller women as TCHWs.

National Drugs Strategy (NDS) (interim) 2009-2016

The National Drugs Strategy acknowledges the concerns over the growing problem drug use. Data is not available to indicate the number of Travellers who present for treatment as heretofore Travellers have not been recorded as a distinct group under the National Drug Treatment Service (NDTRS) (Department of Community, Rural and Gaeltacht Affairs, 2009).

However, in research commissioned by the National Advisory Committee on Drugs (NACD), Fountain (2006) found that the prevalence pattern broadly mirrors that of the general population, with cannabis, sedatives and tranquillisers most commonly used, followed by cocaine, ecstasy and lastly, heroin.

The issues experienced by Travellers in relation to drugs are entwined with issues of inequality and marginalisation. This means that Travellers are more likely to be exposed to the risk factors that lead to problem drug use. It also implies that response mechanisms to address the associated problems need to factor in these issues. There are heightened concerns within the Traveller community about the growth in problem drug use. This is also acknowledged by the HSE as a key and growing concern. The NDS also acknowledged that Travellers face specific problems that stem from a 'lack of awareness of the existence and nature of drug services, lack of formal education, stigma and embarrassment, and lack of culturally appropriate provision' (Fountain, 2006).

The NACD report found that, while there are some good models of service provision, Travellers experience specific problems relating to access to services arising from a lack of awareness of the existence and nature of drug services, lack of formal education, stigma and embarrassment and lack of culturally appropriate services (Fountain, 2006).

The High Level Group on Traveller Issues (a.k.a. The High Level Officials Group) 2003

Previously the Task Force Report on the Travelling Community (Report of the Task Force on the Travelling Community, 1995) was one of the main forums for Traveller participation. The High Level Group on Traveller Issues is a cross-departmental group established under the aegis of the Cabinet Sub-Committee on Social Inclusion. The aim of the High Level Group on Traveller Issues is to find ways of securing better outcomes for Travellers and greater supervision across government departments for Traveller specific measures. The High Level Group on Traveller Issues is chaired by an Assistant Secretary to the Department of Justice and comprises members of the Senior Official's Group on Social Inclusion and other senior public servants with key responsibility for the delivery of Traveller specific services.

The High Level Group on Traveller Issues has issued one report in 2006 (Department of Justice and Law Reform, 2006), which includes a recommendation that a coordinated inter-agency approach to the delivery of services and supports for Travellers might be a key way of enhancing service delivery. The report further identifies as a priority issue effective consultation between Travellers, Traveller organisations and statutory bodies to support the development of an inter-agency approach and to improve communication at national, regional and local level.

National Traveller Monitoring and Advisory Committee 2007

In 2007 the Committee to Monitor and Coordinate the Implementation of the Recommendations of the Task Force on the Travelling Community (1995) was reconstituted as the National Traveller Monitoring and Advisory Committee.

The function of the National Traveller Monitoring and Advisory Committee is complementary to the High Level Group on Traveller Issues and provides a forum where the views of a wide cross-section of stakeholders can be expressed. It represents an important mechanism for securing Traveller participation with Travellers and Traveller organisations. At the launch of this Committee, Minister for State at the department of Justice, Equality and Law reform with Special Responsibility for Equality issues, Frank Fahey T.D. stated that it would have '*a cross-cutting role*' and would address issues other than those being addressed in existing Departmental Committees.

Other Important Policy Developments Pertaining to Travellers

The National Action Plan on Social Inclusion (NAP inclusion) 2007-2016

A key EU policy development is the National Action Plan against Poverty and Social Exclusion, which provides a common social inclusion framework within which member states are required to develop and report on strategies and associated targets aimed at reducing social and health inequalities, and the poverty and exclusion resulting from this.

The strategic approach of this document towards combating poverty and associated social exclusion embodies a recognition of the complex, multifaceted nature of poverty and emphasises the need for a coordinated cross-sectoral response to this.

The NAP inclusion is part of an EU-wide process designed to assist Member States in achieving the EU goal of making a decisive impact on poverty by 2010 and beyond. Of particular use is the fact that it provides consistent and robust indicators for the measurement of poverty.

The Report on consultation for the National Action Plan against Poverty and Social Exclusion 2006-2008 clearly identified minority ethnic groups and Travellers among the most vulnerable groups and proposes various concrete steps to address their situation. Issues identified include housing, education, languages support, employment, improved data collection and policy 'poverty proofing'.

The 2007-2016 plan states that access to quality health services is a prerequisite for participation in the social and economic life of society and cites the importance of the National Intercultural Health Strategy (Health Service Executive, 2008) in addressing the unique health and support needs of minority groups, such as Travellers, refugees and migrants.

The Intercultural Health Strategy, 2007-2012

The primary objective of the strategy is to provide a framework through which service users and providers are supported in addressing the unique care and support needs of people from diverse cultural and ethnic backgrounds. Within a health landscape, this implies that the health service acknowledges the distinct health and support needs of minority ethnic groups and, through a range of mechanisms, translates this into responsive, flexible ways of facilitating equal and optimal access to and utilisation of health services, with positive health outcomes. An integrated approach will be developed for conducting health impact assessments. Aspects of equality and diversity will be developed and conducted in the longer term within a health impact assessment framework. This will be effected within the context of work currently under way within the Population Health Directorate concerning the development of a strategic framework for health impact assessments.

Northern Ireland

Similar challenges for Travellers in terms of premature mortality have been noted in NI as in ROI. According to 'Investing for Health' (Department of Health, Social Services and Public Safety, 2002), Travellers die about 15 years earlier than the general population in NI. Only 1 in 10 of the Traveller Population is over 40 years of age and 1 in 100 is over 65. Child mortality up to age 10 has been found to be 10 times that of the population as a whole.

The Royal Hospitals Group in Belfast commissioned research (McMahon, 2005) into a health assessment and needs of Travellers in Belfast. The DHSSPS also supports a community health project with An Múna Tober in Belfast. In 1999 a new 'Targeting Social Needs' policy initiative in Northern Ireland contained a specific theme of PSI, and a PSI Working Group on Travellers was created. In 2000 an initial PSI report was published (Office of the First Minister and the Deputy First Minister, 2000). The Executive in Northern Ireland produced a response to the PSI Working Group on Health in 2002 (Office of the First Minister and the Deputy First Minister, 2002), which contained a number of recommendations aimed at improving the health and wellbeing of Travellers.

Why Primary Health Care?

Primary Health Care has been used as an innovative approach to health care in the developing world. In the last decade there has been a growing interest in and demand for these services, as evidence grows that marginalised populations suffer disproportionately from poor health and have less access to health care services.

The concept of Primary Health Care was established at the joint WHO/UNICEF conference in Alma-Ata in 1978. It acknowledged the need to reform the conventional health systems. Health was seen as the concern of society as a whole.

'Primary Health Care (PHC) is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community, through their full participation and at a cost that the community and the country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It is the first level of contact of individuals, the family and community with the national system, bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process'

Alma Ata Declaration 1978

Primary Health Care is a statement of health philosophy, not a package, or a complete defined methodology. It is a flexible system that can be adapted to the health problems, culture, way of life and the stage of development reached by the community. Primary Health Care in communities means enabling individuals and organisations to improve health through informed health care, self-help and mutual aid. It encourages and supports local initiatives for health.

Successful primary health care projects have emphasised a process that valued empowerment, partnership and advocacy when designing and implementing health care interventions. This allows the partners to highlight inequity and negotiate solutions with their relevant partners. Community participation and intersectoral collaboration are key requisites for the success of Primary Health Care. The following shows the application of these principles in the context of the PHCTP.

The initial Primary Health Care for Travellers Project (PHCTP) was established as a joint partnership initiative with the Eastern Health Board (EHB) and Pavee Point. The project began as a pilot initiative in October 1994 in the Finglas/Dunsink areas of Community Care Area 6, with funding from the Eastern Health Board and had the following objectives:

- To establish a model of Traveller participation in the promotion of health.
- To develop the skills of Traveller women in providing community-based health services.
- To Liaise and assist in creating dialogue between Travellers and health service providers.
- To highlight gaps in health service delivery to Travellers and work towards reducing inequalities that exists in established services (Pavee Point, 2006).

Community Participation

The approach inherent in the project was to work with the Traveller community in order to develop a Primary Health Care Project that is based on the Traveller communities' own values and perceptions, and that will have long-term positive outcomes. In the context of the PHCTP, community participation is a process through which Travellers gain greater control over the social, political, economic and environmental factors that determine their health. Therefore the Traveller community participates in every stage of the project: including the initial assessment of the situation, defining the main health problems and issues, setting priorities for the project, implementing the activities, and monitoring and evaluating the results.

Intersectoral Collaboration

For Primary Health Care to be effective there must be close collaboration between the Traveller community, health workers, the health sector, the local authorities and a range of other statutory and voluntary agencies. The PHCTP is a partnership project between Pavee Point and the Eastern Health Board. It brought together different strengths and resources, with Travellers, Traveller culture and a community development approach on one side, and resources, health skills, health services and health knowledge on the other. This combination is essential for the effective implementation of a Primary Health Care approach to the provision of health services.

The Primary Health Care for Travellers Project as a Model of Good Practice

'There are no simple and obvious solutions to the health situation of Travellers but it is a situation which calls for a creative and innovative approach. I believe such an approach has been found with the Primary Health Care for Travellers project, which is a joint initiative between the Eastern Health Board and Pavee Point.'

Mr. Brian Cowen, Minister for Health, on presentation of certificates to the Community Health workers in Pavee Point on 8th May 1998

Primary Health Care for Travellers Projects are described as the 'cornerstone' of the National Traveller Health Strategy (Department of Health and Children, 2002). This reflects a growing recognition of the benefits of Primary Health Care Projects and an understanding that by respecting and acknowledging the distinct culture and identity of Travellers, more equitable, sustainable and cost effective health care can be achieved. The PHCTP have received international recognition for their work on promoting health:

'For achievement worthy of international recognition, this WHO 50th anniversary commemorative certificate for a national community-based health project that promotes health for all values of equity, solidarity, participation, intersectoral approaches and partnership is awarded to the 'Primary Health Care for Travellers Project, Dublin, Ireland'.

Jo Asvall, M.D. Regional Director, WHO Regional Office for Europe, September 1998

The following are examples of positive health initiatives and outcomes that have arisen from the PHCTP:

- **Culturally appropriate health education materials** have been designed by the project. Posters have been produced covering Traveller health status, breastfeeding, care of burns, nutrition and oral health. The posters give key messages in a culturally appropriate way, they increase visibility in education materials and can be displayed in surgeries and clinics. Videos have also been produced by the project. Health education sessions delivered by the Community Health Workers on site, have made health information more accessible and culturally appropriate and address the language and culture gaps that exist.
- **Research has been undertaken on Traveller women's reproductive health.** A training video Pavee Beirs-Her Reproductive Health has also been produced with an accompanying information booklet.
- **Well Woman clinics** specifically targeted at Traveller women have been organised. These clinics facilitated access for Traveller women for the first time to breast screening and family planning facilities. These special clinics are supported on an interim basis while Traveller women build up confidence and knowledge of the service. Community Health Care Workers will make a block booking at the clinic for a group of interested Traveller women and accompany them to the clinic. Many women are now independently accessing the service. The project continues to lobby for this level of service in the local area.

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- A video on **Traveller Children's Health, Pavee Gailles** has been produced by the project. As in the case of the women's health video, the starting point of the initiative was a course organised on children's health for the CHW's.
- **Traveller men's health** is the focus of a number of pilot initiatives in response to the identification and exploration of men's participation in their health care.
- A model of **education on mental health** was developed and piloted with a group of Traveller women engaged as CHWs in one of the PHC projects. The model can be replicated. The project has engaged with health professionals in the area of mental health and contributed to the development of culturally appropriate mental health services. It has also participated in the Amnesty International consultation days on mental health.
- The project, with its community work approach has also produced a video on the **National Traveller Health Strategy** that informs Travellers and local Traveller Groups of the commitments in the Strategy. The production of materials in accessible formats facilitates discussion at local levels, of the policy commitments and their implications for Travellers. It facilitates Travellers to acquire new knowledge and confidence to deepen their analysis of the issues facing their community and enables them to collectively campaign for the full implementation of the Health Strategy and its proposed actions.
- A **survey of needs** at the local level is being conducted by the Community Health Workers in Community Care Area 6. It is 5 years since the last detailed survey was undertaken. The new survey will allow a detailed analysis of current and new needs. It will also allow an assessment of the work and of the project over the past five years in addressing the needs identified in the last survey.
- An **All Ireland Traveller Health Needs Assessment and Health Status Study** is a major North/South initiative being specifically designed to engage Traveller organisations at all levels of the research and in the data collection.
- There is much greater **awareness** about the needs and entitlements of Travellers in the health service as well as the difficulties in accessing services that are available to them.
- In many health areas public health nurses (PHNs) have been specifically designated to work with Travellers. They are engaged in direct service provision to Travellers of all ages and both sexes, and interventions such as advice, nursing diagnosis and referral. In areas where there is a PHC Project, PHNs are engaged in the delivery of health promotion/prevention services in partnership with the community health worker (CHW)
- The provision of **in-service training to a range of health professionals** aims to encourage health personnel to offer more culturally appropriate services and work towards an increase in the utilisation of essential services. The project has also contributed to the development of culturally appropriate services with regard to mental health and has participated in the Amnesty International consultation days on mental health.

Replication and Expansion of the PHCTP

During the last 15 years, the Pavee Point Primary Health Care for Travellers Project has demonstrated that this model can help to significantly improve Primary Health Care for Travellers. As a result, other Traveller organisations have decided to replicate this type of Project with their own local health service provider. There are now 40 Primary Health Care for Traveller Projects at varying stages of development, located around the country.

The model involves enabling individuals and organisations to improve health through informed health care, self-help and mutual aid. It means encouraging and supporting local initiatives for health. Crucially it is a flexible system that can be adapted to the health problems, the culture or 'way of life', and the stage of development reached by the community. Design and implementation of successful PHCTPs is determined through a process that values empowerment, partnership and advocacy, allowing partners to highlight inequity and negotiate solutions.

Through using community development principles PHCTP has facilitated community participation by building capacity and supporting the community to identify and address health issues. This approach has empowered individuals to enhance skills, take control and participate in decisions that affect their lives in order to address the health of their community.

'This is the first time Travellers have got this type of training and job. We understand our own people and believe that given the proper support and resources we can begin to improve the health of our community. It is no longer acceptable that only two out of every 100 Travellers lives to 65 years of age'

Missie Collins, Community Health Worker, at the launch of the Primary Health Care for Travellers Report by Mr. Michael Noonan, T.D., Minister for Health. 12th June 1996

Measures of Overcoming Barriers to Health Promotion and Healthcare for Minority Populations: International Experience

There is a strong international literature on the health needs of minority groups ranging for example from the Inuits of Canada (Young, 2003; 2005; Health Council of Canada, 2005), the Aboriginals and Maoris of Australia and New Zealand (Carson *et al.*, 2007; Davis *et al.*, 2006; Anderson *et al.*, 2006; Pincock, 2008) Blacks, Hispanics and Native Americans in the United States (Rhoades, 2003; Roubideaux, 2005; Kaufman *et al.*, 1998) and South America, immigrant Asian and West Indian populations in the United Kingdom (Davey-Smith *et al.*, 2000; Smaje and Le Grand, 1997), and Roma and Gypsy populations in Europe (Parry *et al.*, 2007; Cemlyn, 2009; Vokó *et al.*, 2009; Hajioff and McKee, 2000). Indeed the Irish in Britain and the US have been documented extensively also (Clucas, 2009; Kelleher *et al.*, 2006; Scally, 2004; Garrett, 2002; Abbotts *et al.*, 1997). This literature concerns itself with several aspects of catering equitably for distinctive groups and individuals across society. At the level of provision of services, barriers may be encountered such as language and norms of behaviour. Healthcare providers may fail to appreciate nuances of understanding that lead to an inadequate treatment experience. Access may be impeded by resources, eligibility and means of payment. Cultural aspects such as family and social support and the differing needs of men and women are all considerations. Practicalities in

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infrastructural delivery, including mobile populations and distance from care, are all important. Krieger (2003) emphasises the need to distinguish factors associated with race and culture from those of economic disadvantage, to ensure an adequate understanding of policy and practice. Services must find a fine line between ensuring all are treated equitably and fairly on the one hand and imposing on the other hand a 'one size fits all' model that consciously or unconsciously has the effect of hindering participation or adequate care for a vulnerable individual (National Economic and Social Forum, 1996; Quirke, 2001). This literature clearly has resonances for the assessment of health services from a Traveller perspective using increasingly well recognised quality assessment procedures of norms of care such as those of the Picker Institute in the United Kingdom, employed in 2007 in the first general consumer satisfaction survey undertaken by the Republic of Ireland's HSE (Boilson *et al.*, 2007).

Technical Steering Group and Related Governance Structure

A study on this scale required major engagement with stakeholders together with support and oversight of the research team. The Department of Health and Children (DOHC) appointed a Technical Steering Group (TSG) to monitor the research project.

Technical Steering Group (TSG)

The TSG group comprised of Dr Philip Crowley, Deputy Chief Medical Officer, Chair, DOHC; Ms Heather Robinson Department of Health, Social Services and Public Safety (latterly Mr David Reilly (DHSSPS)); Dr Evelyn Mahon, Trinity College Dublin; Ms Olive McGovern, Social Inclusion Unit, DOHC (until 2008, thereafter Mr Tim McCarthy); Ms Leonie O'Neill, National Planning Specialist, Social Inclusion Unit, Health Service Executive (HSE); Ms Ronnie Fay, Pavee Point and Ms Rosaleen McDonagh, Irish Traveller Movement.

The TSG met with the UCD study team on a quarterly basis and reported to the DOHC having the following terms of reference:

- To monitor the research through each stage of development and ensure contractual commitments were met.
- To provide practical advice during the various stages of research, including liaison with statutory agencies, workforces and Traveller groups.
- To report to the DOHC on progress of the research with respect to tracking milestones and progress.
- To review the final draft of report to be submitted to the DOHC for approval.

The TSG met on a total of 14 occasions, the last of which was held on 28th June, 2010 and received 13 progress reports from the UCD-led study team. In addition there was significant one-to-one engagement with members of the study team and group electronic communication. The TSG provided valuable support, in accordance with its terms of reference, at all stages of evolution of the study up to, and including, the final drafting stages of the three Technical Reports and Summary of Findings documents that constituted together the final output of the study. All the stakeholders represented on the TSG provided practical access to their respective networks, many of whom contributed generously of their time on a voluntary basis. We highlight specifically these contributions at different points in the three Technical Reports.

Traveller Stakeholder Group: Northern Ireland

A Northern Ireland (NI) Traveller Stakeholder Group was established. This group comprised of Ms Heather Robinson and latterly Mr David Reilly (DHSSPS); Dr Elizabeth Mitchell (DHSSPS), Mr Kieron Moore (DHSSPS), Ms Mary Scarlett (DHSSPS), Ms Angela McLernon (DHSSPS), Mr Derek Hanway (An Munia Tobar), Ms Dolores Atkinson (Study Project Development worker), Ms Mary Duggan (NHSCT), Ms Lisa Moore (Craigavon Traveller Support Centre), Ms Lynne Curran (DSSSPS), Ms Roberta Weir (DHSSPS) and Dr Jill Turner (UCD).

The purpose of the stakeholder group was to facilitate approaches for information, support and access as necessary to action NI parts of the study. Heather Robinson was appointed as the chair of the group and she advised that the stakeholder group being convened by the DHSSPS would be time-limited to the lifetime of the survey. The stakeholder group met monthly and explored some of the following issues: funding mechanisms for Peer Researchers, proofing the questionnaire for use in NI, mapping and scoping, support in relation to Traveller families, general practitioner (GP) and health visitors (HV).

Groups and Networks - Republic of Ireland

Groups and Networks were established by the HSE and the Traveller networks in the Republic of Ireland to support communication and study information dissemination during the study.

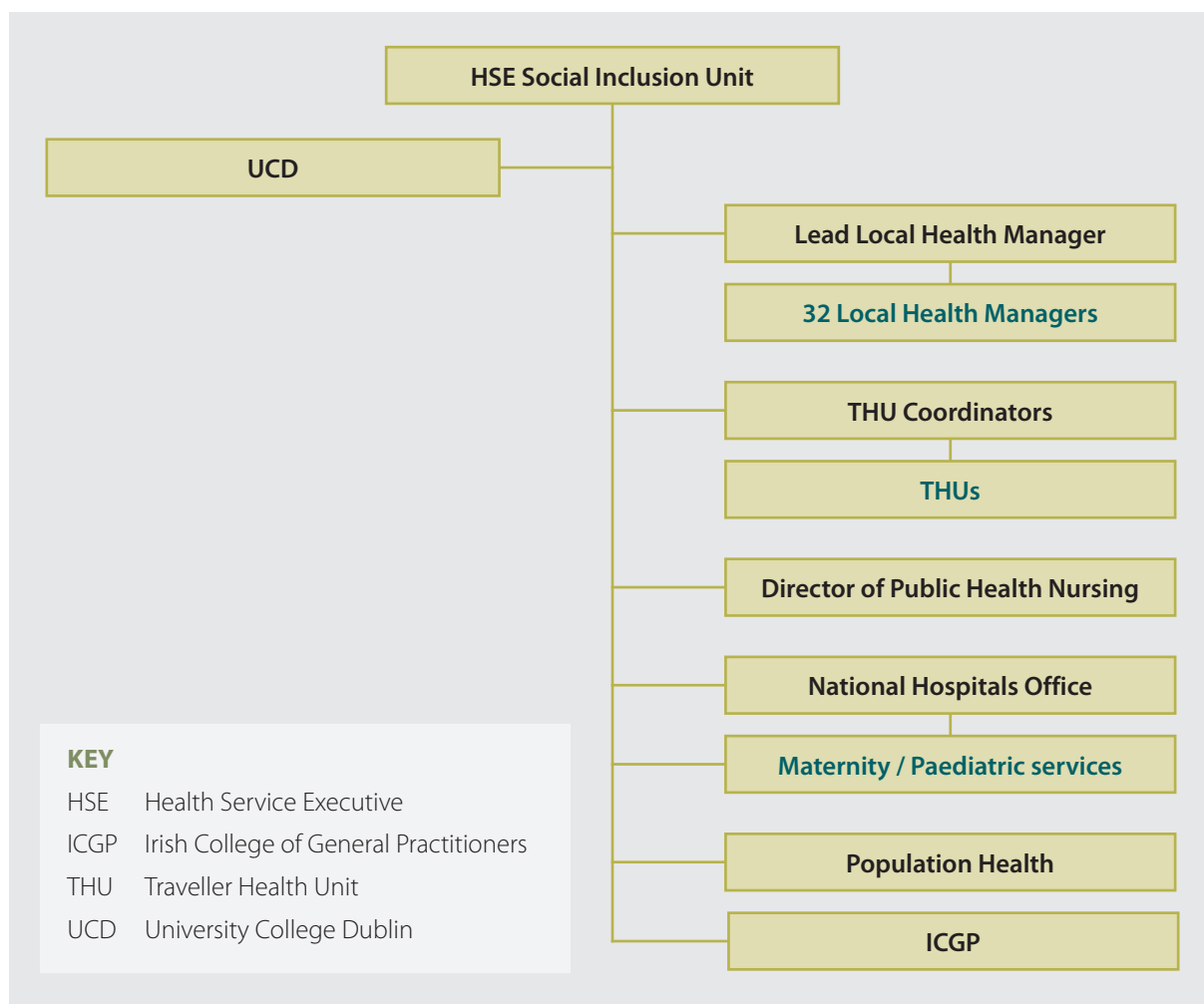
Traveller Liaison Committee – Health Service Executive

This committee was established in 2008 to give UCD direct access to the HSE staff around the country. The membership involved the Regional Social Inclusion Specialists and the THU coordinators along with the Chair of the Director of the Public Health Nurses group and other key HSE staff as appropriate (see Table 1). The role of this committee was to advise on the smooth running of the interface between the UCD study group and the HSE staff. Figure 5 describes the HSE structure established for the AITHS study. The Director and Assistant Director of the study team and other team members as appropriate were invited to attend the meetings of this committee to communicate, inform, brief and update on the study.

Table 1: Traveller Liaison Committee - Health Service Executive

Member Name	Professional role	Institution
Alice O'Flynn (Chair)	Assistant National Director	Social Inclusion
Leonie O'Neill	National Planning Specialist	Social Inclusion
Tony Quilty	Social Inclusion (SI) Specialist	HSE West
Concepta De Brún	SI Specialist	Dublin Mid-Leinster
Ronnie Fay	THU Coordinator	HSE East
Fergal Fox	THU Coordinator	Midlands
Martin Collum	THU Coordinator	HSE-NE
Mary Syron	THU Coordinator	HSE West
Mary Kennedy	THU Coordinator	HSE Mid West
Deirdre O'Reilly	THU Coordinator	HSE South
Liam Keane	SI Specialist	HSE South
Maire O'Leary	SI Manager	Donegal LHO
Rebacca Loughry	SI Specialist	HSE SOUTH
Marianne Healy	Director PHN	Dublin NW LHO
Eileen Gilsean	Designated PHN for Travellers	Co Meath
Bill Ebbitt	Population Health	HSE East

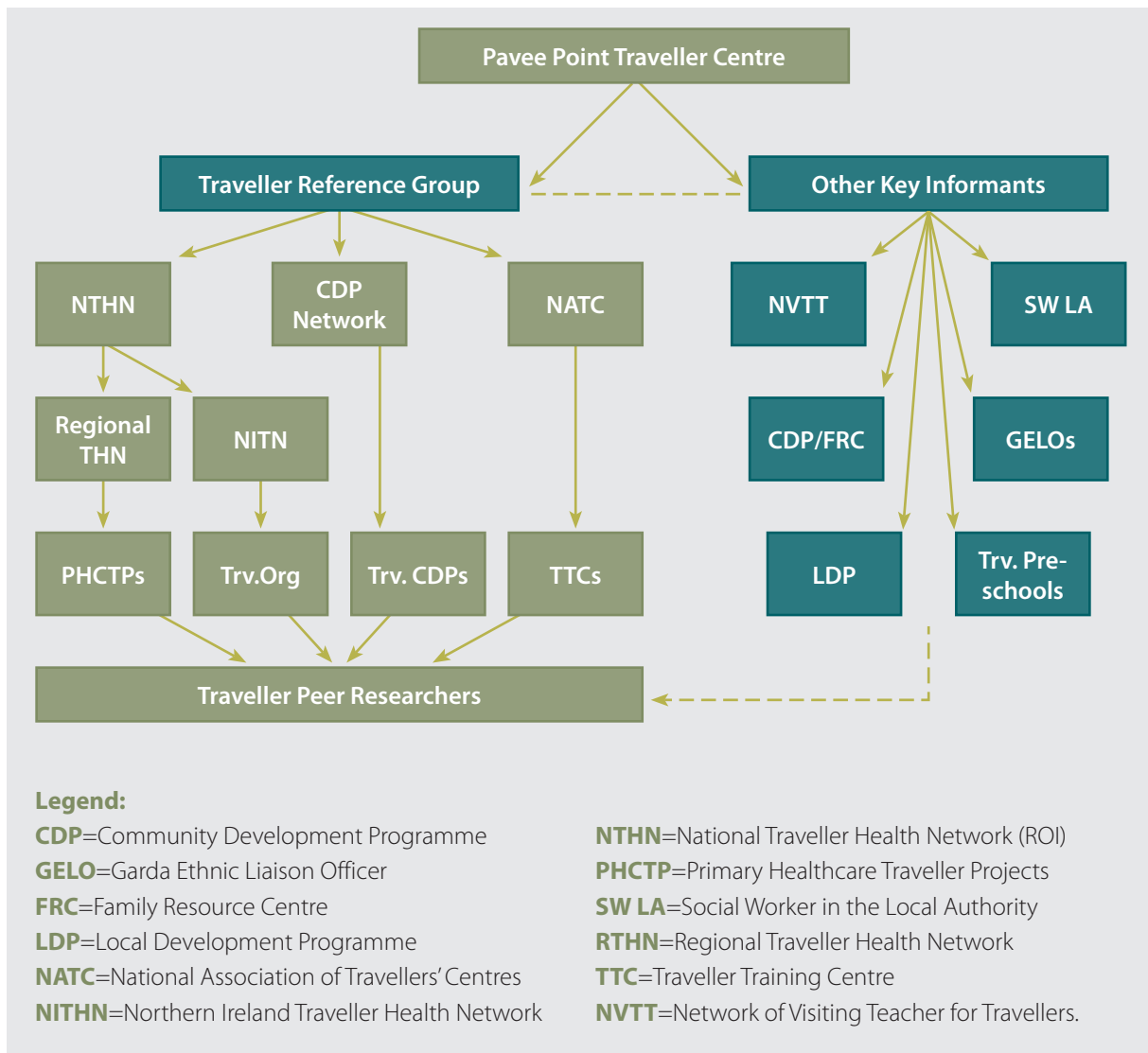
Figure 5: Health Service Executive structure for AITHS study



The Traveller Study Reference Group

The Traveller Study Reference Group was established by Pavee Point to bring together the Travellers/ Traveller Organisations to facilitate communication and engagement with Travellers and Traveller groups. The membership of this reference group is outlined in the flowchart in Figure 6. Pavee Point resource the National Traveller Health network and the Traveller Community Development Programme network, and obtained a commitment from the National Association of Traveller Centres (NATC) to work towards ensuring maximum participation of all national Traveller networks in the study. Pavee Point also has formal and informal links to groups such as the Garda ethnic liaison officers, the network of visiting teachers for Travellers, the preschools for Travellers, local family resource centres and area based partnership companies. These vocational groups and organisations were contacted to support nationwide population coverage of the AITHS, and to provide information about the study to Travellers who used their service. They were also targeted with ongoing information and training on the study.

Figure 6: Traveller Study Reference Group



Existing Traveller Structures That Played a Critical Role in the Study

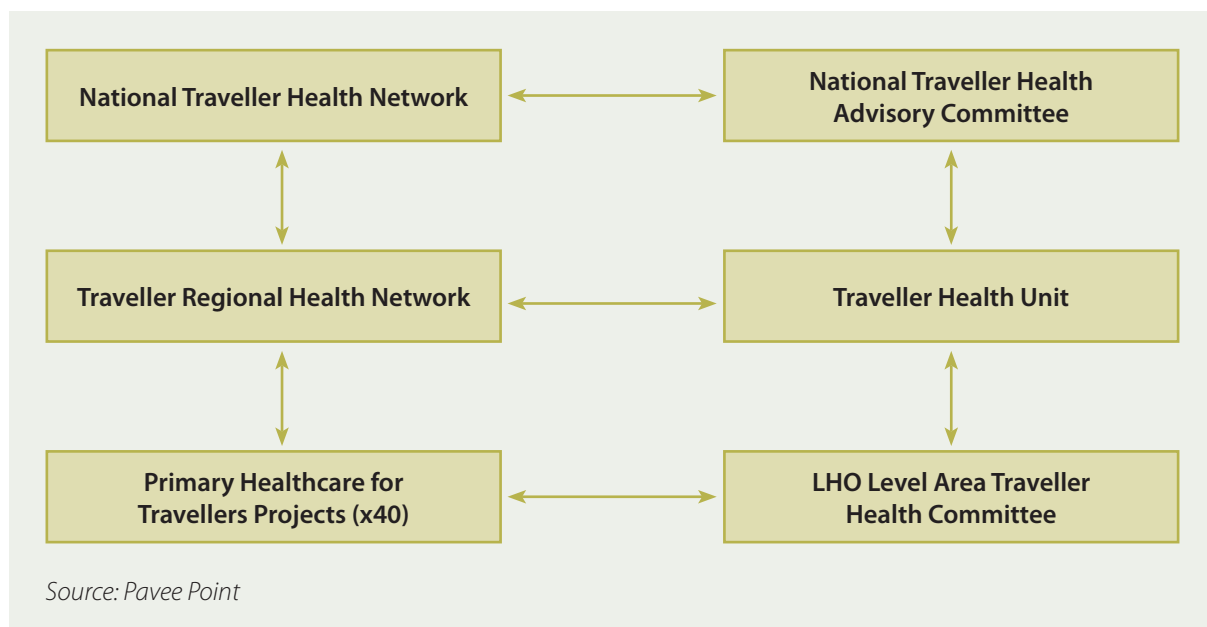
Traveller Community Development Projects

The approximately 20 Traveller Community Development Projects, located around the country facilitated access by the study team to additional Traveller Peer Researchers and coordinators as required. This need was particularly acute in areas where there was no existing Primary Healthcare for Traveller Projects (PHCTP).

Traveller Training Centres

There are 40 Traveller Training Centres (TTCs) in ROI, who operate under the network of the National Association of Travellers' Centres (NATC). The NATC provided access both to facilitate questionnaire completion and to potential Peer Researchers and coordinators. Again, this latter function was most important in areas where there was no Traveller infrastructure or PHCTP to liaise with the study team. A range of national, regional and local Traveller health structures has been developed since 1995. These structures played a critical role in the study. A schematic diagram in Figure 7 outlines these structures.

Figure 7: Traveller Health Structures



National Traveller Health Advisory Committee

Many of the structures in place to manage Traveller health issues have their origin in the Report of the Task Force on the Traveller Community (1995). The Task Force recommended the establishment of a Traveller Health Advisory Committee and Traveller Health Units (THU) in each health board (now HSE area). In 1998, a Travellers Health Advisory Committee (THAC) was set up. The committee is representative of the DoHC, the HSE and the National Traveller organisations, i.e. Pavee Point, Irish Traveller Movement and the Traveller Women's Forum.

The terms of reference for THAC included drawing up a national policy for a health strategy to improve the health status of the Traveller community. The document, *Traveller Health: A National Strategy 2002 – 2005* (Department of Health and Children, 2002) sets out a response to the inequities identified in Traveller health status. Also in 1998 a specific 'Traveller health budget' was allocated to each of the health boards to develop Traveller health initiatives and to establish regional THUs. THUs now operate in each HSE area and work in partnership with local Traveller organisations.

This group was responsible for the development of the Traveller Health Strategy and one of the key recommendations in the strategy was this All Ireland Traveller Health Study. The THAC oversaw the tendering process and played a monitoring role in relation to the implementation of the study.

Traveller Health Units (THUs)

The terms of reference of the THUs are as follows:

- To monitor the delivery of health services to Travellers and to set regional targets against which performance may be measured.
- To ensure that Traveller health is given due prominence on the agenda of the HSE.
- To ensure coordination and liaison between the HSE and other statutory and voluntary bodies, in relation to the health situation of Travellers.
- To collect data on Traveller health and utilisation of health services.
- To ensure the appropriate training of health service providers in terms of their understanding of and relationship with Travellers.
- To support the development of Traveller-specific services, either directly by the HSE or indirectly through funding appropriate voluntary organisations.

National Traveller Health Network (NTHN)

The Pavee Point health team established the National Traveller Health Network (NTHN) in 1997 and have coordinated its activities since then as a forum for training, representation, feedback and information exchange for Traveller groups involved in Traveller health. The NTHN is an essential forum through which Traveller organisations share their learning experiences, discuss common issues that affect them and familiarise themselves with new developments in relation to Traveller health. The national Traveller organisations also use it as a mechanism to develop a mandate, receive support and provide feedback and information from the National Traveller Health Advisory Committee.

At regional level, co-terminus with the existing THU regions, there are Regional Traveller Health Networks.

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Regional Traveller Health Networks

These networks were initially developed as a structure to support Traveller organisations working in health and are used to elect representatives on to the THU and ensure they have a mandate and a feedback mechanism to local Traveller groups. The National and Regional Traveller Networks coordinate, host and resource NTHN meetings. The NTHN also uses these committees to pass on information on national policy developments and get feedback on local initiatives and challenges. These networks have been strengthened and resourced by the THUs since 2004 to facilitate the decentralisation of the training and the capacity building by Pavee Point to regional level.

Pavee Point also resource the national and regional Traveller health networks as a forum for training, representation, feedback and information exchange for Travellers and Traveller organisations. The roles of these regional and national networks were expanded (as outlined below) to act as a key link between Traveller, Traveller organisations and the study team at UCD.

National and Regional Traveller Networks and the All Ireland Traveller Health Study

These networks have acted as vital liaison points in the inclusion of Travellers as key stakeholders in the implementation of the AITHS. In this regard, they participated in such roles as

- ensuring that Travellers and Traveller organisations understood the rationale and implications of the study
- ensuring that Travellers and Traveller organisations had a sense of 'ownership' of the study
- the ongoing development of the capacity of Travellers to engage with the study
- the identification of key informants in each region to support the study
- the support of the mapping and count in the geographical areas with Traveller populations
- the identification of, and the development of a contact system for, hard-to-reach Traveller groups such as those resident in institutions, or those who were homeless
- the development of a local preliminary scoping census of Travellers in each region to facilitate further development of the sampling framework for the study.

Local Health Offices

Local Health Offices (LHOs) act as entry points for communities to access health and social services, and the Traveller Primary Healthcare Projects act in partnership with the HSE through these offices. Each LHO area with a significant Traveller population has a Traveller Area Health Committee.

The HSE played a pivotal role in the study through using these structures and mechanisms and advised the LHO Managers to support the study and facilitate release and access to staff and projects as appropriate. HSE staff made the support of the AITHS a priority, particularly for those staff working directly with the Traveller community. The Primary Healthcare for Travellers Projects (PHCTPs) had a key role to play in the data collection for the Traveller needs assessment, and Traveller primary healthcare workers acted as 'Peer Researchers' in the study. The Public Health Nursing Service also had a key role in the collection of data on births and in the follow up relating to further data collection for the birth cohort study.

The Primary Healthcare for Travellers Project (PHCTP)

The Primary Healthcare for Travellers Project plays a key role in the delivery of health services to Travellers. The PHCTP was initiated in 1994 as a joint partnership initiative between the former Eastern Health Board and Pavee Point.

The Report of the Task Force on the Traveller community (1995) and the National Travellers Health Strategy (Department of Health and Children, 2002; 2005) strongly endorsed the work of the PHCTP and recommended its replication. The National Travellers Health Strategy set many targets which are dependent on the development of an effective and inclusive local Traveller health infrastructure and recommended that the PHCTP are the 'cornerstone' of the strategy and should be developed as an effective mechanism to facilitate the implementation of its actions. Many Travellers participate in the PHCTP. Depending on the density of population there may be more than 1 primary healthcare steering group in a Local Health Office (LHO) area.

Traveller Peer Researchers

Each PHCTP unit runs a training programme to develop the capacity of Travellers to become Community Health Workers or Traveller Community Health Workers (TCHW). They identify and develop an understanding of the factors influencing their health, and act both as advocates for Travellers and liaison workers for the health service. The initial projects conducted local needs assessments by and for Travellers, and used the findings to develop joint projects and initiatives with local health services.

The TCHWs were clearly identified in the study as Peer Researchers, and their location in 40 PHCTPs around the country was key to the AITHS. The UCD study team worked closely with Pavee Point, a National Traveller Organisation, which has been involved in the training and capacity building of Traveller organisations and the Peer Researchers, and which also resources the NTHN.

Table 2 details locations of PHCTP projects in each of the 8 THUs, which are co-terminus with the former health board boundaries. The study team operated the research through these local and regional levels, linking into the THU structure in ROI and via the Traveller organisations and the Investing for Health Managers in NI.

FÁS (Foras Aiseanna Saothair, the Irish National Training and Employment Authority in ROI), facilitated the release of trainee health workers in existing projects for the duration of the census in order that they might act as Peer Researchers and in many cases extended existing training programmes for up to 8 weeks to incorporate the data collection period.

Table 2: Primary Healthcare Projects: broken down by THU regions

Eastern Region	
Ref	Project
1	St. Margaret's Traveller Action Group (Ballymun)
2	Blanchardstown Traveller Support Group
3	Pavee Point (Dublin 1)
4	STAG (Southside Traveller Action Group, Sandyford)
5	Kildare Traveller Network (Newbridge)
6	Co-operation Fingal (Balbriggan)
7	Wicklow (Newcastle)
8	TravAct (Coolock)
9	Tallaght Travellers PHCP
10	Clondalkin Travellers Development Group
11	Exchange House (Dublin 1)
12	Athy Travellers Club
13	Ballyfermot Traveller Action Project
Midlands Region	
Ref	Project
14	Longford Traveller Development Group
15	Tullamore Primary Healthcare Project
16	Laois Traveller Action Group
17	Athlone
Mid-Western Region	
Ref	Project
18	Limerick Travellers Development Group
19	Clare Care PHCP
20	Roscrea 2000
21	Thurles
22	Nenagh Community Network
North-Eastern Region	
Ref	Project
23	Louth PHCP (Dundalk)
24	Drogheda PHCP
25	Meath Primary Healthcare Project (Navan)
North-Western Region	
Ref	Project
26	South Donegal Support Group (Killybegs)
27	Donegal Traveller's Project (Letterkenny)
28	Sligo Travellers Support Group (Sligo Town)
29	Leitrim Travellers Project
30	Tubbercurry PHCP
Southern Region	
Ref	Project
31	Le Cheile Family Resource Centre (Mallow)
32	Traveller Visibility Group (Cork)
33	Kerry Travellers Support Group
34	West Cork Traveller Association (Clonakilty)
South-Eastern Region	
Ref	Project
35	Co Wexford PHCP
36	Carlow / Kilkenny PHCP
37	Bunclody Traveller Women's Project
38	Waterford Travellers PHCP
39	Clonmel Travellers PHCP
40	New Ross PHCP
41	Cashel Primary Healthcare
Western Region	
Ref	Project
42	Galway Travellers Support Group (City)
43	Galway Travellers Support Group (County)
44	Tuam Travellers Edu./ Dev. Group
45	Roscommon Traveller Development Group
46	Mayo Travellers Support Group (Castlebar)
47	Mayo Travellers Support Group (Westport)

Northern Ireland

In NI, the study group worked through a number of Traveller network groups. These included the Healthcare for Travellers Project in An Munia Tobar; the members organisations of the Regional Traveller Network NI; Traveller Toybox projects, and the Health Action Zones.

Traveller Organisations in Northern Ireland

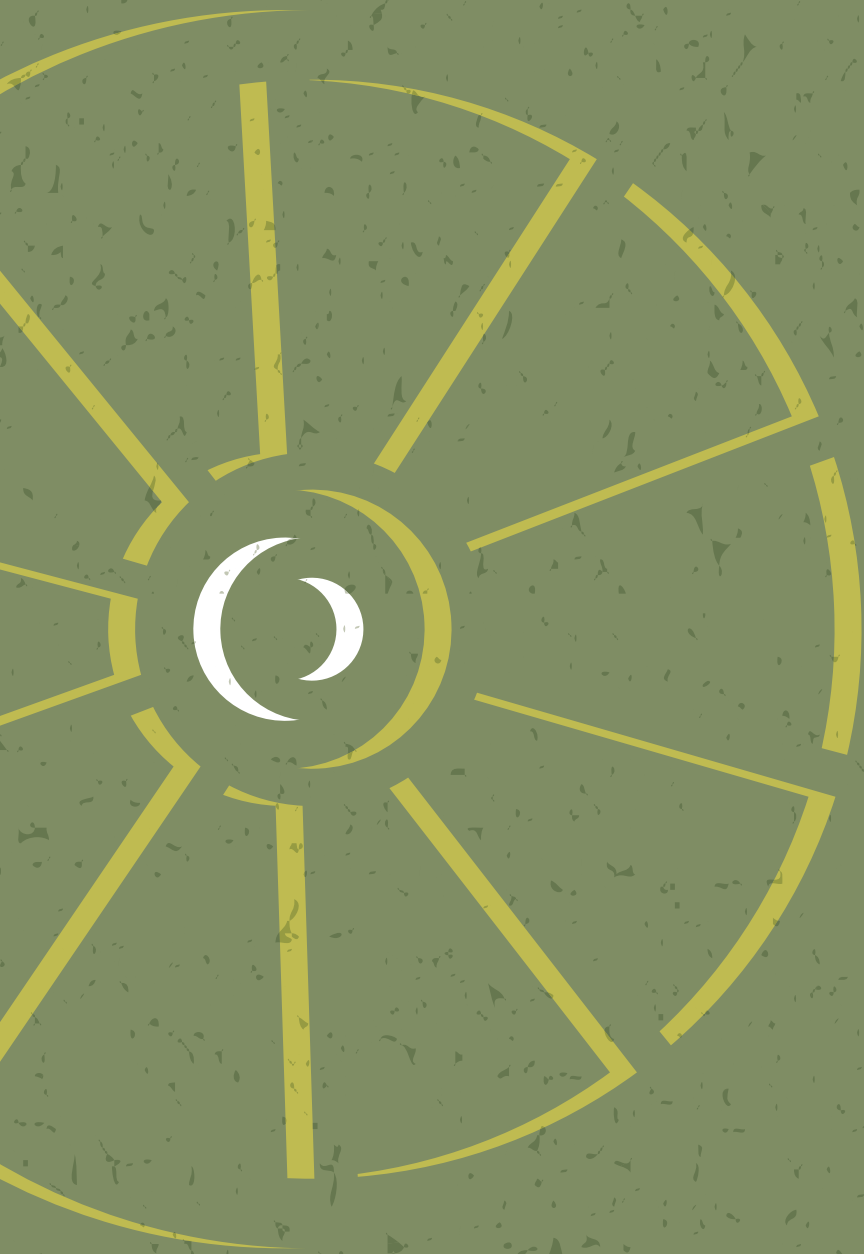
A regional study coordinator was appointed by the Department of Health, Social Service and Public Safety in Northern Ireland (DHSSPSNI) to support the development of a Traveller Health Network which incorporated all the potential study coordinators from different areas in the North and acted as trainers for the Traveller Peer Researchers.

Existing Traveller Health Infrastructure in Northern Ireland

In 2005 the Race Equality Strategy (NI) was launched (Office of the First Minister and the Deputy First Minister, 2005). Within this Strategy and subsequent Action Plans (Office of the First Minister and the Deputy First Minister, 2006) there was specific reference to Travellers and their health. The DHSSPS have also funded a community-based health project in Belfast since 1999.

The development of Health Action Zones in some areas of Northern Ireland has created an inter-agency focus for action on Traveller health. In other areas there are close collaborative and cooperative working practices between local Traveller Organisations, community development organisations, and local health and social services.

Ethical Approval



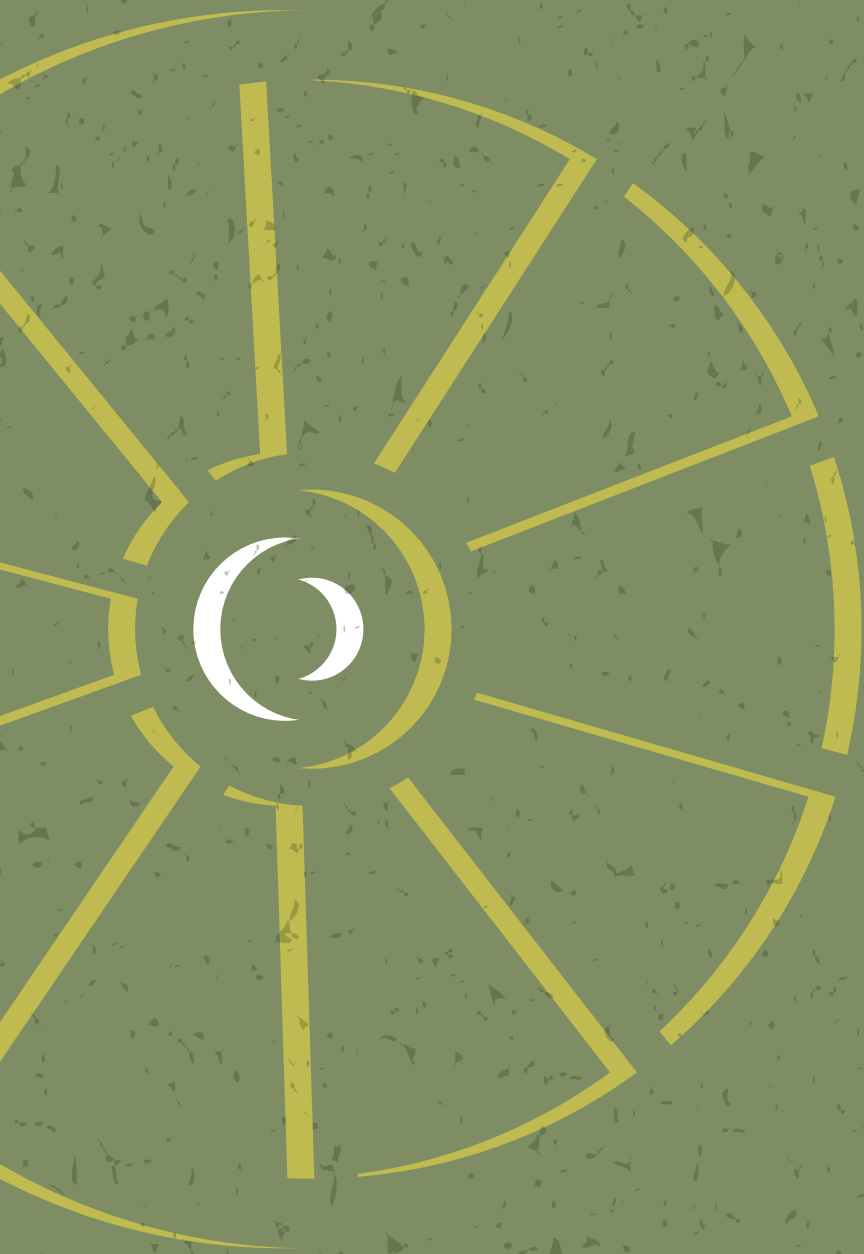
Ethical Approval Process - Republic of Ireland

Following submission of the study design to the UCD Ethics Research Committee on 4th July, 2007, the study received approval subject to minor clarifications on 11th July, 2007 and final ethical clearance on 1st November, 2007.

Ethical Approval Process - Northern Ireland

There are two approval mechanisms in Northern Ireland, one through the Office for Research Ethics Committees Northern Ireland (ORECNI) and one through the Health Trusts. The ethical approval process was more complex in Northern Ireland and was prepared in a staged approach, with approval initially being sought for the census, health status, health service utilisation, mortality study and the birth cohort sub-studies in the first submission; final approval was granted on the 16th December, 2008. Following ORECNI approval, Trust approval was then negotiated with the 5 Trusts and final approval was granted on the 13th February, 2009.

Study Methodology



Overview of Methodologies

The approach to the study was one of collaboration with all the key stakeholders. All methodologies and processes were designed, piloted and adapted in collaboration with Travellers and Traveller organisations, to produce results that could be translated into meaningful policy and practice. The team worked within the Traveller health infrastructure already established and the networks set up specifically for the study within the Traveller organisations and the health services, as outlined in detail in the Context Section of this report.

The methodological approach was to develop an integrated study programme with interconnecting sub-studies. This approach made for a cost-effective and scientifically sound overall project, which will benefit Travellers as a community. In general each step of the study provided a sampling frame for selection of respondents for the subsequent step, and also provided for rich context for the development of the study instruments. The individual study components are described below. The quantitative studies are based on samples from the corresponding primary studies, and the qualitative studies are based on samples from the corresponding quantitative studies.

The study proposal included Traveller community participation at every stage, from design to dissemination. The study team used methodologies which are culturally appropriate and all study team members were aware of and respectful of Traveller values and beliefs. Peer Researchers were drawn from the Traveller community. The intention was to deliver this project in the closest partnership with the community, with real community ownership, and real community control.

Sub-Studies

The study was divided into the following sub-studies (see Figure 8 for diagrammatical representation):

1. Census of Traveller Population

This was a census of the Traveller Population, which included information on accommodation, education, employment and demographic family profile. Only Travellers who self-identified as members of the Travelling Community were included in the census. The census was based on enumerating members of a family.

2. Quantitative Study of Health Status and Health Service Utilisation

For efficiency purposes the UCD study team conducted the Travellers quantitative study at the same time as the census. Based on principal respondent's age, gender and family make-up, a sub-sample of respondents were selected to answer questions on health status (adult or child) or health service utilisation. The advantages of data collection at the same time as the census were that only one contact was made with each family, and that all the relevant information was collected on a single visit. Carrying out the quantitative study subsequent to the census would have doubled the amount of fieldwork and could have resulted in a lower response rate due to missing some mobile Travellers.

3. Mortality Study

This study examined the mortality rates and life expectancy of Travellers through a 1-year retrospective count on all Traveller deaths on the island of Ireland.

4. Birth Cohort Study

This study identified all live births to Traveller mothers prospectively from the data of the census and subsequent notifications from PHNs with a 1-year follow up period. All pregnancy outcomes, perinatal, neonatal and infant mortality rates and the child's utilisation of services are being documented and tracked.

5. Qualitative Consultation

This study recruited a sample of Travellers for focus group discussions, case studies and qualitative workshops to explore their experience of the health services and perspectives on health and its determinants.

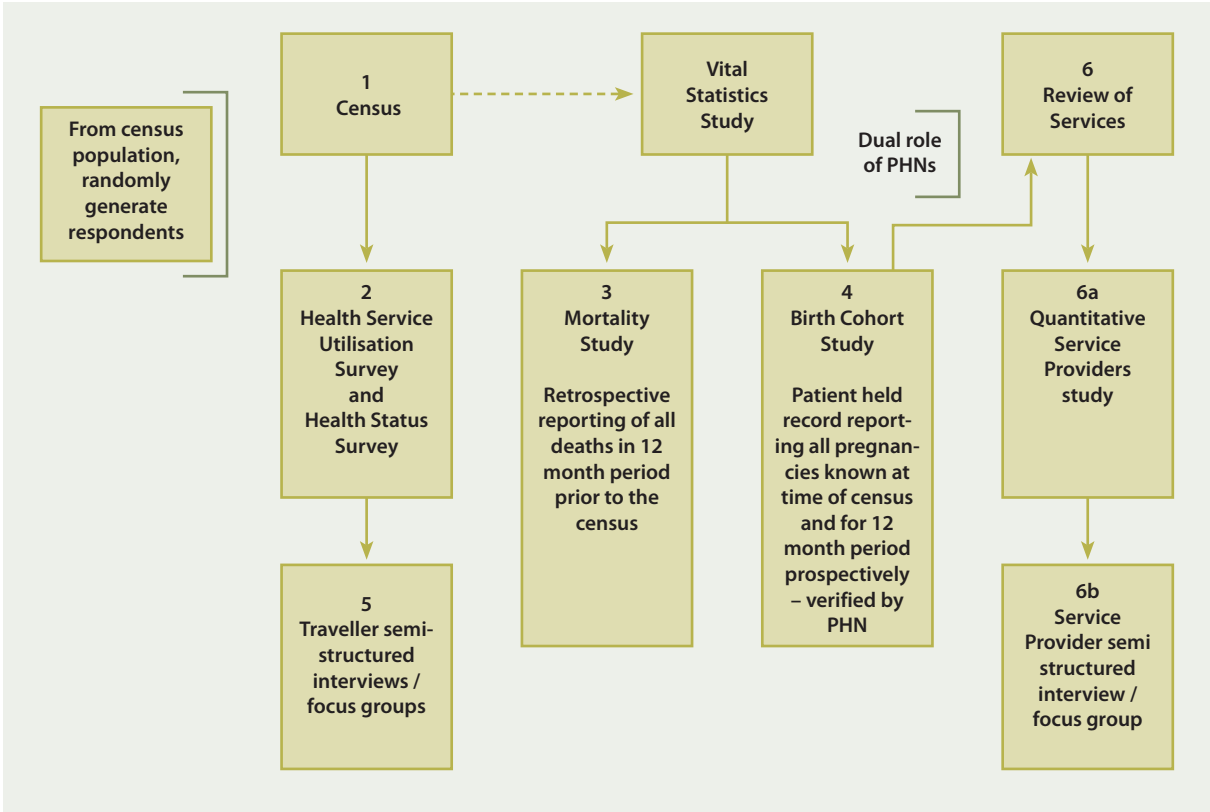
6. Service Providers Studies

The remit of these studies was to explore Service Providers' perceptions of Travellers health status and health needs and will identify models of good practice through qualitative and quantitative studies on a sample of front line providers and health managers.

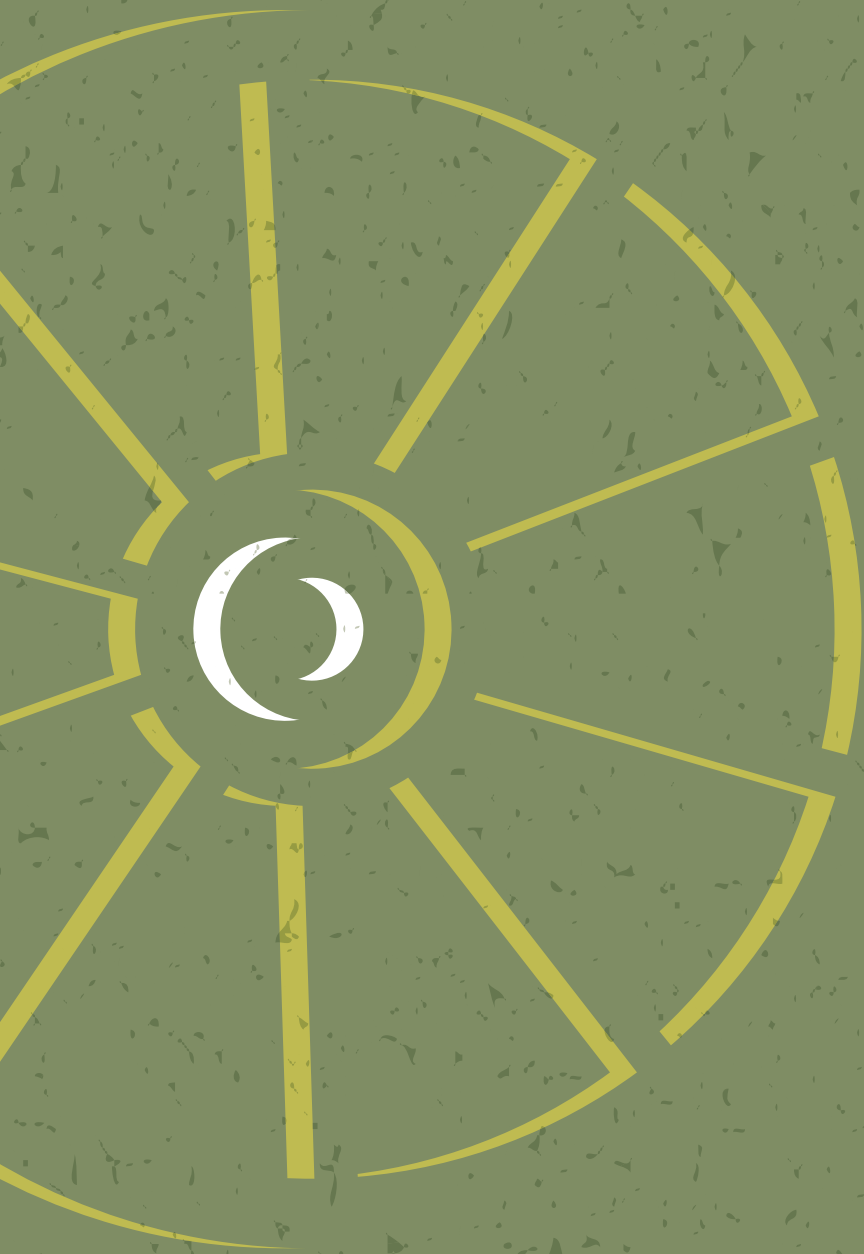
7. Travellers in Institutions

This study is based on the documented population of Travellers in institutions at the time of the census.

Figure 8 - Overview of the AITHS study structure. Each study sub-component is numbered as per the text above.



Mapping and Scoping



Definition of Travellers

The Equal Status Act (Government of Ireland, 2002) defines the Traveller Community as follows: *'Traveller community means the community of people who are commonly called Travellers and who are identified (both by themselves and others) as people with a shared history, culture and traditions, including historically, a nomadic way of life on the island of Ireland.'*

This is the same definition as used by the Race Relations Order in Northern Ireland. For the purposes of this study, only Travellers who self-identified as members of the Travelling community were included.

Mapping and Scoping Exercise

The main purpose of the mapping process was to identify all Irish Traveller families on the island, so they could be offered the opportunity to participate in the study.

Objectives of the Mapping Exercise

- To identify the number and location of Travellers/Traveller families by project and region.
- To develop and maintain a comprehensive database of Traveller and HSE study coordinators.
- To identify Traveller Peer Researchers for training.
- To assess level of coverage of Traveller families in the country by study coordinators and Peer Researchers and to identify gaps at local and regional level.
- To estimate the number of computers required for each project/region based on the number of Traveller families/number of Peer Researchers/number of coordinators and size of area to be covered. Laptop computers were used for data collection.
- To determine the capacity and challenges locally and regionally to facilitate the implementation of the study.

Rationale for the Mapping and Enumeration Process

The number of Travellers in the National census (Central Statistics Office, 2003a) is accepted to be under-reported (Kobayashi, 2005), so the study team required another process to identify and enumerate all the Traveller families in Ireland.

The first stage in determining the study population of Irish Travellers was to build on the process already commenced by Pavee Point via the National Traveller Health Network and the Traveller CDP network. This process had commenced in 2005-2006, when the understanding was that the Department of Health and Children were going to use the CSO 2006 census data as their population denominator. The Traveller groups did not feel confident with this, as they felt the 2006 census did not accurately reflect the true number of Travellers in Ireland, so they commenced a process of asking all Traveller Link Projects to count the local Travellers.

The projects in these Networks were asked to identify the number of Traveller families within their working areas. This information was collated and updated for the study, with Pavee Point working jointly with the UCD study team. As part of the verification procedure for this information, the feedback from this process was cross-referenced with the annual count of Traveller families, which is done by the Department of the Environment, Heritage, and Local Government each year.

As a result of this process by the Traveller Networks, the mapping figure for the study in September 2008 was a Traveller family population of approximately 9,548. This population count allowed an estimation of the numbers of Peer Researchers and computers required at project level and an estimation of the duration of the census.

Regional Matrices

Mapping matrices were produced and updated on a regular basis during the preparation for the census, and information on Traveller families and research requirements were broken down by study location within each THU region. This allowed the regional HSE and Traveller networks to review progress in mapping to ensure total coverage. In this matrix there were 8,796 Traveller families enumerated in the Republic of Ireland, and 752 in Northern Ireland.

Allocation of Computers

As the mapping data was received, tables were prepared (Table 3) which broke down the number of Traveller families by project, county, and region. This information was used to estimate the percentage population in each area. The study team used this percentage to estimate the number of computers to be allocated to each area and the number of Traveller Peer Researchers required.

Also noted were the number of teams of Peer Researchers and coordinators who were available in each area. It had been agreed that the Peer Researchers would work in pairs, and UCD had 180 computers available to the study, so 360 Traveller Peer Researchers would be required. Approximately 40 additional Traveller Peer Researchers were recruited and trained in areas to support the coverage of the study and to fill gaps when they arose.

Census Time Period

It was agreed that the census would take 6 weeks to allow adequate time for all Traveller families to be interviewed and to allow time for follow up and repeat visits as necessary. Some projects worked longer hours and completed the work in less than 6 weeks, but the planning was based on the minimum hours worked by Peer Researchers. This 6 week time period was estimated from:

- The interview process was estimated to take on average 35 minutes depending on the family members selected.
- An extra 40 minutes was allowed per interview to allow for travel time.
- By these estimates Traveller Peer Researchers who worked 12 hours a week could do an average of 10 interviews a week.

With 180 pairs of interviewers, it was calculated that the scoped population could be surveyed in 6 weeks.

Table 3: Summary of National Mapping information by Regions (September 2008)

Region	Scoped population	Percentage sample	Peer Researchers required (pairs)*	Peer Researchers available (pairs)	Computers required	Coordinators required	Coordinators available	THU Coordinator
Eastern	1,979	21%	38	56	38	21	24	Ronnie Fay
South Eastern	1,132	11%	20	21	20	8	9	Liam Keane
Southern	1,305	14%	26	26	26	10	11	Deirdre O'Reilly
Midlands	1,045	11%	20	17	20	8	8	Fergal Fox
Western	1,287	13%	23	25	23	10	11	Mary Syron
Mid Western	931	10%	18	17	18	6	5	Mary Kennedy
North Western	368	4%	7	14	7	4	6	Moya O'Leary & Catherine Devany
North Eastern	749	8%	14	20	14	5	6	Martin Collum
Northern Ireland	752	8%	14	19	14	5	11	Dolores Atkinson
Totals	9,548	100%	180	215	180	77	91	-

*It was estimated that each pair of Peer Researchers would interview 53 Traveller families. This calculation was based on an average duration of 1 hour and 15 minutes per family interview, with each Peer Researcher pair doing an average of 3 interviews per day (10 per week for those working 12 hour weeks). From this, it was estimated that each pair could complete their allotted interviews in 6 weeks.

Instrument Development and Piloting

Traveller Census and Quantitative Study

The objective of the census was to provide population estimates broken down by sex, age, region, nature of accommodation, access to facilities and services. Every Traveller family enumerated in the mapping and scoping exercise on the island of Ireland was invited to participate in the census part of this study.

For the purposes of this study, a family unit was determined from an adaptation of the Central Statistics Office (CSO) definition (Central Statistics Office, 2007c):

- a husband and wife or a cohabiting couple; or
- a husband and wife or a cohabiting couple together with one or more usually resident never-married children (of any age); or
- one parent together with one or more usually resident never-married children (of any age)
- one person living alone
- only people who normally live with the family will be included in a family unit

The study team expanded the CSO definition to include an additional category where Travellers could determine who were members of their family unit to incorporate the inclusion of, for example, a foster child or niece who may be living with them as a member of their family.

The objective of the health status and health services utilisation studies was to obtain information on health status and factors affecting it and to obtain information on service utilisation and factors affecting it.

The study team devised different instruments for this survey, a census section, health status for adults, health status for children and health services utilisation for adults. The team also developed proxy questionnaires for the health status and health utilisation for adults.

Questionnaire Design

The final questionnaire used was determined after wide consultation to ensure that the questions were appropriate and acceptable to the Traveller population. It included questions taken from previous studies with Travellers (O'Donovan *et al.*, 1995) and national surveys, e.g. Lifeways Cross-Generation Cohort Study ('Lifeways' hereafter), and also covered areas such identified in the scoping document. These included:

- employment status
- level of education
- social support
- general health status
- specific experience of racism and discrimination
- behavioural risk factors (smoking, alcohol consumption, drug taking, dietary intake and eating patterns, exercise)

- cultural factors (breastfeeding rates, early marriages, large family size, concepts of health and health beliefs)
- access to and use of health services (including GP consultation rates/hospital attendance rates)
- use of prescribed medicines
- use of cures
- use of dental services/aural services
- use of speech therapy services
- use of gynaecology/maternity services (including family planning)
- standard/type of accommodation and social environment
- community involvement
- sports and leisure activities.

Outline of Process Used to Design and Pilot the Study Instrument

- All potential questionnaire items were extracted from Traveller studies and national study instruments (such as the CSO, the SLAN studies, the Lifeways study, and INSIGHT '07). Potential items were collated into a draft questionnaire, which was circulated to the study stakeholders, HSE and Travellers via the Traveller organisations, to assess their suitability for inclusion in the survey
- A copy of the draft consultation questionnaire was also posted on the study website to facilitate wide dissemination
- Feedback was documented on potentially suitable or unsuitable questionnaire items and items were deleted or new items were added, as appropriate
- Questionnaire wording was changed to more culturally appropriate versions, as required
- By the third round of consultation and feedback, the team had a draft paper instrument with a maximum 45-minute respondent time
- The paper instrument was piloted with Travellers at local level, and changes were incorporated as required
- Following consultation, the study questions underwent a final adaptation to Traveller terminology and relevant images and pictures were developed and selected by Travellers in regional workshops, to ensure that the instrument reflected the rich oral-visual culture of Travellers
- The questionnaire was then translated into an audiovisual electronic format on laptop computers, with a Traveller voice-over capturing the Traveller wording of questions
- The computer designed instrument was piloted with Travellers
- The questionnaire was finalised following this consultation process and the audio-visual instrument/ laptop computers was disseminated among study co-ordinators to complete the final training sessions with their Traveller Peer Researcher teams
- Final dress rehearsal successfully completed for quality assurance of data collection and data upload process using modems

Development and Piloting of Computer-assisted Instrument

The UCD School of Public Health, Physiotherapy and Population Science established a research unit at the start of the study and this facilitated the study team's access to 180 laptop computers for use in the study. This allowed the team to explore the feasibility of a computer-assisted delivery system for the conversion of the questionnaire to an oral/visual format, taking cognisance of the literacy level of the Traveller Peer Researchers.

Process Used in Development of Electronic Instrument

- A computer programmer was commissioned to work on transforming the paper version of the questionnaire, with all its subsections, into an electronic instrument for use on a laptop computer.
- The terms of reference for the programmer were to implement a large questionnaire with multiple branching items within each section, and with random branching from one section to another, which was to be implemented in the field using Traveller Peer Researchers. It was understood that the Peer Researchers may have limited or no prior computer skills, and would have literacy skills ranging from good to minimal.
- Due to the complexity of the questionnaire, memorisation of the questions by Peer Researchers was not an option. It was therefore decided to use a multimedia approach, to utilise both images and sound to present the questions on laptops to the Peer Researchers.
- Extensive consultation was done with groups of Travellers around the country to choose meaningful and appropriate pictures, and also to rephrase the questions in appropriate language.
- A piloting exercise was undertaken with non-literate Travellers, and the initial feedback was positive.
- The response time for completing both the census and the quantitative studies was checked to ensure that it was no more than 45 minutes when using the laptop.
- Other subtle technical changes were made on an ongoing basis to ensure optimum performance of the laptops and the collection of data.
- Computer protocols and training guidelines were developed for 'trainers' training' with the co-ordinators.
- UCD study team set up an IT support panel with 2 external expert advisors, to plan and implement the required IT support before and during the fieldwork, as well as to ensure due consideration of data security and coding.

The development of an electronic audio-visual questionnaire, with an average family interview time of 45 minutes, was unique in a community that relies traditionally on memorising questionnaires to gather information. The instrument capitalised on their oral tradition to maximise the amount of information that was collected.

Software Preparation

- Three applications were designed. The first allowed the coordinators to pre-code questionnaires for the Peer Researchers with identifying details. The second was for the Peer Researchers to conduct the interview and the third was to upload the finished questionnaires to the central server via modem.
- The program was written in Adobe Actionscript 3.0.
- The first program – Setup - was used only by the coordinators to set up the day's questionnaires for each family to be interviewed. This produced an XML (Extensible Markup Language) file for use later by the Questionnaire program.
- The second program – Questionnaire - was designed to be user friendly with minimal operating requirements, enabling Peer Researchers to use the computers without intensive training. The program selected which question to present next, based on previously answered questions, so the respondents were only asked questions appropriate to their circumstances, according to preset branching rules. The program selected which family member present was to be chosen to be the subject of the survey part of the questionnaire, according to the predetermined sampling design and based on the data already inputted at that particular interview. The responses to the questions were stored in the XML file, ready for uploading.
- The third program – Upload - required the coordinator to connect to the internet using a USB mobile modem and the interviews were then uploaded to a secure central server where the XML files were processed into a SQL (Structured Query Language) database.

Sampling Strategy

The census contained 3 principal sections:

Section A: Family census, was completed on behalf of all respondent households by the principal informant, who was usually the mother. This included basic information on the age, sex, marital status etc. for all family members.

Section B: Children's health status and utilisation for a selected child aged 5, 9 or 14 years, and proxy questions, which were completed by the mother as appropriate.

It was decided to obtain detailed information on all Traveller children aged 5, 9 or 14, with a set of common questions, together with age-appropriate questions. If there was more than 1 child of these ages, or twins/triplets, a random choice of 1 child was made. Children of other ages were not surveyed.

Section C: Where there were no children of these exact ages in the family, an adult was surveyed on a random basis, and randomly either the health status or health utilisation questionnaire was administered. Where there was only one adult (aged 15+) he/she was chosen.

As far as possible the individual himself or herself answered the questions; alternatively a subset of the questions was answered on the individual's behalf by the principal informant.

In terms of the respondent burden for the census the following gives greater detail of the questionnaire sections that were administered. Each family unit completed Section A. Then, depending on the individual chosen for the more detailed information, the following held:

For a child aged exactly 5 years, 9 years or 15 years at last birthday:

Section B1 of the questionnaire was filled in for a child at each of these ages, and information obtained using Section B2 (age 5), Section B3 (age 9) or Section B4 (age 14).

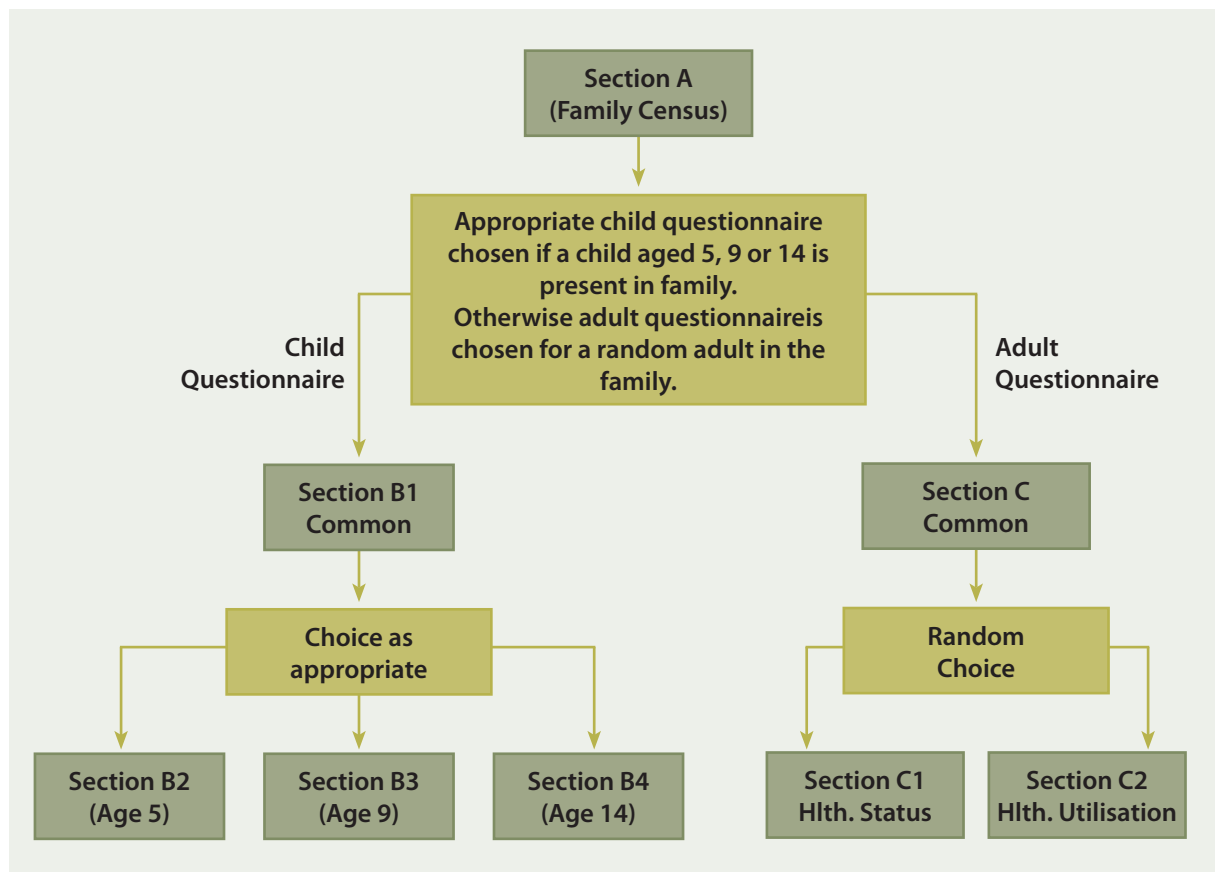
For an adult:

On a random basis either Section C1 on health status or Section C2 on health services utilisation was administered.

Thus in a family unit there were 5 possible questionnaire combinations (Figure 9):

1. Section A and Sections B1 and B2
2. Section A and Sections B1 and B3
3. Section A and Sections B1 and B4
4. Section A and Section C1
5. Section A and Section C

Figure 9: Questionnaire administration



Peer Researchers, Coordinators and Fieldwork Training

Pavee Point identified that 40+ Primary Healthcare for Traveller Projects, which included approx 320 TCHWs and 40 project coordinators who had received training in basic research methods, would be available to the study as enumerators. All enumerators were trained to a standardised level. This had many advantages over using enumerators from outside the Traveller community (e.g. Local Authority Social Workers or Housing Welfare Officers), both in terms of their acceptability to Travellers, and also their local knowledge of where Travellers lived in the region.

The training for the study was delivered by the UCD team as a Trainer's Training Course to coordinators and assistant coordinators of the projects, who in turn provided that training to the TCHWs in their teams. The PHCTP coordinators coordinated the work of their PHCTP teams locally and also acted as the key link and resource to the study team. In areas where there were no PHCTPs the regional networks covered the area with CHWs who had contact in these areas. Where this was not possible and while conducting the census in the regions they made contact with key informants, i.e. other Traveller organisations or projects, visiting teachers, PHNs and Traveller Training Centres.

The initial coordinators targeted were the existing coordinators in the Primary Healthcare for Traveller Projects; these projects normally have two coordinators in place, one representing the HSE perspective (PHN or RGN) and one representing the Traveller organisation perspective (Community Development Worker). At the beginning of the study there were 40 of these projects in the country and approximately an additional 6 Projects in development as PHCTPs. Some of the projects were supported by the local THU to facilitate their participation in the study.

In areas of the country where there was no PHCTP, the study team worked with co-ordinators identified through Traveller organisations/Traveller Community Development Projects (CDPs). Where there was an identifiable Traveller organisation, Traveller Training Centres were used (of which there were approximately 40 in ROI). Where there was an absence of all these Traveller structures, community development organisations were used (e.g. external employment of some of the Community Development workers in the North Eastern region).

The coordinators were facilitated by their employers in the HSE, FAS, Traveller Training Centres, Community Development Projects and Traveller organisations to attend the training days. The training costs, travel and accommodation were funded by the UCD study team.

85 coordinators and assistant coordinators were trained to act as study coordinators and trainers in Northern Ireland and the Republic of Ireland. These study coordinators and trainers then trained 400 Travellers at local level to act as Peer Researchers for the study.

Six training days were held with study co-ordinators extending from 12th March to 9th September, 2008. The training was iterative and linked to the development of the study instruments and protocols. Each session was evaluated and feedback used to inform further training. Time was allowed between

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training for the study coordinators to process the information and give feedback (e.g. on the questions for inclusion in the instrument; the application of the protocols at local level and the training of the Peer Researchers on the electronic instrument).

The laptops were disseminated at the final training session on 9th September. 180 computers were distributed to the 400 Peer Researchers in the Republic of Ireland. 36 computers were distributed to the 72 Peer Researchers in Northern Ireland at a later time.

Following feedback from the training sessions, the study coordinators worked intensively with the Peer Researchers in preparation for the census, ensuring that both they themselves and the Peer Researcher were fully competent in, and confident with, the use of the electronic audiovisual instrument. Peer Researchers worked in teams and shared a computer. More Peer Researchers were trained than were required to allow for replacements and to allow the Peer Researchers to work flexible hours. This training provided by the study coordinators and the time and effort of the Peer Researchers proved invaluable and led directly to the success of the census. The local experience and knowledge of the study coordinators once again proved vital as they were able to roll out the study at a pace suited to the local context and capacity of their Peer Researcher teams.

The study website held information about the role of study coordinators and the Peer Researcher teams. This information was outlined in our detailed protocols, along with the final training folder with copies of all presentations and handouts from the training 'Trainer's Training Course', and the information was available to download.

At completion of training, there were 54 centres around Ireland that had trainer coordinators and who had trained 400 highly competent Traveller Peer Researchers. These Peer Researchers ultimately gathered and uploaded the census data.

Consultation Forum

The ongoing link with the study coordinators through electronic feedback and discussions during training allowed the Team also link through them to the Peer Researchers and local Travellers for consultation and piloting of the design and adaptation of the study instruments and protocols.

Communication and Dissemination of Information on the Study Study Promotion

There were several information meetings with various stakeholders before the study was formally launched on 10th July, 2007 in Croke Park. The national publicity campaign was multi-media in format and included radio (e.g., 'The Last Word with Matt Cooper') and newspapers (e.g., the Irish Times and the Irish Independent) and was broadened to include national television (e.g., 'Nationwide').

Title and Branding

A title and branding for the study were discussed by the Technical Steering Group (TSG) in the Department of Health and Children, and following discussion it was agreed to accept a proposal by Pavee Point to name the study 'Our Geels'. This means 'Our Selves' in Travellers' own language 'Cant or Gammon', and this name was selected following extensive consultation through the Traveller networks by Pavee Point. They also tabled a proposal for the logo for the study which reflects the central role of the Travellers and the All Ireland nature of the study, which was accepted by the TSG.

DVD on the Traveller Health Study

The UCD study team supported and collaborated with Pavee Point on the production of a DVD about the study for Travellers, 'Our Geels'. It was funded by UCD and the Equality Commission in Northern Ireland. 'Our Geels' outlined the main components of the study and explored the rationale and importance of Travellers identifying themselves and participating at every stage of the study.

Regional Briefing meetings

In the months prior to the launch, representatives from both Traveller and Health Service Provider Networks were invited to attend regional briefings (see Table 4 below) on the study. Following a presentation on the study by a member of the UCD study team at each briefing, questions and queries from the attendees were encouraged. Individuals were asked to consider both their potential role in the study, and what information and supports they felt were necessary to ensure their full involvement.

Table 4: Briefing sessions on the Study presented from December 2007 – February 2008

Group/Region	Date	THU Co-ordinator/ Contact person
THU – Eastern Region – Dublin	3rd December 2007	Ronnie Fay
THU - Mid Western Region	6th December 2007	Mary Kennedy
Stakeholder group - NI – First meeting – Belfast	7th December 2007	Stewart Love
THU – North West – Ballyshannon	12th December 2007	Moira O'Leary
THU – Midlands region – Tullamore	19th December 2007	Fergal Fox
THU Western region – Galway	16th January 2008	Mary Syron
National Traveller Monitoring & Advisory Committee Tullamore	17th January 2008	Mark Callanan – IPA
THU South East - Kilkenny	18th January 2008	Liam Keane
Northern Ireland – Traveller network – Toome Bridge	22nd January 2008	Dolores Atkinson
Stakeholder group – Northern Ireland - Second meeting, Armagh	24th January 2008	Stewart Love
National Traveller Health Network - Dublin	31st January 2008	Ronnie Fay
THU North East – Ardee	31st January 2008	Richard Phelan
THU South West – Cork	4th February 2008	Deirdre O'Reilly
Northern Ireland – Traveller network – Toome Bridge	19th February 2008	Dolores Atkinson
CAWT workshop for Traveller groups North and the North East region Monaghan	27th February 2008	Richard Phelan/ Andy Gallagher

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In addition to training sessions, there were also regular information meetings with various stakeholders in the year leading up to the census visits both in the ROI and NI. These were held at regional and national level to provide updates/information and feedback on the process. These included briefings with both National and Regional Traveller Networks (for example, the National Traveller Reference Group, NTHN, and An Munia Tober), the HSE (for example, the National Liaison Group, and the network of nurses working with Travellers) and the TSG and Northern Ireland Stakeholder Groups were also kept abreast of developments as they occurred.

The Lead-up to the Census

In the weeks leading up to the Republic of Ireland census and the Northern Ireland census, the UCD study team, with the support of the Primary Health Care Projects and equivalent groups, disseminated flyers announcing the census date. The UCD study team also worked with representative Traveller organisations (Pavee Point and An Munia Tober) to produce leaflets with more detailed discussion on the study for dissemination both in the Republic and Northern Ireland. The Traveller Networks worked tirelessly to ensure that each and every Irish Traveller on the island was aware of and fully informed of the nature and purpose of the study in advance of the census visits.

The study team also worked with the HSE to develop and disseminate additional leaflets at the census visits outlining the process and purpose of the birth cohort study specifically. Other stakeholders were alerted to the study both through correspondence with relevant groups, and through the media. For instance, GPs were informed of the study through the Irish College of General Practitioners (ICGP), and through an article in the September 2008 issue of 'Forum' magazine. In addition, both the DHSSPSNI and the HSE publicised the start of the census in their respective areas through their respective networks (e.g., the HSE Intranet)

Data Collection

Data Collection Process

- The UCD study team set up an outline matrix on coding for the study and asked co-ordinators to set up a code for each family (UCD only pre-set the regional codes). The study team agreed the broad content of the coding system, including Peer Researcher codes, family codes, site codes, and area codes. This content was then used to programme the pre-coding of the questionnaires on the computers. The team asked the coordinators to update the information on a daily basis, indicating the outcome of each contact with families and documenting this in the comments section.
- Data was collected from 54 different study centres throughout Ireland.
- The census component of the study was launched by the Minister for Health and Children in her Department on the 13th October, 2008 with a photo-opportunity and press conference. Special emphasis was placed on the importance of the study, and the use of the electronic instrument by Travellers and Traveller Peer Researchers.
- Data was collected and uploaded via modems from 180 computers located in 54 different study centres, throughout Ireland, during the 2-month period of the census.
- An average of 300 files were uploaded to the UCD server on a daily basis, and these uploads were monitored regularly as part of quality control.
- A 12-hour daily helpline was set up in UCD, with IT and programme support to address issues and challenges as they arose.
- To facilitate completeness of the study, the census period was extended to allow inclusion of areas where there were issues in relation to staff turnover and problems with access to sites.
- At the end of the census the team did a close-down interview with each of the study co-ordinators asking them to return their completed matrices. In the matrix they accounted for each family they had coded/enumerated and indicated if they had added new families or if families had refused, moved or were unavailable. The team collated this information to get the total number of Traveller families in Ireland.

Census in the Republic of Ireland

The Traveller census commenced on 14th October, 2008. The census ran intensively for 6 weeks, during which the majority of data were collected as per schedule and it continued as sweep-up in some areas due to external factors causing delays such as local conflict, sites being unsafe, closure of projects and movement of staff.

Comments from the Regional Reviews of the Republic of Ireland Census

Overall, very positive feedback was received from projects who participated in the study with the benefits far outweighing the challenges. Most projects felt that the Peer Researchers gained several skills from this experience. It has improved teamwork and given them more confidence in their own abilities. Some Peer Researchers felt that their community now has more respect for their professional role in Traveller health. Some comments noted during feedback included:

‘...It gave me a sense of pride as a Traveller, that we were able to carry out this research ourselves – it also was a good education and example to our children that Travellers are able to do this for themselves.’

'...It has been a fantastic learning experience, with Travellers building up their skills and knowledge.'

'...Hard work, long hours but worth it, I am proud I could do it.'

Census in Northern Ireland

Following Trust approval, the census in Northern Ireland commenced in all areas on 16th February, 2009 and was completed on 24th April, 2009. The data was collected by 36 teams of trained Traveller Peer Researchers and 12 co-ordinators. There was a very positive response, with 1,562 Traveller families enumerated, greatly exceeding the 752 families identified in the initial enumeration process. The census collection went very smoothly as the issues/challenges identified in the Republic of Ireland were addressed in the training and in the preparation of the Northern Ireland software; this was reflected in the few calls to the helpline.

Comments From the Regional Reviews of the Northern Ireland Census

Similar to the experience in ROI, the NI Peer Researchers found participation in the study data collection a very empowering experience, and in their feedback they expressed a hope that this commitment and engagement by the Travellers will lead to the further development of local and regional Traveller health initiatives.

'...We hope that this work we have done, will become the foundation of more work with Travellers on their health, as Travellers on the doorstep asked us to use this information to help them improve their health.'

'...The study has created a great interest in Travellers' own health, and we need to build on this enthusiasm and not let them down.'

The UCD study team would like to thank all the Traveller Peer Researchers and study co-ordinators for the excellent work that was undertaken. Their enthusiasm and commitment facilitated the further identification and inclusion of additional Traveller families during the census.

Analysis Strategy for Technical Report 1

Data Cleaning and Preparation

The data was received from the field in a raw electronic format (SQL database), with the responses for the census and all the surveys in one single database. The database also included files for a number of interview outcomes, including refusals, unavailable or moved families. It was therefore necessary for the questionnaire and database programmer to go through cleaning and restructuring at the level of the SQL database. This was then followed by conversion to an SPSS database. The main tasks in the data cleaning and preparation process were:

- Removal of duplicate and invalid files and addition of files that had not been uploaded but retrieved from laptops that were returned from the field.
- Renaming and restructuring of variables into an analysable and interpretable format.
- Combining the proxy-answered variables of the adult Health Status and Service Utilisation Surveys with their directly-answered counterparts.
- Creation of individual-level demographic data files from family level files that nested demographic data for several individuals of the same family.

Because ROI data was received before the NI data, all the processes were initially carried out on the ROI database. The data cleaning and transformation syntax generated was then customised to suit the NI variables and any issues specific to the NI database, before it was run on the NI database.

Analysis

The analysis was carried out in 2 rounds. The first round ran in tandem with the data cleaning and preparation process. ROI data was initially partitioned into the constituent census, child and adult surveys. The study team data analysts attended a training session where the structure of the databases and the questionnaire were explained. They were supplied with an analysis and reporting programme prepared by the study's information technology (IT) group. The programme produces standard reports of census/survey response percentages as well as age and gender breakdown for the survey responses. Each analyst had to customise the programme into a census- or survey-specific programme. They received training on the process to operate their analysis, and all analysts submitted a complete report including their analysis programmes once completed. Finalised census- and survey-specific analysis programmes were then generated, including an adjusted version for the NI database. Finally, the cleaned and finalised analysis syntaxes were rerun on the final databases, in a second round of analysis.

Respondents did not answer every question, which created a variation in the response rates across the questions. Missing values were not inputted and the reported percentages are based only on the number of people who responded to the question, excluding those who responded with 'Don't know' or 'Refused' as well as those who did not respond. That is there is a difference in the number of response reported for each variable. For multiple response sets, the percentages were based on those who selected at least one response, excluding those selecting 'Don't know' or 'Refused' and those who did not select any option. Furthermore, the total number of Travellers who responded to each sub-questionnaire is calculated from the maximal valid response to an item within that sub-questionnaire.

For the Adult Health Status and Service Utilisation questionnaires, the reported responses represent the direct responses combined with the proxy responses, for those variables that were asked in the proxy questionnaires also.

The main results of the census and survey are given in the body of this report in tabular form. Socio-demographic data are presented first. Though the main survey was of Traveller ‘families’ this data is based on the individuals documented within the Traveller families and gives a picture of the entire Traveller population. All demographic factors are analysed separately by sex and age group and by ROI and NI. Please note that the percentages add across the table with the total sample size (n) for that category/sub-category presented in the last column. For the demographic tables the n represents individuals.

The remainder of the tables presented in this report is based on the Traveller families surveyed, or on the sub-groups surveyed for the Child or Adult sections. Again, tables are broken down by age, sex and by ROI and NI. The questions are presented in the running order of the questionnaire and are numbered based on the question numbers in the actual questionnaire. The titles of the tables reflect the actual question asked of the survey population, edited as needed for clarity of reading. A full (paper) version of the questionnaire is given in the Appendix to the 3 AITHS Technical Reports. Because of the large number of variables obtained, and the sample size, multiple statistical comparisons with testing of hypotheses were not considered appropriate. However, some relevant cross-tabulations are provided and a comparison of some key variables is included.

Analysis Strategy for the Contextualisation of the AITHS Census and Health Survey Data

A comparison section follows the presentation of the census and health survey main report, where comparable population-level data is abstracted and presented in tandem with the AITHS findings, in order to provide context and richness to the understanding of the Traveller condition.

Choice of Comparative Data

The items used for data collection in the AITHS were derived primarily from a number of existing survey instruments that had been used for data collection in Ireland. The results of these surveys were therefore used as appropriate comparators for the AITHS results. Items were derived from such survey instruments as used by the SLAN (Survey of Lifestyle, Attitudes and Nutrition) 2002 and 2007 surveys (Kelleher *et al.*, 2002; Morgan *et al.*, 2008), the National Longitudinal Study of Childhood/ Growing up in Ireland study (NLSC/GUI) (Williams *et al.*, 2009), the Lifeways Cross-Generational Cohort Study (O’Mahony *et al.*, 2007) (hereafter also known as Lifeways), the Health Behaviour in School-aged Children (HBSC) study (Nic Gabhann *et al.*, 2006), Krieger *et al.* (2005), KIDSCREEN (KIDSCREEN/ DISABKIDS questionnaire, 2010), INSIGHT’07 (2007), and the Continuous Household Survey in NI (2008-2009). The aim of this section is to consider the key variables noted in the AITHS and compare the Traveller social, economic and health position with that of the general Irish population, and where possible, specifically with the position of the Irish population of social class (SC) 5 or 6 (from

the classification used by the Irish CSO, where SC 5 or 6 means that the present or last occupation of the person is in either the semi-skilled or non-skilled occupational categories) or medical card users. It is acknowledged that the Traveller community is not homogeneous, and that as a distinct minority community it has characteristics that set it apart from the general Irish public in significant respects. Nonetheless because social inequality is one possible contributory feature to the health status of its population it is appropriate to control or adjust for that possibility insofar as possible.

Description of the Data Sources Accessed

Lifeways is a cross-generational cohort study of 1,000 Irish families funded by the Health Research Board, in which data was collected from family members including mothers, fathers, grandparents and children (O'Mahony *et al.*, 2007). Two subsets of the Lifeways population were used to obtain the data for this comparison. Firstly, a dataset was created using baseline survey data from all adults in the study (mothers, fathers and grandparents, n=2,158 persons). Of this adult dataset, 510 persons had a medical card, and were therefore included in the analyses. For the second dataset, data were taken from the 5-year follow up child examination from Lifeways, affording direct comparison to 5-year-old Traveller children. These questions focused on the index child, with whom the mother was pregnant at the Lifeways cohort inception. There were follow up data on 68% of children, of whom 199 had mothers who had reported having a medical card at baseline. Despite the fact that Lifeways recruitment focused on pregnant women, subsequent studies have shown that the Lifeways cohort can be used as a representative sample of the general Irish population (Niedhammer *et al.*, 2009).

INSIGHT'07 is a study of consumer satisfaction with health and social care services. Data were collected by means of a survey of a nationally representative sample of Irish adults identified through the 2002 census, with supplemental sampling of the over 50 age group. The final sample was 3,517 respondents, of whom 1,282 had medical cards. SLAN 2002 is a population-based survey of Irish adults. These data have been received through the Irish Social Science Data Archive (ISSDA). SLAN 2002 gathered data on 5,992 participants, 1,645 of whom held medical cards. For this analysis, the data relating to persons who held medical cards were retained. SLAN 2007 is a population based survey of adults aged 18 and over, living in private accommodation, identified through the GeoDirectory. The SLAN 2007 raw data relating to medical card holders (n=3,445) has been made available to us through Dr Karen Morgan of RCSI. Results from SLAN 2007 were also gathered from the published reports, and in this case, comparisons with the AITHS group were made with published results relating to SC 5 and 6. Of the SLAN studies, SLAN 2007 comparisons were preferentially included as the most current data, although comparisons with SLAN 2002 were included if the equivalent data item was not available in SLAN 2007.

The HBSC study 2006 is an EU linked survey of school-going children in Ireland, coordinated through NUI Galway. Data was collected on 9-year-old, 10-11-year-olds, 12-14-year-olds and 15-17 year-olds. Collaboration was agreed with Dr Saoirse Nic Gabhann of NUI Galway, and the HBSC team undertook to supply the data needed to make complete comparisons. Data was gathered from the child as first respondent, and reference to this is made in the text of this paper where appropriate. Comparisons were made with the subset of children in SC 5-6 (n=333 9-year-old, and n=907 12-14-year-olds).

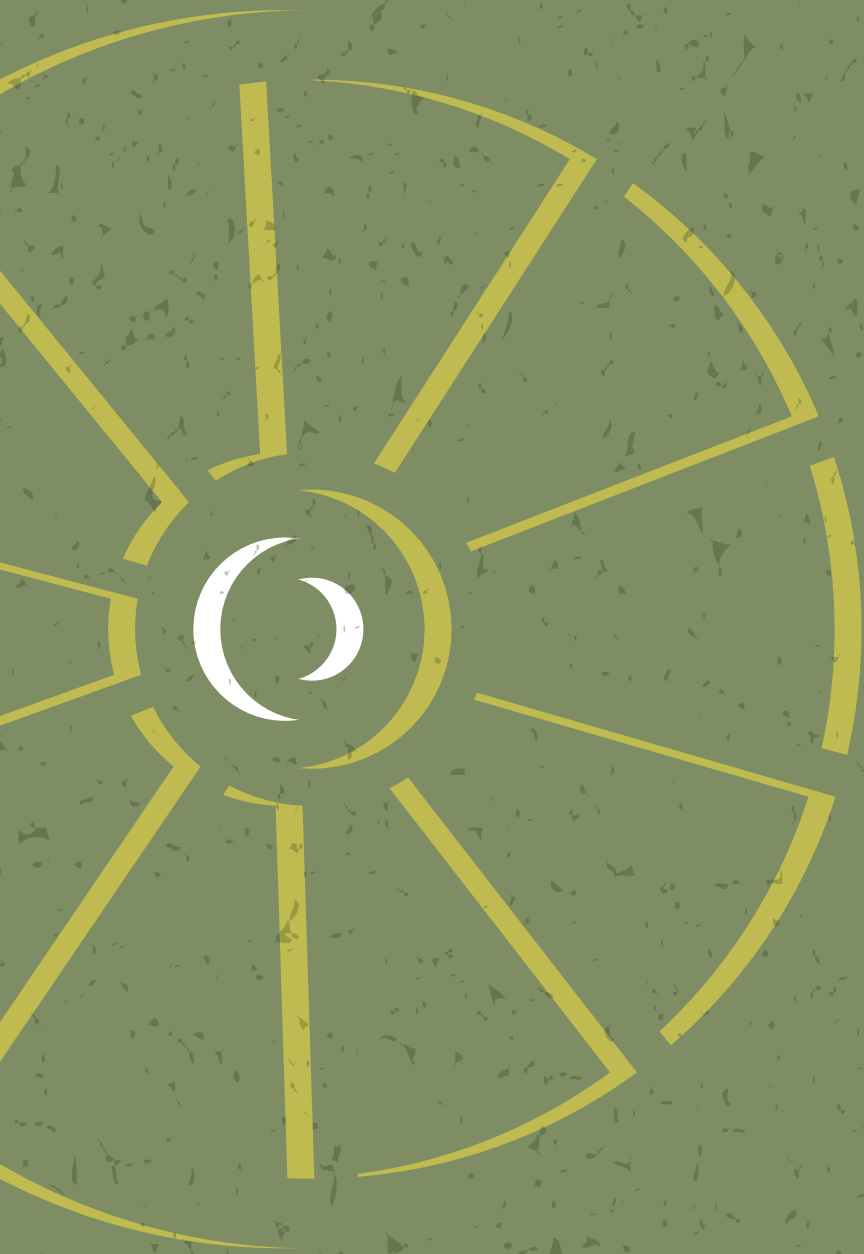
The NLSC/GUI study has contributed some of the most recent data on child health indicators for comparison with AITHS. NLSC/GUI is a large, prospective cohort study which to date has gathered baseline data on two subgroups: 9-month old infants and 9-year-old children. For this study, the data relating to the 9-year-old (n=8,570) were compared with the 9-year-old in AITHS, with specific comparisons being made with the NLSC/GUI children in SC 5-6, or to those in the lowest quintile of family income. Data were collected both from the parents, and from the children themselves (in the case of the 9-year-old). Where relevant in this paper, it is clarified whether the data were by child or parent-report. Data tables have kindly been provided by Professor James Williams of the Economic and Social Research Institute (ESRI), and other data has been gathered from the NLSC main report (Williams *et al.*, 2009).

The Continuous Household Survey is a yearly survey carried out by the Northern Ireland Statistics and Research Agency (NISRA). It samples 1% of the NI households, and gathers information on a number of household factors: population, housing, employment, health and education. Data is available by household income and by employment skill set of the household. In this document, where specific comparisons are made between the NI data and the AITHS data, the default comparison is between the AITHS data and the general Continuous Household Survey data. In cases where the comparisons are made with the NI data relating to semi skilled or unskilled workers only (comparable with the CSO SC 5-6 grouping), this is specified.

Analysis Strategy

All publications of the most significant recent population surveys (Kelleher *et al.*, 2003; Morgan *et al.*, 2007; Williams *et al.*, 2009; O'Mahony *et al.*, 2007; INSIGHT '07 (2008), Nic Gabhann *et al.*, 2007; Kelly *et al.*, 2009; Krieger *et al.*, 2005) were accessed and data were abstracted. To access data specific to either the medical card holders or the SC 5-6 groups of the general population, raw data was also required from a number of studies. Raw data files were accessed for the Lifeways study, INSIGHT '07 and the SLAN 2002 and 2007 studies. In the case of the latter 3 studies, the data was received through the ISSDA. Investigators from the HBSC, NLSC/GUI and SLAN 2007 studies kindly made either raw data or study-specific tables available for comparison, and we acknowledge their assistance. Further data relating to the general population in Northern Ireland were obtained from both the NI Continuous Household Survey (2008-2009) and the 2005 Infant Feeding Survey (Bolling *et al.*, 2007). We specifically refer to the work of Professor Nancy Krieger in Harvard School of Public Health in Boston because she is a world authority on the relative contribution of race, ethnicity and minority community affiliation to health, an under-researched but relevant topic for Traveller health. Frequencies are presented as valid percentages in all cases. All data are presented as descriptive statistics. Where possible, tabulations were performed by sex and by age group, in keeping with the presentation of the AITHS data. Because of the sample size and the large number of variables for consideration, no formal statistical testing of hypotheses was undertaken as part of this comparative description.

Survey Response Overview



Estimated Traveller Population

The Travellers count was based on the number of Traveller families enumerated at the census multiplied by the average family size. Further details on the rationale for the process and demographics are included in Technical Report 2. In ROI census, project coordinators returned field reports of anonymised family codes with a comment on each code, indicating the status of the family, whether interviewed or not interviewed (because they moved, refused or were unavailable). In addition, on completion of the census fieldwork, each project completed a telephone interview confirming the numbers of families enumerated, response rate and number of files uploaded. The field report, the interview and the uploaded files were used to corroborate the total family count in each project. To avoid double counting, during the 6-week census period those who had moved out of the island of Ireland were not enumerated as part of the study population and those who moved within the Island were enumerated in the area to which they moved. The number who moved away was subtracted from the count in each project area, and project area counts were then aggregated to reach the final Traveller count.

In the NI census, the total number of families enumerated was reported by the central field coordinator in NI.

In ROI and NI, average family size was obtained from the question: ‘How many Traveller family members (including yourself) normally live with you?’

Table 5: Estimated Traveller Population

	ROI	NI	Total
Number of Traveller families enumerated	9,056	1,562	10,618
Number of Traveller families interviewed	7,042	1,450	8,492
Response rates (%)	78%	93%	80%
Average family size	4.0	2.5	3.8
Estimated Traveller population	36,224	3,905	40,129

Figure 10: Republic of Ireland Survey Response

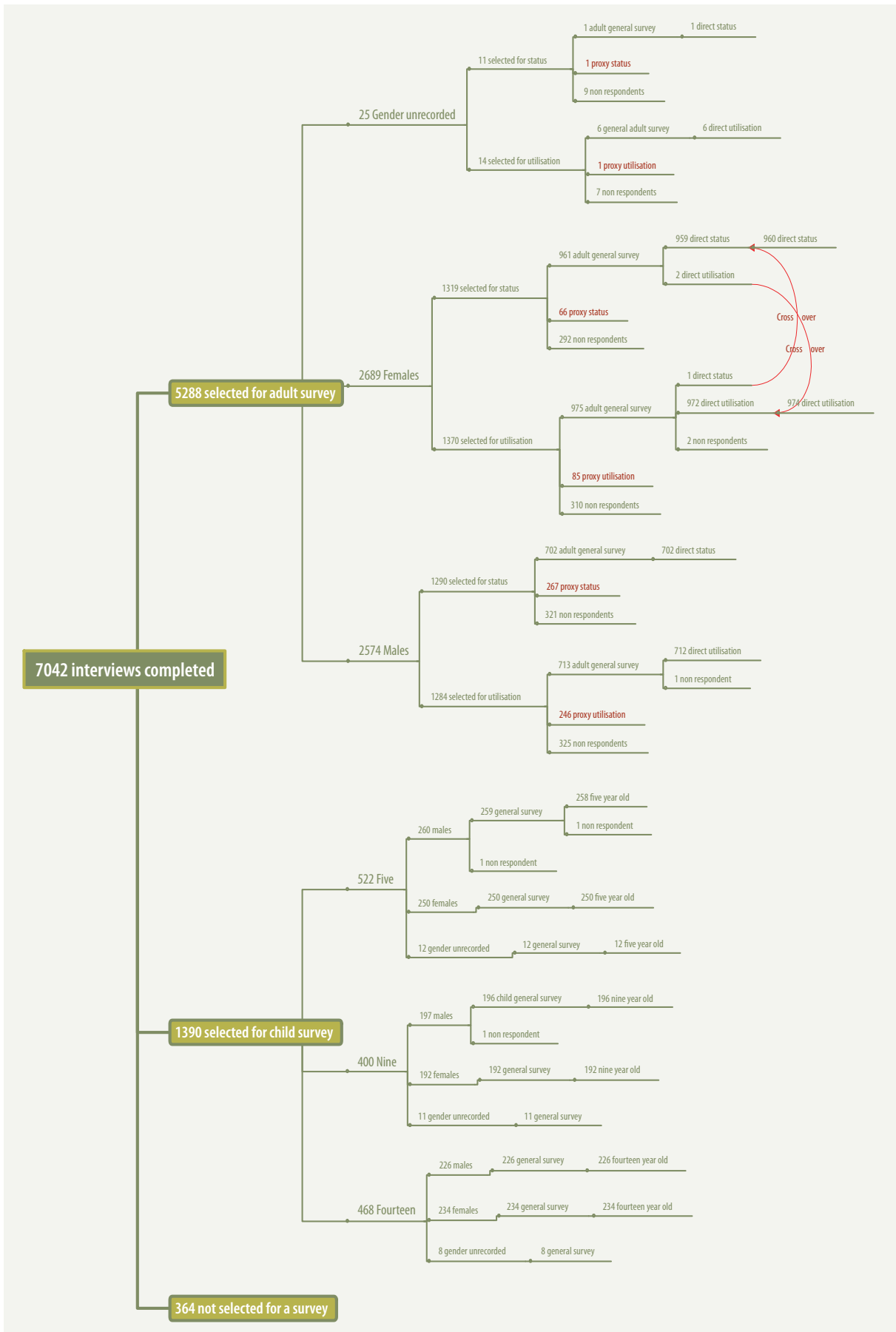
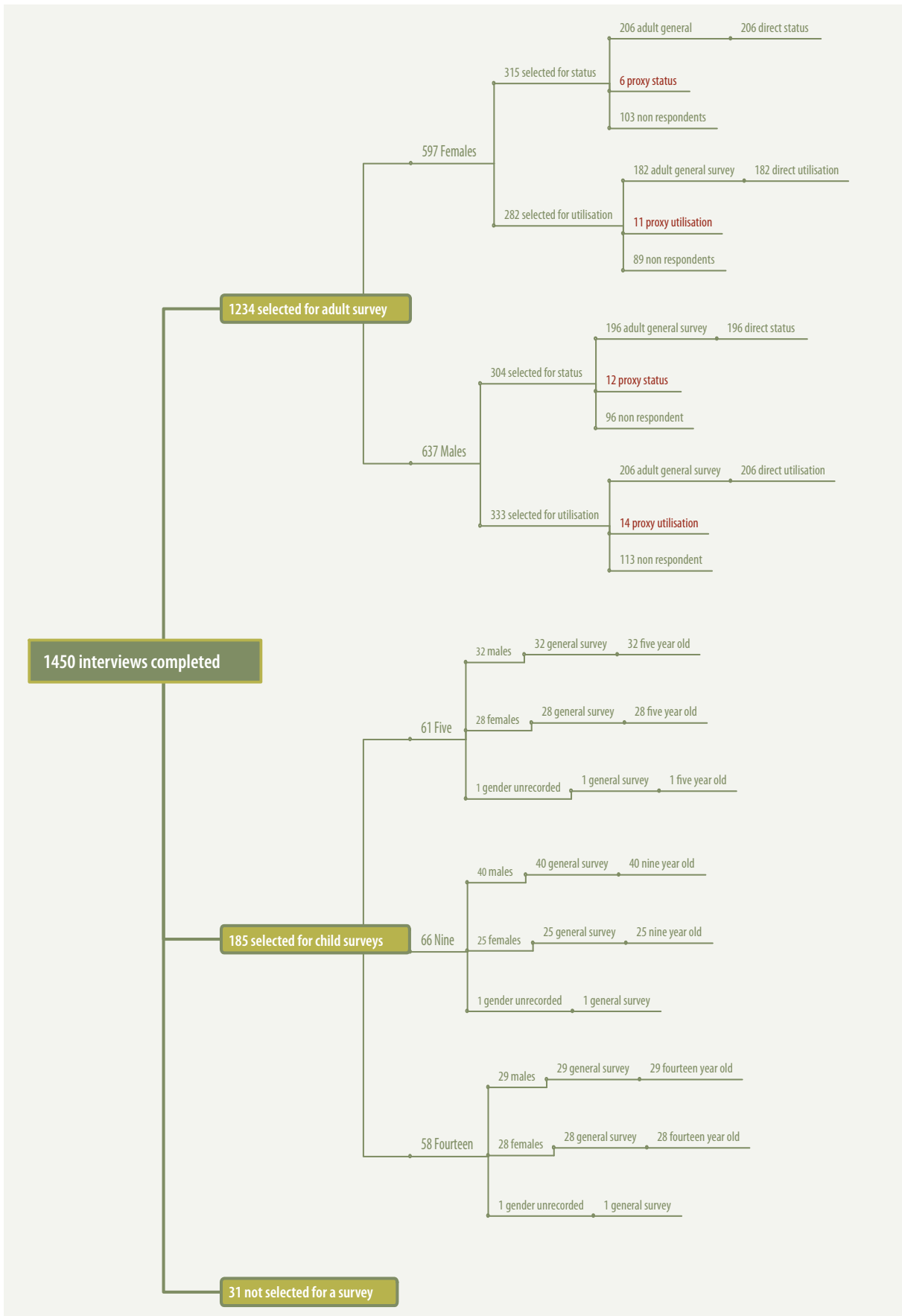
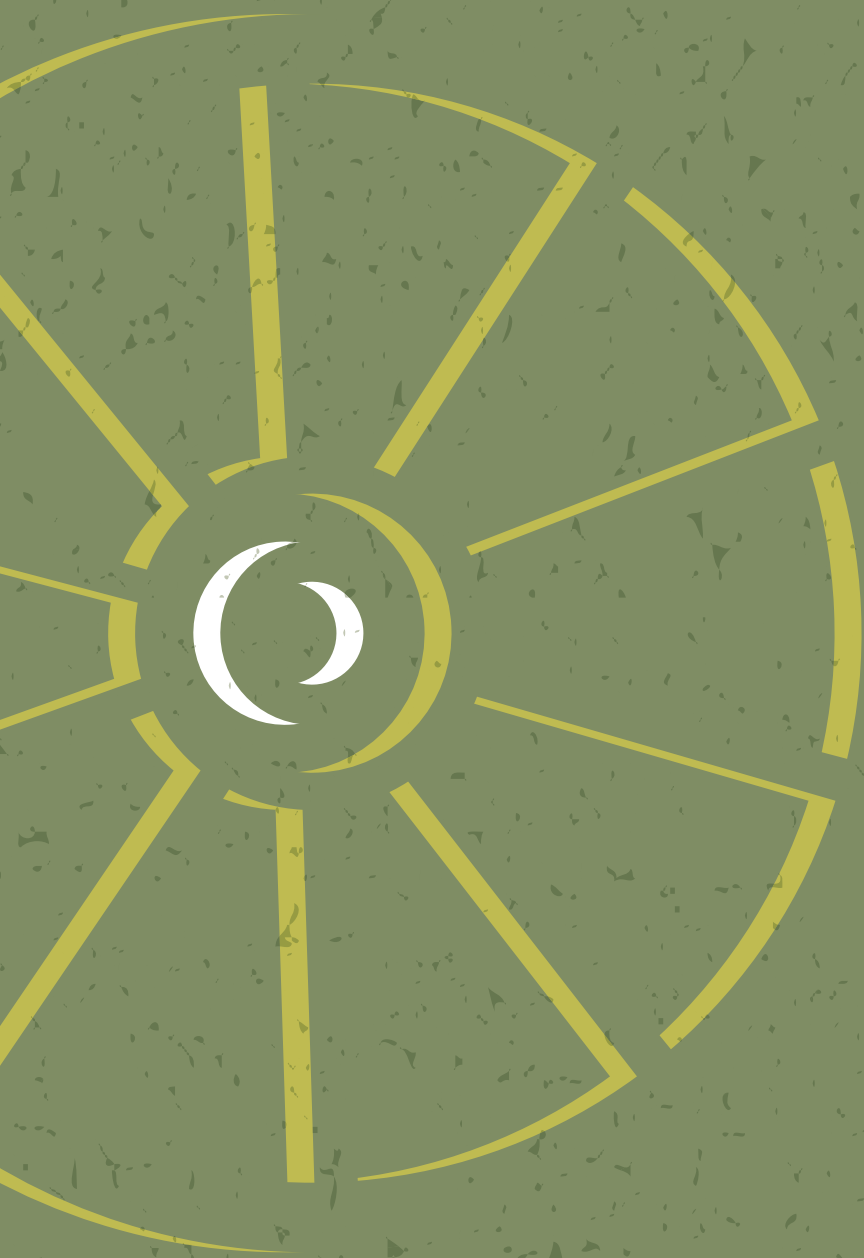


Figure 11 - Northern Ireland Survey Response



Results



Socio-demographic Characteristics

In total 7,042 families in the Republic of Ireland (ROI) and 1,450 families in Northern Ireland (NI) were interviewed. Primary respondents provided data on the socio-demographic condition of their household members, thus expanding the valid sample size up to a maximum of 22,869 persons in ROI, and 3,293 in NI for this part of the census.

The following tables (Tables 6 to 10) show some of the overall socio-demographic features of the Traveller population surveyed. Surprisingly, marriage was the minority state for Travellers both in ROI and NI, and more respondents in NI than ROI were separated or divorced (Table 6). Substantially more respondents in NI than ROI were self-employed, and overall the number of persons expressing that they were employed or self-employed is low. A large minority of ROI Travellers described that they were on training schemes (Table 7). As indicated from the literature review on Traveller educational status, Traveller respondents describe a varied educational attainment, with a substantial minority not progressing beyond primary schooling (Table 8 and 9)

Table 6: Marital Status (Questionnaire Item A_19d)

		Married	Single	Divorced	Separated	Widowed	Co-habiting	n
Total	ROI	22.2%	68.5%	0.4%	2.9%	2.3%	3.7%	19561
	NI	22.5%	57.6%	2.5%	11.0%	2.5%	3.9%	3100
Male	ROI	6.4%	85.0%	0.3%	2.3%	1.2%	4.8%	7972
	NI	14.0%	66.5%	2.8%	9.6%	2.6%	4.6%	1443
Female	ROI	33.0%	57.1%	0.5%	3.4%	3.0%	3.0%	11554
	NI	29.8%	49.9%	2.4%	12.2%	2.4%	3.4%	1657
Under 30 years	ROI	11.0%	85.1%	0.1%	0.9%	0.1%	2.9%	13979
	NI	14.4%	76.2%	0.9%	5.6%	0.0%	2.8%	2161
30-44	ROI	58.3%	18.8%	1.4%	9.3%	2.9%	9.2%	2592
	NI	40.6%	13.5%	7.1%	26.5%	3.4%	8.9%	620
45 - 64	ROI	62.4%	10.6%	1.6%	11.6%	10.8%	2.9%	1401
	NI	45.7%	8.6%	5.9%	20.7%	16.4%	2.7%	256
65+	ROI	36.6%	8.8%	0.6%	5.5%	47.3%	1.2%	328
	NI	37.8%	24.3%	0.0%	2.7%	35.1%	0.0%	37

Table 7: Economic status (Questionnaire Item A_19e)

	Not Applicable	Employed	Self-Employed	Looking for first regular job	Unemployed	On a training course/scheme	Student or Pupil	Looking after home/family	Retired	Unable to work due to sickness or disability	n
Total	ROI 23.5%	3.4%	1.4%	16.7%	15.9%	27.7%	1.6%	7.0%	1.6%	1.2%	22721
	NI 29.8%	2.7%	11.8%	1.5%	18.1%	1.5%	18.0%	14.2%	0.9%	1.6%	3293
Male	ROI 25.2%	3.9%	1.8%	26.4%	11.4%	26.2%	0.7%	0.9%	2.1%	1.2%	11161
	NI 29.4%	3.1%	21.6%	1.6%	19.3%	1.0%	18.1%	3.4%	0.7%	1.7%	1665
Female	ROI 21.9%	2.8%	0.9%	7.4%	20.3%	28.9%	2.5%	13.0%	1.1%	1.3%	11454
	NI 30.1%	2.2%	1.7%	1.4%	16.9%	1.9%	17.8%	25.4%	1.2%	1.5%	1628
under 30	ROI 28.1%	1.8%	1.3%	13.6%	10.9%	38.0%	1.4%	4.2%	0.5%	0.3%	15034
	NI 34.2%	2.1%	8.8%	2.0%	15.4%	1.8%	26.5%	8.8%	0.0%	0.4%	2212
30-44	ROI 8.4%	7.7%	1.7%	28.0%	26.7%	7.0%	2.1%	14.9%	2.0%	1.5%	3806
	NI 19.5%	5.0%	18.3%	0.6%	23.4%	1.0%	0.4%	28.7%	1.0%	2.1%	701
45 - 64	ROI 8.9%	6.9%	1.3%	23.8%	27.6%	6.1%	2.8%	12.4%	5.2%	5.0%	2061
	NI 18.8%	2.2%	20.1%	0.0%	25.2%	0.3%	0.0%	20.8%	5.4%	7.0%	313
65+	ROI 15.7%	2.1%	0.9%	14.5%	20.1%	1.6%	1.9%	14.1%	17.8%	11.2%	427
	NI 20.9%	0.0%	4.7%	2.3%	20.9%	0.0%	4.7%	16.3%	14.0%	16.3%	43

Table 8: Highest level of education achieved (ROI only) (Questionnaire Item A_19f)

	Not Applicable	Primary School	Secondary School (Junior Cert)	Secondary School (Leaving Cert)	Training Centres (FAS/FETAC)	Community Education	Third Level	No formal education	n
Total	ROI 50.7%	26.1%	6.9%	2.7%	2.0%	0.4%	4.1%	7.0%	22869
	NI 60.3%	20.7%	4.3%	2.4%	0.8%	0.2%	6.4%	4.8%	11230
Male	ROI 41.3%	31.4%	9.5%	3.0%	3.2%	0.6%	1.8%	9.2%	11532
	NI 60.0%	23.7%	6.7%	2.4%	1.4%	0.3%	1.4%	4.1%	15152
Under 30	ROI 29.4%	38.5%	10.2%	4.5%	3.8%	0.9%	6.5%	6.2%	3821
	NI 27.0%	25.8%	4.3%	2.0%	2.6%	0.4%	16.5%	21.5%	2068
30-44	ROI 23.8%	13.6%	1.9%	0.7%	0.5%	0.2%	20.0%	39.3%	425
	NI 50.7%	26.1%	6.9%	2.7%	2.0%	0.4%	4.1%	7.0%	22869
Male	ROI 60.3%	20.7%	4.3%	2.4%	0.8%	0.2%	6.4%	4.8%	11230
Female	ROI 41.3%	31.4%	9.5%	3.0%	3.2%	0.6%	1.8%	9.2%	11532
Under 30	ROI 60.0%	23.7%	6.7%	2.4%	1.4%	0.3%	1.4%	4.1%	15152
30-44	ROI 29.4%	38.5%	10.2%	4.5%	3.8%	0.9%	6.5%	6.2%	3821
45 - 64	ROI 27.0%	25.8%	4.3%	2.0%	2.6%	0.4%	16.5%	21.5%	2068
65+	ROI 23.8%	13.6%	1.9%	0.7%	0.5%	0.2%	20.0%	39.3%	425

Table 9: Highest level of education achieved (NI only) (Questionnaire Item A_19f)

	Not Applicable	Primary School	Secondary School (GCSE)	NCVQ*	Community Education	City & Guilds	Secondary School (A-Level)	College	University	No formal education	n
Total	NI 29.6%	34.7%	12.4%	0.2%	0.7%	0.1%	1.9%	1.1%	0.1%	19.2%	3248
Male	NI 29.6%	36.2%	10.5%	0.1%	0.9%	0.1%	2.0%	0.9%	0.1%	19.5%	1644
Female	NI 29.7%	33.2%	14.3%	0.3%	0.6%	0.0%	1.8%	1.3%	0.1%	18.8%	1604
Under 30	NI 31.4%	40.4%	13.1%	0.3%	0.7%	0.1%	2.1%	1.4%	0.1%	10.4%	2199
30-44	NI 24.9%	26.2%	14.1%	0.1%	0.6%	0.0%	1.6%	0.7%	0.3%	31.5%	680
45 - 64	NI 24.1%	18.4%	5.0%	0.0%	1.0%	0.0%	1.0%	0.3%	0.0%	50.2%	299
65+	NI 27.3%	6.8%	4.5%	0.0%	2.3%	0.0%	2.3%	0.0%	0.0%	56.8%	44

Legend: NCVQ: National Council for Vocational Qualifications

Table 10: Percentages of Travellers resident in institutions or other accommodation (from the census survey) (Questionnaire Item A_19g)

	Hospital	Long term care	Children's Home	Psychiatric care (Psychiatric Hospital)	Hostel	Bed & Breakfast	Prison	Homeless	Corrective institution for young people	None of the above	n
Total	ROI 0.2%	0.2%	0.1%	0.1%	0.0%	0.0%	0.5%	0.0%	0.0%	98.9%	22824
	NI 0.9%	0.7%	0.5%	0.4%	0.3%	0.1%	0.8%	0.2%	0.1%	95.8%	3344
Male	ROI 0.2%	0.2%	0.2%	0.1%	0.1%	0.0%	0.8%	0.1%	0.0%	98.3%	11221
	NI 1.0%	0.6%	0.6%	0.5%	0.4%	0.1%	1.4%	0.1%	0.2%	95.1%	1698
Female	ROI 0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.1%	0.0%	0.0%	99.5%	11496
	NI 0.9%	0.9%	0.3%	0.4%	0.2%	0.2%	0.2%	0.2%	0.1%	96.6%	1646
Under 30	ROI 0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.5%	0.0%	0.0%	99.1%	15108
	NI 0.8%	0.6%	0.4%	0.3%	0.3%	0.2%	0.6%	0.0%	0.1%	96.6%	2239
30-44	ROI 0.1%	0.2%	0.0%	0.2%	0.1%	0.0%	0.6%	0.0%	0.0%	98.8%	3807
	NI 1.1%	0.8%	0.8%	0.8%	0.6%	0.0%	1.8%	0.6%	0.1%	93.3%	719
45 - 64	ROI 0.4%	0.2%	0.2%	0.0%	0.0%	0.0%	0.3%	0.0%	0.0%	98.7%	2058
	NI 1.3%	0.9%	0.6%	0.6%	0.3%	0.0%	0.3%	0.3%	0.0%	95.6%	316
65+	ROI 0.9%	2.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	97.0%	428
	NI 0.0%	4.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	95.3%	43

Results of the Main Quantitative Traveller Census

This part of the report presents the results of the census data, along with an account of every variable asked of the Traveller respondents. As previously stated, the presentation is linked to the layout of the original questionnaire (see separate appendix), with every section labelled with the appropriate letter code. All tables are entitled using the code for the relevant census and/or survey questionnaire item, except for the Tables which represent information derived from original data items, then refined further with cross tabulations to add extra clarity to a study area (Tables 10 and 11).

Section A: Traveller Census

Social and Living Conditions of Traveller Families

The majority of respondents (75.9% in ROI and 94.3% in NI) lived in family units of 5 or less

Table 11: How many Traveller family members (including yourself) normally live with you? (Questionnaire item A_1)

	0-5	6-10	11-15	16-20	21+	n
ROI	75.9%	23.1%	1.0%	0.1%	0.0%	6820
NI	94.3%	5.7%	0.1%	0.0%	0.0%	1393

Respondents most frequently lived in a house (73.3% ROI, 55.4% NI), followed by trailer/mobile home or caravan (18.2% ROI, 23.8% NI). The latter were parked on a halting site (55.3% ROI and 50.8% NI). More NI respondents were parked on a transient site (24.3% compared to 6.8% in ROI), and more ROI respondents were parked on an unofficial site (23.8% ROI compared to 16.7% NI).

Table 12: Accommodation type. Does your family live in a: (Questionnaire item A_2)

	House	Flat	Apartment	Chalet	Trailer/Mobile home/Caravan	Other	n
ROI	73.3%	3.1%	2.3%	1.9%	18.2%	1.1%	7020
NI	55.4%	9.7%	1.1%	8.3%	23.8%	1.7%	1447

Table 13: For those in a Chalet / Trailer / Mobile Home / Caravan only. On what is your home parked? (Questionnaire item A_2d_1)

	Halting site	Transient site	Unofficial/Roadside site	Other	n
ROI	55.3%	6.8%	23.8%	14.1%	1344
NI	50.8%	24.3%	16.7%	8.2%	461

In ROI housing was most frequently provided by a local authority (57.1%), whereas in NI accommodation was provided by housing executive (50.9%). Most homes comprised 2-4 rooms (78.8% ROI and 82.9% NI).

Table 14: If you live in a House/Flat or Apartment, what is the nature of the home ownership? ROI only. (Questionnaire item A_2a)

	Local Authority	Voluntary/Social	Group	Own house/flat	Rented house/Flat	Agency	Other	n
Total ROI	57.1%	1.4%	3.7%	12.8%	15.1%	9.0%	0.9%	5513

Table 15: If you live in a House/Flat or Apartment: what is the nature of the home ownership? NI only (Questionnaire item A_2a)

		Local Authority	Voluntary/ Social	Group	Own house/ flat	Rented house/Flat	Agency	Housing Executive	Other	n
Total	NI	20.7%	1.7%	2.7%	2.6%	16.8%	2.8%	50.9%	1.7%	956

Table 16: For those in House/Flat only - how many rooms does your home have? (not including the bathroom and kitchen). (Questionnaire item A_2b)

		0-1	2-4	5-7	8+	n
Total	ROI	2.3%	78.8%	18.1%	0.7%	5389
Total	NI	4.5%	82.9%	12.6%	0.0%	935

Most homes had central heating (92.9% ROI and 95.8% NI), both hot and cold water (94.4% ROI and 85.6% NI) an individual bath or shower (63.7% ROI and 78.5% NI) and flush toilet (91.6% ROI and 84.4% NI). Whilst most had mains electricity (94.2% ROI and 86.5% NI), use of generator was appreciable at 13.5% in NI.

Table 17: For those in House/Flat only - does your home have Central Heating? (Questionnaire item A_2c)

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	92.9%	7.1%	5516	95.8%	4.2%	957

Table 18: In your accommodation, do you have access to running water? (Questionnaire item A_3a)

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	92.4%	7.6%	6995	89.5%	10.5%	1436

Table 19: Nature of water accessible. For those with access to running water only - is the water: (Questionnaire item A_3a_i)

		ROI n=6371	NI n=1275
Total	Cold water only	6.0%	14.7%
	Hot & cold water	94.4%	85.6%
	Drinkable	45.3%	55.1%

Table 20: In your accommodation, how many people are sharing the water access point? (Questionnaire item A_3a_ii)

		0-5	6-10	11-15	16-20	21+	n
Total	ROI	72.6%	25.5%	1.3%	0.4%	0.2%	6274
Total	NI	94.0%	5.8%	0.1%	0.0%	0.2%	1243

Table 21: In your accommodation does your family have washing facilities (shower/bath)? (Questionnaire item A_3b)

		Individual bath/shower	Shared bath/shower	No bath/shower	n
Total	ROI	63.7%	34.4%	1.9%	6411
Total	NI	78.5%	18.6%	2.9%	1278

Table 22: In your accommodation, how many people are sharing the washing facilities ('sharing the shower or bath') (Questionnaire item A_3b_i)

		0-5	6-10	11-15	16-20	21+	n
Total	ROI	70.0%	27.6%	1.3%	0.9%	0.1%	2163
Total	NI	89.7%	9.4%	0.4%	0.4%	0.0%	233

Table 23: What type of toilet do you have? (Questionnaire item A_3c)

		Portaloo	Flush	None	n
Total	ROI	2.5%	91.6%	5.9%	7005
Total	NI	11.3%	84.4%	4.4%	1439

Table 24: Of respondents who have a toilet, how many people are sharing the toilet? (Questionnaire item A_3c_i)

		0-5	6-10	11-15	16-20	21+	n
Total	ROI	73.1%	25.0%	1.3%	0.5%	0.2%	6435
Total	NI	92.2%	7.4%	0.1%	0.0%	0.2%	1329

(for those with toilet only)

Table 25: Of respondents who have a 'Portaloo', how often your Portaloo collected and emptied? (Questionnaire item A_4)

		Weekly	Every 2 weeks	Every month	Irregular	Never	n
Total	ROI	61.5%	14.2%	4.7%	7.1%	12.4%	169
Total	NI	36.3%	50.0%	2.5%	8.8%	2.5%	160

(for those with Portaloo only)

Table 26: What type of electricity supply do you have? (Questionnaire item A_5)

	ROI			NI		
	Generator	Mains	n	Generator	Mains	n
Total	5.8%	94.2%	6973	13.5%	86.5%	1433

(for those with electricity only)

Table 27: For those with mains electricity, what is the nature of the electricity supply? (Questionnaire item A_5a_1)

	ROI			NI		
	Direct supply	Extension	n	Direct supply	Extension	n
Total	96.7%	3.9%	6545	98.0%	4.8%	1232

Rubbish collection was weekly in 61.6% of ROI families but fortnightly for most NI households (70.9%). Most also received post, delivered to their home (96.9% ROI and 90.7% NI), which arrived regularly in 97.5% of households in both jurisdictions.

Table 28: Frequency of rubbish collection. (Questionnaire item A_6)

		Weekly	Every 2 weeks	Every month	Irregular	Never	n
Total	ROI	61.6%	27.5%	1.3%	1.1%	8.5%	6964
Total	NI	18.1%	70.9%	3.0%	2.6%	5.4%	1423

Table 29: Do you get post? (Questionnaire item A_7)

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	94.4%	5.6%	7002	91.0%	9.0%	1442

Table 30: Of those who do receive a postal service: how do you get post? (Questionnaire item A_7a)

		ROI n=6555	NI n=1304
Total	Delivered to home	96.9%	90.7%
	Delivered to another address	3.2%	9.6%

(for those with post only)

Table 31: Of those respondents who do receive a postal service: do you get post regularly? (Questionnaire item A_7b)

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	97.5%	2.5%	6543	97.6%	2.4%	1302

(for those with post only)

In ROI 23.3% and in NI 18.0% of families had no family transport. 80% of ROI families and 84.5% of NI families had public transport within 20 minutes walk of their home.

Table 32: Do you have family transport? (Questionnaire item A_8)

		Car	Van	Car & Van	None	n
Total	ROI	61.0%	10.3%	5.4%	23.3%	6992
Total	NI	48.1%	25.8%	8.1%	18.0%	1438

Table 33: Is there public transport with a 20 minute walk from your home? (Questionnaire item A_9)

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	80.0%	20.0%	6980	84.5%	15.5%	1384

More ROI families (74.4%) than NI families (59.6%) had been in their current accommodation for a year or longer. Around half (47.7% ROI and 56.4% NI) had been there for 5 years or less. A majority in both jurisdictions (56.8% ROI and 62.3% NI) said they last moved for personal choice, the next most frequent reason being better facilities (39.7% ROI and 26.1% NI).

Table 34: How long have you been in your current accommodation? (Questionnaire item A_10)

		< 1 month	1-6 months	> 6 months < 1 year	> 1 year	n
Total	ROI	4.7%	10.7%	10.2%	74.4%	6960
Total	NI	13.4%	9.4%	17.6%	59.6%	1418

Table 35: Duration of time spent in current accommodation. If more than 1 year in your current accommodation, how many years have you been there? (Questionnaire item A_11)

		< 5 years	6–10 years	11–15 years	16–20 years	21+ years	n
Total	ROI	47.7%	22.9%	11.0%	6.3%	12.1%	5010
Total	NI	56.4%	24.3%	8.4%	3.8%	7.2%	824

(for those with 1 year + in current accommodation only)

Table 36: Previous accommodation. If less than 1 year in your current accommodation, what type of accommodation did you live in before? (Questionnaire item A_12)

		House	Flat	Apartment	Chalet	Trailer/Mobile Home/Caravan	Other	n
Total	ROI	55.2%	7.3%	4.9%	1.2%	28.1%	3.3%	1756
Total	NI	41.8%	6.7%	1.8%	9.0%	36.3%	4.4%	567

(for those with < 1 year in current accommodation only)

Table 37: If less than one year in your current accommodation, and if you last lived in a chalet, trailer, mobile home, or caravan, was the site...: (Questionnaire item A_12a)

	ROI			NI		
	Serviced	Unserviced	n	Serviced	Unserviced	n
Total	42.3%	57.7%	482	48.8%	51.2%	248

(for those with < 1 year in current accommodation only)

Table 38: Reasons for changing accommodation place. Which of the following best describes why you moved on the last occasion? Please tick all that apply. (Questionnaire item A_13_1)

		ROI n=6,960	NI n=1,393
Total	Personal choice	56.8%	62.3%
	Official eviction	4.5%	1.5%
	Forced by local community	1.8%	6.8%
	Better facilities	39.7%	26.1%
	Better access to services	6.0%	7.0%
	Internal conflict	1.7%	6.1%
	Other	3.3%	9.6%

A sub-analysis of the accommodation data was made by accommodation type. Housing was grouped into two groups: 'housed' types of accommodation, and 'site' types of accommodation. Table 39 shows the differential in the amenities available to Travellers, by these groups of accommodation. Travellers living in 'site' types of accommodation report less access to basic amenities such as toilets, running water and regular rubbish collection.

Table 39: Summary of the housing amenities by accommodation type

		ROI		NI	
		House/ Flat/Apt (n=5,527)	Trailer/Mobile home /Caravan /Chalet (n=1,414)	House/ Flat/Apt (n=958)	Trailer/Mobile home /Caravan /Chalet (n=464)
Sanitary facilities					
Has running water		99.7%	64.3%	99.8%	68.2%
Has shared or individual bath or shower		99.9%	87.6%	100.0%	88.0%
Type of toilet	Flush toilet	99.8%	60.2%	99.8%	52.2%
	Portaloos only	0.0%	12.0%	0.2%	39.6%
	No toilet	0.2%	27.8%	0.0%	13.3%
Other amenities					
Generator electricity only (c/w mains)		0.1%	28.3%	0.6%	40.4%
Post is delivered to another address (if post is received)		0.1%	14.8%	1.7%	30.1%
Rubbish collection	Weekly or every 2 weeks	93.5%	72.7%	96.2%	73.9%
	< Every 2 weeks	1.8%	4.6%	3.7%	9.0%
	Never	4.7%	22.7%	0.0%	17.2%

Table 40: Housing amenities. For those living on sites or in group housing only – where do you live at the moment, do you have...? (Questionnaire item A_14a)

		ROI			NI		
		Yes	No	n	Yes	No	n
Total	Footpaths	59.2%	40.8%	1569	67.0%	33.0%	454
	Public lighting	60.6%	39.4%	1576	79.3%	20.7%	439
	Fire hydrants	26.3%	73.7%	1555	40.0%	60.0%	433
	Safe play area	22.5%	77.5%	1550	20.1%	79.9%	427

Appreciable numbers of families in group housing or sites in both areas reported a lack of footpaths, public lighting, fire hydrants and safe play areas, the latter being unavailable for 77.5% of ROI and 79.9% of NI respondents.

Table 41: Access to site. For those living on sites or in group housing only - are there barriers on the entrance to the site? (Questionnaire item A_15)

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	46.7%	53.3%	1594	25.9%	74.1%	482

Table 42: Access to site. For those with barriers only - do you or someone on site have access to keys 24 hours a day for emergencies? (Questionnaire item A_15a)

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	27.0%	73.0%	723	71.0%	29.0%	124

Rats were a problem for 33.1% of ROI and 26.8% of NI families, whilst proximity to a main road was a problem for 47.5% of ROI and 28.9% of NI families. A quarter of families (24.4% ROI and 24.8% NI) considered where they lived to be unhealthy or very unhealthy and appreciable numbers (26.4% ROI and 29.0% NI) considered their place of residence unsafe.

Table 43: Physical hazards in the accommodation area. Are any of the following a problem where you live? (Percentages represent all respondents who endorsed the option as a problem.) (Questionnaire item A_16_1)

		ROI n=6,927	NI n=1,396
Total	Rubbish dump	11.3%	7.6%
	Rats	33.1%	26.8%
	River	13.6%	9.5%
	Overhead cables	19.9%	18.3%
	Lodged water	21.3%	6.0%
	Main road	47.5%	28.9%

Again, Traveller experience of safety and healthiness of their homes was analysed by accommodation type. Those respondents in 'site' type accommodation rated their living conditions as either healthy or unhealthy in 58.6% of cases in ROI and 45.6% in NI, compared with just 15.6% of ROI and 14.5% of NI Travellers in 'housed' accommodation. There was a similar response to a question relating to safety of the home, and Travellers in 'site' accommodation reported substantially more living area hazards than did 'housed' respondents.

Table 44: Summary of safety and healthiness of living conditions: by accommodation type

	ROI		NI	
	House/ Flat/Apt (n=5,498)	Trailer/Mobile home /Caravan /Chalet (n=1,402)	House/ Flat/Apt (n=930)	Trailer/Mobile home /Caravan /Chalet (n=460)
Healthiness of the home				
Very healthy	37.9%	13.5%	29.5%	18.7%
Healthy	46.5%	27.9%	56.1%	35.7%
Unhealthy	9.4%	23.4%	10.8%	27.8%
Very unhealthy	6.2%	35.2%	3.7%	17.8%
Safety of the home				
Very safe	34.6%	12.2%	27.7%	17.0%
Safe	47.5%	28.4%	54.0%	31.8%
Unsafe	10.9%	23.8%	14.6%	30.1%
Very unsafe	7.0%	35.6%	3.7%	21.1%
Which of these are problems in your local area?*				
River	9.5%	29.8%	9.6%	8.8%
Lodged water	13.2%	52.4%	4.6%	9.2%
Rats	22.6%	73.4%	13.1%	55.0%
Rubbish dump	6.6%	29.4%	6.7%	9.6%
Overhead cables	15.3%	37.3%	15.5%	24.6%
Main road	39.9%	75.6%	25.5%	35.3%

*'Yes' versus 'Not answered' or 'Not applicable'.

**Table 45: Overall, how healthy do you consider the place where your family lives?
(Questionnaire item A_17)**

		Very unhealthy	Unhealthy	Healthy	Very healthy	n
Total	ROI	12.1%	12.3%	42.6%	33.0%	6,992
Total	NI	8.2%	16.6%	49.5%	25.7%	1,416

**Table 46: Overall, how safe do you consider the place where your family lives?
(Questionnaire item A_18)**

		Very unsafe	Unsafe	Safe	Very safe	n
Total	ROI	12.9%	13.5%	43.5%	30.1%	6,992
Total	NI	9.3%	19.7%	46.9%	24.1%	1,427

Difficulty in reading and filling out forms was reported by 28.8% of ROI and 35.3% of NI families. 95.5% of ROI and 89.8% of NI family respondents could calculate change from a euro or pound note, as relevant.

Table 47: Can you usually read and fill out forms you might have to deal with? (Questionnaire item A_20)

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	71.2%	28.8%	6938	64.7%	35.3%	1,431

Table 48: If you can usually read and fill out forms, do you find you can read them easily, or with difficulty? (Questionnaire item A_20a)

	ROI			NI		
	Easily	With difficulty	n	Easily	With difficulty	n
Total	86.1%	13.9%	4915	76.8%	23.2%	923

(for those who can usually read forms only)

Table 49: Can you calculate the right change from a €5 or €10 note (NI: £5 or £10 notes)? (Questionnaire item A_21)

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	95.5%	4.5%	6,923	89.8%	10.2%	1,428

Table 50: If you can usually calculate change from €5 or €10 (NI: £5 or £10), can you usually do it...: (Questionnaire item A_21a)

	ROI			NI		
	Easily	With difficulty	n	Easily	With difficulty	n
Total	93.9%	6.1%	6,558	85.5%	14.5%	1,278

(for those who can calculate change only)

In the past year 78.5% of ROI and 62.6% of NI families had not travelled at all, and of those who did, this occurred most frequently in the summer period in both jurisdictions, peaking in June and July.

Table 51: How often have you/your family travelled ('gone on the road') for more than 3 days in the past year? (Questionnaire item A_22)

		Not at all	Once	Twice	More often	Continuously travelling	n
Total	ROI	78.5%	7.3%	5.1%	5.6%	3.5%	6,935
Total	NI	62.6%	11.8%	11.9%	7.1%	6.5%	1,423

Table 52: In which months were you away for more than 3 days? (Questionnaire item A_23_1)

		ROI n=1,437	NI n=452
Total	January	10.3%	18.1%
	February	9.8%	16.8%
	March	14.2%	24.3%
	April	18.4%	31.0%
	May	26.6%	36.5%
	June	46.8%	53.8%
	July	55.3%	53.1%
	August	49.7%	39.4%
	September	14.5%	18.1%
	October	11.2%	9.7%
	November	5.5%	9.3%
	December	5.1%	9.7%

(for those who have 'gone on the road for 3+ days in past only).

In ROI 42.0% and in NI 46.0% of families reported that they often or very often felt discriminated against.

Table 53: Overall how often do you feel that you or your family are discriminated against because you are a Traveller? (Questionnaire item A_24)

		Never	Rarely	Sometimes	Often	Very often	n
Total	ROI	18.3%	16.1%	23.7%	11.9%	30.1%	6,943
Total	NI	15.7%	15.0%	23.2%	21.2%	24.8%	1,423

Religion or faith was ranked as very important by 83% in ROI and 78.6% in NI, with high ratings of importance given to Traveller culture, identity and community membership also. Nomadism was rated as very important by 53.9% of ROI families and 39.3% of NI families. The overwhelming majority are Roman Catholics, 98.0% in ROI and 96.7% in NI.

Table 54: How important are each of the following to your family? (Questionnaire item A_25_a)

			Very unimportant	Unimportant	Important	Very important	n
Total	ROI	Membership of Traveller community	10.3%	4.3%	14.7%	70.7%	6920
	NI	Membership of Traveller community	15.9%	6.5%	16.6%	61.0%	1424
	ROI	Nomadism	21.5%	11.9%	12.6%	53.9%	6904
	NI	Nomadism	28.4%	15.5%	16.7%	39.3%	1383
	ROI	Traveller culture	9.6%	3.8%	13.9%	72.7%	6898
	NI	Traveller culture	14.9%	7.7%	18.1%	59.3%	1407
	ROI	Traveller identity	9.6%	3.6%	13.1%	73.7%	6881
	NI	Traveller identity	15.6%	6.6%	17.7%	60.1%	1410
	ROI	Religion/faith	9.1%	1.5%	6.4%	83.0%	6903
	NI	Religion/faith	13.2%	1.5%	6.7%	78.6%	1420

Table 55: What is your religion? (ROI ONLY) (Questionnaire item A_26)

		Roman Catholic	Church of Ireland	Presbyterian	Other religion	No religion	n
Total	ROI	98.0%	1.2%	0.2%	0.5%	0.1%	6,978

Table 56: What is your religion? (NI ONLY) (Questionnaire item A_26)

		Roman Catholic	Protestant	Other religion	No religion	n
Total	NI	96.7%	0.5%	2.2%	0.6%	1,438

Most respondents either had a general medical services card, 94.1% in ROI, or were registered with a GP 94.9% in NI. Of those in ROI without a card, ineligibility was the main reason (49.6%), whereas in NI, the most frequent reason was having recently moved (47.8%).

Table 57: Do you have an up-to-date medical card? (ROI ONLY) (Questionnaire item A_27)

		Yes	No	n
Total	ROI	94.1%	5.9%	6,938

Table 58: Are you registered with a GP? (NI ONLY) (Questionnaire item A_27_NI)

		Yes	No	n
Total	NI	94.9%	5.1%	1,424

Table 59: I don't have a current medical card because....(ROI ONLY) (Questionnaire item A_28)

		Card out of date	Application being processed	Recently moved	Do not know how to apply	Not eligible	Have not applied	Cannot get GP to sign family	n
Total	ROI	17.0%	10.4%	4.8%	2.8%	49.6%	12.7%	2.8%	395

(for those who do not have a medical card only)

Table 60: Reasons for not being registered with a GP... (NI ONLY). (Questionnaire item A_28_NI)

		Recently moved	Difficult to get accepted by GP	Don't know how to get registered	Other	n
Total	NI	47.8%	18.8%	18.8%	14.5%	69

(for those who do are not registered with a GP only)

Table 61: Are you or any member of your family who is living with you pregnant at this time? (Questionnaire item A_29)

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	9.7%	90.3%	6,916	3.0%	97.0%	1,419

Table 62: In principle, if at a future time funds were available for further health examinations, would you be interested in being contacted? (Questionnaire item A_30)

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	76.7%	23.3%	6,806	50.6%	49.4%	1,339

Table 63: Have any members of your family who normally lived with you died on the island of Ireland in the last year? (Questionnaire item A_31)

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	7.7%	92.3%	6,884	4.3%	95.7%	1,388

Table 64: Have any members of your extended family died on the island of Ireland in the last year? (Questionnaire item A_32)

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	15.7%	84.3%	6,848	9.1%	90.9%	1,376

Table 65: Comparison of key baseline socio-demographic characteristics of the adult study respondents

		Northern Ireland		Republic of Ireland	
Mean Age (years)		31.5		34.9	
		n	%	n	%
Gender	Male	1,443	46.5%	7,972	40.8%
	Female	1,657	53.4%	11,554	59.2%
	Total	3,100	100.0%	19,526	100.0%
Marital status	Married	688	22.2%	4,342	22.2%
	Single	1786	57.6%	13,399	68.5%
	Divorced	77	2.5%	78.2	0.4%
	Separated	341	11.0%	567	2.9%
	Widowed	77	2.5%	450	2.3%
	Co-habiting	121	3.9%	723	3.7%
	Total	3,100	100.0%	19,561	100.0%
Employment	Employed	89	2.7%	772	3.4%
	Self-employed	388	11.8%	318	1.4%
	Looking for first regular job	12	1.5%	3,794	16.7%
	Unemployed	596	18.1%	3,612	15.9%
	On a training course/scheme	49	1.5%	6,294	27.7%
	Student or pupil	5,927	18.0%	364	1.6%
	Looking after home/family	468	14.2%	1,590	7.0%
	Retired from employment	30	0.9%	364	1.6%
	Unable to work due to permanent sickness or disability	53	1.6%	273	1.2%
	Not applicable	652	19.8%	5,339	23.5%
	Total	3,293	100.0%	22,721	100.0%

Table 65: continued:

		Northern Ireland		Republic of Ireland	
		n	%	n	%
Education	Primary School	139	34.7%	5,969	26.1%
	Secondary School (Junior Cert)	57	14.3%	1,578	6.9%
	Secondary School (Leaving Cert)	1	0.2%	617	2.7%
	Training Centres (FAS/FETAC)	1	0.1%	457	2.0%
	Community Education	3	0.7%	91	0.4%
	Third Level	5	1.2%	937	4.1%
	No formal education	77	19.2%	1,600	7.0%
	Not applicable	1,190	29.6%	11,594	50.7%
	Total	402	100.0%	22,869	100.0%

A comparative examination of some of the baseline characteristics of the adult AITHS respondents in ROI and NI was undertaken (Table 65).

SECTION B1: Child Health (All Children)

Information was collected on 1,388 children in ROI: 521 were 5 years old, 399 were 9 years old and 460 were 14 years old. In NI, information was collected on 185 children: 61 were 5 years old, 65 were 9 years old and 57 were 14 years old. It should be noted, when interpreting the tables, that two respondents did not specify the chosen child’s gender. Therefore the sample size for the total group is larger than that of the sum of the sex-specific groups.

A majority (64.6% ROI and 55.7% NI) of both male and female children was reported as weighing between 3 and 4 kg at birth. Older children tended to have been relatively lighter at birth.

Table 66: What was your child’s weight at birth? (Questionnaire item B1_1_1)

		<2500g	2500-2999g	3000- 3499g	3500-3999g	4000-4499g	>4500g	n
Total	ROI	6.1%	14.1%	33.6%	30.9%	11.0%	4.3%	1,223
	NI	4.5%	21.7%	31.8%	28.0%	10.8%	3.2%	157
Male	ROI	5.4%	12.2%	34.2%	31.1%	11.5%	5.6%	591
	NI	3.6%	18.1%	31.3%	27.7%	14.5%	4.8%	83
Female	ROI	6.5%	15.8%	33.6%	30.1%	10.8%	3.3%	602
	NI	4.2%	25.4%	32.4%	29.6%	7.0%	1.4%	171
5-year old	ROI	5.2%	15.3%	38.4%	27.9%	9.9%	3.2%	463
	NI	3.8%	18.9%	32.1%	32.1%	13.2%	0.0%	53
9-year old	ROI	6.2%	11.9%	33.2%	32.1%	11.9%	4.5%	352
	NI	3.6%	30.2%	26.8%	21.4%	8.9%	8.9%	56
14-year old	ROI	6.8%	14.5%	28.4%	33.3%	11.5%	5.4%	408
	NI	3.9%	21.9%	31.6%	28.4%	11.0%	0.0%	46

Most children (56.9% ROI and 65.9% NI) were born during term period of 37-41 weeks, a pattern similar according to age and sex in both jurisdictions.

Table 67: Gestational age at birth. Was your child born at...? (Questionnaire item B1_2)

		32 weeks or less	33-36 weeks	37-41 weeks	42 weeks or more	n
Total	ROI	1.2%	11.0%	56.9%	30.8%	1,363
	NI	0.6%	8.9%	65.9%	24.6%	179
Male	ROI	1.5%	9.9%	58.2%	30.4%	668
	NI	1.0%	7.2%	70.1%	21.6%	97
Female	ROI	1.1%	12.2%	55.5%	31.3%	665
	NI	0.0%	8.9%	62.0%	29.1%	79
5-year old	ROI	0.6%	9.7%	56.5%	33.1%	513
	NI	1.7%	11.9%	64.4%	22.0%	59
9-year old	ROI	2.6%	11.5%	54.5%	31.5%	391
	NI	0.0%	6.3%	66.7%	27.0%	63
14-year old	ROI	0.9%	12.0%	59.5%	27.7%	459
	NI	0.0%	5.5%	69.1%	25.5%	55

Reported breastfeeding rates for children overall were 5.6% in ROI and 7.1% in NI and again there is no variability according to age group and sex.

Table 68: Was your child ever breastfed, even if only for a short time? (Questionnaire item B1_3)

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	5.6%	94.4%	1,375	7.1%	92.9%	182
Male	6.5%	93.5%	673	7.1%	92.9%	98
Female	4.8%	95.2%	671	6.2%	93.8%	81
5-year old	4.8%	95.2%	519	4.9%	95.1%	61
9-year old	6.3%	93.7%	395	6.3%	93.8%	64
14-year old	5.9%	94.1%	461	9.1%	90.9%	55

In ROI 90.3% and in NI 97.3% of children were reported as having no ongoing health problem. The number 1 reported condition was asthma, which accounted for 71.9% of children with health problems in ROI. There were much lower rates reported for other conditions, including inborn errors of metabolism. The pattern was similar for both male and female children and asthma was the number one condition in each age group, though cerebral palsy was proportionately higher in 14-year olds.

Table 69: Does your child have any on-going chronic physical or mental health problem, illness or disability? (Questionnaire item B1_4)

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	9.7%	90.3%	1,378	2.7%	97.3%	185
Male	10.8%	89.2%	676	4.0%	96.0%	101
Female	8.6%	91.4%	672	1.2%	98.8%	81
5-year old	10.3%	89.7%	517	3.3%	96.7%	61
9-year old	8.4%	91.6%	395	4.6%	95.4%	65
14-year old	10.3%	89.7%	466	0.0%	100.0%	57

Table 70: Is the nature of this problem, illness or disability any of the following? (Questionnaire item B1_5_1)

		ROI n=57	NI n=4
Total	Asthma	71.9%	50.0%
	Cerebral Palsy	5.3%	0.0%
	Cystic Fibrosis	1.8%	0.0%
	Diabetes	3.5%	0.0%
	Epilepsy/blackouts	8.8%	0.0%
	Hunters	0.0%	0.0%
	Hurlers	3.5%	0.0%
	PKU	3.5%	0.0%
	Galactosaemia	7.0%	50.0%
	Brittle Bone disease	5.3%	0.0%

(for those with on-going chronic physical or mental health problems only)

In total there were 11 children in ROI reported to have inborn errors of metabolism and two in NI. Chest infection was the most commonly cited acute condition in the preceding 4 weeks, followed by other infectious diseases.

Table 71: During the last 4 weeks, has your child suffered from the following symptoms? (Questionnaire item B1_6a)

		ROI			NI		
		Yes	No	n	Yes	No	n
Total	Vomiting	7.7%	92.3%	1,357	13.4%	86.6%	179
	Diarrhoea	6.0%	94.0%	1,359	15.0%	85.0%	180
	Chest infection	17.9%	82.1%	1,353	16.6%	83.4%	181
	Urinary infection	7.9%	92.1%	1,333	8.9%	91.1%	180
Male	Vomiting	8.2%	91.8%	668	14.0%	86.0%	100
	Diarrhoea	6.4%	93.6%	669	16.0%	84.0%	100
	Chest infection	19.3%	80.7%	664	16.0%	84.0%	100
	Urinary infection	5.2%	94.8%	651	9.0%	91.0%	100
Female	Vomiting	6.8%	93.2%	659	13.2%	86.8%	76
	Diarrhoea	5.0%	95.0%	660	14.3%	85.7%	77
	Chest infection	16.6%	83.4%	658	17.9%	82.1%	78
	Urinary infection	10.6%	89.4%	653	9.1%	90.9%	77
5 year old	Vomiting	6.8%	93.2%	514	8.5%	91.5%	59
	Diarrhoea	6.2%	93.8%	514	10.2%	89.8%	59
	Chest infection	20.6%	79.4%	510	9.8%	90.2%	61
	Urinary infection	6.2%	93.8%	502	3.4%	96.6%	59
9 year old	Vomiting	9.9%	90.1%	382	21.9%	78.1%	64
	Diarrhoea	7.3%	92.7%	385	23.4%	76.6%	64
	Chest infection	14.6%	85.4%	384	23.4%	76.6%	64
	Urinary infection	9.6%	90.4%	376	15.6%	84.4%	64
14 year old	Vomiting	6.7%	93.3%	461	9.3%	90.7%	54
	Diarrhoea	4.8%	95.2%	460	10.9%	89.1%	55
	Chest infection	17.6%	82.4%	459	16.7%	83.3%	54
	Urinary infection	8.4%	91.6%	455	7.3%	92.7%	55

Around a quarter of children (22.9% ROI and 26.0% NI) were reported to have had an accident at some time, boys more frequently than girls in ROI but not in NI and older children more frequently than younger ones. Of those who had had such an event, the frequency most commonly reported was 1-3 times, by 83.9% of respondents in ROI and 85.4% in NI. There was a similar pattern for both males and females and by age group. Overwhelmingly, the most frequent type of injury was a fall in both ROI and NI, both in males and females and in all age groups.

Table 72: Has your child ever had an accident or injury that required hospital treatment or admission? (Questionnaire item B1_7)

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	22.9%	77.1%	1,370	26.0%	74.0%	181
Male	25.7%	74.3%	672	23.7%	76.3%	97
Female	19.7%	80.3%	669	27.2%	72.8%	81
5-year old	17.7%	82.3%	514	19.7%	80.3%	61
9-year old	26.5%	73.5%	393	23.8%	76.2%	63
14-year old	25.7%	74.3%	463	34.5%	65.5%	55

Table 73: How many separate times has your child ever had an accident that required hospital treatment or admission? (Questionnaire item B1_8)

		None	1-3 times	4-6 times	7-9 times	10 times +	n
Total	ROI	3.7%	83.9%	9.1%	1.0%	2.3%	298
	NI	0.0%	85.4%	14.6%	0.0%	0.0%	41
Male	ROI	3.7%	82.1%	9.9%	1.2%	3.1%	162
	NI	0.0%	89.5%	10.5%	0.0%	0.0%	19
Female	ROI	3.9%	85.9%	8.6%	0.8%	0.8%	128
	NI	0.0%	81.0%	19.0%	0.0%	0.0%	21
5-year old	ROI	1.1%	88.5%	6.9%	1.1%	2.3%	87
	NI	0.0%	100.0%	0.0%	0.0%	0.0%	11
9-year old	ROI	4.1%	84.7%	10.2%	0.0%	1.0%	98
	NI	0.0%	76.9%	23.1%	0.0%	0.0%	13
14-year old	ROI	5.3%	79.6%	9.7%	1.8%	3.5%	113
	NI	0.0%	82.4%	17.6%	0.0%	0.0%	17

Table 74: Has your child ever experienced any of the following? (Questionnaire item B1_9_a)

		ROI			NI		
		Yes	No	n	Yes	No	n
Total	Accidental poisoning	2.0%	98.0%	296	2.4%	97.6%	41
	Near drowning	3.4%	96.6%	297	11.6%	88.4%	43
	Burn/scald	21.7%	78.3%	299	50.0%	50.0%	42
	Road accident	16.4%	83.6%	299	16.7%	83.3%	42
	Falling	76.2%	23.8%	303	93.2%	6.8%	44
	Other	26.7%	73.3%	195	34.5%	65.5%	29
Male	Accidental poisoning	1.8%	98.2%	164	0.0%	100.0%	23
	Near drowning	1.8%	98.2%	164	4.3%	95.7%	23
	Burn/scald	15.8%	84.2%	165	40.9%	59.1%	22
	Road accident	16.2%	83.8%	167	13.6%	86.4%	22
	Falling	72.0%	28.0%	168	91.3%	8.7%	23
	Other	26.0%	74.0%	104	37.5%	62.5%	16
Female	Accidental poisoning	2.4%	97.6%	124	6.3%	93.8%	16
	Near drowning	5.6%	94.4%	125	22.2%	77.8%	18
	Burn/scald	29.4%	70.6%	126	61.1%	38.9%	18
	Road accident	16.9%	83.1%	124	22.2%	77.8%	18
	Falling	81.1%	18.9%	127	94.7%	5.3%	19
	Other	27.4%	72.6%	84	25.0%	75.0%	12
5 year old	Accidental poisoning	2.2%	97.8%	89	0.0%	100.0%	12
	Near drowning	0.0%	100.0%	89	0.0%	100.0%	12
	Burn/scald	16.7%	83.3%	90	16.7%	83.3%	12
	Road accident	11.1%	88.9%	90	8.3%	91.7%	12
	Falling	76.7%	23.3%	90	91.7%	8.3%	12
	Other	30.9%	69.1%	55	37.5%	62.5%	8
9 year old	Accidental poisoning	3.1%	96.9%	96	0.0%	100.0%	12
	Near drowning	4.1%	95.9%	97	15.4%	84.6%	13
	Burn/scald	24.0%	76.0%	96	69.2%	30.8%	13
	Road accident	18.6%	81.4%	97	23.1%	76.9%	13
	Falling	78.4%	21.6%	97	92.9%	7.1%	14
	Other	24.3%	75.7%	70	25.0%	75.0%	8
14 year old	Accidental poisoning	0.9%	99.1%	111	6.3%	93.8%	16
	Near drowning	5.4%	94.6%	111	17.6%	82.4%	17
	Burn/scald	23.9%	76.1%	113	56.3%	43.8%	16
	Road accident	18.8%	81.3%	112	18.8%	81.3%	16
	Falling	74.1%	25.9%	116	94.1%	5.9%	17
	Other	25.7%	74.3%	70	38.5%	61.5%	13

(for those who have required hospital treatment or admission after accident or injury)

41% of Traveller children in ROI and 47.6% in NI had visited a hospital Accident and Emergency (A & E) department in the previous 12 months, and 36.5% of children in ROI and 43.9% in NI had done so on one to 3 occasions. Again, the gender and age group variation was small.

Table 75: In the past 12 months, how many visits has your child made to the A & E of a hospital? (Questionnaire item B1_10)

		None	1-3 times	4-6 times	7-9 times	10 times +	n
Total	ROI	59.0%	36.5%	3.4%	0.5%	0.6%	1,195
	NI	52.4%	43.9%	3.7%	0.0%	0.0%	164
Male	ROI	57.3%	38.6%	3.6%	0.3%	0.2%	585
	NI	50.6%	47.1%	2.4%	0.0%	0.0%	85
Female	ROI	61.5%	33.8%	3.1%	0.7%	0.9%	582
	NI	55.8%	39.0%	5.2%	0.0%	0.0%	77
5-year old	ROI	61.8%	34.6%	2.4%	0.4%	0.7%	456
	NI	59.6%	40.4%	0.0%	0.0%	0.0%	52
9-year old	ROI	55.4%	38.0%	5.2%	0.9%	0.6%	345
	NI	49.2%	42.4%	8.5%	0.0%	0.0%	59
14-year old	ROI	58.9%	37.3%	3.0%	0.3%	0.5%	394
	NI	50.0%	48.1%	1.9%	0.0%	0.0%	52

10% of children in ROI and 7.8% in NI had stayed at least 1 night in hospital in the last year, with little variability according to age group or sex. The most frequent length of stay was 1-3 nights, for 66.7% of those hospitalised. Younger children had the shortest length of stay. The most frequent indications for admission were infectious conditions, including fever or viral conditions, asthma and other non-surgical conditions.

Table 76: During the last 12 months, has your child ever stayed in hospital for at least 1 night for any illness? (not simply been in outpatients or A&E?) (Questionnaire item B1_11)

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	10.0%	90.0%	1,370	7.8%	92.2%	180
Male	10.9%	89.1%	670	6.3%	93.8%	96
Female	9.4%	90.6%	670	8.6%	91.4%	81
5-year old	9.5%	90.5%	515	3.3%	96.7%	60
9-year old	8.6%	91.4%	394	10.9%	89.1%	64
14-year old	11.7%	88.3%	461	7.4%	92.6%	54

Table 77: If your child ever stayed in hospital for at least one night for any illness, how many times? (For ROI and NI combined) (Questionnaire item B1_11a)

	None	1-3 times	4-6 times	7-9 times	10 times +	n
Total	14.5%	66.9%	15.2%	0.7%	2.7%	145
Male	16.4%	71.2%	9.6%	0.0%	2.7%	73
Female	11.4%	64.3%	20.0%	1.4%	2.8%	70
5-year old	11.8%	74.5%	11.8%	0.0%	1.9%	51
9-year old	7.9%	65.8%	23.7%	2.6%	0.0%	38
14-year old	20.0%	61.8%	12.7%	0.0%	5.4%	55

(for those have stayed overnight in hospital for at least 1 night only)

Table 78: If your child ever stayed in hospital for at least one night for any illness, for what reasons? Up to 3 reasons could be indicated. (For ROI and NI combined) (Questionnaire item B1_11_b_1)

		Male n=68	Female n=58	Total n=128
Total	Fever/viral infection	27.9%	31.0%	28.9%
	Bronchiolitis	13.2%	10.3%	11.8%
	Grommets/tympanostomy tubes	8.8%	5.2%	7.0%
	Asthma	30.9%	20.7%	25.8%
	Urine infection	7.3%	22.4%	14.8%
	Throat infection	20.6%	25.9%	23.4%
	Gastroenteritis	10.3%	8.6%	9.5%
	Croup	2.9%	37.9%	20.3%
	Febrile convulsion	4.4%	4.8%	4.6%
	Pneumonia	4.4%	4.8%	4.6%
	Other: Surgery	20.6%	39.8%	30.5%
	Other: Surgery not needed	26.5%	29.3%	27.3%

(for those have stayed overnight in hospital for at least one night only)

In the past 12 months, 80.1% in ROI and 85.2% in NI had consulted a GP in person or by phone about their child's health, 20.0% in ROI and 23.7% had consulted another doctor and 30.5% in ROI and 33.3% in NI had consulted other allied health professionals.

Table 79: In the last year how many times have you had contact with any of the following about your child’s health? (Questionnaire item B1_12_a)

			None	1-3 times	4-6 times	7-9 times	10 times +	n
Total	ROI	GP	19.9%	41.3%	23.0%	5.7%	10.1%	1,288
	NI	GP	14.8%	50.3%	20.7%	5.9%	8.3%	169
	ROI	Other doctor	80.0%	17.1%	1.6%	0.6%	0.7%	864
	NI	Other doctor	76.3%	20.7%	2.2%	0.0%	0.7%	135
	ROI	Other allied health professionals	69.5%	25.7%	3.1%	0.6%	1.1%	899
	NI	Other allied health professionals	66.7%	26.7%	4.4%	1.5%	0.7%	135
Male	ROI	GP	20.6%	41.1%	22.7%	5.8%	9.7%	620
	NI	GP	16.1%	44.8%	25.3%	5.7%	8.0%	87
	ROI	Other doctor	81.3%	14.8%	2.2%	0.7%	1.0%	411
	NI	Other doctor	76.5%	19.1%	2.9%	0.0%	1.5%	68
	ROI	Other allied health professionals	70.1%	25.1%	3.5%	0.5%	0.9%	431
	NI	Other allied health professionals	64.3%	22.9%	8.6%	2.9%	1.4%	70
Female	ROI	GP	19.3%	41.4%	23.2%	5.7%	10.4%	637
	NI	GP	12.5%	56.3%	16.3%	6.3%	8.8%	80
	ROI	Other doctor	79.1%	19.0%	1.2%	0.5%	0.2%	431
	NI	Other doctor	77.3%	21.2%	1.5%	0.0%	0.0%	66
	ROI	Other allied health professionals	69.5%	25.8%	2.9%	0.7%	1.1%	446
	NI	Other allied health professionals	70.3%	29.7%	0.0%	0.0%	0.0%	64
5-year old	ROI	GP	16.4%	39.5%	26.4%	5.7%	11.9%	488
	NI	GP	8.5%	47.5%	27.1%	5.1%	11.9%	59
	ROI	Other doctor	80.2%	17.6%	1.2%	0.0%	0.9%	324
	NI	Other doctor	75.0%	25.0%	0.0%	0.0%	0.0%	44
	ROI	Other allied health professionals	71.2%	24.3%	3.3%	0.3%	0.9%	337
	NI	Other allied health professionals	70.5%	22.7%	2.3%	2.3%	2.3%	44
9-year old	ROI	GP	19.8%	42.9%	23.9%	4.9%	8.4%	368
	NI	GP	16.7%	53.3%	16.7%	5.0%	8.3%	60
	ROI	Other doctor	80.4%	16.3%	2.0%	0.4%	0.8%	245
	NI	Other doctor	78.4%	19.6%	0.0%	0.0%	2.0%	51
	ROI	Other allied health professionals	70.7%	24.3%	3.1%	0.4%	1.5%	259
	NI	Other allied health professionals	68.6%	23.5%	5.9%	2.0%	0.0%	51
14-year old	ROI	GP	23.8%	41.9%	18.3%	6.5%	9.5%	432
	NI	GP	18.4%	51.0%	18.4%	8.2%	4.1%	49
	ROI	Other doctor	79.3%	17.3%	1.7%	1.4%	0.3%	295
	NI	Other doctor	76.9%	15.4%	7.7%	0.0%	0.0%	39
	ROI	Other allied health professionals	66.7%	28.4%	3.0%	1.0%	1.0%	303
	NI	Other allied health professionals	61.5%	33.3%	5.1%	0.0%	0.0%	39

6.0% in ROI and 10.6% in NI felt that in last 12 months there was an episode when their child needed treatment or care and did not receive it. The explanation in most cases was that the parent was awaiting improvement before consulting, both in ROI and NI.

Table 80: Was there any time in the last 12 months that your child needed medical care for a problem but did not receive it? (Questionnaire item B1_13)

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	6.0%	94.0%	1366	10.6%	89.4%	179
Male	5.5%	94.5%	669	9.4%	90.6%	96
Female	6.8%	93.2%	666	12.5%	87.5%	80
5-year old	5.3%	94.7%	512	11.7%	88.3%	60
9-year old	5.1%	94.9%	395	9.4%	90.6%	64
14-year old	7.6%	92.4%	459	11.3%	88.7%	53

Table 81: For respondents who indicated that there was a time that their child did not receive medical care or treatment only. Why did your child not get the medical care or treatment that he/she needed? (Questionnaire item B1_14_a)

		ROI			NI		
		Yes	No	n	Yes	No	n
Total	Could not afford	19.1%	80.9%	47	28.6%	71.4%	14
	Could not access	23.1%	76.9%	52	18.2%	81.8%	11
	Work commitments	6.4%	93.6%	47	9.1%	90.9%	11
	Awaiting improvement	50.0%	50.0%	56	84.6%	15.4%	13
	Not registered with GP	14.3%	85.7%	49	27.3%	72.7%	11
	Still on waiting list	27.7%	72.3%	47	53.8%	46.2%	13
	Other	35.9%	64.1%	39	11.1%	88.9%	9

In ROI 15.7% of children and in NI 25.8% were reported as having current or past eye problems, 12.9% in ROI and 16.6% in NI were reported as having current or past hearing problems and 13.0% in ROI and 16.1% in NI were reported as having speech problems.

Table 82: Does your child have any of the following problems or did they have in the past? (Questionnaire item B1_15_a)

			Yes, currently	Yes, in the past	No	n
Total	ROI	Eye	12.0%	3.7%	84.3%	1,350
	NI	Eye	19.8%	6.0%	74.2%	182
	ROI	Hearing	8.2%	4.7%	87.2%	1,349
	NI	Hearing	13.3%	3.3%	83.3%	180
	ROI	Speech	9.0%	4.0%	87.0%	1,344
	NI	Speech	14.4%	1.7%	84.0%	181
Male	ROI	Eye	11.4%	3.3%	85.3%	658
	NI	Eye	20.2%	4.0%	75.8%	99
	ROI	Hearing	8.0%	4.7%	87.3%	659
	NI	Hearing	14.1%	2.0%	83.8%	99
	ROI	Speech	9.4%	4.9%	85.7%	657
	NI	Speech	14.0%	2.0%	84.0%	100
Female	ROI	Eye	12.4%	4.1%	83.5%	662
	NI	Eye	18.8%	8.8%	72.5%	80
	ROI	Hearing	8.0%	4.5%	87.4%	660
	NI	Hearing	12.8%	3.8%	83.3%	78
	ROI	Speech	8.2%	3.2%	88.6%	657
	NI	Speech	15.4%	1.3%	83.3%	78
5-year old	ROI	Eye	13.6%	2.2%	84.2%	506
	NI	Eye	18.3%	5.0%	76.7%	60
	ROI	Hearing	7.9%	4.5%	87.6%	507
	NI	Hearing	11.9%	0.0%	88.1%	59
	ROI	Speech	11.2%	3.9%	84.8%	507
	NI	Speech	18.6%	0.0%	81.4%	59
9-year old	ROI	Eye	11.9%	5.7%	82.5%	388
	NI	Eye	21.9%	6.3%	71.9%	64
	ROI	Hearing	8.0%	4.9%	87.1%	387
	NI	Hearing	17.5%	4.8%	77.8%	63
	ROI	Speech	9.1%	4.4%	86.5%	384
	NI	Speech	14.1%	4.7%	81.3%	64
14-year old	ROI	Eye	10.3%	3.7%	86.0%	456
	NI	Eye	17.9%	7.1%	75.0%	56
	ROI	Hearing	8.6%	4.6%	86.8%	455
	NI	Hearing	10.7%	3.6%	85.7%	56
	ROI	Speech	6.4%	3.8%	89.8%	453
	NI	Speech	10.7%	0.0%	89.3%	56

Both in ROI (58.4%) and in NI (58.5%), a majority of mothers reported adding regular salt to their child's food while cooking.

Table 83: Do you usually add salt to your child's food during cooking? (Questionnaire item B1_16)

		Yes, regular salt	Yes, lo salt	Do not use salt	n
Total	ROI	58.4%	9.6%	32.0%	1,367
	NI	58.5%	10.4%	31.1%	183
Male	ROI	60.0%	10.2%	29.8%	667
	NI	59.6%	13.1%	27.3%	99
Female	ROI	57.1%	9.1%	33.8%	669
	NI	58.0%	7.4%	34.6%	81
5-year old	ROI	54.0%	9.9%	36.1%	513
	NI	55.7%	8.2%	36.1%	61
9-year old	ROI	58.2%	7.9%	33.9%	392
	NI	61.5%	10.8%	27.7%	65
14-year old	ROI	63.4%	10.6%	26.0%	462
	NI	58.2%	12.7%	29.1%	55

In ROI 26.8% and in NI 43.7% reported that their children ate 5 or more portions of fruit and vegetables daily.

Table 84: How many portions of fruit and/or vegetables does your child usually eat each day? (Questionnaire item B1_17)

		0	1	2	3	4	5	6+	n
Total	ROI	1.4%	7.7%	17.7%	28.7%	17.7%	15.0%	11.8%	1,371
	NI	0.0%	2.3%	15.3%	23.9%	14.8%	27.8%	15.9%	176
Male	ROI	1.6%	7.2%	17.2%	28.7%	17.9%	15.4%	12.0%	669
	NI	0.0%	2.2%	16.1%	18.3%	16.1%	29.0%	18.3%	93
Female	ROI	1.0%	8.0%	18.5%	28.5%	17.3%	14.8%	11.9%	671
	NI	0.0%	2.5%	13.8%	31.3%	13.8%	25.0%	13.8%	80
5-year old	ROI	1.4%	6.4%	17.0%	29.0%	16.6%	18.0%	11.6%	517
	NI	0.0%	1.7%	20.3%	22.0%	5.1%	33.9%	16.9%	59
9-year old	ROI	1.0%	8.6%	18.1%	29.5%	19.4%	11.3%	12.1%	397
	NI	0.0%	0.0%	16.4%	24.6%	21.3%	19.7%	18.0%	61
14-year old	ROI	1.8%	8.3%	18.2%	27.8%	17.5%	14.7%	11.8%	457
	NI	0.0%	5.6%	7.4%	25.9%	18.5%	29.6%	13.0%	54

The final 2 general child health questionnaire items were asked of the NI respondents only to facilitate direct comparability with NI data sets.

Table 85: Rate your child’s health over the last 12 months. (NI ONLY)

		Not good	Fairly good	Good	n
Total	NI	1.1%	15.7%	83.2%	185
Male	NI	1.0%	15.8%	83.2%	101
Female	NI	1.2%	14.8%	84.0%	81
5-year old	NI	1.6%	16.4%	82.0%	61
9-year old	NI	1.5%	16.9%	81.5%	65
14-year old	NI	0.0%	12.3%	87.7%	57

Table 86: In the last 2 weeks did your child talk to a GP or did you or anyone else do so on their behalf? (NI ONLY) (Questionnaire item B1_19_NI)

		Yes	No	n
Total	NI	9.7%	90.3%	176
Male	NI	8.6%	91.4%	93
Female	NI	11.3%	88.8%	80
5-year old	NI	6.7%	93.3%	60
9-year old	NI	11.3%	88.7%	62
14-year old	NI	11.5%	88.5%	52

SECTION B2: 5-Year-Old Child Health

A majority (74.6% in ROI and 80.3% in NI) of mothers rated their 5-year-old's health as either excellent or very good. The pattern did not differ for males and females. Almost all (96.1% in ROI and 93.4% in NI) reported receiving vaccinations ('receiving needles'), peaking at 12-15 months.

Table 87: In general, how would you say your 5-year-old child's current health is? (Questionnaire item B2_1)

		Poor	Fair	Good	Very good	Excellent	n
Total	ROI	0.6%	5.6%	19.2%	29.2%	45.4%	520
	NI	1.6%	6.6%	11.5%	37.7%	42.6%	61
Male	ROI	0.4%	6.6%	17.8%	30.6%	44.6%	258
	NI	0.0%	9.4%	12.5%	43.8%	34.4%	32
Female	ROI	0.8%	4.8%	20.0%	28.4%	46.0%	250
	NI	3.6%	3.6%	10.7%	32.1%	50.0%	28

Table 88: Has your 5-year-old child ever received any immunisations/needles/vaccines? (Questionnaire item B2_2)

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	96.1%	3.9%	512	93.4%	6.6%	61
Male	96.0%	4.0%	253	90.6%	9.4%	32
Female	96.0%	4.0%	247	96.4%	3.6%	28

Table 89: Times at which the child received a 'needle', i.e. a vaccination. (Questionnaire item B2_2a_1)

	ROI			NI		
	Male (n=234)	Female (n=228)	Total (n=473)	Male (n=26)	Female (n=21)	Total (n=48)
Birth/1 month	68.4%	68.4%	68.9%	34.6%	28.6%	31.3%
2 months	80.8%	82.0%	81.6%	80.8%	76.2%	79.2%
4 months	85.0%	87.3%	86.0%	69.2%	76.2%	70.8%
6 months	81.6%	85.1%	83.3%	57.7%	38.1%	47.9%
12-15 months	91.5%	90.8%	90.9%	80.8%	57.1%	70.8%
4-5 years	70.1%	77.2%	73.4%	61.5%	52.4%	58.3%

(for those who received immunisations/needles/vaccines only)

Most also reported their children washed their teeth at least daily (94.8% in ROI and 93.4% in NI), again comparable between the sexes. Only around a third of children in ROI (36.4%) had seen a dentist in the last 12 months, compared to 78.7% in NI.

**Table 90: Does your 5-year-old child brush his or her teeth at least once a day?
(Questionnaire item B2_3)**

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	94.8%	5.2%	517	93.4%	6.6%	61
Male	94.9%	5.1%	256	93.8%	6.3%	32
Female	94.4%	5.6%	249	92.9%	7.1%	28

**Table 91: Has your 5-year-old child been seen by a dentist in the last 12 months?
(Questionnaire item B2_4)**

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	36.4%	63.6%	516	78.7%	21.3%	61
Male	36.1%	63.9%	255	78.1%	21.9%	32
Female	36.1%	63.9%	249	78.6%	21.4%	28

9 out of 10 5-year-old children had already started primary school in both ROI and NI. Similarly, 9 out of 10 children had their first meal of the day between 7 and 9 a.m. (90.9% ROI and 91.7% NI).

**Table 92: Has your 5-year-old child started primary/ national school yet?
(Questionnaire item B2_5)**

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	90.1%	9.9%	517	90.2%	9.8%	61
Male	89.1%	10.9%	256	96.9%	3.1%	32
Female	91.6%	8.4%	249	82.1%	17.9%	28

**Table 93: What time does your 5-year-old child have his or her first meal of the day?
(Questionnaire item B2_6)**

		Before 6 am	6-7am	7-8 am	8-9 am	9-10 am	10-11 am	11 am-12 pm	After 12 pm	n
Total	ROI	1.6%	2.5%	39.8%	51.1%	3.3%	0.6%	0.2%	1.0%	515
	NI	0.0%	3.3%	45.0%	46.7%	3.3%	0.0%	1.7%	0.0%	60
Male	ROI	1.6%	3.1%	34.9%	54.5%	4.3%	0.4%	0.0%	1.2%	255
	NI	0.0%	3.1%	40.6%	50.0%	3.1%	0.0%	3.1%	0.0%	32
Female	ROI	1.6%	1.6%	43.5%	49.2%	2.0%	0.8%	0.4%	0.8%	248
	NI	0.0%	3.7%	48.1%	44.4%	3.7%	0.0%	0.0%	0.0%	27

Most children were reported as being in the normal weight range (93.2% ROI and 82.0% NI). A majority of children were reported as eating most things (57.8% ROI and 66.7% NI, whilst a fifth in ROI (20.5%) and a tenth in NI (11.7%) were described as fussy eaters.

Table 94: What weight do you think your 5-year-old child is? (Questionnaire item B2_7)

		Underweight	Normal weight	Overweight	n
Total	ROI	4.5%	93.2%	2.3%	513
	NI	6.6%	82.0%	11.5%	61
Male	ROI	3.5%	94.1%	2.4%	254
	NI	9.4%	78.1%	12.5%	32
Female	ROI	5.2%	92.3%	2.4%	248
	NI	3.6%	85.7%	10.7%	28

Table 95: How would you describe the variety of foods that your 5-year-old child generally eats? (Questionnaire item B2_8)

		Most things	Reasonable variety	Fussy eater	n
Total	ROI	57.8%	21.7%	20.5%	516
	NI	66.7%	21.7%	11.7%	60
Male	ROI	59.6%	22.4%	18.0%	255
	NI	62.5%	25.0%	12.5%	32
Female	ROI	57.0%	20.5%	22.5%	249
	NI	70.4%	18.5%	11.1%	27

SECTION B3: 9-Year-Old Child Health

A majority of mothers (94.8% in ROI and 89.3% in NI) reported the health of their 9-year-old children as excellent or very good.

Table 96: In general, how would you say your 9-year-old child’s current health is? (Questionnaire item B3_1)

		Poor	Fair	Good	Excellent	n
Total	ROI	1.0%	4.1%	39.4%	55.4%	386
	NI	0.0%	10.8%	43.1%	46.2%	65
Male	ROI	1.0%	3.6%	42.8%	52.6%	194
	NI	0.0%	5.0%	50.0%	45.0%	40
Female	ROI	1.0%	4.7%	35.9%	58.3%	192
	NI	0.0%	20.0%	32.0%	48.0%	25

Most children (81.4% in ROI and 78.2% in NI) brushed their teeth at least daily. In ROI 60.9% and in NI 76.9% of children had been seen by a dentist in the last 12 months.

Table 97: How often does your 9-year-old child brush their teeth? (Questionnaire item B3_2)

		Never	< Once a week	At least once a week	Once a day	> Once a day	n
Total	ROI	1.6%	4.9%	12.1%	35.1%	46.3%	387
	NI	1.6%	3.1%	17.2%	39.1%	39.1%	64
Male	ROI	2.1%	4.6%	13.8%	39.5%	40.0%	195
	NI	0.0%	2.5%	17.5%	42.5%	37.5%	40
Female	ROI	1.0%	5.2%	10.4%	30.7%	52.6%	192
	NI	4.2%	4.2%	16.7%	33.3%	41.7%	24

Table 98: Has your 9-year-old child been seen by a dentist in the last 12 months? (Questionnaire item B3_3)

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	60.9%	39.1%	384	76.9%	23.1%	65
Male	60.1%	39.9%	193	72.5%	27.5%	40
Female	61.8%	38.2%	191	84.0%	16.0%	25

2.4% in ROI and 3.1% in NI were reported as smokers. In ROI 84.9% of children were reported as always wearing a seatbelt, compared to 65.6% in NI.

Table 99: Has your 9-year-old child ever smoked tobacco? (Questionnaire item B3_4)

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	2.4%	97.6%	379	3.1%	96.9%	65
Male	3.7%	96.3%	189	2.5%	97.5%	40
Female	1.1%	98.9%	190	4.0%	96.0%	25

Table 100: How often does your 9-year-old child use a seatbelt when they sit in a car? (Questionnaire item B3_5)

		No seatbelt	Rarely or never	Sometimes	Often	Always	Never travel by car	n
		Total	ROI	1.3%	1.0%	6.0%	6.0%	84.9%
	NI	1.6%	3.1%	18.8%	7.8%	65.6%	3.1%	64
Male	ROI	1.6%	0.5%	7.3%	6.2%	82.9%	1.6%	193
	NI	0.0%	5.0%	15.0%	7.5%	70.0%	2.5%	40
Female	ROI	1.0%	1.6%	4.7%	5.7%	87.0%	0.0%	192
	NI	4.2%	0.0%	25.0%	8.3%	58.3%	4.2%	24

Around one fifth (22.9% ROI and 18.5% NI) had access to a computer, most of these, both male and female, used it a little of the time only.

Table 101: Does your 9-year-old child have a computer at home? (Questionnaire item B3_6)

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	22.9%	77.1%	385	18.5%	81.5%	65
Male	20.1%	79.9%	194	20.0%	80.0%	40
Female	25.7%	74.3%	191	16.0%	84.0%	25

Table 102: How often does your 9-year-old child use this computer? For the respondents who say their 9 year old child has a computer. ROI and NI combined. (Questionnaire item B3_7)

	Not at all	A little	A lot	n
Total	11.2%	65.3%	23.5%	98
Male	4.3%	68.1%	27.6%	47
Female	17.6%	62.7%	19.6%	51

(for those who have home computers only)

There was wide variability in the number of days in which children were active for at least an hour daily in the week preceding the survey. Just under half in ROI (48.6%) and a quarter in NI (25.4%) were active 7 days a week.

Table 103: Over the past week, on how many days was your 9-year-old child physically active for a total of at least an hour per day? (Questionnaire item B3_8)

		0	1	2	3	4	5	6	7	n
Total	ROI	3.4%	2.1%	6.0%	9.9%	8.4%	17.2%	4.4%	48.6%	383
	NI	6.8%	1.7%	11.9%	16.9%	11.9%	18.6%	6.8%	25.4%	59
Male	ROI	4.2%	2.1%	4.7%	7.8%	8.3%	18.2%	6.3%	48.4%	192
	NI	8.8%	.0%	8.8%	17.6%	20.6%	14.7%	8.8%	20.6%	34
Female	ROI	2.6%	2.1%	7.3%	12.0%	8.4%	16.2%	2.6%	48.7%	191
	NI	4.0%	4.0%	16.0%	16.0%	.0%	24.0%	4.0%	32.0%	25

In ROI 24.6% were reported to have a mobile phone and in NI 52.3%. Almost all watched TV (including videos and DVD) regularly, the majority spending between 1-5 hours per day on weekdays and at weekends also.

Table 104: Does your 9-year-old child have their own mobile phone? (Questionnaire item B3_9)

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	24.6%	75.4%	386	52.3%	47.7%	65
Male	27.7%	72.3%	195	50.0%	50.0%	40
Female	21.5%	78.5%	191	56.0%	44.0%	25

Table 105: How many hours a day does your 9-year-old child watch TV (including videos and DVDs) in their free time? During weekdays. (Questionnaire item B3_10_a)

		None	1-5 hrs	6-10 hrs	11-15 hrs	16+ hours	n
Total	ROI	1.1%	84.7%	13.2%	1.1%	0.0%	378
	NI	0.0%	87.3%	12.7%	0.0%	0.0%	55
Male	ROI	2.1%	81.7%	15.2%	1.0%	0.0%	191
	NI	0.0%	82.4%	17.6%	0.0%	0.0%	34
Female	ROI	0.0%	87.7%	11.2%	1.1%	0.0%	187
	NI	0.0%	95.2%	4.8%	0.0%	0.0%	21

Table 106: How many hours a day does your 9-year-old child watch TV (including videos and DVDs) in their free time? During weekends. (Questionnaire item B3_10_b)

		None	1-5 hrs	6-10 hrs	11-15 hrs	16+ hours	n
Total	ROI	2.9%	77.0%	18.7%	0.5%	0.8%	374
	NI	0.0%	81.7%	18.3%	0.0%	0.0%	60
Male	ROI	3.8%	76.3%	18.3%	0.5%	1.1%	186
	NI	0.0%	83.3%	16.7%	0.0%	0.0%	36
Female	ROI	2.1%	77.7%	19.1%	0.5%	0.5%	188
	NI	0.0%	79.2%	20.8%	0.0%	0.0%	24

Most children (92.5% in ROI and 84.6% in NI) had their first daily meal between 7 and 9 a.m. and most reported a daily breakfast during the school week (79.9% ROI and 64.9%) with higher rates at weekends.

Table 107: What time does your 9-year-old child have the first meal of the day? (Questionnaire item B3_11)

		Before 6 am	6-7 am	7 - 8 am	8-9 am	9-10 am	10-11 am	11 am -12 pm	After 12pm	n
Total	ROI	0.8%	1.8%	36.7%	55.8%	3.1%	0.3%	0.0%	1.6%	387
	NI	3.1%	4.6%	40.0%	44.6%	6.2%	1.5%	0.0%	0.0%	65
Male	ROI	1.5%	1.5%	34.9%	57.9%	2.6%	0.0%	0.0%	1.5%	195
	NI	5.0%	7.5%	35.0%	42.5%	7.5%	2.5%	0.0%	0.0%	40
Female	ROI	0.0%	2.1%	38.5%	53.6%	3.6%	0.5%	0.0%	1.6%	192
	NI	0.0%	0.0%	48.0%	48.0%	4.0%	0.0%	0.0%	0.0%	25

Table 108: How often does your 9-year-old child usually have breakfast (more than a glass of milk or fruit juice)? During weekdays, out of 5 weekdays. (Questionnaire item B3_12_a)

		Never	One day	Two days	Three days	Four days	Five days	n
Total	ROI	2.9%	2.9%	4.7%	4.5%	5.0%	79.9%	379
	NI	1.8%	7.0%	10.5%	7.0%	8.8%	64.9%	57
Male	ROI	3.7%	2.1%	6.8%	4.2%	4.2%	79.1%	191
	NI	0.0%	8.8%	11.8%	5.9%	11.8%	61.8%	34
Female	ROI	2.1%	3.7%	2.7%	4.8%	5.9%	80.9%	188
	NI	4.3%	4.3%	8.7%	8.7%	4.3%	69.6%	23

Table 109: How often does your 9-year-old child usually have breakfast (more than a glass of milk or fruit juice)? During weekends, out of 2 days. (Questionnaire item B3_12_b)

		Never	1 day	2 days	n
Total	ROI	1.3%	9.0%	89.6%	376
	NI	3.4%	11.9%	84.7%	59
Male	ROI	2.1%	8.5%	89.4%	189
	NI	2.9%	14.3%	82.9%	35
Female	ROI	0.5%	9.6%	89.8%	187
	NI	4.2%	8.3%	87.5%	24

Fruit (34.6% ROI and 36.9% NI) and vegetables (29.0% ROI and 24.6% NI) were reported as being eaten more than daily by respondents. Diet fizzy drinks (45.9% ROI and 39.3% NI) and fish (27.9% ROI and 43.5% NI) were never consumed by appreciable numbers. Sweets, crisps and chips were consumed on several occasions weekly.

Table 110: How many days a week does your 9-year-old child usually eat or drink the following foodstuffs? (Questionnaire item B3_13_a)

			Never	< Once per week	Once per week	2-4 days per week	5-6 days per week	Once every day	More than once every day	n
Total	ROI	Fruit	2.3%	2.8%	5.2%	21.4%	15.8%	17.8%	34.6%	387
	NI	Fruit	0.0%	4.6%	4.6%	18.5%	15.4%	20.0%	36.9%	65
	ROI	Vegetables	4.4%	4.4%	8.0%	20.7%	15.8%	17.6%	29.0%	386
	NI	Vegetables	1.5%	1.5%	7.7%	27.7%	18.5%	18.5%	24.6%	65
	ROI	Sweets	4.5%	14.9%	16.2%	19.6%	10.5%	13.4%	20.9%	382
	NI	Sweets	4.6%	23.1%	20.0%	27.7%	16.9%	1.5%	6.2%	65
	ROI	Sugary fizzy drinks	16.8%	19.1%	12.8%	20.9%	7.1%	8.4%	14.9%	382
	NI	Sugary fizzy drinks	13.8%	27.7%	23.1%	15.4%	7.7%	6.2%	6.2%	65
	ROI	“Diet” fizzy drinks	45.9%	15.4%	13.2%	11.4%	4.3%	5.1%	4.6%	370
	NI	“Diet” fizzy drinks	39.3%	19.7%	16.4%	14.8%	6.6%	1.6%	1.6%	61
	ROI	Crisps	7.3%	14.6%	20.6%	21.1%	12.8%	11.2%	12.3%	383
	NI	Crisps	3.1%	12.3%	23.1%	21.5%	24.6%	9.2%	6.2%	65
	ROI	Chips	4.7%	18.8%	26.8%	25.3%	12.2%	5.2%	7.0%	384
	NI	Chips	1.5%	18.5%	29.2%	18.5%	13.8%	15.4%	3.1%	65
	ROI	Fish	27.9%	25.2%	23.9%	14.3%	4.8%	1.3%	2.7%	377
	NI	Fish	43.5%	16.1%	14.5%	12.9%	8.1%	1.6%	3.2%	62

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Most parents thought their 9-year-old children were always fit and well (65.2% ROI and 71.9% NI), and not at all sad (49.1% ROI and 51.6% NI) or lonely (64.8% ROI and 62.5% NI). Most felt they got on well at school (63.7% ROI and 62.9% NI). There were few appreciable differences according to gender.

Table 111: Thinking about the last week, has your 9-year-old child (felt).... (Questionnaire item B3_14_i)

			Not at all	Seldom	Quite often	Very Often	Always	n
Total	ROI	Felt fit & well	5.2%	5.8%	9.2%	14.7%	65.2%	382
	NI	Felt fit & well	3.1%	4.7%	4.7%	15.6%	71.9%	64
	ROI	Felt full of energy	3.4%	4.4%	11.0%	15.1%	66.1%	383
	NI	Felt full of energy	3.1%	3.1%	1.5%	23.1%	69.2%	65
	ROI	Felt sad	49.1%	30.4%	9.7%	2.6%	8.1%	381
	NI	Felt sad	51.6%	34.4%	9.4%	0.0%	4.7%	64
	ROI	Felt lonely	64.8%	21.2%	5.6%	1.9%	6.6%	378
	NI	Felt lonely	62.5%	25.0%	4.7%	1.6%	6.3%	64
	ROI	Had enough time for self	5.2%	4.2%	11.8%	18.3%	60.5%	382
	NI	Had enough time for self	4.6%	3.1%	10.8%	32.3%	49.2%	65
	ROI	Used free time as wished	2.9%	4.0%	14.0%	20.6%	58.6%	379
	NI	Used free time as wished	0.0%	1.5%	10.8%	23.1%	64.6%	65
	ROI	Felt fairly treated by parents	3.7%	7.4%	13.7%	20.8%	54.5%	380
	NI	Felt fairly treated by parents	0.0%	1.6%	9.5%	30.2%	58.7%	63
	ROI	Had fun with friends	2.6%	2.4%	7.9%	16.2%	70.9%	382
	NI	Had fun with friends	0.0%	6.3%	3.2%	14.3%	76.2%	63
	ROI	Got on well at school	1.8%	2.4%	9.5%	22.6%	63.7%	380
	NI	Got on well at school	0.0%	6.5%	4.8%	25.8%	62.9%	62
	ROI	Could pay attention	3.4%	4.7%	15.6%	24.5%	51.7%	379
	NI	Could pay attention	4.8%	7.9%	4.8%	22.2%	60.3%	63

Whilst the majority of parents did not think their child had been picked upon in the last year, appreciable numbers (22.5% ROI and 22.2% NI) said that they had. A majority (58.4% ROI and 61.9% NI) felt it was always safe for children where they lived and a majority (76.3% ROI and 96.7%) reported their children had a network of up to 10 friends.

Table 112: Thinking back over the last year, would you say that anyone (either a child or an adult) picked on your 9-year-old child? (Questionnaire item B3_15)

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	22.5%	77.5%	377	22.2%	77.8%	63
Male	24.5%	75.5%	192	18.4%	81.6%	38
Female	20.5%	79.5%	185	28.0%	72.0%	25

Table 113: In your opinion, does your 9-year-old child feel safe in the area where they live? (Questionnaire item B3_16)

		Never	Rarely	Sometimes	Most of the time	Always	n
Total	ROI	3.6%	4.7%	6.5%	26.8%	58.4%	385
	NI	0.0%	1.6%	4.8%	31.7%	61.9%	63
Male	ROI	3.6%	6.2%	8.8%	26.8%	54.6%	194
	NI	0.0%	2.6%	5.3%	34.2%	57.9%	38
Female	ROI	3.7%	3.1%	4.2%	26.7%	62.3%	191
	NI	0.0%	0.0%	4.0%	28.0%	68.0%	25

Table 114: At present how many close friends does your 9-year-old child have? (Questionnaire item B3_17g)

		0 - 10	11 - 20	21 - 30	Over 30	n
Total	ROI	76.3%	17.2%	3.6%	2.9%	384
	NI	96.7%	3.3%	0.0%	0.0%	60
Male	ROI	76.2%	17.6%	3.1%	3.1%	193
	NI	94.3%	5.7%	0.0%	0.0%	35
Female	ROI	76.4%	16.8%	4.2%	2.6%	191
	NI	100.0%	.0%	0.0%	0.0%	25

Over 95% of families in both jurisdictions reported they had eaten together, visited relations, sat and watched TV or chatted in the last week.

Table 115: Which of the following have you done with your 9-year-old child within the last week? Questionnaire item B3_18_c)

		ROI			NI		
		Yes	No	n	Yes	No	n
Total	Eaten together	98.2%	1.8%	384	95.3%	4.7%	64
	Visited relations	95.1%	4.9%	386	100.0%	0.0%	64
	Sat & watched TV	95.8%	4.2%	384	93.5%	6.5%	62
	Chatted	97.2%	2.8%	386	95.3%	4.7%	64
Male	Eaten together	99.0%	1.0%	194	97.5%	2.5%	40
	Visited relations	93.3%	6.7%	194	100.0%	0.0%	40
	Sat & watched TV	95.3%	4.7%	193	94.7%	5.3%	38
	Chatted	95.4%	4.6%	194	97.5%	2.5%	40
Female	Eaten together	97.4%	2.6%	190	91.7%	8.3%	24
	Visited relations	96.9%	3.1%	192	100.0%	0.0%	24
	Sat & watched TV	96.3%	3.7%	191	91.7%	8.3%	24
	Chatted	99.0%	1.0%	192	91.7%	8.3%	24

SECTION B4: 14 Year-Old-Child Health

As in the previous parts of the survey, the main respondent answered the survey questions on the child’s behalf. In ROI 93.0% and in NI 94.5% of parents rated their child’s health as excellent or good.

Table 116: Would you say your 14-year-old child’s health is...? (Questionnaire item B4_1)

		Poor	Fair	Good	Excellent	n
Total	ROI	1.1%	5.9%	40.1%	52.9%	459
	NI	0.0%	5.5%	40.0%	54.5%	55
Male	ROI	1.3%	5.3%	37.3%	56.0%	225
	NI	0.0%	7.1%	28.6%	64.3%	28
Female	ROI	0.9%	6.4%	42.7%	50.0%	234
	NI	0.0%	3.7%	51.9%	44.4%	27

The majority (88.4% in ROI and 87.5% NI) brushed their teeth once or more than once daily. In ROI 59.4% and in NI 71.4% of children had seen a dentist in the last 12 months.

Table 117: How often does your 14-year-old child brush their teeth? (Questionnaire item B4_2)

		Never	Less than once a week	At least once a week	Once a day	More than once a day	n
Total	ROI	1.5%	2.8%	7.2%	30.8%	57.6%	458
	NI	0.0%	1.8%	10.7%	30.4%	57.1%	56
Male	ROI	1.3%	3.1%	7.1%	32.1%	56.3%	224
	NI	0.0%	3.6%	10.7%	25.0%	60.7%	28
Female	ROI	1.7%	2.6%	7.3%	29.5%	59.0%	234
	NI	0.0%	0.0%	10.7%	35.7%	53.6%	28

Table 118: Has your 14-year-old child been seen by a dentist in the last 12 months? (Questionnaire item B4_3)

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	59.4%	40.6%	453	71.4%	28.6%	56
Male	58.8%	41.2%	221	67.9%	32.1%	28
Female	59.9%	40.1%	232	75.0%	25.0%	28

Rates of ever smoking tobacco were 6.3% in ROI and 9.1% in NI.

Table 119: Has your 14-year-old child ever smoked tobacco? (Questionnaire item B4_4)

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	6.3%	93.7%	441	9.1%	90.9%	55
Male	6.9%	93.1%	216	3.7%	96.3%	27
Female	5.8%	94.2%	225	14.3%	85.7%	28

Overall, the vast majority of children were reported not to drink alcohol. Boys were somewhat more likely than girls to have tried various alcoholic beverages, particularly beer, with 8.3% of boys in ROI consuming it rarely and 3.2% more frequently than that.

Table 120: At present, how often does your 14-year-old child drink anything alcoholic such as beer, wine or spirits? (Questionnaire item B4_5_a)

			Never	Rarely	Every month	Every week	Every day	n
Total	ROI	Beer	92.6%	5.4%	0.9%	0.0%	1.1%	446
	NI	Beer	94.6%	1.8%	3.6%	0.0%	0.0%	56
	ROI	Wine	93.9%	4.5%	0.7%	0.2%	0.7%	446
	NI	Wine	94.6%	3.6%	1.8%	0.0%	0.0%	56
	ROI	Spirits	93.7%	4.3%	1.1%	0.0%	0.9%	447
	NI	Spirits	92.9%	5.4%	1.8%	0.0%	0.0%	56
	ROI	Alcopops	93.0%	4.7%	0.7%	0.9%	0.7%	446
	NI	Alcopops	91.1%	3.6%	3.6%	1.8%	0.0%	56
	ROI	Cider	94.4%	4.3%	0.4%	0.2%	0.7%	445
	NI	Cider	94.6%	5.4%	0.0%	0.0%	0.0%	56
	ROI	Other alcohol	93.9%	4.3%	0.7%	0.5%	0.7%	443
	NI	Other alcohol	92.9%	7.1%	0.0%	0.0%	0.0%	56

In ROI 82.3% and in NI 64.8% reported always using a seatbelt.

Table 121: At present, how often does your 14-year-old child use a seatbelt when they sit in a car? (Questionnaire item B4_6)

		Never travel by car	Usually there is no seatbelt where child sits	Rarely or never	Sometimes	Often	Always	n
Total	ROI	1.5%	0.0%	3.1%	7.7%	5.5%	82.3%	457
	NI	3.7%	0.0%	7.4%	13.0%	11.1%	64.8%	54
Male	ROI	1.8%	0.0%	3.1%	8.4%	6.2%	80.4%	225
	NI	3.7%	0.0%	11.1%	7.4%	11.1%	66.7%	27
Female	ROI	1.3%	0.0%	3.0%	6.9%	4.7%	84.1%	232
	NI	3.7%	0.0%	3.7%	18.5%	11.1%	63.0%	27

Those physically active for at least an hour daily on 7 days were 39.6% in ROI and 15.7% in NI. As in the younger age groups, boys were more likely to be active than girls. A majority in both jurisdictions of both boys and girls watched television (including videos and DVDs) for between 1-5 hours daily.

Table 122: Over the past week, on how many days was your 14-year-old child physically active for a total of at least an hour per day? (Questionnaire item B4_7)

		0	1	2	3	4	5	6	7	n
Total	ROI	3.8%	3.6%	8.2%	11.4%	9.1%	15.8%	8.5%	39.6%	449
	NI	2.0%	2.0%	17.6%	25.5%	13.7%	17.6%	5.9%	15.7%	51
Male	ROI	4.5%	4.5%	5.4%	11.7%	7.2%	14.3%	8.1%	44.4%	223
	NI	4.2%	0.0%	8.3%	29.2%	16.7%	12.5%	4.2%	25.0%	24
Female	ROI	3.1%	2.7%	11.1%	11.1%	11.1%	17.3%	8.8%	35.0%	226
	NI	0.0%	3.7%	25.9%	22.2%	11.1%	22.2%	7.4%	7.4%	27

Table 123: How many hours a day does your 14-year-old child watch TV (including videos and DVDs) in their free time? During weekdays. (Questionnaire item B4_8_a)

		None	1-5 hrs	6-10 hrs	11-15 hrs	16+ hours	n
Total	ROI	1.6%	84.6%	12.2%	0.9%	0.7%	449
	NI	0.0%	89.6%	8.3%	2.1%	0.0%	48
Male	ROI	2.3%	84.5%	11.8%	1.4%	0.0%	220
	NI	0.0%	87.5%	12.5%	0.0%	0.0%	24
Female	ROI	0.9%	84.7%	12.7%	0.4%	1.3%	229
	NI	0.0%	91.7%	4.2%	4.2%	0.0%	24

Table 124: How many hours a day does your 14-year-old child watch TV (including videos and DVDs) in their free time? During weekends. (Questionnaire item B4_8_b)

		None	1-5 hrs	6-10 hrs	11-15 hrs	16+ hours	n
Total	ROI	2.0%	78.0%	18.4%	1.1%	0.5%	441
	NI	0.0%	84.9%	15.1%	0.0%	0.0%	53
Male	ROI	2.3%	77.5%	18.8%	1.4%	0.0%	218
	NI	0.0%	84.6%	15.4%	0.0%	0.0%	26
Female	ROI	1.8%	78.5%	17.9%	0.9%	0.9%	223
	NI	0.0%	85.2%	14.8%	0.0%	0.0%	27

In ROI 39.6% and in NI 31.1% reported no regular daily access to a computer.

Table 125: How many hours a day does your 14-year-old child usually use a computer for in their free time? Weekdays only. (Questionnaire item B4_9_a)

		None	1-5 hrs	6-10 hrs	11-15 hrs	16+ hours	n
Total	ROI	39.6%	56.0%	3.6%	0.5%	0.3%	391
	NI	31.1%	68.9%	0.0%	0.0%	0.0%	45
Male	ROI	40.7%	55.0%	3.2%	0.5%	0.5%	189
	NI	39.1%	60.9%	0.0%	0.0%	0.0%	23
Female	ROI	38.6%	56.9%	4.0%	0.5%	0.0%	202
	NI	22.7%	77.3%	0.0%	0.0%	0.0%	22

Table 126: How many hours a day does your 14-year-old child usually use a computer for in their free time? During weekends. (Questionnaire item B4_9_b)

		None	1-5 hrs	6-10 hrs	11-15 hrs	16+ hours	n
Total	ROI	46.9%	48.8%	3.4%	0.3%	0.5%	377
	NI	37.0%	58.7%	4.3%	0.0%	0.0%	46
Male	ROI	49.7%	47.5%	2.2%	0.0%	0.6%	179
	NI	40.9%	50.0%	9.1%	0.0%	0.0%	22
Female	ROI	44.4%	50.0%	4.5%	0.5%	0.5%	198
	NI	33.3%	66.7%	0.0%	0.0%	0.0%	24

The majority (89.0% in ROI and 68.4% in NI) had their first daily meal between 7 and 9 a.m., whilst 72.7% in ROI and 83.7% in NI had breakfast 5 days a week. The children were more likely to have a breakfast at weekends.

Table 127: What time does your 14-year-old child have the first meal of the day? (Questionnaire item B4_10)

		Before 6am	6-7am	7-8am	8-9am	9-10am	10-11am	11-12pm	After 12pm	n
Total	ROI	1.5%	2.2%	39.7%	49.3%	2.4%	1.7%	0.7%	2.4%	458
	NI	3.5%	3.5%	36.8%	31.6%	21.1%	1.8%	1.8%	0.0%	57
Male	ROI	1.8%	1.8%	38.2%	51.1%	2.2%	0.9%	0.4%	3.6%	225
	NI	6.9%	3.4%	41.4%	34.5%	13.8%	0.0%	0.0%	0.0%	29
Female	ROI	1.3%	2.6%	41.2%	47.6%	2.6%	2.6%	0.9%	1.3%	233
	NI	0.0%	3.6%	32.1%	28.6%	28.6%	3.6%	3.6%	0.0%	28

Table 128: How often does your 14-year-old child usually have breakfast (more than a glass of milk or juice)? During weekdays, out of 5 days. (Questionnaire item B4_11_a)

		Never	1 day	2 days	3 days	4 days	5 days	n
Total	ROI	4.1%	3.4%	5.2%	6.8%	7.7%	72.7%	439
	NI	0.0%	0.0%	2.0%	12.2%	2.0%	83.7%	49
Male	ROI	6.0%	2.8%	6.5%	7.4%	6.0%	71.4%	217
	NI	0.0%	0.0%	0.0%	13.0%	4.3%	82.6%	23
Female	ROI	2.3%	4.1%	4.1%	6.3%	9.5%	73.9%	222
	NI	0.0%	0.0%	3.8%	11.5%	0.0%	84.6%	26

Table 129: How often does your 14-year-old child usually have breakfast (more than a glass of milk or juice)? During weekends, out of 2 days. (Questionnaire item B4_11_b)

		Never	1 day	2 days	n
Total	ROI	0.5%	8.4%	91.2%	441
	NI	0.0%	7.7%	92.3%	52
Male	ROI	0.5%	6.0%	93.5%	217
	NI	0.0%	12.0%	88.0%	25
Female	ROI	0.4%	10.7%	88.8%	224
	NI	0.0%	3.7%	96.3%	27

There was a wide spectrum in the consumption patterns of various foods and beverages, ranging from never to more than once daily. In ROI 27.8% of children consumed fruit and 28.8% vegetables more than once daily, whilst 16.4% had sugary drinks and 21.4% had sweets more than once daily. Fish was never consumed by 24.6% of children. Crisps and chips were consumed regularly across the week. The patterns between males and females were not notably different.

In NI, most children consumed fruit (56.3%) and vegetables (60.0%) at least daily, and 26% ate sweets at least daily. Fish consumption was again rare, with 29.1% never eating it.

Table 130: How many days a week does your 14-year-old child usually eat or drink...(Questionnaire item B4_12_a)

			Never	Less than once per week	Once per week	2-4 times per week	5-6 times per week	Once every day	More than once every day	n
Total	ROI	Fruit	3.3%	6.2%	10.4%	23.8%	13.4%	15.2%	27.8%	454
	NI	Fruit	1.8%	1.8%	3.6%	21.8%	14.5%	38.1%	18.2%	55
	ROI	Vegetables	3.5%	6.4%	10.1%	21.3%	12.3%	17.6%	28.8%	455
	NI	Vegetables	3.6%	1.8%	7.3%	18.2%	9.1%	47.3%	12.7%	55
	ROI	Sweets	6.2%	14.3%	15.6%	20.5%	11.4%	10.7%	21.4%	449
	NI	Sweets	13.0%	11.1%	13.0%	22.2%	14.8%	24.1%	1.9%	54
	ROI	Sugary fizzy drinks	11.1%	14.9%	16.0%	18.2%	12.0%	11.5%	16.4%	451
	NI	Sugary fizzy drinks	7.3%	20.0%	14.5%	25.5%	10.9%	18.2%	3.6%	55
	ROI	"Diet" fizzy drinks	33.2%	19.7%	15.1%	12.8%	6.9%	5.3%	7.1%	437
	NI	"Diet" fizzy drinks	35.8%	20.8%	17.0%	15.1%	3.8%	7.5%	0.0%	53
	ROI	Crisps	8.6%	15.7%	16.2%	23.5%	13.5%	9.1%	13.3%	451
	NI	Crisps	7.4%	11.1%	18.5%	27.8%	14.8%	16.7%	3.7%	54
	ROI	Chips	6.9%	17.5%	22.4%	26.2%	12.9%	6.9%	7.3%	451
	NI	Chips	7.1%	12.5%	23.2%	21.4%	14.3%	19.7%	1.8%	56
	ROI	Fish	24.6%	25.0%	25.0%	12.4%	6.2%	3.3%	3.5%	452
	NI	Fish	29.1%	21.8%	23.6%	9.1%	5.5%	10.9%	0.0%	55

School attendance was 89.2% in ROI and 72.3% in NI. Higher numbers in NI were attending training centres (17.5% compared with 6.2% in ROI) and with more NI boys than girls attending such centres.

Table 131: Is your 14-year-old child going to school? (Questionnaire item B4_13)

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	89.2%	10.8%	426	72.3%	27.7%	47
Male	88.9%	11.1%	208	73.9%	26.1%	23
Female	89.4%	10.6%	218	70.8%	29.2%	24

Table 132: Is your 14-year-old child going to a training centre? (Questionnaire item B4_14)

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	6.2%	93.8%	454	17.5%	82.5%	57
Male	6.7%	93.3%	225	20.7%	79.3%	29
Female	5.7%	94.3%	229	14.3%	85.7%	28

Boys are perceived as having better health and energy than girls: 61.7% of males in ROI were reported as always fit and well and 60.4% were always full of energy compared to 54.1% and 53.1% of girls respectively. In relation to measures of social support and networks, patterns were generally positive with some differences between boys and girls. More girls than boys were reported as always getting on well at school (54.6% vs 46.2%, respectively).

Table 133: Thinking about the last week, did your 14-year-old child (feel)... (Questionnaire item B4_15_b)

			Never	Rarely	Sometimes	Most of the time	Always	n
Total	ROI	Felt fit & well	6.4%	5.3%	10.8%	19.6%	57.8%	453
	NI	Felt fit & well	5.5%	0.0%	1.8%	20.0%	72.7%	55
	ROI	Felt full of energy	4.7%	4.4%	11.6%	22.7%	56.7%	450
	NI	Felt full of energy	3.6%	1.8%	3.6%	25.0%	66.1%	56
	ROI	Felt sad	51.6%	24.7%	9.3%	6.1%	8.4%	442
	NI	Felt sad	47.3%	30.9%	9.1%	5.5%	7.3%	55
	ROI	Felt lonely	66.7%	17.2%	4.1%	5.7%	6.3%	442
	NI	Felt lonely	51.9%	24.1%	11.1%	5.6%	7.4%	54
	ROI	Had enough time for self	5.3%	4.4%	15.3%	20.0%	54.9%	450
	NI	Had enough time for self	5.4%	0.0%	14.3%	28.6%	51.8%	56
	ROI	Used free time as wished	4.5%	4.9%	14.7%	21.7%	54.2%	448
	NI	Used free time as wished	3.6%	3.6%	21.8%	20.0%	50.9%	55
	ROI	Felt fairly treated by parents	7.4%	8.3%	10.1%	22.1%	52.1%	447
	NI	Felt fairly treated by parents	3.7%	3.7%	18.5%	31.5%	42.6%	54
	ROI	Had fun with friends	3.3%	2.4%	8.7%	20.0%	65.5%	449
	NI	Had fun with friends	1.9%	1.9%	18.5%	22.2%	55.6%	54
	ROI	Got on well at school	7.4%	4.2%	12.7%	25.2%	50.4%	448
	NI	Got on well at school	7.7%	1.9%	17.3%	28.8%	44.2%	52
	ROI	Could pay attention	7.0%	5.8%	14.8%	24.4%	48.0%	446
	NI	Could pay attention	18.5%	7.4%	11.1%	16.7%	46.3%	54

Most parents (83.9% in ROI and 83.0% in NI) indicated that their child had not been picked upon at all in the last year, but an appreciable minority indicated this had occurred, less so in the case of boys (13.9% and 7.7%) than girls (18.3% and 25.9%). A majority of respondents (60.9% in ROI and 60.0% in NI) considered that their child always feels safe in the area where they live.

Table 134: Thinking back over the last year, would you say that anyone (either a child or an adult) picked on your 14-year-old child? (Questionnaire item B4_16)

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	16.1%	83.9%	435	17.0%	83.0%	53
Male	13.9%	86.1%	216	7.7%	92.3%	26
Female	18.3%	81.7%	219	25.9%	74.1%	27

Table 135: In your opinion, do you think your 14-year-old child feels safe in the area where you live? (Questionnaire item B4_17)

		Never	Rarely	Sometimes	Most of the time	Always	n
Total	ROI	4.2%	2.0%	9.9%	23.1%	60.9%	455
	NI	1.8%	7.3%	10.9%	20.0%	60.0%	55
Male	ROI	5.4%	1.8%	10.3%	23.7%	58.9%	224
	NI	3.7%	7.4%	7.4%	22.2%	59.3%	27
Female	ROI	3.0%	2.2%	9.5%	22.5%	62.8%	231
	NI	0.0%	7.1%	14.3%	17.9%	60.7%	28

Respondents indicated strong networks for their child, 76.9% of whom stated they had up to 10 or more close friends, a similar situation for both boys and girls. A majority of 14-year-olds communicated with their friends by phone or text, half in ROI (50.8%) and 63.0% in NI reporting they did so daily.

Table 136: At present, how many close friends does your 14-year-old child have? (Questionnaire item B4_18g)

		0 -10	11-20	21-30	30 +	n
Total	ROI	76.9%	15.3%	4.9%	2.9%	450
	NI	87.3%	10.9%	1.8%	0.0%	55
Male	ROI	76.6%	15.8%	5.4%	2.3%	222
	NI	88.9%	11.1%	0.0%	0.0%	27
Female	ROI	77.2%	14.9%	4.4%	3.5%	228
	NI	85.7%	10.7%	3.6%	0.0%	28

Table 137: How often does your 14-year-old child contact their friend(s), whether on the phone, through text messages or via the internet? (Questionnaire item B4_19)

		Rarely or never	1-2 days per week	3-4 days per week	5-6 days per week	Every day	n
Total	ROI	16.4%	7.1%	14.2%	11.5%	50.8%	451
	NI	16.7%	3.7%	9.3%	7.4%	63.0%	54
Male	ROI	18.1%	8.1%	13.1%	10.4%	50.2%	221
	NI	15.4%	3.8%	11.5%	3.8%	65.4%	26
Female	ROI	14.8%	6.1%	15.2%	12.6%	51.3%	230
	NI	17.9%	3.6%	7.1%	10.7%	60.7%	28

SECTION C: Adult Health Questionnaires

General Health

Section C was answered by all respondents of both the Adult Health and Health Service Utilisation questionnaires. In ROI, 3,358 general adult health interviews were conducted: 1,415 with men and 1,936 with women. A majority of adults indicated their health was either excellent (22.6%) or very good (27.8%). Males and females overall had a similar pattern but there was an inverse age-related gradient, with older adults less likely to rate their health as excellent or good and more likely to rate it as fair or poor.

In NI 790 health interviews were conducted with adults, 402 with men and 388 with women. In this case adults rated their health as either excellent (14.9%) or very good (33.8%), but women were more likely to rate their health as excellent (17.1%) than men (12.8%). Again there was an inverse relationship with age, the older the respondent the more likely to rate their health as fair or poor.

Table 138: In general would you say your health is...(Questionnaire item C_1)

		Poor	Fair	Good	Very good	Excellent	n
Total	ROI	5.7%	13.2%	30.6%	27.8%	22.6%	3344
	NI	2.5%	11.4%	37.4%	33.8%	14.9%	787
Male	ROI	6.2%	13.9%	29.1%	29.4%	21.4%	1413
	NI	2.5%	11.3%	36.5%	37.0%	12.8%	400
Female	ROI	5.4%	12.6%	31.8%	26.7%	23.5%	1924
	NI	2.6%	11.6%	38.2%	30.5%	17.1%	387
Under 30	ROI	1.6%	7.9%	27.5%	33.0%	30.0%	1498
	NI	0.7%	5.8%	32.2%	39.7%	21.5%	413
30-44	ROI	4.2%	12.5%	32.0%	29.4%	21.9%	857
	NI	1.2%	12.8%	48.6%	28.8%	8.6%	243
45 - 64	ROI	13.8%	21.8%	34.2%	19.2%	11.0%	609
	NI	8.6%	25.0%	35.3%	26.7%	4.3%	116
65+	ROI	19.9%	29.3%	30.9%	12.0%	7.9%	191
	NI	26.7%	40.0%	13.3%	6.7%	13.3%	15

In ROI there were high rates of registration with a GP (96.9%). Women were slightly more likely to be registered than men, and the older the respondent, the more likely he or she was to be registered. Most respondents also had an up-to-date medical card (92.6%), rising to 99% of those aged 65 years and over. In NI 93.9% were currently registered with a GP, rising to 100% of those over 65 years of age.

Table 139: Are you currently registered with a GP? (Questionnaire item C_2)

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	96.9%	3.1%	3343	93.9%	6.1%	784
Male	95.7%	4.3%	1406	91.4%	8.6%	396
Female	97.7%	2.3%	1930	96.4%	3.6%	388
Under 30	96.5%	3.5%	1499	93.7%	6.3%	412
30-44	96.1%	3.9%	856	95.8%	4.2%	240
45 - 64	97.7%	2.3%	609	89.7%	10.3%	117
65+	99.5%	0.5%	191	100.0%	0.0%	15

Table 140: Do you have an up-to-date medical card? (ROI ONLY) (Questionnaire item C_3)

		Yes	No	n
Total	ROI	92.6%	7.4%	3,346
Male	ROI	91.4%	8.6%	1,409
Female	ROI	93.4%	6.6%	1,930
Under 30	ROI	91.5%	8.5%	1,500
30-44	ROI	92.2%	7.8%	857
45 - 64	ROI	93.3%	6.7%	610
65+	ROI	99.0%	1.0%	191

Table 141: During the last 7 days, on how many days did you walk at a brisk pace for at least 10 minutes? (Questionnaire item C_4)

		0-1 day	2-4 days	5 + days	n
Total	ROI	34.2%	32.0%	33.7%	3,292
	NI	40.5%	41.6%	17.9%	788
Male	ROI	30.0%	33.5%	36.5%	1,390
	NI	39.1%	43.3%	17.7%	402
Female	ROI	37.4%	30.9%	31.7%	1,895
	NI	42.0%	39.9%	18.1%	386
Under 30	ROI	28.4%	33.9%	37.7%	1,483
	NI	34.6%	42.9%	22.5%	413
30-44	ROI	30.8%	35.5%	33.6%	844
	NI	39.9%	45.7%	14.4%	243
45-64	ROI	41.3%	27.9%	30.9%	596
	NI	58.1%	33.3%	8.5%	117
65+	ROI	55.8%	21.5%	22.7%	181
	NI	73.3%	6.7%	20.0%	15

Table 142: On each day when you walked briskly for at least 10 minutes, how much time on average did you spend walking? (Questionnaire item C_5)

		Less than 30 minutes	Between 30 minutes and one hour	More than one hour	n
Total	ROI	61.0%	24.6%	14.4%	2,403
	NI	68.8%	24.3%	6.9%	539
Male	ROI	58.4%	26.4%	15.2%	1,058
	NI	66.0%	27.0%	7.0%	285
Female	ROI	63.1%	23.1%	13.8%	1,339
	NI	72.0%	21.3%	6.7%	254
Under 30	ROI	58.5%	26.4%	15.1%	1,159
	NI	61.0%	29.7%	9.3%	300
30-44	ROI	60.3%	27.0%	12.7%	630
	NI	74.9%	21.6%	3.6%	167
45 +	ROI	65.9%	18.4%	15.7%	516
	NI	87.5%	8.3%	4.2%	72

The following four questions (Tables 143-146) were administered in NI only.

Table 143: Over the last 12 months would you say that your health has on the whole been not...? (NI ONLY) (Questionnaire item C_6_NI)

	Not good	Fairly good	Good	n
Total	7.9%	39.8%	52.2%	781
Male	7.8%	39.7%	52.5%	398
Female	8.1%	39.9%	52.0%	383
Under 30	4.1%	30.4%	65.5%	411
30-44	5.8%	50.2%	44.0%	241
45 +	24.0%	50.4%	25.6%	129

Table 144: During the last 2 weeks, did you talk to a GP on your own behalf, either in person or by telephone? (NI ONLY) (Questionnaire item C_7_NI)

	Yes	No	n
Total	40.1%	59.9%	781
Male	33.7%	66.3%	398
Female	46.7%	53.3%	383
Under 30	32.7%	67.3%	410
30-44	45.2%	54.8%	241
45 +	53.8%	46.2%	130

**Table 145: How many portions of fruit/vegetables do you usually eat each day? (NI ONLY)
(Questionnaire item C_8_NI)**

	0	1	2	3	4	5	6+	n
Total	8.7%	12.2%	18.6%	21.1%	15.2%	13.8%	10.4%	790
Male	9.7%	14.2%	20.1%	20.1%	14.4%	11.7%	9.7%	402
Female	7.7%	10.1%	17.0%	22.2%	16.0%	16.0%	11.1%	388
Under 30	7.7%	11.3%	20.0%	20.5%	15.2%	13.7%	11.6%	415
30-44	9.5%	12.3%	15.6%	21.0%	18.9%	12.3%	10.3%	243
45 +	10.6%	14.4%	19.7%	23.5%	8.3%	16.7%	6.8%	132

**Table 146: Where do you normally access your health services? (NI ONLY)
(Questionnaire item C_9_NI)**

	Access health services in NI	Access health services in ROI	n
Total	97.5%	2.5%	788
Male	97.3%	2.7%	401
Female	97.7%	2.3%	387
Under 30	97.6%	2.4%	414
30-44	98.4%	1.6%	243
45 +	95.4%	4.6%	131

SECTION C1: Adult Health Status

Adult General Health

The Adult Health Status Questionnaire was answered by up to 2,048 respondents (1,648 in ROI, and 400 in NI).

Table 147: Thinking about your physical health, for how many days during the past 30 days was your health not good? (Questionnaire item C1_1)

		None	1-7 days	8-14 days	15-21 days	22 + days	n
Total	ROI	38.8%	47.5%	5.7%	4.0%	4.0%	1,466
	NI	48.0%	48.0%	2.1%	0.8%	1.1%	377
Male	ROI	38.0%	47.2%	6.2%	5.1%	3.5%	631
	NI	49.2%	47.1%	1.6%	1.1%	1.1%	187
Female	ROI	39.4%	47.7%	5.4%	3.1%	4.3%	834
	NI	46.8%	48.9%	2.6%	0.5%	1.1%	190
Under 30	ROI	40.2%	49.8%	4.2%	3.3%	2.4%	666
	NI	54.9%	41.5%	1.5%	0.5%	1.5%	195
30-44	ROI	41.7%	46.1%	5.1%	3.6%	3.6%	393
	NI	44.4%	51.6%	3.2%	0.8%	0.0%	126
45 +	ROI	34.0%	45.0%	8.2%	5.7%	7.0%	353
	NI	32.1%	62.5%	1.8%	1.8%	1.8%	56

Table 148: Thinking about your mental health, for how many days during the past 30 days was your health not good? (Questionnaire item C1_2)

		None	1-7 days	8-14 days	15-21 days	22 + days	n
Total	ROI	38.7%	41.3%	7.2%	6.5%	6.4%	1,464
	NI	43.2%	48.5%	6.4%	1.6%	0.3%	373
Male	ROI	40.6%	40.1%	7.2%	6.4%	5.8%	626
	NI	41.4%	51.6%	5.9%	1.1%	0.0%	186
Female	ROI	37.3%	42.1%	7.3%	6.6%	6.8%	837
	NI	44.9%	45.5%	7.0%	2.1%	0.5%	187
Under 30	ROI	42.4%	43.4%	6.4%	3.8%	4.1%	661
	NI	53.2%	41.6%	4.2%	1.1%	0.0%	190
30-44	ROI	40.2%	40.5%	6.6%	7.1%	5.6%	393
	NI	35.4%	52.8%	11.0%	0.0%	0.8%	127
45 +	ROI	31.5%	38.1%	9.9%	9.7%	10.8%	362
	NI	26.8%	62.5%	3.6%	7.1%	0.0%	56

Table 149: During the past 30 days, for how many days did poor health keep you from doing your usual activities? (Questionnaire item C1_3)

		None	1-7 days	8-14 days	15-21 days	22 + days	n
Total	ROI	43.6%	43.2%	5.1%	4.0%	4.1%	1,455
	NI	52.4%	42.9%	3.2%	1.1%	0.5%	378
Male	ROI	43.5%	43.0%	5.8%	3.8%	3.8%	625
	NI	51.3%	46.5%	1.6%	0.5%	0.0%	187
Female	ROI	43.8%	43.2%	4.6%	4.1%	4.3%	829
	NI	53.4%	39.3%	4.7%	1.6%	1.0%	191
Under 30	ROI	47.9%	44.3%	3.9%	2.4%	1.5%	666
	NI	62.4%	34.0%	2.1%	1.5%	0.0%	194
30-44	ROI	47.5%	41.3%	4.7%	3.6%	2.9%	385
	NI	47.2%	47.2%	5.5%	0.0%	0.0%	127
45 +	ROI	33.1%	42.9%	7.0%	7.0%	10.1%	357
	NI	29.8%	63.2%	1.8%	1.8%	3.5%	57

An appreciable minority of respondents in ROI (17.8%) indicated their daily activity or work was limited by long term illness, more so in men (19.9%) than women (16.2%) and again, strongly age-related, rising to 40.7% of those 65 years and older. In NI 15.1% indicated their daily activity was limited by long-term illness or disability, also with an inverse age gradient, rising to 32.0% in the 45-64 year age group.

Table 150: Is your daily activity or work limited by a long-term illness, health problem or disability? (Questionnaire item C1_4)

		Yes	No	No long-term illness or disability	N
Total	ROI	17.8%	55.9%	26.4%	1,622
	NI	15.1%	45.1%	39.7%	390
Male	ROI	19.9%	53.6%	26.5%	690
	NI	13.1%	42.4%	44.5%	191
Female	ROI	16.2%	57.5%	26.3%	931
	NI	17.1%	47.7%	35.2%	199
Under 30	ROI	9.3%	60.9%	29.9%	723
	NI	8.9%	47.3%	43.8%	203
30-44	ROI	16.2%	57.1%	26.7%	420
	NI	17.7%	43.1%	39.2%	130
45 +	ROI	34.6%	45.6%	19.7%	390
	NI	31.6%	42.1%	26.3%	57

Table 151: In your opinion, how good or bad is your own health state today? Using a scale from 0 (worst) to 100 (best), categorised into quarters of the scale (Questionnaire item C1_5)

		0-25	26-50	51-75	76-100	n
Total	ROI	11.9%	18.3%	18.4%	51.5%	1,594
	NI	5.8%	15.0%	20.1%	59.1%	394
Male	ROI	10.9%	17.5%	18.3%	53.3%	679
	NI	5.1%	13.8%	21.0%	60.0%	195
Female	ROI	12.6%	18.8%	18.4%	50.2%	914
	NI	6.5%	16.1%	19.1%	58.3%	199
Under 30	ROI	12.2%	12.3%	14.1%	61.5%	724
	NI	4.5%	6.9%	14.9%	73.8%	202
30-44	ROI	11.0%	17.9%	20.0%	51.2%	420
	NI	8.3%	18.9%	19.7%	53.0%	132
45 +	ROI	12.8%	30.5%	23.3%	33.4%	390
	NI	5.0%	33.3%	38.3%	23.3%	60

A number of morbidities were reported. The most frequently reported condition in ROI, diagnosed by a GP in the past year, was a back condition (30.4%). Reported diagnosis of angina was 4.3% overall, similar in both men and women, and the frequency of a diagnosis of angina was inversely related to age. The highest rates of heart attack (11.1%), angina (24.2%) and stroke (3.3%) were seen amongst those respondents aged 65 years and older.

In NI, recent throat infection (27.1%), asthma (25.7%) and back condition (25.2%) were the most frequently reported conditions which were diagnosed by a GP in the past year. These conditions also show an age gradient, though numbers of over 65s are limited, with only 7 people being in this age group.

**Table 152: In the last 12 months, has a doctor diagnosed that you have any of the following?
Table presented by sex. (Questionnaire item C1_6_a)**

		ROI			NI		
		Yes	No	n	Yes	No	n
Total	Asthma	12.5%	87.5%	1,624	25.7%	74.3%	382
	Bronchitis/Emphysema	12.0%	88.0%	1,621	9.4%	90.6%	381
	Heart attack	2.3%	97.7%	1,610	2.1%	97.9%	379
	Angina	4.3%	95.7%	1,611	2.1%	97.9%	380
	Stroke	1.1%	98.9%	1,608	1.1%	98.9%	380
	Arthritis	13.8%	86.2%	1,609	13.2%	86.8%	380
	Back condition	30.4%	69.6%	1,604	25.2%	74.8%	381
	Diabetes	6.1%	93.9%	1,609	6.1%	93.9%	379
	Cancer	1.0%	99.0%	1,599	0.3%	99.7%	380
	Chest infection	29.6%	70.4%	1,617	16.0%	84.0%	381
	Urinary infection	17.1%	82.9%	1,601	15.3%	84.7%	380
	Eye/ear infection	15.2%	84.8%	1,606	13.9%	86.1%	380
	Throat infection	28.5%	71.5%	1,605	27.1%	72.9%	380
	Other	13.3%	86.7%	1,356	12.7%	87.3%	346
Male	Asthma	12.2%	87.8%	682	22.2%	77.8%	185
	Bronchitis/Emphysema	11.9%	88.1%	682	8.2%	91.8%	184
	Heart attack	2.5%	97.5%	679	3.8%	96.2%	184
	Angina	4.4%	95.6%	682	2.7%	97.3%	184
	Stroke	1.0%	99.0%	676	1.1%	98.9%	184
	Arthritis	12.8%	87.2%	679	11.4%	88.6%	184
	Back condition	29.8%	70.2%	677	20.1%	79.9%	184
	Diabetes	6.2%	93.8%	681	7.6%	92.4%	184
	Cancer	0.9%	99.1%	675	0.5%	99.5%	184
	Chest infection	29.2%	70.8%	681	15.2%	84.8%	184
	Urinary infection	11.4%	88.6%	674	4.9%	95.1%	184
	Eye/ear infection	14.4%	85.6%	674	12.5%	87.5%	184
	Throat infection	27.4%	72.6%	676	24.5%	75.5%	184
	Other	14.4%	85.6%	584	10.7%	89.3%	168
Female	Asthma	12.8%	87.2%	941	28.9%	71.1%	197
	Bronchitis/Emphysema	12.2%	87.8%	938	10.7%	89.3%	197
	Heart attack	2.2%	97.8%	930	0.5%	99.5%	195
	Angina	4.3%	95.7%	928	1.5%	98.5%	196
	Stroke	1.2%	98.8%	931	1.0%	99.0%	196
	Arthritis	14.5%	85.5%	929	14.8%	85.2%	196
	Back condition	30.8%	69.2%	926	29.9%	70.1%	197
	Diabetes	6.0%	94.0%	927	4.6%	95.4%	195
	Cancer	1.1%	98.9%	923	0.0%	100.0%	196
	Chest infection	29.9%	70.1%	935	16.8%	83.2%	197
	Urinary infection	21.3%	78.7%	926	25.0%	75.0%	196
	Eye/ear infection	15.8%	84.2%	931	15.3%	84.7%	196
	Throat infection	29.4%	70.6%	928	29.6%	70.4%	196
	Other	12.5%	87.5%	771	14.6%	85.4%	178

**Table 153: In the last 12 months, has a doctor diagnosed that you have any of the following?
Table presented by age group. (Questionnaire item C1_6_a)**

		ROI			NI		
		Yes	No	n	Yes	No	n
Under 30	Asthma	8.9%	91.1%	723	20.8%	79.2%	202
	Bronchitis/Emphysema	5.7%	94.3%	723	5.0%	95.0%	201
	Heart attack	0.7%	99.3%	721	0.0%	100.0%	200
	Angina	0.8%	99.2%	719	0.0%	100.0%	200
	Stroke	0.3%	99.7%	718	0.0%	100.0%	200
	Arthritis	2.4%	97.6%	719	2.0%	98.0%	200
	Back condition	19.2%	80.8%	719	13.4%	86.6%	201
	Diabetes	1.0%	99.0%	718	3.0%	97.0%	199
	Cancer	0.6%	99.4%	715	0.0%	100.0%	200
	Chest infection	21.5%	78.5%	724	10.9%	89.1%	201
	Urinary infection	15.6%	84.4%	719	12.0%	88.0%	200
	Eye/ear infection	13.4%	86.6%	719	10.0%	90.0%	200
	Throat infection	27.9%	72.1%	720	25.0%	75.0%	200
	Other	11.0%	89.0%	618	12.8%	87.2%	187
30-44	Asthma	14.8%	85.2%	420	28.2%	71.8%	124
	Bronchitis/Emphysema	12.0%	88.0%	418	7.3%	92.7%	124
	Heart attack	1.0%	99.0%	413	1.6%	98.4%	123
	Angina	1.7%	98.3%	414	0.8%	99.2%	124
	Stroke	1.2%	98.8%	415	1.6%	98.4%	124
	Arthritis	8.0%	92.0%	414	15.3%	84.7%	124
	Back condition	29.4%	70.6%	412	31.5%	68.5%	124
	Diabetes	2.7%	97.3%	412	4.8%	95.2%	124
	Cancer	0.0%	100.0%	410	0.8%	99.2%	124
	Chest infection	28.3%	71.7%	414	13.7%	86.3%	124
	Urinary infection	15.2%	84.8%	409	17.7%	82.3%	124
	Eye/ear infection	12.6%	87.4%	413	14.5%	85.5%	124
	Throat infection	27.1%	72.9%	413	25.8%	74.2%	124
	Other	13.6%	86.4%	346	14.2%	85.8%	113
45 +	Asthma	17.2%	82.8%	390	37.5%	62.5%	56
	Bronchitis/Emphysema	24.4%	75.6%	390	30.4%	69.6%	56
	Heart attack	6.7%	93.3%	386	10.7%	89.3%	56
	Angina	13.1%	86.9%	388	12.5%	87.5%	56
	Stroke	2.9%	97.1%	385	3.6%	96.4%	56
	Arthritis	40.3%	59.7%	387	48.2%	51.8%	56
	Back condition	51.4%	48.6%	383	53.6%	46.4%	56
	Diabetes	18.8%	81.2%	389	19.6%	80.4%	56
	Cancer	2.8%	97.2%	386	0.0%	100.0%	56
	Chest infection	45.2%	54.8%	387	39.3%	60.7%	56
	Urinary infection	21.7%	78.3%	383	21.4%	78.6%	56
	Eye/ear infection	22.7%	77.3%	384	26.8%	73.2%	56
	Throat infection	32.0%	68.0%	384	37.5%	62.5%	56
	Other	18.3%	81.7%	328	8.7%	91.3%	46

Table 154: During the past 4 weeks, have you suffered from the following symptoms? (ROI and NI combined) (Questionnaire item C1_7_a and C1_7_b)

		Yes	No	n
Total	Vomiting	9.0%	91.1%	2,387
	If yes, three or more times per day?	57.6%	42.4%	210
	Diarrhoea	7.2%	92.8%	2,371
	If yes, three or more times per day?	61.9%	38.1%	168
Male	Vomiting	8.5%	91.5%	1,161
	If yes, three or more times per day?	56.7%	43.3%	97
	Diarrhoea	6.5%	93.5%	1,155
	If yes, three or more times per day?	54.8%	45.2%	73
Female	Vomiting	9.4%	90.6%	1,224
	If yes, three or more times per day?	58.4%	41.6%	113
	Diarrhoea	8.0%	92.0%	1,214
	If yes, three or more times per day?	67.3%	32.7%	95
Under 30	Vomiting	8.1%	92.0%	1,114
	If yes, three or more times per day?	50.0%	50.0%	90
	Diarrhoea	6.5%	93.6%	1,106
	If yes, three or more times per day?	63.4%	36.6%	71
30-44	Vomiting	8.8%	91.2%	633
	If yes, three or more times per day?	67.3%	32.7%	52
	Diarrhoea	7.6%	92.4%	632
	If yes, three or more times per day?	61.4%	38.7%	44
45 +	Vomiting	12.3%	87.9%	408
	If yes, three or more times per day?	69.0%	32.7%	50
	Diarrhoea	10.9%	89.3%	404
	If yes, three or more times per day?	62.8%	39.2%	44

Most respondents of both sexes and in both jurisdictions had not been screened for cardiovascular risk factors in the last 12 months. Screening was age-related and was undertaken predominantly by the GP in both ROI and NI. Of those tested, a third of respondents in ROI (35.2%) had been diagnosed with high blood pressure in the last 12 months and a quarter (25.9%) had been diagnosed with high cholesterol. In NI 44.3% were diagnosed with high blood pressure and 36.8% with high cholesterol. This pattern too was positively age-related in both jurisdictions.

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Table 155: In the last 12 months, have you been screened or tested for any of the following, in the following locations? (Questionnaire item C1_8_a)

			GP	Health clinic	Hospital	Work-place	Other	Not screened	n
Total	ROI	Diabetes	22.1%	1.7%	3.2%	1.2%	0.8%	71.0%	1,913
	NI	Diabetes	22.7%	5.4%	3.1%	2.1%	0.5%	66.1%	387
	ROI	Blood pressure	34.4%	2.2%	5.4%	1.4%	0.8%	55.8%	1,928
	NI	Blood pressure	31.7%	5.6%	4.3%	3.0%	0.8%	54.6%	394
	ROI	Cholesterol	27.1%	1.9%	3.6%	1.1%	0.7%	65.5%	1,901
	NI	Cholesterol	27.6%	6.0%	2.6%	2.6%	1.6%	59.6%	384
Male	ROI	Diabetes	21.4%	1.4%	2.6%	1.3%	1.0%	72.3%	933
	NI	Diabetes	21.9%	6.3%	4.2%	3.1%	0.5%	64.1%	192
	ROI	Blood pressure	31.3%	1.9%	4.4%	1.3%	1.1%	60.1%	939
	NI	Blood pressure	25.9%	6.2%	5.7%	2.6%	1.0%	58.5%	193
	ROI	Cholesterol	26.0%	1.2%	2.9%	1.3%	1.0%	67.6%	927
	NI	Cholesterol	22.2%	7.4%	3.2%	3.2%	1.6%	62.4%	189
Female	ROI	Diabetes	22.6%	1.9%	3.9%	1.1%	0.7%	69.7%	978
	NI	Diabetes	23.6%	4.6%	2.1%	1.0%	0.5%	68.2%	195
	ROI	Blood pressure	37.3%	2.4%	6.5%	1.5%	0.6%	51.7%	987
	NI	Blood pressure	37.3%	5.0%	3.0%	3.5%	0.5%	50.7%	201
	ROI	Cholesterol	28.1%	2.6%	4.3%	0.9%	0.5%	63.6%	972
	NI	Cholesterol	32.8%	4.6%	2.1%	2.1%	1.5%	56.9%	195
Under 30	ROI	Diabetes	14.1%	1.6%	2.4%	0.7%	1.1%	80.1%	880
	NI	Diabetes	12.4%	4.1%	1.5%	1.0%	0.5%	80.4%	194
	ROI	Blood pressure	23.4%	2.3%	4.8%	1.4%	0.7%	67.5%	888
	NI	Blood pressure	19.6%	3.5%	2.0%	3.0%	0.5%	71.4%	199
	ROI	Cholesterol	15.0%	2.3%	2.2%	0.6%	0.6%	79.3%	871
	NI	Cholesterol	16.9%	3.6%	2.1%	1.0%	1.5%	74.9%	195
30-44	ROI	Diabetes	19.6%	1.7%	2.5%	1.0%	0.8%	74.4%	480
	NI	Diabetes	31.8%	6.8%	3.8%	2.3%	0.0%	55.3%	132
	ROI	Blood pressure	34.2%	1.2%	3.9%	1.7%	0.8%	58.2%	483
	NI	Blood pressure	40.2%	7.6%	7.6%	1.5%	0.8%	42.4%	132
	ROI	Cholesterol	27.7%	0.8%	2.5%	1.5%	0.8%	66.7%	480
	NI	Cholesterol	35.9%	7.8%	1.6%	3.1%	1.6%	50.0%	128
45 +	ROI	Diabetes	41.9%	2.0%	6.3%	1.8%	0.5%	47.5%	442
	NI	Diabetes	36.1%	6.6%	6.6%	4.9%	1.6%	44.3%	61
	ROI	Blood pressure	58.4%	3.1%	8.8%	0.7%	1.3%	27.6%	445
	NI	Blood pressure	52.4%	7.9%	4.8%	6.3%	1.6%	27.0%	63
	ROI	Cholesterol	52.2%	2.5%	7.6%	1.6%	1.1%	35.0%	437
	NI	Cholesterol	44.2%	9.8%	6.6%	6.6%	1.6%	31.1%	61

Table 156: Results of risk factor screening in the preceding 12 months (Questionnaire item C1_8_b)

		ROI		NI	
		Yes	Total screened in ROI	Yes	Total screened in NI
Total	High blood pressure	35.2%	532	44.3%	140
	High cholesterol	25.9%	552	36.8%	144
Male	High blood pressure	31.6%	215	45.9%	61
	High cholesterol	24.8%	222	40.3%	62
Female	High blood pressure	37.3%	316	43.0%	79
	High cholesterol	26.7%	329	34.1%	82
Under 30	High blood pressure	15.8%	146	18.2%	44
	High cholesterol	7.5%	147	21.7%	46
30-44	High blood pressure	24.8%	125	44.8%	58
	High cholesterol	18.7%	134	30.5%	59
45 +	High blood pressure	50.6%	237	73.7%	38
	High cholesterol	40.0%	245	64.1%	39

(of those who were screened/tested)

A third of respondents in ROI (31.3%) and 39.9% in NI were on some form of prescribed medication, rising in graduated manner to 77.9% of those 65 years and older in ROI. In NI the rise was even steeper, applying to 82.1% of those over 45 years old.

Table 157: Are you regularly taking any prescribed pills or medication? (Questionnaire item C1_9)

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	31.3%	68.9%	1,969	39.9%	60.1%	411
Male	29.0%	71.0%	960	36.6%	63.4%	205
Female	33.6%	66.4%	1,007	43.2%	66.8%	206
Under 30	16.0%	84.0%	900	27.0%	73.0%	211
30-44	28.6%	71.4%	497	39.4%	60.6%	137
45 +	63.6%	36.4%	455	84.1%	15.9%	63

Difficulties reading instructions in ROI were reported in just under half of cases, with women (43.8%) having less difficulty than men (51.7%). In NI difficulties were higher overall (62.6%), and again men (69.6%) had more of a problem than women (57.0%).

Table 158: If you regularly take prescribed pills or medication, do you have any difficulties reading the instructions? (Questionnaire item C1_9a)

	ROI		NI	
	Yes	Total taking prescribed pills in ROI	Yes	Total taking prescribed pills in NI
Total	46.9%	522	62.6%	155
Male	51.7%	205	69.6%	69
Female	43.8%	317	57.0%	86
Under 30	34.5%	116	52.8%	53
30-44	34.1%	123	57.7%	52
45 +	57.2%	250	78.0%	50

Most respondents (72.1% in ROI and 68.8% in NI) reported having all their own teeth (i.e. no missing teeth). Figures were comparable for both men and women. Again, there was an inverse age pattern, with 87.2% in ROI and 82.9% in NI of those persons under 30 years of age indicating they had all their own teeth.

Table 159: Which best describes you, with respect to your dental status? (Questionnaire item C1_10)

		No missing teeth	Some missing teeth	Has some own teeth and some dentures	Full dentures	Neither dentures nor own teeth	n
Total	ROI	72.1%	17.7%	5.7%	3.1%	1.4%	1,609
	NI	68.8%	17.3%	11.6%	2.0%	0.3%	398
Male	ROI	70.3%	20.6%	5.1%	2.1%	1.9%	680
	NI	69.1%	14.9%	13.9%	1.5%	0.5%	194
Female	ROI	73.4%	15.5%	6.1%	3.9%	1.1%	928
	NI	68.6%	19.6%	9.3%	2.5%	0.0%	204
Under 30	ROI	87.2%	11.1%	1.7%	0.0%	0.0%	718
	NI	82.9%	11.7%	3.9%	1.5%	0.0%	205
30-44	ROI	74.3%	20.6%	3.8%	0.0%	1.2%	417
	NI	62.4%	21.8%	13.5%	1.5%	0.8%	133
45 +	ROI	43.4%	25.3%	14.5%	12.4%	4.4%	387
	NI	35.0%	26.7%	33.3%	5.0%	0.0%	60

Smoking, Alcohol and Illicit Drugs

Overall 52.5% in ROI and 50.8% in NI were current smokers, 43.5% in ROI and 38.4% in NI were regular smokers, and a further 9% in ROI and 12.4% in NI were occasional smokers. Rates in men and women were comparable in ROI but somewhat lower in women (47.8%) than men (53.9%) in NI. Rates dropped steeply in the over-65 age group. Total daily cigarette consumption was high, with a majority of smokers (67.2% in ROI and 57% in NI, reporting smoking 16 or more cigarettes per day. Overall the majority of persons who described themselves as non-smokers indicated that they had never smoked, a reasonably consistent pattern across age groups. This raises questions about the efficacy of smoking cessation strategies in the Traveller group.

Table 160: Do you smoke cigarettes now? (Questionnaire item C1_11)

		Regularly	Occasionally	Does not smoke now	n
Total	ROI	43.5%	9.0%	47.5%	1,647
	NI	38.4%	12.4%	49.2%	396
Male	ROI	44.3%	10.6%	45.1%	697
	NI	41.9%	12.0%	46.1%	191
Female	ROI	42.9%	7.8%	49.3%	949
	NI	35.1%	12.7%	52.2%	205
Under 30	ROI	43.1%	9.1%	47.7%	733
	NI	31.7%	9.8%	58.5%	205
30-44	ROI	46.4%	8.7%	44.9%	425
	NI	43.5%	17.6%	38.9%	131
45 +	ROI	40.6%	9.1%	50.4%	397
	NI	50.0%	10.0%	40.0%	60

Table 161: For regular or occasional cigarette smokers. In a day, how many cigarettes do you usually smoke? (Questionnaire item C1_12)

		0-5	6-10	11-15	16-20	21-30	31 +	n
Total	ROI	8.4%	17.6%	6.8%	38.3%	11.9%	17.0%	835
	NI	14.1%	14.6%	14.1%	24.7%	17.7%	14.6%	198
Male	ROI	8.3%	12.8%	6.9%	36.3%	12.0%	23.7%	375
	NI	12.7%	10.8%	12.7%	24.5%	19.6%	19.6%	102
Female	ROI	8.5%	21.6%	6.8%	39.9%	11.8%	11.5%	459
	NI	15.6%	18.8%	15.6%	25.0%	15.6%	9.4%	96
Under 30	ROI	8.7%	21.8%	7.1%	41.5%	10.0%	11.0%	381
	NI	16.9%	19.3%	18.1%	30.1%	8.4%	7.2%	83
30-44	ROI	7.9%	16.2%	9.2%	38.4%	14.4%	14.0%	229
	NI	12.5%	15.0%	12.5%	25.0%	22.5%	12.5%	80
45 +	ROI	9.2%	11.3%	3.6%	32.8%	11.3%	31.8%	195
	NI	11.4%	2.9%	8.6%	11.4%	28.6%	37.1%	35

(of those who currently smoke)

Table 162: Did you ever smoke cigarettes in the past? For respondents who report not currently smoking in Questionnaire item C1_11 (Table 160) only.

		Never smoked	Occasionally: smoked less than one cigarette per day	Smoked regularly	n
Total	ROI	81.5%	6.5%	11.9%	780
	NI	89.7%	5.1%	5.1%	195
Male	ROI	82.0%	5.9%	12.2%	205
	NI	88.8%	5.6%	5.6%	89
Female	ROI	81.4%	6.8%	11.8%	575
	NI	90.6%	4.7%	4.7%	106
Under 30	ROI	86.9%	4.0%	9.1%	298*
	NI	95.7%	1.7%	2.6%	115
30-44	ROI	81.5%	7.2%	11.3%	221*
	NI	80.8%	11.5%	7.7%	52
45 +	ROI	77.2%	8.0%	14.3%	224*
	NI	82.1%	7.1%	10.7%	28

*Data by age group was only available for n=743 persons in ROI

38.1 % of respondents in ROI and 39.3% in NI indicated they never drank alcohol, rates of nondrinking being considerably higher in women than men. The lowest rate of never drinkers (30.9% in ROI and 32.1% in NI) was in the 30-44 year old age group. Overall 46.0% in ROI and 46.4% in NI indicated they drank fewer than 5 drinks in a day when drinking. Men reported drinking more drinks when drinking than did women.

Table 163: How often do you have a drink containing alcohol? (Questionnaire item C1_14)

		Never	Monthly or less	2-3 times per month	2-3 times per week	4 + times per week	n
Total	ROI	38.1%	29.5%	19.0%	9.7%	3.7%	1,639
	NI	39.3%	19.3%	18.5%	15.0%	7.8%	399
Male	ROI	29.5%	26.5%	24.9%	13.2%	5.9%	695
	NI	32.8%	14.4%	22.6%	19.0%	11.3%	195
Female	ROI	44.5%	31.7%	14.6%	7.1%	2.0%	943
	NI	45.6%	24.0%	14.7%	11.3%	4.4%	204
Under 30	ROI	40.9%	31.9%	18.0%	6.8%	2.5%	734
	NI	45.4%	20.0%	18.5%	11.7%	4.4%	205
30-44	ROI	30.9%	30.7%	22.2%	12.5%	3.8%	424
	NI	32.1%	20.1%	18.7%	17.2%	11.9%	134
45 +	ROI	41.3%	23.5%	18.4%	11.2%	5.6%	392
	NI	35.0%	15.0%	18.3%	21.7%	10.0%	60

Table 164: Number of alcoholic drinks consumed per day, on days when the respondent was drinking. (Questionnaire item C_15)

		0-5	6-10	11-15	16-20	21 +	n
Total	ROI	46.0%	42.0%	7.9%	2.9%	1.2%	978
	NI	46.4%	40.0%	8.1%	4.3%	1.3%	235
Male	ROI	33.9%	47.4%	11.6%	4.8%	2.3%	481
	NI	34.4%	48.4%	10.2%	5.5%	1.6%	128
Female	ROI	57.7%	36.9%	4.2%	1.0%	0.2%	496
	NI	60.7%	29.9%	5.6%	2.8%	0.9%	107
Under 30	ROI	43.6%	44.7%	8.4%	2.6%	0.7%	427
	NI	47.7%	42.1%	4.7%	4.7%	0.9%	107
30-44	ROI	44.4%	42.0%	8.7%	4.2%	0.7%	286
	NI	43.3%	38.9%	10.0%	5.6%	2.2%	90
45 +	ROI	48.7%	40.2%	5.8%	2.2%	3.1%	224
	NI	50.0%	36.8%	13.2%	0.0%	0.0%	38

(does not include those who answered 'never' to 'how often do you drink alcohol')

A majority of respondents (66.3% in ROI and 64.6% in NI) considered illicit drugs to be a problem in their community and this was a consistent pattern for both men and women and across age groups.

Table 165: Do you consider illicit drug use to be a problem in your community? (Questionnaire item C1_16)

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	66.3%	33.7%	1,614	64.6%	35.4%	367
Male	68.7%	31.3%	687	63.7%	36.3%	182
Female	64.5%	35.5%	926	65.4%	34.6%	185
Under 30	62.2%	37.8%	723	64.5%	35.5%	186
30-44	69.2%	30.8%	413	65.1%	34.9%	126
45 +	67.5%	32.5%	391	63.6%	36.4%	55

Safety

Some 12% in ROI and 8.1% in NI reported one or more injuries in the last 2 years serious enough to interfere with daily activities and this was strongly age-related, rising to a quarter (25.3%) of the over-65 age group in ROI. Whilst the majority were accidental (65.7% in ROI and 78.1% in NI), there were appreciable numbers of reported non-accidental injuries, particularly among women in ROI (38.8%) and in the middle-age groups.

Table 166: In the last 2 years have you had one or more injuries serious enough to interfere with your daily activities? (Questionnaire item C1_17)

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	12.0%	88.0%	1,636	8.1%	91.9%	394
Male	13.2%	86.8%	692	8.4%	91.6%	191
Female	11.1%	88.9%	943	7.9%	92.1%	203
Under 30	7.9%	92.1%	731	5.9%	94.1%	202
30-44	11.9%	88.1%	419	9.0%	91.0%	133
45 +	18.6%	81.4%	393	13.6%	86.4%	59

Table 167: Was your most recent injury mainly... (Questionnaire item C1_18)

	ROI			NI		
	Accidental	Non-accidental	n	Accidental	No-accidental	n
Total	65.7%	34.3%	181	78.1%	21.9%	32
Male	70.7%	29.3%	82	75.0%	25.0%	16
Female	61.2%	38.8%	98	81.3%	18.8%	16
Under 30	71.4%	28.6%	56	75.0%	25.0%	12
30-44	57.8%	42.2%	45	84.6%	15.4%	13
45 +	63.2%	36.8%	68	71.4%	28.6%	7

(of those who had one or more injuries serious enough to interfere with their daily activities)

The most frequently cited location for an accident was in the home (42.9% in ROI and 51.6% in NI) and the pattern differed somewhat by sex and according to age group. Most were treated in an A&E service (40.6% in ROI and 34.4% in NI), followed by the GP (28.9% in ROI and 31.3% in NI).

Table 168: Where did your most recent injury happen? (Questionnaire item C1_19)

		In the home	On the site	At work	Playing sport	As a pedestrian on road or pavement	Other	n
Total	ROI	42.9%	11.4%	3.4%	4.0%	13.1%	25.1%	175
	NI	51.6%	12.9%	6.5%	3.2%	6.5%	19.4%	31
Male	ROI	36.1%	8.4%	6.0%	7.2%	16.9%	25.3%	83
	NI	50.0%	12.5%	12.5%	0.0%	0.0%	25.0%	16
Female	ROI	49.5%	14.3%	1.1%	1.1%	9.9%	24.2%	91
	NI	53.3%	13.3%	0.0%	6.7%	13.3%	13.3%	15
Under 30	ROI	21.8%	20.0%	9.1%	9.1%	10.9%	29.1%	55
	NI	58.3%	16.7%	0.0%	0.0%	0.0%	25.0%	12
30-44	ROI	55.8%	9.3%	0.0%	0.0%	9.3%	25.6%	43
	NI	50.0%	8.3%	16.7%	8.3%	16.7%	0.0%	12
45 +	ROI	51.6%	6.3%	0.0%	3.2%	17.2%	21.9%	64
	NI	42.9%	14.3%	0.0%	0.0%	0.0%	42.9%	7

(of those who had one or more injuries serious enough to interfere with their daily activities)

Table 169: Who treated your injury? (Questionnaire item C1_20)

		Myself	GP	Family or friends	No treatment	Hospital A&E	Outpatients	n
Total	ROI	15.5%	28.9%	3.7%	4.3%	40.6%	7.0%	187
	NI	25.0%	31.3%	3.1%	6.3%	34.4%	0.0%	32
Male	ROI	10.3%	32.2%	4.6%	3.4%	40.2%	9.2%	87
	NI	25.0%	18.8%	6.3%	12.5%	37.5%	0.0%	16
Female	ROI	19.2%	26.3%	3.0%	5.1%	41.4%	5.1%	99
	NI	25.0%	43.8%	0.0%	0.0%	31.3%	0.0%	16
Under 30	ROI	10.5%	22.8%	3.5%	3.5%	54.4%	5.3%	57
	NI	25.0%	33.3%	0.0%	8.3%	33.3%	0.0%	12
30-44	ROI	21.3%	36.2%	4.3%	4.3%	29.8%	4.3%	47
	NI	33.3%	33.3%	8.3%	8.3%	16.7%	0.0%	12
45 +	ROI	13.0%	31.9%	4.3%	1.4%	37.7%	11.6%	69
	NI	12.5%	25.0%	0.0%	0.0%	62.5%	0.0%	8

(of those who had one or more injuries serious enough to interfere with their daily activities)

A majority of respondents (88% in ROI and 63.5% in NI) overall and according to sex and age groups reported regular use of a seat belt while driving in a car or van.

**Table 170: Do you regularly use seatbelts when you drive in a car or van?
(Questionnaire item C1_21)**

		Always	Nearly always	Sometimes	Seldom	Never	n
Total	ROI	88.0%	5.6%	3.6%	1.4%	1.4%	1,621
	NI	63.5%	16.5%	12.7%	4.3%	3.0%	395
Male	ROI	85.2%	7.1%	4.4%	1.6%	1.7%	689
	NI	56.4%	19.5%	14.9%	5.1%	4.1%	195
Female	ROI	90.1%	4.5%	3.1%	1.2%	1.1%	931
	NI	70.5%	13.5%	10.5%	3.5%	2.0%	200
Under 30	ROI	87.6%	5.5%	4.0%	1.8%	1.1%	728
	NI	63.1%	17.7%	12.8%	4.4%	2.0%	203
30-44	ROI	88.8%	6.2%	3.1%	1.2%	0.7%	418
	NI	64.4%	18.2%	9.8%	5.3%	2.3%	132
45 +	ROI	89.1%	5.2%	2.6%	0.8%	2.3%	384
	NI	63.3%	8.3%	18.3%	1.7%	8.3%	60

General Exercise and Household Physical Activity

Most respondents reported that they undertook strenuous (76.6% ROI and 76.3% NI), moderate (60.1% ROI and 75.1% NI) and mild (55.6% ROI and 67.4% NI) activity less than twice per week, though men were more active than women.

Table 171: How many times a week would you do the following kinds of exercise for 20 minutes + during your free time? (Questionnaire item C1_22)

			0-2 times per week	3-5 times per week	6-7 times per week	8 + times per week	n
Total	ROI	Strenuous	76.6%	13.8%	4.3%	5.3%	1,280
	NI	Strenuous	76.3%	18.9%	2.0%	2.8%	355
	ROI	Moderate	60.1%	23.9%	9.1%	6.9%	1,337
	NI	Moderate	75.1%	19.9%	2.0%	3.1%	357
	ROI	Mild	55.6%	25.7%	13.1%	5.6%	1,347
	NI	Mild	67.4%	21.6%	5.5%	5.5%	365
Male	ROI	Strenuous	69.4%	17.9%	5.7%	7.0%	559
	NI	Strenuous	70.7%	24.3%	2.2%	2.8%	181
	ROI	Moderate	58.1%	25.8%	7.8%	8.3%	565
	NI	Moderate	73.9%	22.2%	1.1%	2.8%	176
	ROI	Mild	53.2%	27.2%	13.3%	6.2%	577
	NI	Mild	67.6%	21.8%	5.6%	5.0%	179
Female	ROI	Strenuous	82.4%	10.4%	3.2%	4.0%	720
	NI	Strenuous	82.2%	13.2%	1.7%	2.9%	174
	ROI	Moderate	61.6%	22.4%	10.1%	5.8%	771
	NI	Moderate	76.2%	17.7%	2.8%	3.3%	181
	ROI	Mild	57.3%	24.6%	12.9%	5.2%	769
	NI	Mild	67.2%	21.5%	5.4%	5.9%	186
Under 30	ROI	Strenuous	72.4%	16.6%	5.1%	5.9%	613
	NI	Strenuous	69.1%	25.8%	1.7%	3.4%	178
	ROI	Moderate	56.0%	26.2%	9.9%	7.8%	637
	NI	Moderate	72.5%	21.4%	2.2%	3.8%	182
	ROI	Mild	52.3%	29.1%	12.5%	6.1%	622
	NI	Mild	61.4%	26.6%	6.5%	5.4%	184
30-44	ROI	Strenuous	76.3%	13.7%	3.6%	6.4%	329
	NI	Strenuous	80.0%	13.6%	3.2%	3.2%	125
	ROI	Moderate	60.1%	23.9%	8.7%	7.3%	343
	NI	Moderate	74.2%	20.2%	2.4%	3.2%	124
	ROI	Mild	56.1%	23.4%	13.8%	6.8%	355
	NI	Mild	74.8%	16.3%	2.4%	6.5%	123
45 +	ROI	Strenuous	85.5%	8.3%	3.6%	2.6%	303
	NI	Strenuous	92.3%	7.7%	0.0%	0.0%	52
	ROI	Moderate	69.3%	19.5%	7.0%	4.2%	313
	NI	Moderate	86.3%	13.7%	0.0%	0.0%	51
	ROI	Mild	60.8%	21.9%	13.9%	3.4%	324
	NI	Mild	70.7%	17.2%	8.6%	3.4%	58

Most respondents reported regular daily light housework (55.8% ROI and 31.8% NI) and there was a strong sex-related pattern, in that 45.1% of men in ROI and 46.1% in NI never did such work compared to 6.2% of women in ROI and 13.7% in NI. Conversely, 28.6% of men in ROI and 12.0% in NI reported daily light housework, compared to 75.3% of women in ROI and 50.2% in NI. The pattern was not particularly age-related.

Table 172: Do you do light household work? (e.g. dusting, washing dishes, repairing clothes). (Questionnaire item C1_23)

		Seldom or never	1-3 times per month	Once per week	3-4 times per week	Most days	n
Total	ROI	22.5%	4.7%	6.0%	11.1%	55.8%	1,633
	NI	29.3%	13.6%	14.1%	11.1%	31.8%	396
Male	ROI	45.1%	7.0%	7.8%	11.6%	28.6%	683
	NI	46.1%	17.3%	13.6%	11.0%	12.0%	191
Female	ROI	6.2%	3.0%	4.7%	10.7%	75.3%	949
	NI	13.7%	10.2%	14.6%	11.2%	50.2%	205
Under 30	ROI	23.6%	4.4%	5.2%	11.2%	55.6%	725
	NI	31.2%	9.8%	12.7%	11.2%	35.1%	205
30-44	ROI	17.5%	4.5%	5.7%	10.9%	61.5%	423
	NI	22.7%	16.7%	15.2%	9.8%	35.6%	132
45 +	ROI	25.3%	5.8%	7.6%	12.4%	48.9%	395
	NI	37.3%	20.3%	16.9%	13.6%	11.9%	59

There were high rates of heavy household work also, and again the pattern related to sex, with almost half of men never doing such work, but 64.9% in ROI and 45.4% in NI of women doing so daily. There was an age pattern in that the oldest respondents were less likely to engage in regular heavy housework.

Table 173: Do you do heavy household work? (e.g. washing floors and windows, carrying rubbish bags, hoovering)? (Questionnaire item C1_24)

		Seldom or never	1-3 times per month	Once per week	3-4 times per week	Most days	n
Total	ROI	24.8%	6.0%	8.6%	12.1%	48.5%	1,640
	NI	27.2%	12.4%	17.5%	14.2%	28.7%	394
Male	ROI	44.8%	8.1%	10.2%	11.0%	25.8%	689
	NI	46.0%	15.9%	16.9%	10.6%	10.6%	189
Female	ROI	10.2%	4.4%	7.5%	12.9%	64.9%	950
	NI	9.8%	9.3%	18.0%	17.6%	45.4%	205
Under 30	ROI	24.1%	5.0%	8.8%	12.9%	49.2%	727
	NI	25.1%	10.8%	17.2%	13.3%	33.5%	203
30-44	ROI	17.3%	6.1%	8.3%	11.3%	57.0%	423
	NI	22.9%	13.7%	16.8%	16.8%	29.8%	131
45 +	ROI	34.7%	7.5%	9.5%	12.1%	36.2%	398
	NI	43.3%	15.0%	20.0%	11.7%	10.0%	60

A majority of respondents (70.2% in ROI and 69.9% in NI) reported using a car to go shopping, comparable among men and women, but inversely related to age, with older respondents less likely to use a car and more likely to go on foot.

Table 174: If you go out shopping, what kind of transport do you usually use? (Questionnaire item C1_25)

		Car	Public transport	Walking	Bicycling	Does not shop	n
Total	ROI	70.2%	8.0%	18.6%	0.7%	2.5%	1,649
	NI	69.9%	12.9%	12.4%	0.8%	4.1%	395
Male	ROI	70.6%	7.1%	16.3%	1.7%	4.3%	695
	NI	74.5%	7.8%	9.4%	1.6%	6.8%	192
Female	ROI	69.9%	8.7%	20.3%	0.0%	1.2%	953
	NI	65.5%	17.7%	15.3%	0.0%	1.5%	203
Under 30	ROI	74.1%	7.4%	16.9%	0.3%	1.4%	733
	NI	67.3%	14.9%	11.9%	1.0%	5.0%	202
30-44	ROI	70.8%	8.2%	19.1%	0.7%	1.2%	425
	NI	75.2%	9.8%	14.3%	0.0%	0.8%	133
45 +	ROI	63.8%	8.5%	20.6%	1.8%	5.3%	398
	NI	66.7%	13.3%	10.0%	1.7%	8.3%	60

A quarter of respondents (25.5% in ROI and 26.3% in NI) reported spending less than an hour per day watching television or playing computer games. However, most men and women, in all age groups and in both jurisdictions, reported spending appreciable time doing so.

Table 175: How many hours per day do you spend watching television or playing computer games? (Questionnaire item C1_26)

		< 1 hour	2-3 hours	4 + hours	n
Total	ROI	25.5%	46.0%	28.5%	1,629
	NI	26.3%	55.0%	18.8%	400
Male	ROI	21.5%	43.5%	35.0%	689
	NI	27.2%	53.3%	19.5%	195
Female	ROI	28.3%	47.9%	23.7%	939
	NI	25.4%	56.6%	18.0%	205
Under 30	ROI	24.0%	48.0%	28.0%	725
	NI	24.3%	54.4%	21.4%	206
30-44	ROI	24.8%	44.9%	30.3%	423
	NI	21.6%	61.9%	16.4%	134
45 +	ROI	27.6%	45.8%	26.6%	391
	NI	43.3%	41.7%	15.0%	60

Diet

Of respondents who reported being on some kind of formal diet in ROI, the most frequent was weight-reducing, followed by low cholesterol and diabetic diets. In NI, the two most frequently reported diets were weight-reducing and vegetarian/vegan. Women generally were more likely to be on a weight-reducing diet than men, and special diets such as for diabetes rose in frequency with age.

Table 176: Do you follow any of the following diets? Percentages given are the percentage of all respondents who endorsed one or more diets. (Questionnaire item C1_27_1)

		ROI			NI		
		Male n=664	Female n=918	Total n=1,583	Male n=183	Female n=199	Total n=382
Total	Vegetarian/Vegan	3.0%	2.9%	3.0%	10.4%	12.6%	11.5%
	Diabetic	4.1%	5.3%	4.8%	2.7%	3.0%	2.9%
	Gluten free	1.2%	0.9%	1.0%	1.1%	0.0%	0.5%
	Weight-reducing	5.6%	9.3%	7.7%	7.7%	24.1%	16.2%
	Low cholesterol	5.7%	5.7%	5.7%	3.8%	4.0%	3.9%
	Other diet	3.6%	4.6%	4.2%	7.1%	8.0%	7.6%

Just under half of respondents in ROI reported at least daily fruit or vegetable consumption (45.3%), less frequently so by men (39.4%) compared with women (49.7%). There was not a strong age pattern. In NI 31.7% reported eating daily fruit and vegetables, again less frequently for men (27.1%) than women (35.9%) and without a strong age pattern. Of those consuming at least daily, intake of greater than 5 times a day was 16.4% in ROI and 16.8% in NI. Most respondents in both jurisdictions who consumed fruit and vegetables at least daily reported eating between 3-5 times daily.

Table 177: How often do you eat fruit or vegetables? (Questionnaire item C1_28)

		< Once per week	1-3 times per week	4-6 times per week	Daily	n
Total	ROI	7.0%	21.8%	25.9%	45.3%	1,640
	NI	10.6%	30.4%	27.4%	31.7%	398
Male	ROI	9.1%	25.5%	26.0%	39.4%	693
	NI	12.5%	32.8%	27.6%	27.1%	192
Female	ROI	5.5%	19.0%	25.8%	49.7%	946
	NI	8.7%	28.2%	27.2%	35.9%	206
Under 30	ROI	6.1%	22.8%	27.4%	43.7%	727
	NI	12.6%	28.0%	25.6%	33.8%	207
30-44	ROI	8.3%	16.5%	28.8%	46.3%	423
	NI	7.6%	30.5%	29.8%	32.1%	131
45 +	ROI	7.1%	24.2%	21.4%	47.4%	397
	NI	10.0%	38.3%	28.3%	23.3%	60

Table 178: How many times a day do you eat fruit or vegetables? For those respondents who report eating fruit and vegetables daily only. (Questionnaire item C1_28_a)

		0-2 times per day	3-5 times per day	6-7 times per day	8+ times per day	n
Total	ROI	33.0%	50.6%	13.5%	2.9%	725
	NI	20.0%	63.2%	12.8%	4.0%	125
Male	ROI	29.9%	53.1%	14.0%	3.0%	271
	NI	17.3%	59.6%	21.2%	1.9%	52
Female	ROI	34.8%	49.1%	13.2%	2.9%	454
	NI	21.9%	65.8%	6.8%	5.5%	73
Under 30	ROI	31.2%	48.6%	14.8%	5.4%	317
	NI	18.6%	60.0%	15.7%	5.7%	70
30-44	ROI	34.5%	54.6%	10.3%	0.5%	194
	NI	24.4%	65.9%	7.3%	2.4%	41
45 +	ROI	32.4%	50.0%	16.0%	1.6%	188
	NI	14.3%	71.4%	14.3%	0.0%	14

(of those who eat fruit or vegetables daily)

Four in ten respondents in ROI (40.3%) and 31.3% in NI reported eating fried food less than once per week, with just 11.8% in ROI and 12.9% in NI reporting daily consumption. Men were more likely to consume fried food frequently than women. This pattern was also inversely age related, so that 17.1% in ROI and 15.1% in NI of those under thirty consumed fried food daily, compared with 1.1% of the oldest respondents.

Table 179: How often do you eat fried food? (Questionnaire item C1_29)

		< Once per week	1-3 times per week	4-6 times per week	Daily	n
Total	ROI	40.3%	29.7%	18.2%	11.8%	1,634
	NI	31.3%	32.8%	23.0%	12.9%	396
Male	ROI	32.6%	30.0%	24.0%	13.5%	691
	NI	28.0%	30.1%	25.9%	16.1%	193
Female	ROI	46.1%	29.4%	14.0%	10.5%	942
	NI	34.5%	35.5%	20.2%	9.9%	203
Under 30	ROI	30.8%	30.1%	22.0%	17.1%	731
	NI	29.3%	30.7%	24.9%	15.1%	205
30-44	ROI	40.5%	32.2%	17.1%	10.2%	422
	NI	33.6%	33.6%	19.8%	13.0%	131
45 +	ROI	57.0%	26.0%	12.4%	4.6%	388
	NI	33.3%	38.3%	23.3%	5.0%	60

In ROI butter was the most popular spread (56.2%) and was consumed every or most days by both men (56.9%) and women (55.8%). There was no strong age trend. In NI consumption was more evenly spread between butter, low fat or vegetable oil spreads.

Table 180: How often do you eat the following spreads and fats? (Questionnaire item C1_30)

			< Once per week	Once per week but not every day	Every or most days	n
Total	ROI	Butter/hard margarine	25.0%	18.7%	56.2%	1,602
	NI	Butter/hard margarine	47.8%	25.6%	26.6%	391
	ROI	Low-fat spread	46.7%	22.0%	31.3%	1,553
	NI	Low-fat spread	52.2%	29.9%	17.9%	391
	ROI	Vegetable oil	42.0%	27.8%	30.2%	1,565
	NI	Vegetable oil	47.0%	33.2%	19.7%	385
Male	ROI	Butter/hard margarine	22.8%	20.3%	56.9%	684
	NI	Butter/hard margarine	46.0%	27.0%	27.0%	189
	ROI	Low-fat spread	47.1%	23.4%	29.5%	667
	NI	Low-fat spread	54.5%	32.6%	12.8%	187
	ROI	Vegetable oil	42.6%	27.4%	30.0%	671
	NI	Vegetable oil	46.2%	38.2%	15.6%	186
Female	ROI	Butter/hard margarine	26.6%	17.6%	55.8%	917
	NI	Butter/hard margarine	49.5%	24.3%	26.2%	202
	ROI	Low-fat spread	46.4%	20.9%	32.7%	885
	NI	Low-fat spread	50.0%	27.5%	22.5%	204
	ROI	Vegetable oil	41.5%	28.1%	30.3%	893
	NI	Vegetable oil	47.7%	28.6%	23.6%	199

In ROI a majority of respondents either usually (11.7%) or always (38%) added salt to food at table, men more so than women, and younger respondents more than older people. In NI 19.3% usually and 20.5% always added salt to food at table, men more so than women but with no strong age pattern.

Table 181 How often do you add salt to food at the table? (Questionnaire item C1_31)

		Never	Rarely	Sometimes	Usually	Always	n
Total	ROI	16.8%	17.5%	16.0%	11.7%	38.0%	1,648
	NI	11.5%	23.5%	25.3%	19.3%	20.5%	400
Male	ROI	14.9%	17.5%	14.7%	12.8%	40.1%	696
	NI	8.8%	23.7%	27.3%	16.5%	23.7%	194
Female	ROI	18.2%	17.4%	17.0%	10.8%	36.6%	951
	NI	14.1%	23.3%	23.3%	21.8%	17.5%	206
Under 30	ROI	13.8%	17.3%	15.8%	12.3%	40.9%	734
	NI	13.5%	21.3%	22.2%	22.2%	20.8%	207
30-44	ROI	17.2%	16.5%	15.6%	10.1%	40.6%	424
	NI	8.3%	27.1%	29.3%	15.8%	19.5%	133
45 +	ROI	21.7%	18.6%	17.1%	10.8%	31.7%	397
	NI	11.7%	23.3%	26.7%	16.7%	21.7%	60

Respondents hardly ever eat out, particularly in restaurants (62.0% in ROI and 67.5% in NI) and women eat out less frequently than men. There is a strong inverse pattern with older respondents less likely to ever eat out, but rates of fast food and 'home delivery food' consumption higher in the younger age groups in both jurisdictions.

**Table 182 How often do you eat in (or eat food from) any of the following?
(Questionnaire item C1_32)**

			Hardly ever or never	Less than once per month	Less than once per fortnight	Less than once per week	Once a week or more	Every or most days	n
Total	ROI	Restaurant	62.0%	18.0%	9.9%	4.4%	4.6%	1.1%	1,614
	NI	Restaurant	67.5%	15.4%	10.6%	3.0%	2.3%	1.3%	397
	ROI	Cafe	53.0%	18.9%	13.0%	6.5%	6.7%	1.9%	1,611
	NI	Cafe	49.7%	21.1%	13.6%	8.3%	6.8%	0.5%	398
	ROI	Fast food outlet	39.3%	16.7%	13.8%	11.6%	13.5%	5.0%	1,614
	NI	Fast food outlet	34.8%	15.7%	17.4%	14.1%	11.6%	6.3%	396
	ROI	Home delivery of food	52.2%	15.3%	11.5%	8.2%	9.2%	3.5%	1,597
	NI	Home delivery of food	30.4%	17.2%	15.9%	13.2%	16.7%	6.6%	395
Male	ROI	Restaurant	59.4%	18.2%	10.8%	5.5%	5.2%	1.0%	677
	NI	Restaurant	61.7%	17.6%	11.9%	4.1%	3.6%	1.0%	193
	ROI	Cafe	49.5%	20.4%	15.1%	6.2%	6.4%	2.5%	677
	NI	Cafe	43.5%	25.4%	13.0%	8.8%	8.8%	0.5%	193
	ROI	Fast food outlet	35.6%	17.3%	16.1%	11.6%	13.3%	6.0%	682
	NI	Fast food outlet	27.5%	15.5%	20.2%	16.1%	11.9%	8.8%	193
	ROI	Home delivery of food	48.0%	16.4%	12.6%	9.2%	9.2%	4.6%	675
	NI	Home delivery of food	24.0%	15.6%	16.7%	17.2%	17.2%	9.4%	192
Female	ROI	Restaurant	64.0%	17.7%	9.3%	3.6%	4.2%	1.2%	936
	NI	Restaurant	73.0%	13.2%	9.3%	2.0%	1.0%	1.5%	204
	ROI	Cafe	55.6%	17.8%	11.6%	6.6%	7.0%	1.4%	933
	NI	Cafe	55.6%	17.1%	14.1%	7.8%	4.9%	0.5%	205
	ROI	Fast food outlet	42.1%	16.3%	12.1%	11.6%	13.6%	4.2%	931
	NI	Fast food outlet	41.9%	15.8%	14.8%	12.3%	11.3%	3.9%	203
	ROI	Home delivery of food	55.3%	14.5%	10.7%	7.5%	9.2%	2.7%	922
	NI	Home delivery of food	36.5%	18.7%	15.3%	9.4%	16.3%	3.9%	203

Table 18 continued

			Hardly ever or never	Less than once per month	Less than once per fortnight	Less than once per week	Once a week or more	Every or most days	n
Under 30	ROI	Restaurant	56.4%	20.5%	11.8%	4.2%	5.3%	1.8%	718
	NI	Restaurant	63.9%	16.6%	13.2%	2.4%	2.4%	1.5%	205
	ROI	Cafe	45.1%	20.4%	16.6%	7.3%	8.0%	2.7%	716
	NI	Cafe	46.1%	21.4%	14.6%	9.7%	7.8%	0.5%	206
	ROI	Fast food outlet	29.1%	16.4%	16.1%	13.3%	17.5%	7.6%	721
	NI	Fast food outlet	27.9%	13.2%	20.1%	16.2%	12.7%	9.8%	204
	ROI	Home delivery of food	41.6%	16.7%	14.3%	10.3%	12.0%	5.1%	711
	NI	Home delivery of food	24.9%	16.1%	15.6%	15.1%	19.0%	9.3%	205
30-44	ROI	Restaurant	58.8%	19.9%	9.9%	6.1%	4.6%	0.7%	413
	NI	Restaurant	66.7%	18.9%	7.6%	3.8%	1.5%	1.5%	132
	ROI	Cafe	50.8%	21.1%	13.3%	6.3%	7.3%	1.2%	413
	NI	Cafe	49.2%	23.5%	14.4%	7.6%	4.5%	0.8%	132
	ROI	Fast food outlet	36.2%	19.8%	14.0%	12.1%	14.0%	3.9%	414
	NI	Fast food outlet	34.1%	21.2%	17.4%	14.4%	10.6%	2.3%	132
	ROI	Home delivery of food	53.2%	15.7%	11.8%	8.1%	9.1%	2.2%	408
	NI	Home delivery of food	27.5%	18.3%	19.8%	12.2%	16.8%	5.3%	131
45 +	ROI	Restaurant	76.5%	10.7%	6.6%	3.3%	2.8%	0.0%	391
	NI	Restaurant	81.7%	3.3%	8.3%	3.3%	3.3%	0.0%	60
	ROI	Cafe	69.7%	13.6%	6.9%	4.9%	4.4%	0.5%	390
	NI	Cafe	63.3%	15.0%	8.3%	5.0%	8.3%	0.0%	60
	ROI	Fast food outlet	61.2%	13.1%	10.0%	8.2%	5.7%	1.8%	389
	NI	Fast food outlet	60.0%	11.7%	8.3%	6.7%	10.0%	3.3%	60
	ROI	Home delivery of food	71.0%	12.1%	6.4%	4.4%	4.4%	1.8%	389
	NI	Home delivery of food	55.9%	18.6%	8.5%	8.5%	8.5%	0.0%	59

Most respondents saw no problem with trying to eat more healthily (65.4% in ROI and 52.4% in NI), and by far the most frequently cited barrier was price (29.3% in ROI and 36.8% in NI), followed by family preferences (16.2% ROI and 20.6% NI). Patterns were similar for men and women and according to age group.

Table 183: Which of the following do you think are the main difficulties for you in trying to eat healthier? (Questionnaire item C1_33_a)

	ROI n=1,623	NI n=389
No problems	65.4%	52.4%
Takes too long	5.7%	9.0%
More awkward to transport	3.1%	5.4%
Price	29.3%	36.8%
Family prefers other	16.2%	20.6%
Limited cooking facilities	6.3%	8.0%
Lack of storage facilities	4.5%	6.9%
Do not know enough	9.7%	6.4%
Other	1.5%	1.5%

Table 184: Which of the following do you think are the main difficulties for you in trying to eat healthier? Table presented by sex of respondent. (Questionnaire item C1_33_a)

	ROI		NI	
	Male n=685	Female n=937	Male n=188	Female n=201
No problems	63.4%	66.9%	50.5%	54.2%
Takes too long	7.0%	4.8%	11.2%	7.0%
More awkward to transport	2.9%	3.2%	5.3%	5.5%
Price	30.9%	28.1%	32.4%	40.8%
Family prefers other	17.8%	15.0%	21.3%	19.9%
Limited cooking facilities	6.6%	6.1%	9.0%	7.0%
Lack of storage facilities	4.5%	4.5%	6.4%	7.5%
Do not know enough	11.4%	8.4%	4.3%	8.5%
Other	1.0%	1.9%	2.7%	0.5%

Table 185: Which of the following do you think are the main difficulties for you in trying to eat healthier? Table presented by age group of respondent. (Questionnaire items C1_33_a to C1_33_d)

	ROI			NI		
	Under 30 n=723	30-44 n=420	45 + n=393	Under 30 n=200	30-44 n=130	45 + n=59
No problems	63.3%	68.8%	66.9%	54.0%	50.8%	50.8%
Takes too long	5.9%	4.8%	6.4%	10.5%	8.5%	5.1%
More awkward to transport	3.7%	1.9%	3.1%	5.0%	7.7%	1.7%
Price	30.3%	25.2%	31.6%	34.0%	39.2%	40.7%
Family prefers other	18.7%	15.5%	11.2%	23.5%	20.0%	11.9%
Limited cooking facilities	7.3%	4.8%	5.9%	10.0%	4.6%	8.5%
Lack of storage facilities	5.7%	3.3%	4.1%	8.5%	5.4%	5.1%
Do not know enough	10.0%	6.2%	12.7%	7.0%	4.6%	8.5%
Other	1.1%	1.2%	1.8%	1.5%	1.5%	1.7%

Social Capital and Social Support

In ROI respondents gave a broad range of response to the statement that generally speaking, most people can be trusted, a quarter strongly disagreed (25.8%) and a tenth strongly agreed (10.2%), with the remainder somewhere mid-way. There were no notable differences by sex and the oldest age group was somewhat more in agreement than others with the statement. In NI the pattern was somewhat different. The most frequent category (42.6%) was the neutral one of neither agreeing nor disagreeing with the statement, and younger people were more likely to agree than older respondents.

Table 186: Do you agree or disagree with the following statement: ‘Generally speaking, most people can be trusted?’ (Questionnaire item C1_34)

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	n
Total	ROI	25.8%	21.6%	28.5%	14.0%	10.2%	1,640
	NI	7.7%	22.7%	42.6%	19.6%	7.4%	392
Male	ROI	28.0%	22.0%	26.5%	13.3%	10.2%	694
	NI	6.8%	23.0%	46.1%	18.3%	5.8%	191
Female	ROI	24.2%	21.3%	29.8%	14.5%	10.2%	945
	NI	8.5%	22.4%	39.3%	20.9%	9.0%	201
Under 30	ROI	25.1%	22.8%	27.7%	12.6%	11.7%	728
	NI	10.3%	20.6%	38.7%	24.0%	6.4%	204
30-44	ROI	26.6%	22.1%	28.2%	13.9%	9.2%	425
	NI	5.4%	25.6%	42.6%	17.1%	9.3%	129
45 +	ROI	28.0%	19.2%	27.3%	15.9%	9.6%	396
	NI	3.4%	23.7%	55.9%	10.2%	6.8%	59

The number one grouping providing respondents with a lot of support in ROI were parents (53.3%), followed by spouse or partner (50.4%), with support from other sources lower. Responses of males and females were broadly comparable, though men credited spouse or partner (52.8%) with a lot of support, slightly more so than women did (48.5%). Patterns varied with age, for instance 67.1% of those under thirty years old credited parents with providing a lot of support, but this declined with increasing age. In NI parents also were also ranked first as sources of support (46.1%), again with an age-related pattern. Spouse or partner ranked fourth (27.0%) after other sources such as other relatives, children and friends; however partner was not applicable in the respondent’s situation for 61.0% in NI compared with 29.6% in ROI.

Table 187: How would you rate the support from those within your immediate household, extended family and friends? (Questionnaire item C1_35)

			Not applicable in my situation	Little support	Some support	A lot of support	n
Total	ROI	Spouse/partner	29.6%	7.5%	12.5%	50.4%	1,559
	NI	Spouse/partner	61.0%	6.5%	5.4%	27.0%	367
	ROI	Parents	23.4%	7.4%	15.9%	53.3%	1,590
	NI	Parents	22.3%	10.5%	21.2%	46.1%	382
	ROI	Children	32.6%	7.9%	15.1%	44.4%	1,554
	NI	Children	50.0%	9.6%	12.8%	27.5%	374
	ROI	Other close relatives	14.5%	18.4%	32.2%	34.8%	1,582
	NI	Other close relatives	17.3%	18.9%	35.4%	28.3%	381
	ROI	Friends	16.1%	19.8%	33.9%	30.2%	1,573
	NI	Friends	14.8%	20.8%	37.5%	26.8%	384
	ROI	Priest/nun	44.7%	15.7%	17.0%	22.6%	1,564
	NI	Priest/nun	41.2%	29.8%	17.2%	11.9%	379
Male	ROI	Spouse/partner	26.5%	6.3%	14.5%	52.8%	671
	NI	Spouse/partner	63.2%	7.1%	3.3%	26.4%	182
	ROI	Parents	24.0%	8.4%	17.1%	50.4%	678
	NI	Parents	22.3%	11.7%	23.9%	42.0%	188
	ROI	Children	35.3%	9.1%	15.7%	39.9%	662
	NI	Children	55.3%	10.6%	14.0%	20.1%	179
	ROI	Other close relatives	16.7%	19.3%	32.4%	31.5%	672
	NI	Other close relatives	17.7%	18.8%	34.9%	28.5%	186
	ROI	Friends	17.7%	21.9%	33.8%	26.6%	668
	NI	Friends	12.2%	20.6%	39.2%	28.0%	189
	ROI	Priest/nun	46.9%	16.9%	15.7%	20.6%	670
	NI	Priest/nun	41.6%	34.1%	15.1%	9.2%	185
Female	ROI	Spouse/partner	32.0%	8.5%	11.0%	48.5%	887
	NI	Spouse/partner	58.9%	5.9%	7.6%	27.6%	185
	ROI	Parents	22.9%	6.6%	14.9%	55.5%	911
	NI	Parents	22.2%	9.3%	18.6%	50.0%	194
	ROI	Children	30.6%	6.8%	14.7%	47.8%	891
	NI	Children	45.1%	8.7%	11.8%	34.4%	195
	ROI	Other close relatives	13.0%	17.6%	32.1%	37.3%	909
	NI	Other close relatives	16.9%	19.0%	35.9%	28.2%	195
	ROI	Friends	15.0%	18.3%	33.8%	32.9%	904
	NI	Friends	17.4%	21.0%	35.9%	25.6%	195
	ROI	Priest/nun	43.1%	14.9%	17.9%	24.1%	893
	NI	Priest/nun	40.7%	25.8%	19.1%	14.4%	194

There was a broad range of responses to the question of whether respondents ever felt discriminated against, or felt that they were made to feel inferior as a member of the Traveller community. The situations most frequently cited as never occasioning such discrimination were on a sports team (64.9% in ROI, 58.1% NI), followed equally by obtaining insurance or a loan (60.7%) or in accessing health services (60.4%) in ROI and at work (47.2%) or accessing health services (46.0%) in NI. Nonetheless, appreciable numbers of respondents cited frequent episodes of discrimination in all settings, the worst ranked setting being served in a shop or pub, with for instance 35.1% indicating this occurred at least 4 or more times in ROI. There were some sex differences, so that 70.4% in ROI and 60.3% in NI of women indicated they were never discriminated against in a sports team, falling in men to 57.9% in ROI and 55.7% in NI. Younger respondents reported more frequency of discrimination than older people.

Table 188: Have you ever felt discriminated against, as a member of the Travelling community, and in what social context? (Questionnaire item C1_36)

			Never	Once	2-3 times	4 + times	n
Total	ROI	At school	37.9%	16.8%	18.0%	27.3%	1,585
	NI	At school	33.0%	19.5%	24.1%	23.4%	394
	ROI	Getting work	44.9%	13.8%	15.0%	26.3%	1,556
	NI	Getting work	36.1%	16.2%	18.8%	28.9%	377
	ROI	At work	56.1%	14.3%	12.1%	17.5%	1,489
	NI	At work	47.2%	15.0%	15.5%	22.3%	373
	ROI	Getting on a sports team	64.9%	13.3%	8.5%	13.3%	1,454
	NI	Getting on a sports team	58.1%	13.3%	12.1%	16.5%	346
	ROI	Getting accommodation	43.5%	11.8%	14.6%	30.1%	1,584
	NI	Getting accommodation	24.4%	15.2%	16.5%	43.9%	394
	ROI	Accessing health care services	60.4%	15.5%	11.8%	12.3%	1,585
	NI	Accessing health care services	46.0%	24.5%	16.8%	12.7%	387
	ROI	Getting social welfare	56.5%	13.5%	11.1%	18.9%	1,589
	NI	Getting social welfare	43.9%	20.9%	15.1%	20.2%	392
	ROI	Being served shop/pub	39.3%	12.0%	13.6%	35.1%	1,604
	NI	Being served shop/pub	27.7%	14.0%	15.2%	43.1%	394
	ROI	Getting insurance/loan	60.7%	11.3%	8.5%	19.5%	1,517
	NI	Getting insurance/loan	39.8%	17.9%	18.4%	23.8%	369
	ROI	In the street/in public	50.3%	14.3%	15.3%	20.1%	1,590
	NI	In the street/in public	28.9%	16.1%	23.4%	31.7%	398
	ROI	By the Guards/police/courts	47.7%	11.5%	11.5%	29.3%	1,594
	NI	By the Guards/police/courts	35.3%	16.8%	17.8%	30.2%	394
	ROI	Landlord/local authority	54.0%	11.5%	12.5%	22.0%	1,563
	NI	Landlord/local authority	35.8%	10.8%	18.1%	35.3%	371

Table 189: Have you ever felt discriminated against, as a member of the Travelling community, and in what social context? By sex of respondent. (Questionnaire item C1_36)

			Never	Once	2-3 times	4+ times	n
Male	ROI	At school	33.0%	17.8%	20.7%	28.5%	673
	NI	At school	31.9%	19.9%	24.1%	24.1%	191
	ROI	Getting work	37.0%	16.2%	16.8%	30.1%	662
	NI	Getting work	29.9%	16.6%	19.8%	33.7%	187
	ROI	At work	49.4%	17.3%	12.3%	21.1%	636
	NI	At work	38.2%	17.7%	17.7%	26.3%	186
	ROI	Getting on a sports team	57.9%	15.3%	11.1%	15.7%	629
	NI	Getting on a sports team	55.7%	13.8%	15.0%	15.6%	167
	ROI	Getting accommodation	40.7%	13.0%	15.5%	30.7%	670
	NI	Getting accommodation	22.0%	17.3%	17.8%	42.9%	191
	ROI	Accessing health care services	57.5%	17.3%	12.7%	12.4%	675
	NI	Accessing health care services	43.1%	27.7%	16.0%	13.3%	188
	ROI	Getting social welfare	51.8%	15.8%	11.4%	21.1%	678
	NI	Getting social welfare	38.3%	22.9%	17.0%	21.8%	188
	ROI	Being served shop/pub	34.7%	12.6%	15.1%	37.6%	681
	NI	Being served shop/pub	25.1%	15.2%	15.7%	44.0%	191
	ROI	Getting insurance/loan	54.2%	14.7%	9.2%	21.9%	653
	NI	Getting insurance/loan	33.1%	23.2%	18.8%	24.9%	181
	ROI	In the street/in public	46.4%	16.0%	14.8%	22.7%	674
	NI	In the street/in public	22.8%	20.7%	25.4%	31.1%	193
ROI	By the Guards/police/courts	40.8%	12.8%	14.1%	32.3%	679	
NI	By the Guards/police/courts	25.0%	21.9%	18.8%	34.4%	192	
ROI	Landlord/local authority	49.9%	12.4%	14.5%	23.2%	663	
NI	Landlord/local authority	30.7%	14.8%	18.2%	36.4%	176	

Table 189: (continued) Have you ever felt discriminated against, as a member of the Travelling community, and in what social context? By sex of respondent. (Questionnaire item C1_36)

			Never	Once	2-3 times	4+ times	n
Female	ROI	At school	41.6%	16.0%	15.9%	26.5%	911
	NI	At school	34.0%	19.2%	24.1%	22.7%	203
	ROI	Getting work	50.7%	12.0%	13.7%	23.6%	893
	NI	Getting work	42.1%	15.8%	17.9%	24.2%	190
	ROI	At work	61.2%	12.0%	12.0%	14.9%	852
	NI	At work	56.1%	12.3%	13.4%	18.2%	187
	ROI	Getting on a sports team	70.4%	11.9%	6.3%	11.4%	824
	NI	Getting on a sports team	60.3%	12.8%	9.5%	17.3%	179
	ROI	Getting accommodation	45.6%	11.0%	13.8%	29.7%	913
	NI	Getting accommodation	26.6%	13.3%	15.3%	44.8%	203
	ROI	Accessing health care services	62.6%	14.1%	11.1%	12.2%	909
	NI	Accessing health care services	48.7%	21.6%	17.6%	12.1%	199
	ROI	Getting social welfare	60.0%	11.8%	10.9%	17.4%	910
	NI	Getting social welfare	49.0%	19.1%	13.2%	18.6%	204
	ROI	Being served shop/pub	42.7%	11.5%	12.5%	33.3%	922
	NI	Being served shop/pub	30.0%	12.8%	14.8%	42.4%	203
	ROI	Getting insurance/loan	65.6%	8.7%	8.0%	17.7%	863
	NI	Getting insurance/loan	46.3%	12.8%	18.1%	22.9%	188
	ROI	In the street/in public	53.0%	13.1%	15.7%	18.1%	915
	NI	In the street/in public	34.6%	11.7%	21.5%	32.2%	205
ROI	By the Guards/police/courts	52.7%	10.6%	9.5%	27.1%	914	
NI	By the Guards/police/courts	45.0%	11.9%	16.8%	26.2%	202	
ROI	Landlord/local authority	57.1%	10.7%	11.1%	21.1%	899	
NI	Landlord/local authority	40.5%	7.2%	17.9%	34.4%	195	

Table 190: Have you ever felt discriminated against, as a member of the Travelling community, and in what social context? By age group of respondent. (Questionnaire item C1_36)

			Never	Once	2-3 times	4+ times	n
Under 30	ROI	At school	33.5%	17.6%	20.9%	28.1%	723
	NI	At school	32.7%	16.1%	26.8%	24.4%	205
	ROI	Getting work	39.2%	14.7%	17.7%	28.5%	702
	NI	Getting work	35.2%	15.3%	21.4%	28.1%	196
	ROI	At work	54.1%	15.5%	13.1%	17.3%	671
	NI	At work	47.9%	11.3%	19.1%	21.6%	194
	ROI	Getting on a sports team	61.4%	14.8%	10.8%	13.0%	664
	NI	Getting on a sports team	58.9%	11.7%	11.1%	18.3%	180
	ROI	Getting accommodation	38.5%	11.8%	15.5%	34.2%	711
	NI	Getting accommodation	23.6%	11.8%	16.7%	47.8%	203
	ROI	Accessing health care services	58.0%	17.9%	11.0%	13.1%	709
	NI	Accessing health care services	47.5%	22.3%	18.8%	11.4%	202
	ROI	Getting social welfare	53.9%	13.9%	12.2%	20.0%	711
	NI	Getting social welfare	48.0%	16.7%	14.7%	20.6%	204
	ROI	Being served shop/pub	35.1%	11.9%	14.6%	38.4%	717
	NI	Being served shop/pub	24.9%	12.7%	17.1%	45.4%	205
	ROI	Getting insurance/loan	58.3%	11.7%	9.1%	20.9%	678
	NI	Getting insurance/loan	38.9%	18.7%	17.6%	24.9%	193
	ROI	In the street/in public	46.9%	15.3%	16.5%	21.3%	717
	NI	In the street/in public	24.6%	17.4%	23.7%	34.3%	207
	ROI	By the Guards/police/courts	44.4%	12.5%	11.1%	31.9%	720
	NI	By the Guards/police/courts	33.8%	16.7%	17.6%	31.9%	204
ROI	Landlord/local authority	49.5%	13.1%	13.6%	23.8%	701	
NI	Landlord/local authority	34.9%	10.9%	17.2%	37.0%	192	
30-44	ROI	At school	38.1%	18.1%	16.9%	27.0%	415
	NI	At school	30.3%	24.2%	22.0%	23.5%	132
	ROI	Getting work	48.9%	13.2%	11.7%	26.2%	409
	NI	Getting work	36.5%	15.9%	13.5%	34.1%	126
	ROI	At work	57.9%	14.4%	11.0%	16.7%	390
	NI	At work	44.0%	20.0%	8.0%	28.0%	125
	ROI	Getting on a sports team	66.5%	12.7%	6.0%	14.8%	385
	NI	Getting on a sports team	55.3%	14.0%	13.2%	17.5%	114
	ROI	Getting accommodation	47.8%	12.6%	11.8%	27.8%	406
	NI	Getting accommodation	25.2%	19.1%	14.5%	41.2%	131
	ROI	Accessing health care services	64.1%	12.7%	12.0%	11.2%	410
	NI	Accessing health care services	43.4%	27.1%	14.7%	14.7%	129
	ROI	Getting social welfare	60.4%	13.0%	9.8%	16.9%	409
	NI	Getting social welfare	42.4%	23.5%	14.4%	19.7%	132
	ROI	Being served shop/pub	44.6%	11.4%	13.8%	30.3%	413
	NI	Being served shop/pub	31.8%	16.7%	13.6%	37.9%	132
	ROI	Insurance/loan	64.9%	10.9%	6.6%	17.6%	393
	NI	Insurance/loan	40.2%	16.4%	19.7%	23.8%	122
	ROI	Street/in public	54.9%	13.9%	13.7%	17.6%	410
	NI	Street/in public	34.1%	15.2%	19.7%	31.1%	132
	ROI	Guards/police/courts	49.5%	12.4%	12.7%	25.4%	410
	NI	Guards/police/courts	37.4%	15.3%	16.0%	31.3%	131
ROI	Landlord/local authority	57.0%	10.7%	13.4%	18.9%	402	
NI	Landlord/local authority	35.8%	13.0%	19.5%	31.7%	123	

Table 190: (continued) Have you ever felt discriminated against, as a member of the Travelling community, and in what social context? By age group of respondent. (Questionnaire item C1_36)

			Never	Once	2-3 times	4+ times	n
45 +	ROI	At school	46.9%	14.2%	13.9%	25.0%	360
	NI	At school	40.4%	21.0%	19.3%	19.3%	57
	ROI	Getting work	51.3%	12.0%	15.0%	21.7%	359
	NI	Getting work	38.2%	20.0%	21.8%	20.0%	55
	ROI	At work	57.5%	12.1%	11.6%	18.8%	346
	NI	At work	51.9%	16.7%	20.4%	11.1%	54
	ROI	Getting on a sports team	71.2%	10.6%	6.4%	11.8%	330
	NI	Getting on a sports team	61.5%	17.3%	13.5%	7.7%	52
	ROI	Getting accommodation	47.4%	11.4%	15.2%	26.1%	376
	NI	Getting accommodation	25.0%	18.3%	20.0%	36.7%	60
	ROI	Accessing health care services	61.0%	13.8%	12.2%	13.0%	377
	NI	Accessing health care services	46.4%	26.8%	14.3%	12.5%	56
	ROI	Getting social welfare	57.7%	12.7%	9.5%	20.1%	378
	NI	Getting social welfare	32.1%	30.4%	17.9%	19.6%	56
	ROI	Being served shop/pub	41.0%	12.0%	12.8%	34.2%	383
	NI	Being served shop/pub	28.1%	12.3%	12.3%	47.4%	57
	ROI	Getting insurance/loan	61.5%	10.1%	9.5%	19.0%	358
	NI	Getting insurance/loan	42.6%	18.5%	18.5%	20.4%	54
	ROI	In the street/in public	51.9%	13.1%	14.4%	20.6%	374
	NI	In the street/in public	32.2%	13.6%	30.5%	23.7%	59
ROI	By the Guards/police/courts	50.9%	8.7%	11.6%	28.8%	379	
NI	By the Guards/police/courts	35.6%	20.3%	22.0%	22.0%	59	
ROI	Landlord/local authority	58.3%	8.6%	10.4%	22.7%	374	
NI	Landlord/local authority	39.3%	5.4%	17.9%	37.5%	56	

In the past year, 47.1% in ROI and 25.2% in NI indicated that they never worried about experiencing unfair treatment; the remainder were worried some or most of the time. There was no consistent age pattern.

Table 191: In the last year, how much did you worry about experiencing unfair treatment as a Traveller? (Questionnaire item C1_37)

		Rarely or never	Sometimes	Most of the time	n
Total	ROI	47.1%	26.9%	26.1%	1,634
	NI	25.2%	51.1%	23.7%	393
Male	ROI	45.2%	26.3%	28.6%	693
	NI	27.0%	49.2%	23.8%	189
Female	ROI	48.4%	27.3%	24.3%	940
	NI	23.5%	52.9%	23.5%	204
Under 30	ROI	45.7%	26.8%	27.5%	724
	NI	28.2%	49.5%	22.3%	202
30-44	ROI	49.4%	27.9%	22.7%	423
	NI	25.2%	49.6%	25.2%	131
45 +	ROI	46.3%	25.3%	28.4%	395
	NI	15.0%	60.0%	25.0%	60

Issues Specific to Women’s Health

Information on family planning was elicited only from the ever-married women who took part in the survey (n=679 in ROI; n=137 in NI). Overall 40.8% in ROI and 50.4% in NI had ever been on the contraceptive pill and this showed a strong age pattern, with the group most likely ever to be on the pill those in the 30-44 year age group (53.6% in ROI and 51.9% in NI). The pill was the most frequently employed method in the last 12 months (39.4% in ROI and 44.1% in NI), followed by natural family planning (18.8% ROI and 32.3% NI) with very low rates of barrier methods (4.6% ROI and 2.2% NI). Notably around a quarter cited ‘other’ methods.

Table 192: Have you ever been on the contraceptive pill? Question asked of married, divorced, separated, widowed & cohabiting women only. (Questionnaire item C1_38)

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	40.8%	59.2%	679	50.4%	49.6%	137
Under 30	42.6%	57.4%	282	54.0%	46.0%	63
30-44	53.6%	46.4%	166	51.9%	48.1%	52
45 +	28.8%	71.2%	191	36.4%	63.6%	22

Table 193: If the respondent has ever been on the oral contraceptive pill, for how many years was she taking it? (Questionnaire item C1_38a)

		0-5 yrs	6-10 yrs	11-15 yrs	16 + yrs	n
Total	ROI	74.0%	14.0%	8.1%	3.9%	258
	NI	70.6%	23.5%	4.4%	1.5%	68
Under 30	ROI	94.0%	6.0%	0.0%	0.0%	116
	NI	78.8%	18.2%	3.0%	0.0%	33
30-44	ROI	64.8%	19.3%	12.5%	3.4%	88
	NI	63.0%	25.9%	7.4%	3.7%	27
45 +	ROI	44.9%	20.4%	20.4%	14.3%	49
	NI	62.5%	37.5%	0.0%	0.0%	8

(for those on the contraceptive pill only)

Table 194: If you have required contraception or protection in the past year, please indicate which methods you used. (Questionnaire item C1_39)

		ROI n=431	NI n=93
Total	Natural family planning	18.8%	32.3%
	Barrier	4.6%	2.2%
	Pill	39.4%	44.1%
	Injection	8.4%	12.9%
	Implant	7.0%	5.4%
	Other	25.1%	21.5%

Those not taking folic acid or multivitamins in the last year were 44.8% in ROI and 40.7% in NI, and this was strongly inversely age related. Over a third of those under 30 in ROI (32.8%) reported almost daily intake compared to 23.0% in NI.

Table 195: Have you taken folic acid tablets or multivitamins containing folic acid during the past year? (Questionnaire item C1_40)

		Never	Sometimes	Every or most days	n
Total	ROI	44.8%	31.8%	23.4%	685
	NI	40.7%	38.5%	20.7%	135
Under 30	ROI	31.0%	36.2%	32.8%	287
	NI	42.6%	34.4%	23.0%	61
30-44	ROI	39.1%	36.7%	24.3%	169
	NI	36.5%	44.2%	19.2%	52

All Ireland Traveller Health Study

A third of respondents (n=698), who had ever been pregnant, had ever lost a baby (30.9% in ROI and 29.5% in NI) and this was strongly age-related in ROI, rising from 15.8% in those under 30 to over 4 out of 10 of the older women who reported such a loss.

Table 196: Have you ever been pregnant? (Questionnaire item C1_41)

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	83.5%	16.5%	698	70.3%	29.7%	138
Under 30	80.5%	19.5%	287	60.3%	39.7%	63
30-44	86.9%	13.1%	168	77.4%	22.6%	53
45 +	85.3%	14.7%	197	81.8%	18.2%	22

Table 197: For respondents who have ever been pregnant. How many times have you been pregnant? (Questionnaire item C1_41a)

		None	1-4	5-8	9+	n
Total	ROI	1.2%	60.3%	25.4%	13.0%	562
	NI	0.0%	81.1%	11.6%	7.4%	95
Under 30	ROI	1.3%	89.9%	8.8%	0.0%	228
	NI	0.0%	100.0%	0.0%	0.0%	37
30-44	ROI	1.4%	63.4%	31.0%	4.2%	142
	NI	0.0%	80.0%	15.0%	5.0%	40
45 +	ROI	1.2%	21.2%	39.4%	38.2%	165
	NI	0.0%	44.4%	27.8%	27.8%	18

(for those who have been pregnant only)

Table 198: For respondents who have ever been pregnant. Have you ever lost a baby? (Questionnaire item C1_42)

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	30.9%	69.1%	530	29.5%	70.5%	95
Under 30	15.8%	84.2%	221	21.6%	78.4%	37
30-44	39.3%	60.7%	135	37.5%	62.5%	40
45 +	43.7%	56.3%	151	27.8%	72.2%	18

A third of women (30.9% in ROI and 29.5% in NI) who had ever been pregnant, had lost a baby at some stage of pregnancy, including deaths in the post partum period. Most commonly, this had occurred once only.

Table 199: For those respondents only who have lost a baby. How many times have you ever lost a baby? (Questionnaire item C1_42a)

		Never	1	2	3	4	5	6	7	8+	n
Total	ROI	1.3%	53.2%	23.7%	10.3%	4.5%	1.9%	1.9%	1.3%	1.9%	156
	NI	5.0%	50.0%	25.0%	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%	20
Under 30	ROI	0.0%	73.3%	16.7%	6.7%	3.3%	0.0%	0.0%	0.0%	0.0%	30
	NI	0.0%	50.0%	33.3%	16.7%	0.0%	0.0%	0.0%	0.0%	0.0%	6
30-44	ROI	3.9%	56.9%	23.5%	9.8%	2.0%	2.0%	2.0%	0.0%	0.0%	51
	NI	11.1%	55.6%	22.2%	11.1%	0.0%	0.0%	0.0%	0.0%	0.0%	9
45+	ROI	0.0%	40.0%	27.7%	10.8%	7.7%	3.1%	3.1%	3.1%	4.6%	65
	NI	40.0%	20.0%	40.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5

Table 200: For those respondents only who have lost a baby. Was it before or after birth that you lost your baby, and how many times did this happen? (Questionnaire item C1_42b)¹

		Yes, one time	Yes, two times	Yes, three or more times	No	Not answered	n
ROI	Lost baby before birth	41.6%	16.2%	20.8%	8.4%	13.0%	154
NI	Lost baby before birth	39.3%	28.6%	14.3%	10.7%	7.1%	28
ROI	Lost baby after birth	24.7%	4.6%	3.1%	32.5%	35.1%	154
NI	Lost baby after birth	10.7%	3.6%	0.0%	53.6%	32.1%	28

Table 201: For those respondents only who have lost a baby. How many weeks pregnant were you when you lost your baby? (Questionnaire item C1_42c)

		0 - 12 weeks	13 - 28 weeks	29 - 37 weeks	37 + weeks	n
Total	ROI	67.2%	25.6%	4.0%	3.2%	125
	NI	65.2%	21.7%	8.7%	4.3%	23

The overwhelming majority (89.7% in ROI and 88.0% in NI) had not breastfed any of their children. However, among the group of women 65 years and older in ROI, and those over 45 years in NI, approximately half reported breastfeeding in the past.

¹ Of note: percentages in Table 200 are those of all persons who were asked the Questionnaire item C1_42b, unlike other tables which show valid percentages only. This is to highlight the number of non-responses that there were for this variable, which was a sensitive issue for women.

Table 202: Did you breast feed any of your children? (Questionnaire item C1_43)

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	10.3%	89.7%	495	12.0%	88.0%	83
Under 30	4.3%	95.7%	210	0.0%	100.0%	33
30-44	6.6%	93.4%	122	5.9%	94.1%	34
45 +	21.9%	78.2%	142	50.0%	50.0%	16

(for those who have been pregnant only)

Over a quarter of respondents in ROI reported having undergone breast screening with a mammogram (29.5%) and almost a quarter reported cervical cancer screening (23.9%) in the last year (from estimates from the relevant target age groups for such screening). In NI, the small sample size for this item means that the findings may not be reliable.

Table 203: Screening or testing in the last year. Question asked of married, divorced, separated, widowed & cohabiting women only. Reported here for 25-64 year olds (for cervical screening) and 50-64 year olds (for breast screening) only. (Questionnaire item C1_45)

		Yes	No	n
ROI	Breast test in women age 50 to 64 years	29.5%	70.5%	88
NI	Breast test in women age 50 to 64 years	11.1%	88.9%	9
ROI	Cervical cancer test in women age 25 to 64 years	23.9%	76.1%	88
NI	Cervical cancer test in women age 25 to 64 years	23.1%	76.9%	13

Table 204: Have you ever been invited to have a BreastCheck examination? (ROI ONLY) (Questionnaire item C1_46)

		Yes	No	n
50 - 64	ROI	47.8%	52.2%	90

(for those aged 50-64 years only)

A large majority (82.9% in ROI and 76.4% in NI) indicated that a woman having problems with the change of life would seek help, predominantly from the GP (85.9% in ROI and 73.1% in NI). This was agreed upon by respondents of all ages, though Traveller community health workers featured as a source of support in a fifth of respondents' responses, and other health professionals were cited by 32.5% of ROI and 54.8% of NI respondents.

Table 205: If a woman in your family was having problems with the change of life, would she go for help? (Questionnaire item C1_47)

		Yes	No	n
Total	ROI	82.9%	17.1%	668
	NI	76.4%	23.6%	127
Under 30	ROI	80.3%	19.7%	269
	NI	76.4%	23.6%	55
30-44	ROI	86.1%	13.9%	165
	NI	80.4%	19.6%	51
45 +	ROI	85.2%	14.8%	189
	NI	66.7%	33.3%	21

Table 206: Where would a woman in your family go if she were having problems with the menopause? (Questionnaire item C1_47 a)

		ROI n=547	NI n=93
Total	GP	85.9%	73.1%
	PHN	23.2%	15.1%
	Traveller Community Health Workers	26.1%	8.6%
	Other Professionals	32.5%	54.8%
	Other	2.6%	5.4%

(for those who would go for help with problems only)

Table 207: Where would a woman in your family go if she were having problems with the menopause? By age group. (Questionnaire item C1_47 a)

	ROI			NI		
	Under 30 n=212	30-44 n=140	45 + n=160	Under 30 n=40	30-44 n=39	45 + n=14
GP	84.0%	85.7%	87.5%	82.5%	61.5%	78.6%
PHN	28.3%	20.7%	19.4%	12.5%	17.9%	14.3%
Traveller Community Health Workers	31.1%	20.7%	26.3%	7.5%	12.8%	0.0%
Other Professionals	37.3%	31.4%	28.8%	47.5%	66.7%	42.9%
Other	4.7%	0.7%	1.9%	7.5%	2.6%	7.1%

(for those who would go for help with problems only)

SECTION C2: HEALTH SERVICES UTILISATION

The Adult Health Services Utilisation Questionnaire was answered by up to 2,373 respondents (1,968 in ROI and 405 in NI).

Patterns of Health Utilisation

Sources of Information and Ease of Access

Respondents accessed information about health from a range of sources. The most frequently cited source was the GP (91.1% ROI and 89.0% NI), followed by family or friends (31.8% ROI and 35.8% NI); Traveller community health workers (29.4% ROI and 8.4% NI); PHN (28.0% in ROI) or health visitor (6.3% in NI); and Primary Care Projects (25.0% in ROI) and Health Organisations (5.0% in NI). The most commonly cited source of information (the GP) did not differ appreciably across sex or age group of respondent. The over 65 age group in ROI cited the PHN more frequently than other age groups (43.4%).

Table 208: Where do you get your information about health? (ROI ONLY)
(Questionnaire item C2_1)

		Male n=696	Female n=966	Total n=1668
Total	GP	91.2%	91.0%	91.1%
	PHN	24.0%	30.4%	28.0%
	Traveller Community Health Workers	28.3%	29.8%	29.4%
	Primary Health Care Projects	22.4%	26.4%	25.0%
	Traveller Organisations	14.1%	14.2%	14.3%
	HSE	11.4%	13.4%	12.5%
	Dept. Health & Children	4.7%	4.9%	4.8%
	Health Organisations	2.9%	3.6%	3.3%
	Internet/web	2.0%	2.9%	2.5%
	Family/friends	31.6%	31.9%	31.8%
	Media	13.6%	13.8%	13.7%
	Help lines	0.4%	1.0%	0.8%
	Other	2.9%	1.7%	2.2%

Table 209: Where do you get your information about health? (ROI ONLY). Table presented by age group. (Questionnaire item C2_1)

	Under 30 n=758	30-44 n=420	45 + n=397
GP	90.5%	91.4%	92.9%
PHN	26.0%	27.9%	30.5%
Traveller Community Health Workers	32.1%	26.2%	27.7%
Primary Health Care Projects	25.7%	25.5%	21.7%
Traveller Organisations	15.0%	12.9%	13.1%
HSE	10.8%	12.6%	12.8%
Dept. Health & Children	4.2%	5.5%	4.3%
Health Organisations	2.4%	3.6%	4.3%
Internet/web	3.3%	2.1%	1.3%
Family/friends	33.5%	27.6%	33.2%
Media	13.6%	14.5%	12.3%
Help lines	0.8%	0.5%	0.8%
Other	2.0%	1.9%	3.3%

Table 210: Where do you get your information about health? (NI ONLY) (Questionnaire item C2_1)

			Male n=205	Female n=178	Total n=383
Total	NI	GP	86.8%	91.6%	89.0%
	NI	Health Visitor	2.0%	11.2%	6.3%
	NI	Traveller Community Health Workers	7.3%	9.6%	8.4%
	NI	Primary Health Care Projects	2.4%	6.2%	4.2%
	NI	Traveller Organisations	6.8%	7.9%	7.3%
	NI	Health Promotion Agency	1.5%	3.4%	2.3%
	NI	Health Organisations	3.4%	6.7%	5.0%
	NI	Internet/web	2.0%	1.7%	1.8%
	NI	Family/friends	35.6%	36.0%	35.8%
	NI	Media	2.0%	5.6%	3.7%
	NI	Help lines	2.4%	6.7%	4.4%
	NI	Other	5.4%	3.9%	4.7%

Table 211: Where do you get your information about health? (NI ONLY). By age group (Questionnaire item C2_1)

	Under 30 n=206	30-44 n=106	45 + n=71
GP	88.3%	91.5%	87.3%
Health Visitor	3.9%	9.4%	8.5%
Traveller Community Health Workers	5.3%	12.3%	11.3%
Primary Health Care Projects	3.4%	5.7%	4.2%
Traveller Organisations	6.3%	7.5%	9.9%
Health Promotion Agency	2.4%	0.9%	4.2%
Health Organisations	1.9%	6.6%	11.3%
Internet/web	1.9%	2.8%	0.0%
Family/friends	36.4%	33.0%	38.0%
Media	5.8%	1.9%	0.0%
Help lines	2.9%	5.7%	7.0%
Other	1.9%	7.5%	8.5%

Most people felt their opportunities to access services were about the same as everyone else. For instance 72.3% in ROI and 73.5% in NI thought their access to A & E was the same, with 14.9% in ROI and 17.9% in NI rating their access as worse, and 12.8% in ROI and 8.6% in NI as better, than everyone else. The views of men and women were comparable on this point and the oldest respondents were somewhat more likely to rate their access as the same as others. There was no real difference in pattern according to the specified service.

Table 212: To what extent do you feel you have the same opportunities to access the following services as everyone else? (Questionnaire item C2_2)

			Worse	Same	Better	n
Total	ROI	GP services	9.5%	75.3%	15.2%	1,669
	NI	GP services	17.0%	73.0%	9.9%	382
	ROI	PHN services	9.9%	75.6%	14.4%	1,580
	NI	Health Visitor services	17.4%	74.9%	7.7%	339
	ROI	A&E services	14.9%	72.3%	12.8%	1,626
	NI	A&E services	17.9%	73.5%	8.6%	374
	ROI	General hospital services	13.7%	73.3%	13.0%	1,627
	NI	General hospital services	17.8%	76.2%	6.0%	365
	ROI	Mental Health Services	15.0%	72.2%	12.8%	1,371
	NI	Mental Health Services	26.3%	69.7%	4.0%	327
Male	ROI	GP services	10.7%	74.7%	14.6%	699
	NI	GP services	19.7%	70.9%	9.4%	203
	ROI	PHN services	10.8%	75.3%	13.9%	657
	NI	Health Visitor services	22.5%	70.5%	6.9%	173
	ROI	A&E services	15.8%	71.4%	12.7%	683
	NI	A&E services	20.1%	71.4%	8.5%	199
	ROI	General hospital services	14.9%	73.0%	12.1%	686
	NI	General hospital services	21.0%	73.3%	5.6%	195
	ROI	Mental Health Services	16.5%	71.5%	12.0%	576
	NI	Mental Health Services	30.2%	64.5%	5.2%	172
Female	ROI	GP services	8.7%	75.6%	15.7%	964
	NI	GP services	14.0%	75.4%	10.6%	179
	ROI	PHN services	9.4%	75.7%	14.9%	917
	NI	Health Visitor services	12.0%	79.5%	8.4%	166
	ROI	A&E services	14.2%	72.9%	12.9%	937
	NI	A&E services	15.4%	76.0%	8.6%	175
	ROI	General hospital services	12.7%	73.6%	13.7%	935
	NI	General hospital services	14.1%	79.4%	6.5%	170
	ROI	Mental Health Services	13.8%	72.7%	13.5%	791
	NI	Mental Health Services	21.9%	75.5%	2.6%	155

Respondents were asked to rate various difficulties in accessing health care services. The barriers identified were waiting list, cited by 62.7% of respondents in ROI and 46.8% in NI, embarrassment (47.8% in ROI and 50.0% in NI) and lack of information (37.3% in ROI and 28.6% in NI). The top-ranked difficulties were comparable for men and women and according to age group.

Table 213: Which of the following do you think are the main difficulties in accessing health care services? Percentages below indicate the number of persons who endorsed the data item as a problem for them. (Questionnaire item C2_3)

		ROI n=408	NI n=126
Total	Cost	30.9%	24.6%
	Waiting lists	62.7%	46.8%
	Health settings	21.8%	21.4%
	Lack of info.	37.3%	28.6%
	Embarrassment	47.8%	50.0%
	Difficult to get to	25.2%	11.9%
	Refused service	15.0%	12.7%
	Other	9.6%	7.9%

(for those who had viewed their opportunities as 'worse' in comparison to others' opportunities to access any of the health care services listed in Questionnaire item C2_2.) These items are not mutually exclusive.

Table 214: Which of the following do you think would be the main difficulties for you in accessing health care services? Percentages below indicate the number of persons who endorsed the data item as a problem for them. Table presented by sex. (Questionnaire item C2_3)

	ROI		NI	
	Male n=182	Female n=223	Male n=76	Female n=50
Cost	34.1%	27.4%	22.4%	28.0%
Waiting lists	59.9%	64.6%	39.5%	58.0%
Health settings	22.5%	21.5%	23.7%	18.0%
Lack of info.	36.3%	37.7%	23.7%	36.0%
Embarrassment	49.5%	45.7%	48.7%	52.0%
Difficult to get to	25.3%	24.2%	11.8%	12.0%
Refused service	16.5%	12.6%	13.2%	12.0%
Other	8.8%	9.9%	7.9%	8.0%

(for those who had viewed their opportunities as 'worse' in comparison to others' opportunities to access any of the health care services listed in Questionnaire item C2_2.)

Table 215: Which of the following do you think would be the main difficulties in accessing health care services? Percentages below indicate the number of persons who endorsed the data item as a problem for them. Table presented by sex. (Questionnaire item C2_3)

	ROI			NI		
	Under 30 n=188	30-44 n=106	45 + n=89	Under 30 n=56	30-44 n=37	45 + n=33
Cost	30.9%	26.4%	34.8%	14.3%	24.3%	42.4%
Waiting lists	61.2%	65.1%	62.9%	51.8%	35.1%	51.5%
Health settings	19.1%	18.9%	32.6%	19.6%	27.0%	18.2%
Lack of info.	38.8%	34.9%	36.0%	19.6%	45.9%	24.2%
Embarrassment	52.1%	36.8%	50.6%	55.4%	45.9%	45.5%
Difficult to get to	26.6%	20.8%	29.2%	8.9%	16.2%	12.1%
Refused service	14.9%	12.3%	15.7%	12.5%	8.1%	18.2%
Other	10.6%	6.6%	11.2%	12.5%	5.4%	3.0%

(for those who had viewed their opportunities as ‘worse’ in comparison to others’ opportunities to access any of the health care services listed in Questionnaire item C2_2.)

Respondents in ROI overwhelmingly had a medical card (92.2%) with an age gradient so that one hundred per cent of those 65 years and over reported having one. Of the small number who did not, all indicated that the card was simply out of date.

The next three questions, relating to medical card status, were administered to ROI respondents only.

Table 216: Do you have an up-to-date medical card? (ROI ONLY) (Questionnaire item C2_4)

		Yes	No	n
Total	ROI	92.2%	7.8%	1,673
Male	ROI	92.5%	7.5%	703
Female	ROI	92.0%	8.0%	964
Under 30	ROI	90.5%	9.5%	761
30-44	ROI	92.3%	7.7%	427
45 +	ROI	95.7%	4.3%	397

The experience of applying for a medical card in ROI was mixed. The application process being easy to understand was rated as good by 28.1% and very good by a further 19.1%. Time to process and courtesy of staff was also mixed. Men had a poorer experience than women. Generally the experience was mixed across age groups, with the 65-years-and-over group finding the application process poorest.

Table 217: Thinking about the process of applying for a medical card, how would you rate the following? (ROI only) (Questionnaire item C2_6)

		Very poor	Poor	Neither good nor poor	Good	Very good	n
Total	Application easy to understand	19.0%	12.2%	21.6%	28.1%	19.1%	1,662
	Med. Card - time to process	14.2%	12.3%	26.3%	29.5%	17.6%	1,645
	Courtesy of HSE staff while processing	12.2%	11.5%	26.1%	30.0%	20.2%	1,610
Male	Application easy to understand	23.7%	13.3%	22.4%	25.1%	15.5%	701
	Med. Card - time to process	13.5%	14.2%	28.3%	28.3%	15.7%	696
	Courtesy of HSE staff while processing	12.4%	13.6%	26.2%	29.7%	18.1%	684
Female	Application easy to understand	15.7%	11.4%	21.0%	29.9%	21.9%	955
	Med. Card - time to process	14.8%	11.0%	25.0%	29.9%	19.2%	943
	Courtesy of HSE staff while processing	12.1%	10.0%	26.2%	29.9%	21.8%	920
Under 30	Application easy to understand	15.0%	11.3%	26.0%	29.0%	18.7%	753
	Med. Card - time to process	14.0%	12.2%	29.1%	28.3%	16.4%	745
	Courtesy of HSE staff while processing	11.0%	12.1%	28.0%	30.4%	18.5%	728
30-44	Application easy to understand	16.2%	8.9%	19.0%	31.5%	24.4%	426
	Med. Card - time to process	13.4%	8.8%	23.2%	32.2%	22.4%	419
	Courtesy of HSE staff while processing	14.1%	8.5%	22.9%	29.4%	25.1%	411
45 +	Application easy to understand	29.2%	17.4%	17.1%	20.5%	15.9%	391
	Med. Card - time to process	15.6%	15.9%	24.1%	27.9%	16.4%	390
	Courtesy of HSE staff while processing	12.3%	13.6%	25.4%	28.0%	20.7%	382

In NI 94.3% of respondents to this section of the interview were currently registered with a GP and of those who were not over half said it was because they had recently moved (57.1%), followed by 28.6% who did not know how to do so.

The following two questions, relating to GP registration, were administered to respondents in NI only.

Table 218: Are you currently registered with a GP? (NI ONLY) (Questionnaire item C2_4_NI)

		Yes	No	n
Total	NI	94.3%	5.7%	385
Male	NI	93.6%	6.4%	203
Female	NI	95.1%	4.9%	182
Under 30	NI	93.2%	6.8%	205
30-44	NI	97.2%	2.8%	108
45 +	NI	93.1%	6.9%	72

Table 219: For those who are not registered with a GP: reasons why not... (Questionnaire item C2_5_NI)

		Recently moved	Difficult to get accepted by a GP	Don't know how to register	Other	n
Total	NI	57.1%	14.3%	28.6%	0.0%	21
Male	NI	50.0%	16.7%	33.3%	0.0%	12
Female	NI	66.7%	11.1%	22.2%	0.0%	9
Under 30	NI	46.2%	15.4%	38.5%	0.0%	13
30-44	NI	100.0%	0.0%	0.0%	0.0%	3
45 +	NI	60.0%	20.0%	20.0%	0.0%	5

(for those who are not registered with a GP only).

Services used in last 12 months

In the last 12 months in ROI a quarter of respondents had been a hospital inpatient either once (15.4%) or more than once (10.6%) and similar numbers had attended as a day-patient once (12.8%) or more than once (9.9%). A third (32.8%) had been to hospital as an outpatient and a third (29.7%) had been to A & E. Three-quarters (75.6%) had visited their GP at least once. Utilisation of other services was less frequent. Women availed of services more frequently than men and there was a positive age gradient.

Table 220: Which, if any, of the following services have you used in the last 12 months? For respondents from ROI only. (Questionnaire item C2_7)

		Not used	Once	More than once	n
Total	Hospital inpatient	74.0%	15.4%	10.6%	1,939
	Hospital day patient	77.3%	12.8%	9.9%	1,927
	Hospital out patient	67.2%	15.4%	17.4%	1,934
	Hospital A&E	70.3%	16.6%	13.1%	1,941
	GP	24.4%	15.4%	60.2%	1,968
	Mental Health Services	90.1%	4.4%	5.5%	1,817
	Community Health Services	74.9%	11.3%	13.8%	1,884
	PHN	58.9%	19.9%	21.2%	151
	Physiotherapist	83.6%	10.5%	5.9%	152
	Occupational therapist	86.5%	8.8%	4.7%	148
	Psychology services	79.1%	8.8%	12.2%	148
	Social worker	66.7%	17.0%	16.3%	153
	CWO	32.9%	22.8%	44.3%	158
	Home Help Services	87.3%	8.7%	4.0%	150
	Chiropody/Podiatry	89.5%	7.9%	2.6%	152
	Drug/Alcohol Outreach	86.1%	7.3%	6.6%	151
	Speech Therapy	88.1%	10.6%	1.3%	151
	Ophthalmology	78.0%	15.3%	6.7%	150
	Audiology	83.3%	13.3%	3.3%	150
	Public Dental Services	45.4%	25.7%	28.9%	152
	Palliative care	91.9%	6.7%	1.3%	149
	Residential services elderly	96.0%	4.0%	0.0%	149
	Day services elderly	94.0%	4.7%	1.3%	150
	Respite services elderly	93.9%	4.1%	2.0%	148
	Home support elderly	91.8%	5.4%	2.7%	147
	Residential services disabled	91.2%	5.4%	3.4%	147
	Day services disabled	90.5%	6.1%	3.4%	148
Respite services disabled	93.8%	4.8%	1.4%	146	
Home services disabled	92.5%	4.8%	2.7%	147	

In NI 10.8% had been an inpatient once in the preceding 12 months, and a further 4.9% more than once. Similar numbers had attended as a day patient once (10.4%) or more than once (2.6%). A quarter (25.2%) had been to hospital as an outpatient and a third (33.3%) had been to A & E. Almost two thirds (64.7%) had visited their GP at least once. Utilisation of other services was less frequent. Women again availed of services more frequently than men and there was a positive age gradient.

Table 221: Which, if any, of the following services have you used in the last 12 months? For respondents from NI only. (Questionnaire item C2_7)

		Not used	Once	More than once	n
Total	Hospital inpatient	84.3%	10.8%	4.9%	388
	Hospital day patient	87.0%	10.4%	2.6%	386
	Hospital out patient	74.8%	14.0%	11.2%	393
	Hospital A & E	66.7%	21.2%	12.1%	396
	GP	35.3%	16.3%	48.4%	405
	Mental Health Services	92.9%	5.0%	2.1%	381
	Community Health Services	86.8%	7.0%	6.2%	385
	Health Visitor	50.0%	20.0%	30.0%	10
	Physiotherapist	75.0%	25.0%	0.0%	12
	Occupational therapist	81.8%	18.2%	0.0%	11
	Psychology services	83.3%	0.0%	16.7%	12
	Social worker	90.0%	10.0%	0.0%	10
	CWO	54.5%	45.5%	0.0%	11
	Home Help Services	83.3%	16.7%	0.0%	12
	Chiropody/Podiatry	83.3%	8.3%	8.3%	12
	Drug/Alcohol Outreach	100.0%	0.0%	0.0%	12
	Speech Therapy	91.7%	8.3%	0.0%	12
	Ophthalmology	83.3%	0.0%	16.7%	12
	Audiology	83.3%	0.0%	16.7%	12
	Public Dental Services	40.0%	40.0%	20.0%	15
	Palliative care	100.0%	0.0%	0.0%	12
	Residential services elderly	90.9%	9.1%	0.0%	11
	Day services elderly	100.0%	0.0%	0.0%	10
	Respite services elderly	100.0%	0.0%	0.0%	10
	Home support elderly	100.0%	0.0%	0.0%	13
	Residential services disabled	100.0%	0.0%	0.0%	11
	Day services disabled	100.0%	0.0%	0.0%	10
	Respite services disabled	90.0%	10.0%	0.0%	10
	Home services disabled	90.0%	10.0%	0.0%	10

Table 222: Which, if any, of the following services have you used in the last 12 months? For selected services, by sex of respondent in ROI and NI. (Questionnaire item C2_7)

			Not used	Once	More than once	n
Total	ROI	Hospital inpatient	74.0%	15.4%	10.6%	1,939
	NI	Hospital inpatient	84.3%	10.8%	4.9%	388
	ROI	Hospital day patient	77.3%	12.8%	9.9%	1,927
	NI	Hospital day patient	87.0%	10.4%	2.6%	386
	ROI	Hospital out patient	67.2%	15.4%	17.4%	1,934
	NI	Hospital out patient	74.8%	14.0%	11.2%	393
	ROI	Hospital A&E	70.3%	16.6%	13.1%	1,941
	NI	Hospital A & E	66.7%	21.2%	12.1%	396
	ROI	GP	24.4%	15.4%	60.2%	1,968
	NI	GP	35.3%	16.3%	48.4%	405
	ROI	Mental Health Services	90.1%	4.4%	5.5%	1,817
	NI	Mental Health Services	92.9%	5.0%	2.1%	381
	ROI	Community Health Services	74.9%	11.3%	13.8%	1,884
	NI	Community Health Services	86.8%	7.0%	6.2%	385
Male	ROI	Hospital inpatient	74.9%	15.6%	9.5%	924
	NI	Hospital inpatient	84.5%	8.2%	7.2%	207
	ROI	Hospital day patient	78.3%	13.5%	8.2%	918
	NI	Hospital day patient	87.1%	9.6%	3.3%	209
	ROI	Hospital out patient	68.2%	15.7%	16.0%	916
	NI	Hospital out patient	80.1%	10.0%	10.0%	211
	ROI	Hospital A&E	67.8%	19.0%	13.3%	928
	NI	Hospital A & E	69.3%	18.9%	11.8%	212
	ROI	GP	28.8%	18.1%	53.1%	932
	NI	GP	43.1%	15.3%	41.7%	216
	ROI	Mental Health Services	89.9%	4.6%	5.5%	868
	NI	Mental Health Services	94.0%	4.0%	2.0%	201
	ROI	Community Health Services	76.4%	11.7%	11.9%	898
	NI	Community Health Services	90.7%	7.4%	2.0%	204
Female	ROI	Hospital inpatient	73.5%	15.0%	11.5%	1,008
	NI	Hospital inpatient	84.0%	13.8%	2.2%	181
	ROI	Hospital day patient	76.6%	11.9%	11.5%	1,002
	NI	Hospital day patient	87.0%	11.3%	1.7%	177
	ROI	Hospital out patient	66.5%	14.9%	18.6%	1,011
	NI	Hospital out patient	68.7%	18.7%	12.6%	182
	ROI	Hospital A & E	72.9%	14.3%	12.8%	1,006
	NI	Hospital A & E	63.6%	23.9%	12.5%	184
	ROI	GP	20.5%	12.9%	66.6%	1,029
	NI	GP	26.5%	17.5%	56.1%	189
	ROI	Mental Health Services	90.3%	4.2%	5.4%	943
	NI	Mental Health Services	91.7%	6.1%	2.2%	180
	ROI	Community Health Services	74.0%	10.5%	15.5%	979
	NI	Community Health Services	82.3%	6.6%	11.0%	181

Table 223: Which, if any, of the following services have you used in the last 12 months? For selected services, by age group of respondent in ROI and NI. (Questionnaire item C2_7)

		Not used	Once	More than once	n	
Under 30	ROI	Hospital inpatient	77.5%	14.5%	8.1%	905
	NI	Hospital inpatient	92.4%	4.8%	2.9%	210
	ROI	Hospital day patient	81.0%	12.3%	6.7%	905
	NI	Hospital day patient	92.3%	6.7%	1.0%	209
	ROI	Hospital out patient	72.8%	13.8%	13.4%	905
	NI	Hospital out patient	81.7%	10.3%	8.0%	213
	ROI	Hospital A & E	72.9%	15.1%	12.0%	912
	NI	Hospital A & E	71.0%	18.7%	10.3%	214
	ROI	GP	28.0%	16.3%	55.7%	921
	NI	GP	39.2%	16.1%	44.7%	217
	ROI	Mental Health Services	92.0%	3.3%	4.7%	847
	NI	Mental Health Services	94.1%	3.9%	2.0%	205
	ROI	Community Health Services	78.5%	9.8%	11.6%	885
	NI	Community Health Services	87.6%	5.7%	6.7%	209
30-44	ROI	Hospital inpatient	74.1%	15.4%	10.5%	475
	NI	Hospital inpatient	77.3%	16.4%	6.4%	110
	ROI	Hospital day patient	77.3%	13.7%	9.1%	475
	NI	Hospital day patient	84.3%	11.1%	4.6%	108
	ROI	Hospital out patient	68.4%	15.5%	16.1%	478
	NI	Hospital out patient	70.6%	17.4%	11.9%	109
	ROI	Hospital A&E	68.1%	20.8%	11.1%	477
	NI	Hospital A & E	65.2%	20.5%	14.3%	112
	ROI	GP	26.0%	14.8%	59.3%	481
	NI	GP	29.8%	18.4%	51.8%	114
	ROI	Mental Health Services	88.4%	5.3%	6.4%	456
	NI	Mental Health Services	91.7%	6.4%	1.8%	109
	ROI	Community Health Services	73.1%	12.4%	14.5%	468
	NI	Community Health Services	87.9%	8.4%	3.7%	107
45 +	ROI	Hospital inpatient	67.9%	16.3%	15.8%	436
	NI	Hospital inpatient	70.6%	20.6%	8.8%	68
	ROI	Hospital day patient	70.7%	12.9%	16.4%	427
	NI	Hospital day patient	75.4%	20.3%	4.3%	69
	ROI	Hospital out patient	55.8%	19.0%	25.2%	432
	NI	Hospital out patient	60.6%	19.7%	19.7%	71
	ROI	Hospital A&E	68.8%	15.1%	16.0%	430
	NI	Hospital A & E	55.7%	30.0%	14.3%	70
	ROI	GP	16.4%	13.6%	70.0%	440
	NI	GP	32.4%	13.5%	54.1%	74
	ROI	Mental Health Services	88.7%	6.0%	5.3%	398
	NI	Mental Health Services	91.0%	6.0%	3.0%	67
	ROI	Community Health Services	71.3%	12.3%	16.4%	415
	NI	Community Health Services	82.6%	8.7%	8.7%	69

Fewer respondents in ROI (18.1%) than in NI (38.8%) had availed of a medical appointment in the last 12 months. Attendance rate at appointments made was higher in the north (80.6% in ROI compared to 95.6% in NI).

Table 224: Did you have any medical appointments in the last 12 months? (Questionnaire item C2_8)

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	18.1%	81.9%	354	38.8%	61.2%	121
Male	16.6%	83.4%	169	40.0%	60.0%	75
Female	19.5%	80.5%	185	37.0%	63.0%	46
Under 30	15.8%	84.2%	190	33.8%	66.2%	71
30-44	17.3%	82.7%	98	46.4%	53.6%	28
45 +	26.4%	73.6%	53	45.5%	54.5%	22

(for those who did not use any health services)

Table 225: Did you turn up for your last appointment? (Questionnaire item C2_9)

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	80.6%	19.4%	62	95.6%	4.4%	45
Male	74.1%	25.9%	27	96.4%	3.6%	28
Female	85.7%	14.3%	35	94.1%	5.9%	17
Under 30	75.0%	25.0%	28	100.0%	0.0%	23
30-44	76.5%	23.5%	17	91.7%	8.3%	12
45 +	92.9%	7.1%	14	90.0%	10.0%	10

(for those who had a medical appointment only)

The principal reason for those who did not attend was they forgot about the appointment. The length of time waiting after stated appointment time showed some variability in both jurisdictions. Those seen within 15 minutes were 37.9% in ROI and 45.1% in NI, those seen between 16 minutes and an hour were 37.3% in ROI and 37.1% in NI, and those waiting longer than an hour were 22.9% in ROI and 13.5% in NI.

Table 226: How long after the stated appointment time did your actual appointment start? (Questionnaire item C2_11)

		On time or early	Waited < 5 mins	Waited 6-15 mins	Waited 16-30 mins	Waited 31-60 mins	>1 hour but < 2 hours	Waited 2 hours +	Had no appt.	n
Total	ROI	14.1%	7.3%	16.5%	23.9%	13.4%	12.1%	10.8%	1.8%	1,309
	NI	15.4%	10.4%	19.3%	29.0%	8.1%	5.8%	7.7%	4.2%	259
Male	ROI	13.6%	7.0%	16.0%	25.0%	13.2%	11.3%	12.2%	1.7%	531
	NI	18.1%	8.7%	19.7%	28.3%	8.7%	3.1%	7.9%	5.5%	127
Female	ROI	14.5%	7.5%	16.8%	22.8%	13.7%	12.8%	9.8%	1.9%	772
	NI	12.9%	12.1%	18.9%	29.5%	7.6%	8.3%	7.6%	3.0%	132
Under 30	ROI	12.1%	6.9%	17.4%	23.9%	12.0%	13.5%	12.8%	1.4%	569
	NI	18.0%	12.0%	17.3%	27.1%	9.0%	5.3%	6.8%	4.5%	133
30-44	ROI	17.1%	9.0%	13.4%	23.9%	15.2%	10.9%	9.0%	1.6%	322
	NI	13.9%	10.1%	12.7%	31.6%	7.6%	7.6%	11.4%	5.1%	79
45 +	ROI	15.0%	5.6%	17.6%	23.2%	14.1%	11.7%	9.7%	3.2%	341
	NI	10.6%	6.4%	36.2%	29.8%	6.4%	4.3%	4.3%	2.1%	47

(for those who had used services in previous 12 months only)

In ROI 41.0% had complete trust in health professionals treating them, compared to 34.6% in NI; women had more trust than men but there was no consistent age pattern. Just under half of respondents in ROI (46.6%) completely felt they were given enough time to discuss their problem with healthcare professionals, compared to 32.3% in NI.

Table 227: Did you have confidence and trust in the people/health professionals treating you? (Questionnaire item C2_12)

		No	To some extent	Completely	n
Total	ROI	6.8%	52.3%	41.0%	1,328
	NI	13.3%	52.1%	34.6%	263
Male	ROI	6.9%	57.1%	36.1%	538
	NI	16.3%	57.4%	26.4%	129
Female	ROI	6.8%	49.1%	44.1%	784
	NI	10.4%	47.0%	42.5%	134
Under 30	ROI	6.3%	51.6%	42.2%	574
	NI	14.1%	50.4%	35.6%	135
30-44	ROI	7.0%	54.8%	38.2%	330
	NI	7.6%	58.2%	34.2%	79
45 +	ROI	7.0%	51.5%	41.6%	344
	NI	20.4%	46.9%	32.7%	49

(for those who had used services in previous 12 months only)

Table 228: Were you given enough time to discuss your health/ medical problem with the healthcare professionals? (Questionnaire item C2_13)

		No	To some extent	Completely	n
Total	ROI	8.2%	45.2%	46.6%	1,324
	NI	15.6%	52.1%	32.3%	263
Male	ROI	8.0%	50.7%	41.3%	535
	NI	16.4%	60.2%	23.4%	128
Female	ROI	8.3%	41.5%	50.2%	783
	NI	14.8%	44.4%	40.7%	135
Under 30	ROI	6.5%	45.8%	47.7%	572
	NI	14.2%	51.5%	34.3%	134
30-44	ROI	7.6%	46.1%	46.4%	330
	NI	12.5%	56.3%	31.3%	80
45 +	ROI	9.9%	44.2%	45.9%	342
	NI	24.5%	46.9%	28.6%	49

(for those who had used services in previous 12 months only)

In ROI 70.0% and in NI 61.8% felt they had been given about the right amount of information. There was no clear age or gender pattern. In ROI 57.6% and in NI 38.8% felt they had always been treated with respect and dignity throughout the consulting experience. There was some variation also in whether respondents judged they had been given enough privacy; in ROI 63% indicated this was always the case, compared to 39.3% in NI.

Table 229: How much information about your condition/ treatment was given to you? (Questionnaire item C2_14)

		None	Not enough	The right amount	Too much	n
Total	ROI	2.7%	18.7%	70.0%	8.6%	1,318
	NI	7.3%	27.4%	61.8%	3.5%	259
Male	ROI	2.6%	19.8%	69.9%	7.7%	535
	NI	9.4%	23.6%	64.6%	2.4%	127
Female	ROI	2.8%	17.9%	70.3%	9.0%	777
	NI	5.3%	31.1%	59.1%	4.5%	132
Under 30	ROI	1.9%	15.3%	74.9%	7.9%	569
	NI	6.8%	28.0%	61.4%	3.8%	132
30-44	ROI	1.8%	22.0%	66.1%	10.1%	327
	NI	2.5%	27.8%	64.6%	5.1%	79
45 +	ROI	5.0%	19.0%	67.9%	8.2%	343
	NI	16.7%	25.0%	58.3%	0.0%	48

(for those who had used services in previous 12 months only)

**Table 230: Did the healthcare team treat you with respect and dignity?
(Questionnaire item C2_15)**

	ROI				NI			
	No	Sometimes	Always	n	No	Sometimes	Always	n
Total	4.8%	37.6%	57.6%	1,324	13.7%	47.5%	38.8%	263
Male	4.6%	40.9%	54.5%	538	14.7%	53.5%	31.8%	129
Female	5.0%	35.4%	59.6%	780	12.7%	41.8%	45.5%	134
Under 30	4.5%	38.4%	57.1%	573	14.8%	45.9%	39.3%	135
30-44	5.2%	36.7%	58.2%	330	10.1%	49.4%	40.5%	79
45 +	5.8%	34.9%	59.3%	344	16.3%	49.0%	34.7%	49

(for those who had used services in previous 12 months only)

**Table 231: Were you given enough privacy when discussing your condition or treatment?
(Questionnaire item C2_16)**

	ROI				NI			
	No	Sometimes	Always	n	No	Sometimes	Always	n
Total	6.5%	30.5%	63.0%	1,323	13.7%	46.9%	39.3%	262
Male	6.7%	34.5%	58.8%	539	16.3%	46.5%	37.2%	129
Female	6.4%	27.8%	65.8%	778	11.3%	47.4%	41.4%	133
Under 30	5.9%	31.6%	62.4%	572	13.3%	47.4%	39.3%	135
30-44	7.0%	28.9%	64.1%	329	10.1%	48.1%	41.8%	79
45 +	6.7%	29.8%	63.6%	343	20.8%	43.8%	35.4%	48

(for those who had used services in previous 12 months only)

There was a wide range of response by respondents in how they rated the quality of care received while in hospital. In ROI it was rated as excellent (17.4%) or very good (26.5%), with the remainder rating it less well. In NI, it was rated excellent by just 5.0% and very good by 28.8%. A majority (85.9% in ROI and 78.2% in NI) would recommend the service to someone else.

Table 232: Overall, how would you rate the quality of care you received while in hospital? (Questionnaire item C2_17)

		Very poor	Poor	Fair	Good	Very good	Excellent	n
Total	ROI	3.3%	3.7%	17.7%	31.3%	26.5%	17.4%	1,254
	NI	6.9%	4.2%	24.2%	30.8%	28.8%	5.0%	260
Male	ROI	3.2%	4.0%	20.8%	31.4%	25.7%	15.0%	506
	NI	7.0%	3.9%	27.3%	28.1%	28.1%	5.5%	128
Female	ROI	3.5%	3.6%	15.8%	31.4%	26.8%	18.9%	742
	NI	6.8%	4.5%	21.2%	33.3%	29.5%	4.5%	132
Under 30	ROI	2.8%	3.9%	19.2%	33.3%	24.5%	16.4%	543
	NI	6.0%	4.5%	23.9%	29.9%	27.6%	8.2%	134
30-44	ROI	3.8%	4.5%	16.6%	30.6%	26.4%	18.2%	314
	NI	3.8%	3.8%	25.6%	33.3%	30.8%	2.6%	78
45 +	ROI	4.3%	3.1%	16.0%	28.0%	30.8%	17.8%	325
	NI	14.6%	4.2%	22.9%	29.2%	29.2%	0.0%	48

(for those who had used services in previous 12 months only)

Table 233: Would you recommend the health service where you were treated most recently to someone else? (Questionnaire item C2_18)

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	85.9%	14.1%	1,298	78.2%	21.8%	262
Male	85.2%	14.8%	527	79.7%	20.3%	128
Female	86.3%	13.7%	765	76.9%	23.1%	134
Under 30	84.5%	15.5%	567	78.8%	21.2%	132
30-44	84.4%	15.6%	326	80.0%	20.0%	80
45 +	89.2%	10.8%	332	74.0%	26.0%	50

(for those who had used services in previous 12 months only)

A majority of respondents (60.6% in ROI and 64.7% in NI) had some experience of consulting with healers or a curing person for ailments. There was no particular age or gender pattern in either jurisdiction. Common indications for such consultation included eczema, aches and pains, burns and depression or worries, both in ROI and NI.

**Table 234: How often do you use a healer or curing person for an illness or sickness?
(Questionnaire item C2_19)**

		Never	Rarely	Sometimes	Most times	Every time	n
Total	ROI	39.4%	13.5%	23.0%	11.1%	13.0%	1,636
	NI	35.3%	12.2%	20.3%	16.9%	15.3%	385
Male	ROI	42.2%	14.0%	19.3%	10.9%	13.6%	699
	NI	37.6%	13.2%	21.0%	13.2%	15.1%	205
Female	ROI	37.2%	13.1%	25.8%	11.2%	12.6%	937
	NI	32.8%	11.1%	19.4%	21.1%	15.6%	180
Under 30	ROI	41.2%	12.6%	21.9%	11.3%	13.0%	745
	NI	40.3%	11.7%	18.9%	13.6%	15.5%	206
30-44	ROI	40.6%	13.6%	23.6%	9.5%	12.6%	419
	NI	29.6%	15.7%	23.1%	19.4%	12.0%	108
45 +	ROI	35.0%	14.2%	24.6%	11.7%	14.5%	386
	NI	29.6%	8.5%	19.7%	22.5%	19.7%	71

**Table 235: For those who would use a healer or curing person for an illness or sickness only
- which of the following sicknesses/ illnesses would you go to a healer for?
(Questionnaire item C2_20)**

	ROI n=990	NI n=246
Thrush	45.9%	28.9%
Infectious diseases	19.5%	15.9%
Eczema	54.7%	38.6%
Arthritis	44.9%	41.9%
Aches & pains	52.0%	60.2%
Burns	51.9%	57.7%
Flu/chest	20.4%	29.7%
Asthma	47.9%	30.1%
Depression/Worries	52.0%	46.3%
Other	17.5%	18.3%

Table 236: For those who would use a healer/curing person for an illness or sickness only - which of the following sicknesses/ illnesses would you go to a healer for? Table presented by respondent sex. (Questionnaire item C2_20)

	ROI		NI	
	Male n=393	Female n=591	Male n=125	Female n=121
Thrush	43.8%	47.4%	20.0%	38.0%
Infectious diseases	19.1%	19.5%	12.8%	19.0%
Eczema	51.4%	56.7%	29.6%	47.9%
Arthritis	44.5%	45.2%	28.0%	56.2%
Aches & pains	53.7%	51.1%	54.4%	66.1%
Burns	53.7%	50.4%	48.8%	66.9%
Flu/chest	22.6%	19.0%	24.0%	35.5%
Asthma	47.3%	48.2%	23.2%	37.2%
Depression/Worries	52.2%	51.8%	41.6%	51.2%
Other	21.1%	14.6%	15.2%	21.5%

Table 237: For those who would use a healer/curing person for an illness or sickness only - which of the following sicknesses/ illnesses would you go to a healer for? Table presented by respondent age group. (Questionnaire item C2_20)

	ROI			NI		
	Under 30 n=439	30-44 n=241	45 + n=252	Under 30 n=122	30-44 n=74	45 + n=50
Thrush	51.9%	44.4%	36.9%	28.7%	31.1%	26.0%
Infectious diseases	19.4%	22.0%	18.3%	14.8%	17.6%	16.0%
Eczema	58.8%	52.7%	49.2%	39.3%	37.8%	38.0%
Arthritis	42.6%	44.4%	51.2%	32.8%	39.2%	68.0%
Aches & pains	50.3%	51.9%	56.3%	54.9%	63.5%	68.0%
Burns	55.6%	50.6%	49.2%	54.9%	64.9%	54.0%
Flu/chest	19.8%	19.9%	23.0%	27.0%	33.8%	30.0%
Asthma	47.2%	51.0%	44.0%	29.5%	35.1%	24.0%
Depression/Worries	50.3%	58.5%	50.4%	43.4%	52.7%	44.0%
Other	18.0%	16.6%	15.9%	19.7%	17.6%	16.0%

When asked if they ever wished to make a complaint about some aspect of the health service, 25.6% in ROI and 36.4% in NI said yes and of these, 38.8% in ROI and 55.4% in NI indicated they knew how to go about it. Whilst numbers were small, more people were satisfied or somewhat satisfied with the outcome in NI (72%) than ROI (37.7%), of the people who made a complaint.

Table 238: Have you ever wished to make a complaint about a particular aspect of the health service? (Questionnaire item C2_21)

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	25.6%	74.4%	1,665	36.4%	63.6%	382
Male	26.4%	73.6%	701	32.3%	67.7%	201
Female	25.2%	74.8%	958	40.9%	59.1%	181
Under 30	22.7%	77.3%	758	33.3%	66.7%	207
30-44	27.5%	72.5%	425	30.8%	69.2%	107
45 +	27.4%	72.6%	391	54.4%	45.6%	68

Table 239: If you wanted to make a complaint, would you know how to make it? (Questionnaire item C2_22)

	ROI			NI		
	Yes	No	n	Yes	No	n
Total	38.8%	61.2%	418	55.4%	44.6%	139
Male	39.0%	61.0%	182	60.0%	40.0%	65
Female	38.7%	61.3%	235	51.4%	48.6%	74
Under 30	35.7%	64.3%	168	52.2%	47.8%	69
30-44	46.0%	54.0%	113	66.7%	33.3%	33
45 +	37.4%	62.6%	107	51.4%	48.6%	37

(for those wished to make a complaint only)

Table 240: If you ever wished to make a complaint about health services, were you satisfied with the outcome of your complaint? (Questionnaire item C2_23)

		Satisfied	Somewhat satisfied	Not satisfied	Not at all satisfied	Never made a complaint	n
Total	ROI	8.0%	6.8%	14.3%	10.2%	60.7%	412
	NI	33.3%	6.7%	8.1%	7.4%	44.4%	135
Male	ROI	7.4%	5.7%	19.3%	10.2%	57.4%	176
	NI	38.1%	6.3%	9.5%	6.3%	39.7%	63
Female	ROI	8.5%	7.7%	10.2%	10.2%	63.4%	235
	NI	29.2%	6.9%	6.9%	8.3%	48.6%	72
Under 30	ROI	7.9%	7.9%	8.5%	10.9%	64.8%	165
	NI	29.0%	4.3%	10.1%	7.2%	49.3%	69
30-44	ROI	9.9%	4.5%	17.1%	9.9%	58.6%	111
	NI	41.9%	9.7%	12.9%	6.5%	29.0%	31
45 +	ROI	5.7%	3.8%	20.0%	9.5%	61.0%	105
	NI	34.3%	8.6%	0.0%	8.6%	48.6%	35

(for those wished to make a complaint only)

In ROI only, women aged between 50 and 64 were asked if they had been invited for a ROI BreastCheck examination. Just under half (47.2%) had received such an invitation and the majority of those invited (72.5%) had attended.

Table 241: Have you ever been invited to have a BreastCheck examination? (Women aged 50 and 64 only) (ROI ONLY) (Questionnaire item C2_24)

		Yes	No	n
Total	ROI	47.2%	52.8%	195
45-64	ROI	57.9%	42.1%	107
65+	ROI	50.0%	50.0%	44

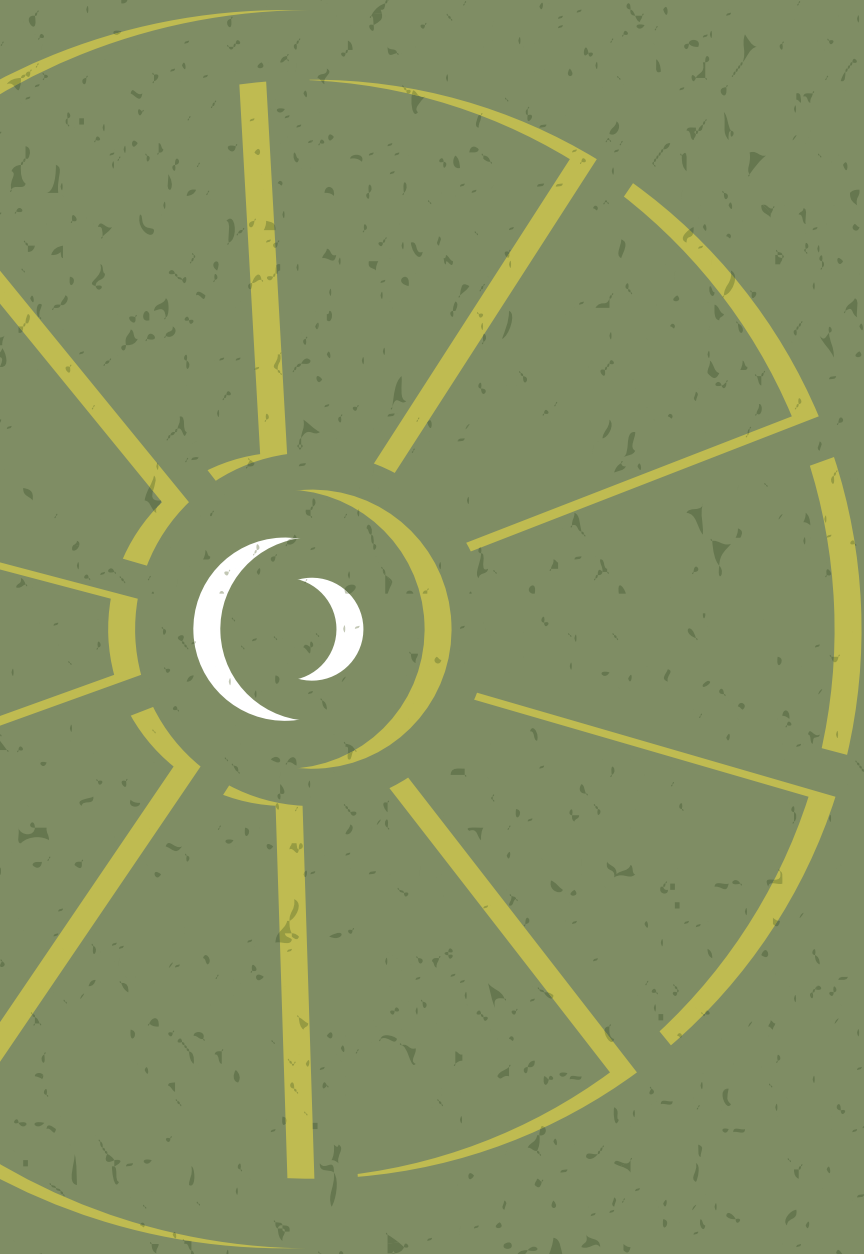
(for women aged 50 – 64 years only)

Table 242: Did you attend the appointment for your mammogram? (ROI ONLY) (Questionnaire item C2_25)

		Yes	No	n
Total	ROI	72.5%	27.5%	91
45 - 64	ROI	75.4%	24.6%	61
65+	ROI	68.2%	31.8%	22

(for women aged 50–64 years and who have been invited to a BreastCheck examination only)

CONTEXT OF THE FINDINGS AND COMPARISON WITH OTHER STUDIES



Context of Findings: Comparable Datasets

The AITHS has provided a unique and comprehensive overview of the demographic, social, economic and health position of the Travelling community in Ireland, both in the Republic of Ireland (ROI) and Northern Ireland (NI). However, to adequately frame this picture in context, a comparative narrative is needed.

Social and Living Conditions of Traveller Families

General Summary

The majority of respondents, 75.9% in ROI and 94.3% in NI, lived in family units of 5 or less. Respondents most frequently lived in a house (73.3% ROI, 55.4% NI), followed by trailer/mobile home or caravan (18.2% ROI, 23.8% NI). In ROI housing was most frequently provided by a local authority (57.1%), whereas in NI accommodation was provided by the housing executive (50.9%). Most homes comprised 2 to 4 rooms (78.8% ROI and 82.9% NI). Most of the houses and flats had central heating (92.9% ROI and 95.8% NI). Most accommodation had both hot and cold water, (94.4% ROI and 85.6% NI), an individual bath or shower (63.7% ROI and 78.5% NI), and flush toilet (91.6% ROI and 84.4% NI).

Rubbish collection was weekly in 61.6% of ROI families but fortnightly for most NI households (70.9%). Most also received post delivered to their home (96.9% ROI and 90.7% NI), which arrived regularly in 97.5% of households in both jurisdictions. In ROI 23.3% of families and 18.0% families in NI had no transport. A majority in both jurisdictions (56.8% ROI and 62.3% NI) said they last moved for personal choice, the next most frequent reason being for better facilities (39.7% ROI and 26.1% NI).

Considerable numbers of families who lived in Group Housing or sites reported a lack of footpaths, public lighting, fire hydrants and safe play areas, the latter being unavailable for 77.5% of ROI and 79.9% of NI respondents. A quarter of families (24.4% ROI and 24.8% NI) considered where they lived to be unhealthy or very unhealthy, and again appreciable numbers (26.4% ROI and 29.0% NI) considered their place of residence unsafe.

Difficulty in reading and filling out forms was reported by 28.8% of ROI families and 35.3% of those in NI. However, 95.5% of ROI and 89.8% of NI family respondents could calculate change from a Euro or pound note, as relevant. In the past year 78.5% of ROI and 62.6% of NI families had not travelled at all, and of those who did, this occurred most frequently in the summer period in both jurisdictions, peaking in June and July.

In ROI 42.0% and in NI 46.0% of families reported that they often or very often felt discriminated against. Religion or faith was ranked as very important by 83% in ROI and 78.6% in NI, with high ratings of importance given to Traveller culture, identity and community membership also. Nomadism was ranked fifth in both jurisdictions, rated as very important by 53.9% of ROI families and 39.3% of NI families. The overwhelming majority are Roman Catholics: 98.0% in ROI and 96.7% in NI. Most respondents either had a general medical services card, 94.1% in ROI, or were registered with a GP 94.9% in NI. Of those in ROI without a card, ineligibility was the main reason (49.6%), whereas in NI, the most frequent reason was having recently moved (47.8%).

Commentary

The AITHS census provides unique information pertaining to the living conditions of the Traveller community. Comparable data from the general population is available from the 2006 Irish Census (Central Statistics Office, 2007a). Analyses according to type of accommodation have been included in the body of the report.

81.1% of Travellers in ROI and 87.4% of Travellers in NI, who lived in a house or flat, had 4 or fewer rooms in their home, compared with 25.1% of all private permanent households in the 2006 Census. In total, 12.8% of Travellers in ROI and 2.6% of Travellers in NI, who lived in a house or flat, reported owning their own home, compared with 70.3% (359/510) of Lifeways medical card holders. The majority of Traveller families have basic household amenities such as flush toilets, running water and postal and rubbish services. Nevertheless, in a 21st-century developed economy, there remain Traveller families without such amenities, in disproportionately greater proportions than the general population.

Access to motor vehicles is similar in the Traveller and general comparable populations, with more Travellers having access to cars and vans than a population sample of persons at relative socio-economic disadvantage, e.g. Lifeways medical card holders (Table 243). In data from the SLAN 2002 medical card holders, 64.9% of persons use a car to go shopping.

Table 243: Family access to a car or van, in AITHS and Lifeways

	ROI Travellers (n=6,992)	NI Travellers (n=1,438)	Lifeways medical card holders (n=510)
Access to a car and/or van	76.7%	82.0%	68.0%
Use a car to go shopping	70.2%	69.9%	63.1%

Self-report of literacy varies markedly between the Traveller and general population groups (Table 244), with more Travellers expressing difficulty with day-to-day literacy issues. Comprehension of the written instructions provided with prescription medicines, providing a measure of practical and functional literacy, is poor in the Traveller group. This would constitute a significant health concern.

Table 244: Self-reported literacy ability in the AITHS and Lifeways Studies

	Travellers (ROI) (n=6,938)	Travellers (NI) (n=1,431)	Lifeways medical card holders (n=498)
Can usually read and fill out forms	71.2%	64.7%	92.4%
Of those who can read and fill out forms, can do it but with difficulty	13.9%	23.2%	7.0%
Can calculate change from €/£5 or €/£10 note	95.5%	89.8%	99.0%
Of those who can calculate change, can do it but with difficulty	6.1%	14.5%	4.9%
Of those who take prescription medications, have difficulty reading the instructions	49.6%	62.6%	9.4%*

*Data derived from the SLAN 2002 medical card holders, since this variable was not present in Lifeways

Religion may be more important to the Travellers than to the general comparable population. Religion is 'important' or 'very important' to 89.4% of ROI Travellers and 85.3% of NI Travellers, compared with 68.6% of Lifeways medical card holders. Among the medical card holders in SLAN 2002, 93.3% of participants who provided a valid response indicated that they belonged to a religion. Whilst there was no direct measure of importance of religion in SLAN, 35.8% of respondents indicated that they regularly attended church or parish activities, or that they were involved in charitable or voluntary organisations.

Section B1: Child Health (All Children)

General Summary

Information was collected on 1,380 children in ROI: 521 5-year-olds, 399 9-year-old and 460 14-year-olds. In NI, a total of 183 child health interviews were conducted with the adult respondents, with 61 responses for 5-year-olds, 65 for 9-year-old and 57 for 14-year-olds.

The majority (64.6% ROI and 55.7% NI) of both male and female children were reported as weighing between 3 and 4 kg at birth. Older children in a family tended to have been relatively lighter at birth than the subsequent offspring. Most children (56.9% ROI and 65.9% NI) were born at full term (i.e. between 37 and 41 weeks of gestation), a pattern similar according to age and sex in both jurisdictions. The breastfeeding rate for children overall was 5.6% in ROI and 7.1% in NI.

In ROI and NI, 90.3% and 97.3% of children respectively were reported as having no ongoing health problem. For those children who had a health problem, the number one reported condition was asthma, which accounted for 71.9% of reports of chronic conditions in childhood in ROI. There were much lower rates reported for other conditions, including inborn errors of metabolism. Patterns were similar for both male and female children, with asthma the most frequently reported adverse chronic health condition in each age group. Chest infection was the most commonly cited recent acute condition. Around a quarter of children (22.9% ROI and 26.0% NI) were reported to have ever had an accident, boys more frequently than girls in ROI but not in NI and older children more frequently than younger ones. The most frequently reported type of injury in both ROI and NI was a fall.

41% of Traveller children in ROI and 47.6% in NI had visited a hospital Accident and Emergency Department (A & E) in the previous 12 months, and 36.5% of children in ROI and 43.9% in NI had done so on 1 to 3 occasions. Again the gender and age group variation was small.

10% of children in ROI and 7.8% in NI had stayed at least 1 night in hospital in the last year, with little variability according to age group or sex. The most frequent length of stay was 1 to 3 nights, as indicated by 66.7% of those hospitalised. Younger children had the shortest length of stay. The most frequent indications for admission were infectious conditions, including fever or viral conditions, asthma and other non-surgical conditions.

Both in ROI (58.4%) and in NI (58.5%), a majority of mothers reported adding regular salt to their child's food while cooking. In ROI 26.8% and in NI 43.7% reported that their children ate five or greater portions of fruit and vegetables daily.

Commentary

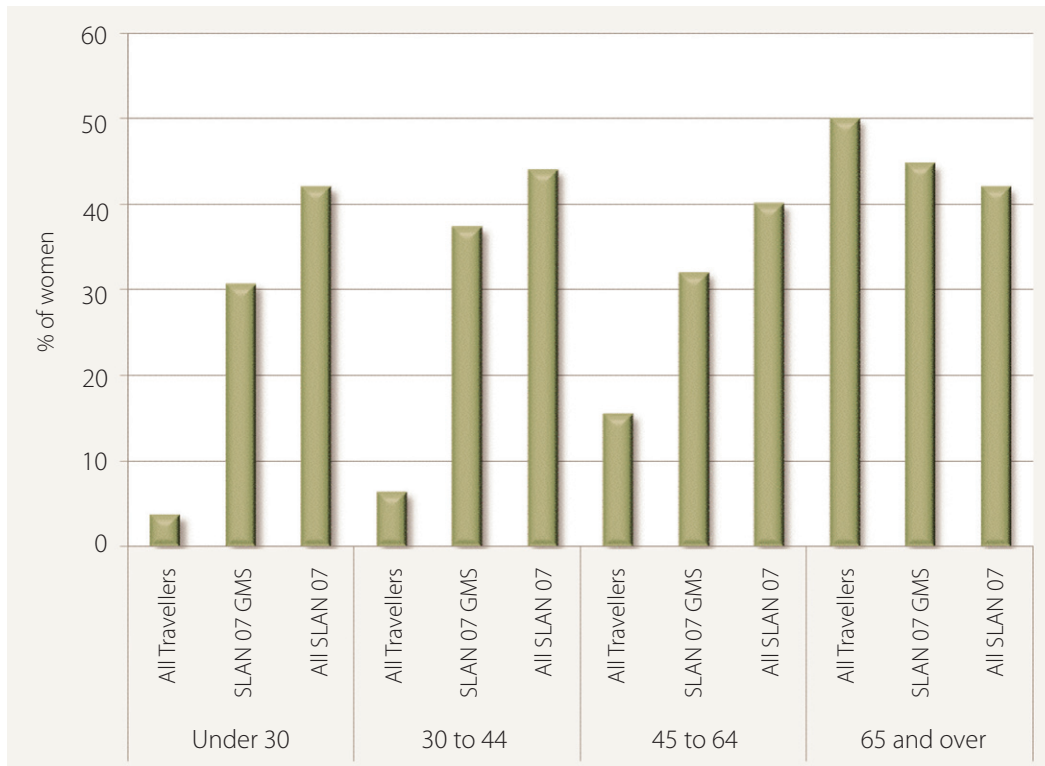
The AITHS surveyed specific age groups of children (5, 9 and 14-year-olds) because comparable Irish data on these ages were available. The following comparisons are drawn from three sources of data on Irish children: for the 5-year-olds: the 5-year-old children of the medical card holders in Lifeways; for the 9-year-old: the Middle Childhood Study of children aged 9-10 from the HBSC 2006 study (Kelly *et al.*, 2008) and the 9-year-old survey from the NLSC/GUI (focusing on the children in social class 5 and 6 where possible); and for the 14-year-olds: the HBSC 2006 data on 12-14-year-olds. Infant birth weight as described in the AITHS and Lifeways studies is shown in Table 6. In the 2007 Irish Perinatal statistics (ESRI, 2009), 68.7% of newborn infants weighed between 3 and 4 kg. ROI Travellers had a higher prevalence of low birth weight infants than did the general population.

Table 245: Birth weight of the survey child

Infant weight	Traveller (ROI) (n=1,223)	Traveller (NI) (n=157)	Lifeways medical card (n=188)	ESRI 2007 national perinatal statistics (n=69,318)
<2500g	6.1%	4.5%	2.1%	3.7%
≥ 4000g	15.3%	14.0%	17.0%	16.7%

Breastfeeding rates amongst the AITHS groups are very low. Breastfeeding is notably low in younger Traveller women. This is in comparison with the under-30s medical card holders in SLAN 2007, who have breastfeeding rates only somewhat lower than the other ages in that social class group. From the NLSC, 29.5% of the 9-year-old study children were ever breastfed in the survey of mothers in SC 5-6 group (1,831/6,202 respondents). From the 2005 NI Infant feeding survey (Bolling, 2006), 63% of NI mothers from the general population initiated breastfeeding in 2005. Figure 11 shows the breastfeeding rates in women, in the AITHS and SLAN who have had at least one child, by age of the woman at the time of interview. It is notable that older Traveller women had substantially higher rates of breastfeeding.

Figure 12: Number of women who report having breastfed any child, of the women who have had a child, in the AITHS and SLAN studies.



In total, 90.3% of ROI and 97.3% of NI Travellers reported that their child did not have an ongoing chronic health problem, illness or disability. From the 2008-2009 NI Continuous Household survey, 94% of children in the general NI population and 90.9% of the NI children of semi-skilled or unskilled workers also reported no long-term illness. Asthma was the commonest reported chronic health condition in Traveller children, and this finding is similar to data from the general Irish population. A recent report (Manning *et al.*, 2007) indicates that 21.6% of 13 to 14-year-old children in the general ROI population reported ever having asthma.

Parents in the AITHS were asked to rate their child's current health (Table 246). There are more 'Excellent' ratings in the AITHS groups than in the comparative datasets, although the different methods of data ascertainment in the HBSC study must be borne in mind. In the HBSC, data were collected from the children themselves, not their parents or guardians, as in the AITHS.

Table 246: Rating of the child's current health, in the AITHS, Lifeways and HBSC, by age

Rating of health	5-year-olds			9-year-old			14-year-olds		
	Travellers		Lifeways (n=177)	Travellers		HBSC 9-year-old in SC 5-6 (n=333)	Travellers		HBSC 12-14-year-olds in SC 5-6 (n=907)
	ROI (n=520)	NI (n=61)		ROI (n=386)	NI (n=65)		ROI (n=459)	NI (n=55)	
Excellent	45.4%	42.6%	28.8%	55.4%	46.2%	40.2%	52.9%	54.5%	34.4%
Very good and/or good	48.4%*	49.2%*	67.8%*	39.4%†	43.1%†	54.1%†	40.1%†	40.0%†	54.5%†
Fair or poor	6.2%	8.2%	3.4%	5.1%	10.8%	4.8%	7.0%	5.5%	11.1%

*Composite of "Very Good" and "Good" answers

†"Good" answer only, as there was no "Very Good" option in HBSC

In total, 22.9% of ROI Traveller children and 26.0% of NI children have ever had an accident that required hospital treatment. 26.5% of ROI and 23.8% of NI Traveller 9-year-old have ever had such an accident, in comparison with 30.9% of 9-year-old NLSC/GUI children in SC 5-6. 42.7% of HBSC children in all social classes reported an accident which 'required treatment from a doctor or nurse' in the last 12 months.

Regarding specific injuries, 16.7% of ROI and 16.7% of NI 5-year-old Traveller children were reported to have ever had a burn or a scald, in comparison with no reported burns or scalds in the last 12 months in 199 5-year-old Lifeways children whose mother holds a medical card. 2.2% of ROI and no NI 5-year-old Traveller children were reported to have ever had an accidental poisoning, in comparison with 0.5% (9/199) Lifeways 5-year-old children, whose mothers hold medical cards, who had an accidental poisoning in the last 12 months².

The 5-year-old AITHS children from ROI are more likely to have stayed overnight in hospital, with 9.5% of ROI and 3.3% of NI 5-year-olds having been an inpatient for one or more days in the previous 12 months, in comparison with 2.3% of the Lifeways 5-year-olds whose mothers hold medical cards. In the last 12 months, 6.0% of ROI AITHS children and 10.6% NI AITHS children were reported to have not received medical care for a problem that needed attention, compared with 2.8% of NLSC/GUI 9-year-old children in SC 5-6. In the NLSC/GUI, 9.1% of the parents of this 2.8% indicated that this was because

² It should be noted however that there are a number of limitations in these comparisons of accident incidence. Firstly, the items collected vary with regard to time scale. For the HBSC and Lifeways studies, data were collected on accidents in the last 12 months, and in the AITHS and NLSC/GUI, data were collected on whether the child had ever had an accident. Second, the AITHS and NLSC/GUI items related to hospital treatment, whereas the HBSC item related to doctor or nurse treatment. Third, as already stated, the methodologies vary somewhat between the studies, in that AITHS, Lifeways and selected NLSC data were collected from parent or guardian report, whereas the HBSC was collected by child report.

they could not pay for the care, compared with 19.1% of ROI Travellers and 28.6% of NI Travellers who indicated that their children did not receive care because of this reason. This disproportionate healthcare threat to Traveller children is notable. Given the high number of medical card holders in the Traveller community, this is an unexpected finding, but it may reflect the number of Travellers whose medical cards are not current or are in the process of being applied for.

With regard to specific medical problems, Table 8 shows the relative frequencies of sight, hearing and speech problems within the 5-year-olds in the AITHS and the Lifeways medical card holder families, while Table 9 shows these frequencies in the 9-year-old AITHS children and the 9-year-old SC 5 or 6 children in the NLSC/GUI³. The Traveller groups report higher rates of such problems than the comparable populations.

Table 247: Ever had or has a specific health problem, in the 5-year-old group

Health concern	ROI Travellers (n=507)	NI Travellers (n=60)	Lifeways medical card holders (n=199)
Eye problem	15.5%	23.3%	5.4%
Hearing problem	12.4%	11.9%	4.3%
Speech problem	15.1%	18.6%	9.8%

Table 248: Ever had or has a specific health problem, in the 9-year-old group

Health concern	ROI Travellers (n=388)	NI Travellers (n=64)	NLSC SC 5-6 (n=1,114)
Eye problem	17.6%	28.2%	17.1%
Hearing problem	12.9%	22.3%	8.3%
Speech problem	13.5%	18.8%	7.5%

³ The different prevalences of problems noted may be partly explained by the different data items collected. In AITHS, the parents were asked whether the child ever had or currently has an eye, hearing or speech problem; in NLSC/GUI, the parents were asked if the child ever had a sight or hearing or speech problem which needed correction, and whether the child had a speech problem; and in Lifeways, the parents were asked whether the Lifeways child had these issues as 'ongoing problems'. The definition of the eye, hearing or speech problem in question was left to the parent or guardian's own interpretation in all 3 studies.

Section B2: 5-year-old Child Health

General Summary

A majority (74.6% in ROI and 80.3% in NI) of mothers rated their 5-year-old’s health as either excellent or very good, and the pattern did not differ for males and females. Almost all (96.1% in ROI and 93.4% in NI) reported receiving needles or vaccinations, peaking at 12-15 months.

Most also reported their children washed their teeth at least daily (94.8% in ROI and 93.4% in NI), again comparable among sexes. Only around a third of children in ROI (36.4%) had seen a dentist in the last 12 months, compared to 78.7% in NI.

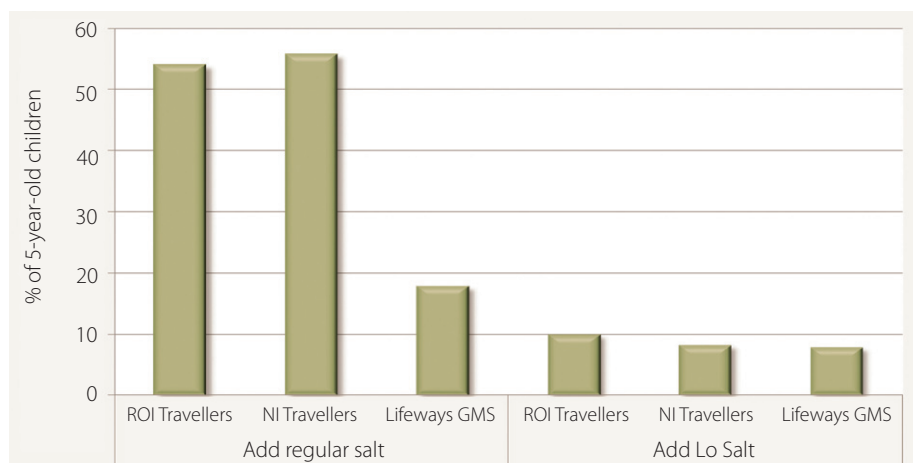
9 out of 10 children of both sexes had already started primary school in both ROI and NI. Similarly, 9 out of 10 children had their first meal of the day between 7 and 9 a.m. (90.9% ROI and 91.7% NI). Most children were reported as in the normal weight range (93.2% ROI and 82.0% NI). A majority of children were reported as eating most things (57.8% ROI and 66.7% NI, whilst a fifth in ROI (20.5%) and a tenth in NI (11.7%) were described as fussy eaters.

Commentary

Comparable data were available on 199 Lifeways 5-year-olds whose mothers held medical cards. Similar numbers of Lifeways 5-year-olds surveyed had started primary school (87.2% vs. 90.1% of ROI and 90.2% of NI Traveller 5-year-olds). Compared with 7.6% of Lifeways parents, 4.5% of ROI Travellers and 6.6% of NI Travellers thought that their 5-year-old was underweight. In contrast, 2.3% of ROI Travellers and 11.7% of NI Travellers thought that their child was overweight, compared with 8.2% of Lifeways parents.

Regarding diet, most Traveller children and Lifeways children were deemed to eat a reasonable variety of foods, with 20.5% of 5-year-old ROI Traveller children, 11.7% of 5-year-old NI Traveller children and 20.7% of 5-year-old Lifeways children described as ‘picky eaters’. Parents add salt to their child’s food in the Traveller group more frequently than in the Lifeways group (Figure 13).

Figure 13: Usually add salt to child’s food while cooking, in the AITHS and Lifeways 5-year-old group



Section B3: 9-year-old Child Health

General Summary

A majority of mothers (94.8% in ROI and 89.3% in NI) reported the health of their 9-year-old children as excellent or very good.

Most (81.4% in ROI and 78.2% in NI) brushed their teeth at least daily. In ROI 60.9% and in NI 76.9% of children had been seen by a dentist in the last 12 months. Just 2.4% in ROI and 3.1% in NI were reported as smokers. In ROI 84.9% of children were reported as always wearing a seatbelt, compared to 65.6% in NI.

Around one fifth of 9-year-olds (22.9% ROI and 18.5% NI) had access to a computer, most of these, both male and female, used it a little of the time only. There was wide variability in number of days children were active for at least an hour daily; just under half (48.6%) were active 7 days in ROI, and 25.4% in NI. In ROI 24.6% were reported to have a mobile phone and in NI 52.3%. Almost all watched TV (including videos and DVD) regularly, the majority spending between 1 to 5 hours per day on weekdays and at weekends also.

Most children (92.5% in ROI and 84.6% in NI) had their first daily meal between 7 and 9 a.m. and most reported daily breakfast during school week (79.9% ROI and 64.9% NI) with higher rates at weekends. Whilst fruit (34.6% ROI and 36.9% NI), and vegetables (29.0% ROI and 24.6% NI) were reported as being eaten more than daily by respondents, diet fizzy drinks (45.9% ROI and 39.3% NI) and fish (27.9% ROI and 43.5% NI) were never consumed by appreciable numbers. Sweets, crisps and chips were consumed on several occasions weekly.

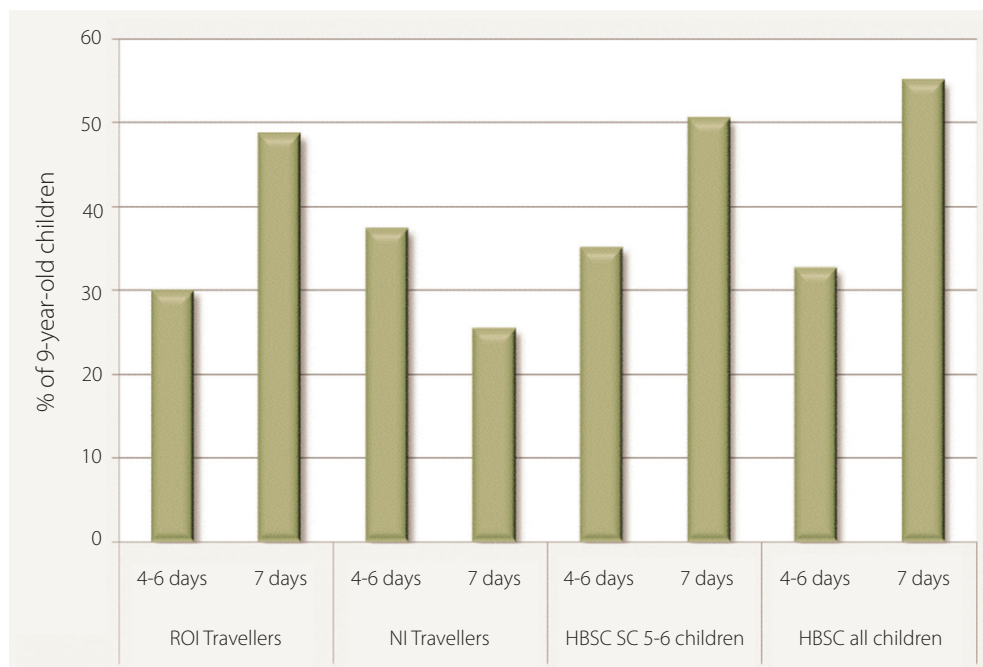
Many parents thought their children were always fit and well (65.2% ROI and 71.9% NI), and not at all sad (49.1% ROI and 51.6% NI) or lonely (64.8% ROI and 62.5% NI). Most felt they got on well at school (63.7% ROI and 62.9% NI). There were few appreciable differences according to gender. Whilst the majority of parents did not think their child had been picked upon in the last year, appreciable numbers (22.5% ROI and 22.2% NI) said that they had been. A majority (58.4% ROI and 61.9% NI) felt it was always safe for children where they lived and a majority (76.3% ROI and 96.7%) reported their children had a network of up to 10 friends. Over 95% of families in both jurisdictions reported they had eaten together, visited relations, sat and watched TV or chatted in the last week.

Commentary

In total, 69% of the 9-year-old children in SC 5-6 in the NLSC/GUI study were judged by their parents to be very healthy, and 29% were judged to be healthy, but with a few minor problems. 89.8% and 91% of 9-year-old children in SC 5-6 in the HBSC study and the lowest income group in the NLSC/GUI study respectively brush their teeth daily or more than daily, compared with 81.4% of ROI and 78.2% of NI Traveller 9-year-olds. Similarly few children in this age group have tried smoking tobacco in the HBSC SC 5-6 9-year-olds (3.0%).

Use of a seatbelt varies. From the HBSC SC 5-6 9-year-olds, 86.8% always use a seatbelt when they sit in a car, compared with 84.9% of ROI but only 65.6% of NI 9-year-old Travellers. Physical activity is shown in Figure 14. The NI children appear to be less active than ROI and HBSC children, though the numbers in NI are small. From the NLSC/GUI 9-year-olds, of all children surveyed, only 3% were not physically active for at least one hour on one day of the week, compared with a similar proportion in ROI Travellers (3.4%). Again, substantially more NI AITHS 9-year-olds were not physically active (6.8%).

Figure 14: Percentage of 9-year-old children who are physically active for a least an hour a day, by number of days of activity per week



Fewer 9-year-olds children in the HBSC SC 5-6 group report eating fruit and vegetables, than do parents of 9-year-olds in the AITHS; only 22.8% of HBSC SC 5-6 9-year-old report eating fruit more than once a day, and fewer again (15.9%) report eating vegetables more than once a day. 34.3% of ROI Traveller 9-year-olds and 7.7% of NI Traveller 9-year-olds eat sweets once or more a day, compared with 25.5% of HBSC 9-year-olds in SC 5-6, 23.3% of ROI Traveller 9-year-olds and 12.4% of NI Traveller 9-year-olds drink sugary, fizzy drinks once or more a day, compared with 17.1% of HBSC 9-year-old in SC 5-6. 5% of 9-year-olds in the NLSC/GUI lowest income group did not have breakfast regularly, compared with 10.3% of ROI and 19.3% of NI 9-year-olds, who had a weekday breakfast 2 or less days a week.

Of the NLSC/GUI 9-year-olds, 89% had a computer in their home. This compares with 22.9% of ROI and 18.5% of NI Traveller children.

Regarding the issue of bullying, 40% of NLSC 9-year-olds self-reported that they had been bullied or picked on in the last year. However, by maternal report in NLSC/GUI, prevalence of bullying in the last year was 23.4%, comparable with parental report of bullying in 22.5% of ROI and 22.2% of NI Traveller 9-year-olds. In the HBSC study of 9-year-old children in SC 5-6, 50.5% of the children reported that they had experienced bullying at school in the last few months. In contrast, 22.5% of ROI Traveller 9-year-olds and 22.2% of NI 9-year-olds had been picked on by an adult or a child in the last 12 months, by parental report.

Less than 1% of children in the ROI and no children in the NI AITHS 9-year-olds are reported to have less than one close friend, compared to 2% of NLSC 9-year olds (Table 249). These findings may be consistent with the strong emphasis given to community in the Traveller culture. 95% of NLSC/GUI 9-year olds agreed that they felt safe in the area where they live. Parental report regarding the AITHS 9-year olds described that 93.6% of NI but only 85.2% of ROI children feel safe most of the time or always.

Table 249: Number of close friends in the AITHS and NLSC/GUI 9-year olds.

Number of close friends, by parental report	ROI Traveller 9-year olds	NI Traveller 9-year olds	NLSC/GUI 9-year olds
0-1	0.8%	0.0%	8.0%
2-3	14.3%	31.7%	41.0%
4 or more	84.9%	68.3%	51.0%

Section B4: 14-year-old Child Health

General Summary

In ROI 93.0% and in NI 94.5% of parents rated their child's health as excellent or good. The majority (88.4% in ROI and 87.5% NI) brushed their teeth once or more than once daily. In ROI 59.4% and in NI 71.4% of children had seen a dentist in the last 12 months. Rates of ever smoking tobacco were 6.3% in ROI and 9.1% in NI. Overall, the vast majority, nine-tenths, of children were reported not to drink alcohol. Boys were somewhat more likely than girls to have tried various alcoholic beverages, particularly beer, with 8.3% of boys in ROI consuming it rarely and 3.2% more frequently than that. In ROI 82.3% and in NI 64.8% reported that they always used a seatbelt.

Physical activity for at least an hour daily, every day, was reported by 39.6% of ROI and 15.7% of NI 14-year-olds. As with the younger respondents, boys were more likely to report higher activity levels. A majority in both jurisdictions of both boys and girls watched television (including videos and DVDs) for between 1 and 5 hours daily. In ROI 39.6% and in NI 31.1% reported no regular daily access to a computer.

The majority (89.0% in ROI and 68.4% in NI) had their first daily meal between 7 and 9 a.m., whilst 72.7% in ROI and 83.7% in NI had breakfast 5 days a week, higher at weekends. There was a wide spectrum in consumption patterns of various foods and beverages, ranging from never to more than once daily. In ROI 27.8% of children consumed fruit and 28.8% vegetables more than once daily, whilst 16.4% had sugary drinks and 21.4% had sweets more than once daily. Fish were never consumed by 24.6% of children. Crisps and chips were consumed regularly across the week. The patterns between males and females were not notably different. In NI, most children consumed fruit (56.3%) and vegetables (60.0%) at least daily and 26% sweets. Fish consumption was again rare, with 29.1% never eating it.

School attendance was 89.2% overall in ROI and 72.3% in NI. Higher numbers in NI were attending training centres (17.5% compared with 6.2% in ROI) and this was comparable for males and females.

In relation to measures of social support and networks, patterns were generally positive with some differences between boys and girls. For instance 61.7% of males in ROI were reported as always fit and well and 60.4% were always full of energy compared to 54.1% and 53.1% of girls on respective measures. Conversely more girls (54.6%) were reported as always getting on well at school than boys (46.2%).

Most parents (83.9% in ROI and 83.0% in NI) indicated that their child had not been picked upon at all in the last year, but an appreciable minority indicated this had occurred, slightly less so in the case of boys (13.9% and 7.7%) than girls (18.3% and 25.9%). A majority of respondents (60.9% in ROI and 60.0% in NI) considered their child always feels safe in the area where they live.

Respondents indicated strong networks for their child, 76.9% of whom stated they had up to 10 or more close friends, a similar situation for both boys and girls. A majority of 14-year-olds communicated with their friends by phone or text, 50.8% in ROI and 63.0% in NI reporting they did so daily.

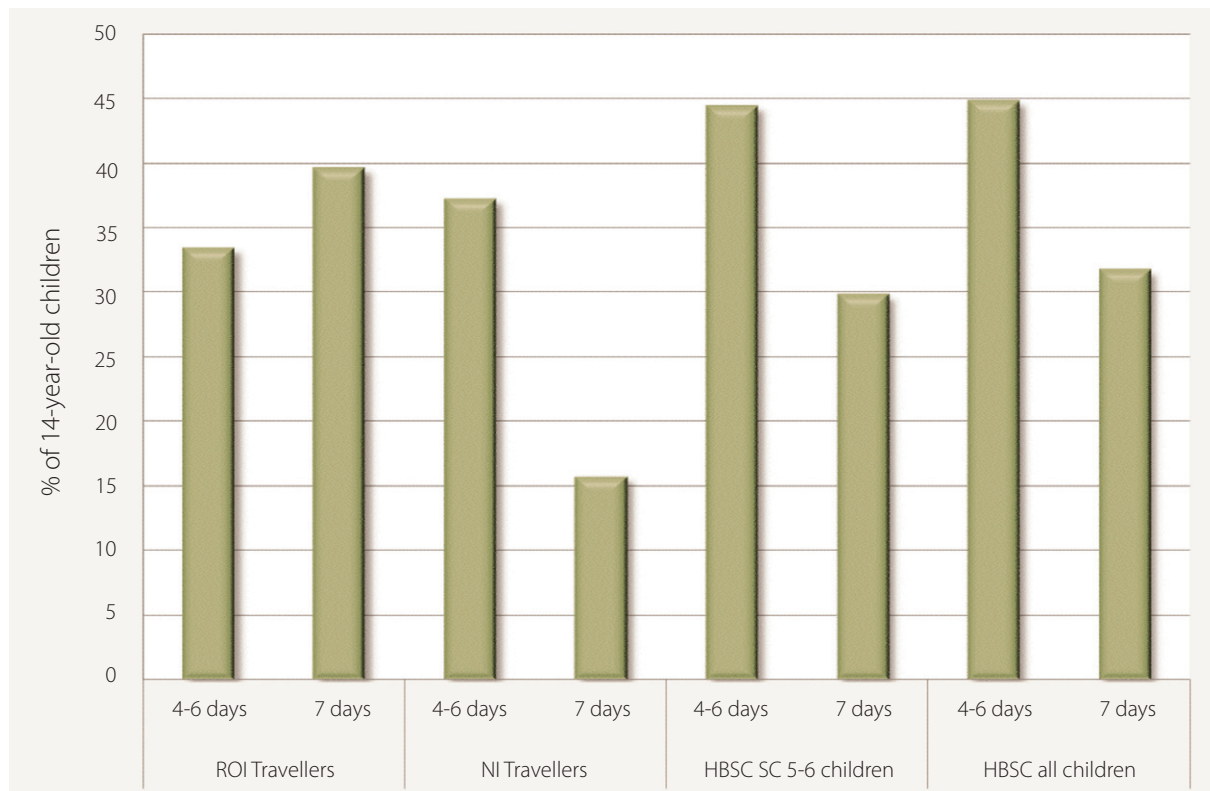
Commentary

Fewer HBSC SC 5-6 12-14-year-old children rated their health as 'excellent', in comparison with the parental report of the health of the 14-year-old Traveller children (34.4% vs 52.9% in ROI and 54.5% of NI Travellers) (Table 246).

91.1% percent of 12 to 14-year-old children in SC 5-6 in the HBSC study brush their teeth daily or more than daily, compared with 88.4% of ROI and 87.5% of NI Traveller 14-year-olds. Only small numbers of Traveller children have tried tobacco in this age group, compared with 29.1% of HBSC 12 to 14-year-old children in SC 5-6. At age 14, by parental report, 92.6% of ROI Travellers and 91.1% of NI Travellers never drink alcohol, compared with 76.7% of HBSC 12 to 14-year-olds in SC 5-6. However, it should be once again noted that HBSC data is gathered by child report.

Of the HBSC SC 5-6 12 to 14-year-olds, 78.8% always use a seatbelt when they sit in a car, compared with 82.3% of ROI and only 64.8% of NI 14-year-old Travellers. Physical activity is shown in Figure 15. Once again, as in the 9-year-old group, the NI children are less active than ROI and HBSC children, although the absolute number of respondents in this NI group is small.

Figure 15: Percentage of 14-year-old children who are physically active for a least an hour a day, by number of days of activity a week.



All Ireland Traveller Health Study

On weekdays, more Travellers regularly have breakfast than HBSC children. 72.7% of ROI and 83.7% of NI Traveller 14-year-olds have breakfast every morning, compared with 68.8% of HBSC social class 5-6 12-14-year-olds. Self-report of fruit and vegetable consumption is lower in the HBSC sample than in the parent-reported AITHS. 44.0% of ROI Traveller 14-year-olds and 61.1% of NI Traveller 14-year-olds eat 4 or more portions of fruit and vegetables a day, compared with HBSC 12 to 14-year-olds in SC 5-6, only 19.0% of whom report eating fruit more than once a day, and 16.3% of whom report eating vegetables more than once a day.

At least daily consumption of sweets is reported in 32.1% of ROI Traveller 14-year-olds and 26.0% of NI Traveller 14-year-olds, compared with 37.5% of HBSC 12 to 14-year-olds in SC 5-6. Consumption of 'soft' drinks is similar between the groups; 27.9% of ROI Traveller 9-year-old and 21.8% of NI Traveller 14-year-olds drink sugary, fizzy drinks once or more a day, compared with 26.5% of HBSC 12 to 14-year-olds in SC 5-6.

There are differences in methodology in reported child health between studies. The by-proxy reporting of child's health behaviour may over-estimate child's behaviour when reported by parents (van Roy *et al.*, 2010). Furthermore, Theunissen *et al.* (1998) state that by-proxy reporting may be over estimated at child-parent level, but is valid at group level. As stated in footnotes through the text, these caveats related to differing study methodology must be considered when evaluating the comparative data relating to the Child Health sub study.

Section C1: Adult Health Status

General Summary

In ROI, 3,358 general adult interviews were conducted, 1,415 with men and 1,936 with women. A majority of adults indicated their health was either excellent (22.6%) or very good (27.8%). Males and females overall had a similar pattern but there was an inverse age-related gradient, with older adults less likely to rate their health as excellent or good and more likely to rate it as fair or poor.

In NI, 790 health interviews were conducted with adults, 402 with men and 388 with women. 50.4% of NI adults rated their health as either excellent or very good (14.9% and 33.8% respectively), with women more likely to rate their health as excellent (17.1%) than men (12.8%). Again there was an inverse relationship with age: the older the respondent the more likely to rate their health as fair or poor.

In ROI there were high rates of registration with a GP, 96.9% overall, with women slightly more likely to be so than men and there was a positive age gradient, the older the respondent, the more likely to be registered. Most respondents also had an up-to-date medical card (92.6%) overall, rising to 99% of those aged 65 years and older. In NI again, 93.9% were currently registered with a GP, rising to 100% of those aged 65 years and older. Access to services as measured by general practice availability north and south is therefore comprehensive. This was perhaps surprising, given the importance of this issue in the past, due to records transfer and registration problems. (O'Donovan, *et al.*, 1995). An appreciable minority of respondents in ROI (17.8%) indicated their daily activity or work was limited by long-term illness, more so in men (19.9%) than women (16.2%) and again, strongly age-related, rising to 40.7% of those 65 years and older. In NI 15.1% indicated their daily activity was limited by long-term illness or disability, also with an inverse age gradient, rising to 32.0% in the 45-64 year age group.

A number of different morbidities were reported. The commonest health complaint reported as being diagnosed by a GP in ROI was a back condition (30.4%). Reported diagnosis of angina was 4.3% overall, similar in both men and women, and positively related to age. Amongst those aged 65 years and older, rates were highest of heart attack (11.1%), angina (24.2%) and stroke (3.3%).

Most respondents of both sexes and in both jurisdictions had not been screened for cardiovascular risk factors in the last 12 months, though risk factor detection was age related and was undertaken predominantly by the GP in both ROI and NI. Of those tested, a third of respondents in ROI (35.2%) had been diagnosed with high blood pressure in the last 12 months and a quarter (25.9%) had been diagnosed with high cholesterol. In NI 44.3% were diagnosed with high blood pressure and 36.8% with high cholesterol. This pattern too was positively age-related in both jurisdictions.

A third of respondents in ROI (31.3%) and 39.9% in NI were on some form of prescribed medication, rising in a graduated manner to 77.9% of those aged 65 years and older in ROI. In NI this rise was even steeper, applying to 82.1% of those aged 45 years and older.

Commentary

Travellers rate their general health in a more positive manner than comparable populations in SLAN 2002 and Lifeways, but in a similarly positive way to the SC 5-6 group from SLAN 2007 (Table 250). Of note however, is the high proportion of Traveller persons in the oldest age group who rate their health as fair or poor, in comparison with the other data sources. Overall, 18.9% of ROI and 13.9% of NI Travellers rate their health as fair or poor, similar to the 17% of all respondents in the available NI data (The Continuous Household survey, 2008-2009) who rated their health as 'not good' (versus 'Fairly Good' and 'Good').

Table 250: Self-rating of health

	Travellers (ROI) (n=3,344)	Travellers (NI) (n=787)	SLAN 2002 medical card holders (n=1,610)	SLAN 2007 medical card holders (n=3,439)	Lifeways medical card holders (n=510)	INSIGHT '07 medical card holders (n=1,277)
Under 30 years :						
Rate health as excellent or very good (%)	63%	61.2%	52.3%	61.6%	50.4%	72.5%
Rate health as fair or poor (%)	9.5%	6.5%	15.2%	10.0%	4.2%	6.9%
30-44 years :						
Rate health as excellent or very good (%)	61.4%	37.4%	47.1%	52.6%	55.8%	56.4%
Rate health as fair or poor (%)	16.7%	14.0%	18.0%	16.1%	15.6%	15.0%
45-64 years						
Rate health as excellent or very good (%)	30.2%	31.0%	24.5%	32.7%	35.8%	32.9%
Rate health as fair or poor (%)	35.6%	33.6%	34.2%	36.1%	19.0%	32.9%
65 and older						
Rate health as excellent or very good (%)	19.9%	20.0%	26.2%	30.7%	37.4%	29.1%
Rate health as fair or poor (%)	49.2%	66.7%	36.4%	34.3%	21.5%	35.0%

Table 251: Impact of ill-health on last 30 days

	Male						Female					
	Travellers (ROI) (n=631)	Travellers (NI) (n=187)	SLAN 2002 medical card holders (n=656)	INSIGHT '07 medical card holders (n=538)	SLAN 2007 medical card holders (n=1,287)	Travellers (ROI) (n=834)	Travellers (NI) (n=190)	SLAN 2002 medical card holders (n=954)	INSIGHT '07 medical card holders (n=748)	SLAN 2007 medical card holders (n=2,158)		
In the last 30 days...												
Physical health was not good for one or more days	62.0%	50.8%	35.6%	34.4%	-	60.6%	53.2%	30.5%	41.4%	-		
Mental health was not good for one or more days	59.4%	58.6%	21.8%	13.5%	-	62.7%	55.1%	23.4%	19.9%	-		
Poor physical or mental health restricted normal activities for one or more days	56.5%	48.7%	24.5%	29.2%	21.1%	56.2%	46.6%	23.3%	30.1%	19.6%		
Daily work or activity was limited by long term illness or disability	19.9%	13.1%	36.6%*	24.2%	29.7%	16.2%	17.1%	24.6%**	19.2%	23.0%		

*13.4% of general SLAN 2002 population

**12.1% of general SLAN 2002 population

Regarding specific measures of general health, such as an estimate of days during which ill-health had an impact, the Traveller group appear to be in poorer health than the comparable populations (Table 251), although it is interesting to note that the SLAN 2002 medical card population have a higher rate of limitation by a long term illness or disability. AITHS participants were asked whether their daily activity or work was limited by a long term illness or disability. A similar item was collected in the SLAN and NI Continuous Household surveys, and comparative results are presented in Table 252. It can be seen that similar reporting frequencies are noted in the under-64 age groups, with some differences seen in the over-64 age group. From INSIGHT '07, 18.3% of all participants with medical cards reported a long-term illness which limited their daily activity.

Table 252: Percentage of respondents in the AITHS, SLAN 2007 and the NI Continuous Household Survey 2008-2009 who reported a limiting long-term illness

	Travellers (ROI) (n=1,622)	Travellers (NI) (n=390)	SLAN 2007 GMS participants (n=3,718)	NI Continuous Household Survey 2008-2009
Under 44 years :	11.8%	12.4%	13.5%	12.0%
45-64 years	32.8%	32.0%	30.8%	27.0%
65 and older	40.7%	28.6%	27.3%	41.0%
Total	17.8%	15.1%	23.6%	24.0%

Of the 1,260 INSIGHT '07 participants who were medical card holders, 97.5% of women and 95.5% of men were registered with a GP; whereas of all INSIGHT '07 participants (n=3,410), 87.9% of men and 92.8% of women were registered with a GP. Overall, Travellers are accessing health screening for cholesterol and high blood pressure at least as much as the SLAN 2007 GMS population (Table 253).

Table 253: Screening for high blood pressure and high cholesterol, in the last 12 months

	Travellers (ROI) (n=1,928)	Travellers (NI) (n=394)	SLAN 2007 medical card holders (n=3,440)
Under 30 years:			
Screened for high blood pressure (%)	32.5%	28.6%	31.2%
Screened for high cholesterol (%)	20.7%	25.1%	15.0%
30-44 years:			
Screened for high blood pressure (%)	41.8%	57.6%	36.9%
Screened for high cholesterol (%)	33.3%	50.0%	24.0%
45-64 years:			
Screened for high blood pressure (%)	68.6%	71.4%	62.7%
Screened for high cholesterol (%)	61.6%	64.8%	52.9%
65 and older			
Screened for high blood pressure (%)	85.1%	85.7%	74.3%
Screened for high cholesterol (%)	76.2%	100.0%	62.3%

Use of prescription medications is roughly similar in the Traveller and the other comparable populations. In the 45-64 year age group, 59.3% of ROI Travellers and 82.1% of NI Travellers are taking regular prescription medications, compared with 56.9% of Lifeways medical card holders and 65.0% of SLAN 2002 medical card holders.

Regarding the incidence of specific illnesses, the Traveller group appear to have a greater burden of chronic diseases than the general population (Table 254), with conditions such as back conditions, diabetes, and heart attack increased by a factor of two in the Traveller group, and respiratory conditions such as asthma and chronic bronchitis increased by a factor of two to four, in comparison with the general SLAN population. However, when the Traveller population is compared with the medical card holders within SLAN 2007, the differences become less prominent.

Specifically considering cardiovascular risk factors, the excess burden of cardiovascular morbidity noted is also reflected in an excess of cardiovascular risk factors seen in the Traveller group, as compared with the SLAN 2002 medical card holders. For those Travellers who had their blood pressure and/or cholesterol checked in the last year, the number with a high level detected was overall higher than the number within SLAN 2002 and 2007 who reported having a high reading checked (Table 255). However, with respect to the unscreened Traveller population, clearly the true prevalence of these conditions is not known.

Table 254: Doctor-diagnosed illnesses, within the last 12 months, by comparative group

Illness	Travellers (ROI)	Travellers (NI)	SLAN 2007 general population	SLAN 2007 SC 5-6 (n=3,445)
Back condition	30.4%	25.2%	16.0%	22.1%
Asthma	12.5%	25.7%	6.0%	8.9%
Chronic bronchitis*	12.0%	9.4%	3.0%	5.9%
Cancer	1.0%	0.3%	1.0%	2.8%
Arthritis**	13.8%	13.2%	11.0%†	28.1%†
Diabetes	6.1%	6.1%	3.0%	6.5%
Angina	4.3%	2.1%	2.0%	5.6%
Heart attack	2.3%	2.1%	<1.0%	2.3%
Stroke	1.1%	1.1%	<1.0%	2.2%

*Defined as Bronchitis or emphysema in AITHS and Chronic bronchitis in SLAN 2007

**Defined as arthritis in AITHS, and separate items for rheumatoid and osteoarthritis in SLAN 2007

†Combination of the reported incidences of rheumatoid and osteoarthritis

Table 255: Self-report of high blood pressure and high cholesterol in the AITHS respondents, and the SLAN 2002 and 2007 medical card holders⁴

Illness	ROI and NI Travellers who reported having blood pressure or cholesterol screening	All ROI and NI Travellers who answered the adult health questionnaire	SLAN 2002 medical card holders	SLAN 2007 medical card holders
Self-report of high blood pressure	n=647	n=1,904	n=1,637	n=2,838
Under 30 years	17.9%	3.6%	5.3%	5.2%
30-44 years	31.3%	10.4%	9.7%	9.2%
45-64 years	49.3%	26.3%	24.0%	35.1%
Over 65	54.1%	38.5%	31.0%	36.0%
Total	36.5%	12.4%	23.3%	28.3%
Self-report of high cholesterol	n=669	n=1,869	n=1,637	n=2,657
Under 30 years	11.6%	2.4%	1.3%	1.9%
30-44 years	21.4%	7.7%	7.3%	13.0%
45-64 years	39.8%	22.6%	19.6%	30.3%
Over 65	46.1%	34.0%	15.0%	26.3%
Total	28.0%	10.0%	13.4%	22.8%

⁴ The data items from which these measurements are derived vary between the studies. For the AITHS, the numbers presented are the persons who reported having undergone screening in the last 12 months and who received a diagnosis of high blood pressure or high cholesterol, and these numbers are then presented as a percentage of all AITHS respondents in that age group. For SLAN 2002, the numbers presented represent the persons who reported doctor diagnosed high blood pressure or cholesterol at any time. For SLAN 2007, the numbers presented represent the persons who reported doctor diagnosed high blood pressure or cholesterol in the last 12 months.

Smoking, Alcohol and Illicit Drugs

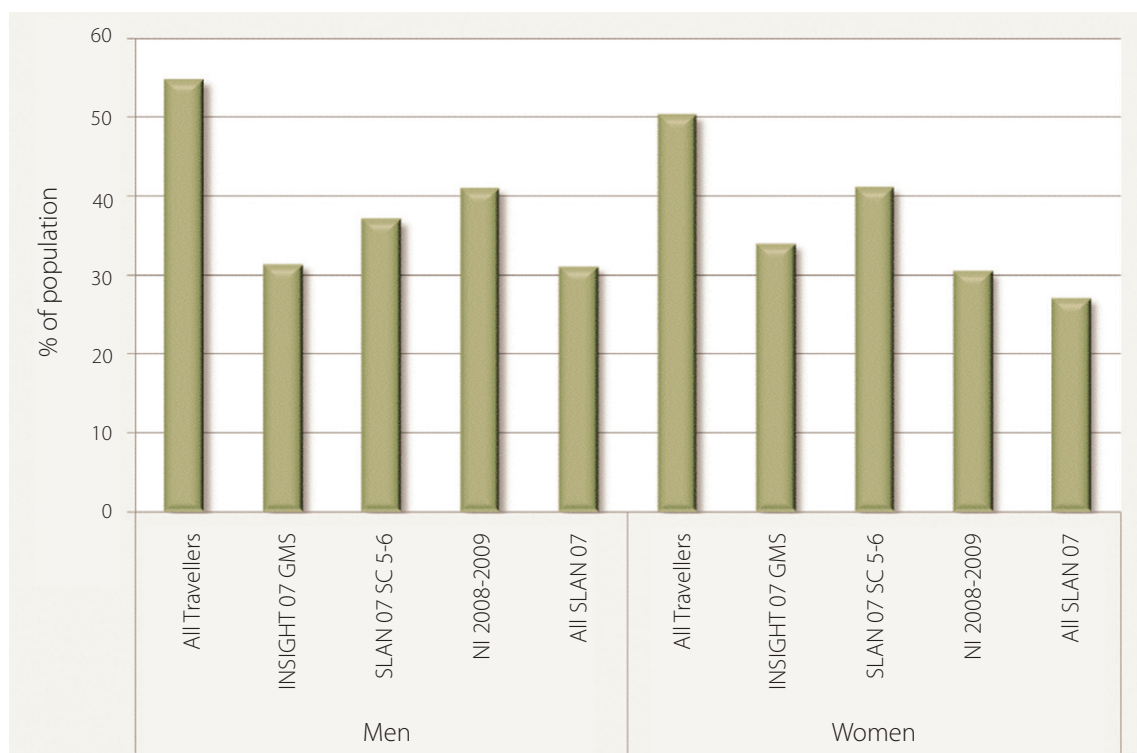
General Summary

Overall, 52.5% in ROI and 50.8% in NI were current smokers; 43.5% in ROI and 38.4% in NI were regular smokers and a further 9% in ROI and 12.4% in NI were occasional smokers. Smoking rates in men and women were comparable between the sexes in ROI but somewhat lower in women (47.8%) than men (53.9%) in NI. Regarding alcohol consumption, 38.1 % of respondents in ROI and 39.3% in NI indicated they never drank, with rates of non-drinking being considerably higher in women than men. The lowest rate of never-drinkers (30.9% in ROI and 32.1% in NI) was in the 30 to 44-year-old age group. A majority of respondents (66.3% in ROI and 64.6% in NI) considered illicit drugs to be a problem in their community and this was a consistent pattern for both men and women and across age groups.

Commentary

There is a high prevalence of current tobacco smoking within the AITHS. This compares with current smoking in 37% of adults in social class 5 to 6 in SLAN 2007, 32.5% in the INSIGHT '07 medical card holders, and 34% of all semi-skilled and unskilled workers in the 2008-2009 NI Continuous Household survey. Figure 16 shows the prevalence of current smoking by sex in the AITHS and comparable populations. Data from all SLAN 2007 participants is also included as a comparator with the wider population.

Figure 16: Current tobacco smoking in the AITHS, INSIGHT '07, NI Continuous Household survey 2008-2009 semi-skilled and unskilled workers and SLAN 2007 studies



The reported frequency of alcohol consumption in the AITHS is comparable to that of the medical card holders in SLAN 2007, and both groups have lower frequencies of consumption than do the general SLAN 2007 population. However, of those who do drink alcohol, the AITHS participants report drinking a greater number of alcoholic drinks than do SLAN 2007 medical card holders. 66.1% of male and 42.3% of female ROI Travellers and 65.6% of male and 39.3% of female NI Travellers drink six or more alcoholic drinks on days when they are drinking alcohol, compared with 35.8% of male and 17.0% of female SLAN 2007 medical card holders. From the 2008-2009 NI Continuous Household survey, 74% of all respondents drink alcohol, with 82% of 25-44-year-olds and 77% of 45 to 65-year-olds reporting alcohol consumption.

Table 256: Self reported frequency of alcohol consumption in the SLAN 2007 and AITHS groups

	Travellers (ROI) (n=1,639)	Travellers (NI) (n=399)	SLAN 2007 medical card holders (n=3,428)	SLAN 2007 all participants (n=3,718)
Under 30 years :				
Never drink alcohol (%)	40.9%	45.4%	16.2%	11.0%
Drink >2 times per week (%)	9.3%	16.1%	26.7%	38.0%
30-44 years:				
Never drink alcohol (%)	30.9%	32.1%	19.6%	14.0%
Drink >2 times per week (%)	16.3%	29.1%	28.0%	38.0%
45-64 years:				
Never drink alcohol (%)	39.9%	35.8%	30.7%	21.0%
Drink >2 times per week (%)	17.6%	32.1%	30.3%	41.0%
65 and older:				
Never drink alcohol (%)	46.2%	28.6%	43.5%	41.0%
Drink >2 times per week (%)	14.3%	28.6%	25.1%	28.0%
Total				
Never drink alcohol (%)	38.1%	39.3%	32.7%	19.0%
Drink >2 times per week (%)	13.4%	22.8%	27.1%	38.0%

Safety

General Summary

Some 12% of respondents in ROI, and 8.1% in NI, reported one or more injuries serious enough to interfere with daily activities in the last 2 years. This finding was strongly age-related, rising to a 25.3% of the over-65 age group in ROI. Whilst the majority were accidental (65.7% in ROI and 78.1% in NI), there were an appreciable number of reported non-accidental injuries, particularly among women in ROI (38.8%) and in the middle-age groups. The most frequently cited location for an accident was in the home (42.9% in ROI and 51.6% in NI) and the pattern differed somewhat by sex and according to age group. Most were treated in accident and emergency service (40.6% in ROI and 34.4% in NI), followed by the GP (28.9% in ROI and 31.3% in NI), a similar pattern according to sex and age group.

A majority of respondents (88% in ROI but 63.5% in NI) reported regular use of a seat belt while driving in a car or van.

Commentary

The Traveller groups appeared to have overall fewer injuries than the SLAN 2002 medical card holders group (Table 257). Notable is the high frequency of non-accidental injury in the Traveller groups, especially in ROI. Using a different questionnaire item, 7.6% of men and 6.7% of women of the SLAN 2007 medical card holders reported an injury in the last 1 year which necessitated a medical consultation (11% and 7% respectively in the general SLAN 2007 population: data not included in the table because of the variation in data items). Compared with 88% in ROI and 63.5% in NI, 84.6% of SLAN 2002 medical card holders reported that they always wear seatbelts whilst in the front of the car.

Table 257: Accidents in the last 2 years, in AITHS and SLAN

	Travellers (ROI)		Travellers (NI)		SLAN 2002 medical card holders	
	Male (n=692)	Female (n=943)	Male (n=191)	Female (n=203)	Male (n=626)	Female (n=921)
Suffered an accident in the last 2 years which interfered with daily activities	13.2%	11.1%	8.4%	7.9%	14.3%	16.5%
Most recent injury was non-accidental	29.3%	38.8%	25.0%	18.8%	5.6%	13.4%

General Exercise and Household Physical Activity

General Summary

Most AITHS respondents reported that they undertook physical activity fewer than 3 times per week, with reported rates of strenuous activity fewer than 3 times per week of 76.6% in ROI and 76.3% in NI, of moderate activity of 60.1% in ROI and 75.1% in NI and of mild activity of 55.6% in ROI and 67.4% in NI. Men were more active than women.

A majority of respondents (70.2% in ROI and 69.9% in NI) reported using a car to go shopping. Rates were comparable between men and women, but were inversely related to age, with older respondents less likely to use a car and more likely to go on foot.

A quarter of respondents (25.5% in ROI and 26.3% in NI) reported spending less than an hour per week watching television or playing computer games but most men and women and all age groups in both jurisdictions reported appreciable time doing so.

Commentary

The AITHS participants report overall more leisure time physical activity than do the medical card holders in SLAN 2002 and 2007, and the general population in SLAN 2002 (Table 19). In the SLAN 2002 general population, 72.3% of men and 76.4% of women use the car to go shopping, comparable with reported use in AITHS of 70.2% in ROI (70.6% in men and 69.9% in women), and 69.9% in NI (74.5% in men and 65.5% in women). Marginally lower car usage was described in the SLAN 2002 medical card holders: 64.2% in men and 65.3% in women.

Similar to the figures quoted in the AITHS, 30.8% of the SLAN 2002 general population and 22.8% of the SLAN 2002 medical holder population report watching less than 1 hour per week of television.

Table 258: Leisure-time physical activity 3 or more times per week, by intensity of activity in the AITHS and selected SLAN studies

	Travellers (ROI)		Travellers (NI)		SLAN 2002 Medical card holders		SLAN 2002 general population		SLAN 2007 medical card holders	
	Male (n=577)	Female (n=769)	Male (n=179)	Female (n=186)	Male (n=669)	Female (n=970)	Male (n=2,429)	Female (n=3,502)	Male (n=1,240)	Female (n=2,088)
Strenuous exercise	30.6%	17.6%	29.3%	17.8%	5.8%	3.2%	15.2%	6.6%	7.3%	4.2%
Moderate exercise	41.9%	38.4%	26.1%	23.8%	16.9%	23.1%	25.9%	37.3%	21.6%	20.8%
Mild exercise *	46.8%	42.7%	32.4%	32.8%	29.3%	30.5%	21.5%*	21.6%*	46.4%	45.7%

* 'Mild exercise most days'

Diet

General Summary

Just under half of respondents in ROI reported at least daily fruit or vegetable consumption (45.3%), less frequently so by men (39.4%) compared with women (49.7%), with little variation by age. In NI, 31.7% reported eating daily fruit and vegetables, again less frequently for men (27.1%) than women (35.9%) and again with minimal age variation.

Four in 10 Traveller respondents in ROI (40.3%) and 31.3% in NI reported eating fried food less than once per week, with just 11.8% in ROI and 12.9% in NI reporting daily consumption. Men were more likely to consume fried food frequently than women. This pattern was also inversely age related: 17.1% in ROI and 15.1% in NI of those under-30 years consumed fried food daily, compared with 1.1% of the oldest respondents

In ROI butter was the most popular spread (56.2%) and was consumed at least most days by both men (56.9%) and women (55.8%). There was no strong age trend. In NI consumption was more evenly spread between butter, low fat or vegetable oil spreads. In ROI a majority of respondents either usually (11.7%) or always (38%) added salt to food at table, men more so than women, and younger respondents more than older people. In NI, 19.3% usually and 20.5% always added salt to food at table, men more so than women and with little variation by age.

AITHS respondents hardly ever ate out, particularly in restaurants (62.0% in ROI and 67.5% in NI), and women ate out less frequently than men. There is a strong inverse pattern, with older respondents less likely to ever eat out, and rates of fast food and home delivery consumption were higher in the younger age group in both jurisdictions.

Most respondents saw no problem with trying to eat more healthily (65.4% in ROI and 52.4% in NI), and by far the most frequently cited barrier was price (29.3% in ROI and 36.8% in NI), followed by family preferences (16.2% ROI and 20.6% NI). Patterns were similar for men and women and according to age group.

Commentary

Compared with data from the SLAN 2007 report suggesting that 65% of adults in all social classes reported eating at least 5 portions of fruit and vegetables per day in the general population (Harrington *et al.*, 2008), only 45.3% of Travellers in ROI and 31.7% of Travellers in NI report eating daily fruit and vegetables. When viewed in the context of the comparable populations, Travellers reported more frequent consumption of fried food (Figure 17). With respect to use of butter, low fat spread and table salt, patterns of use of Travellers closely resemble those of the SLAN 2002 population (Figure 18), with lower consumption of those fats in the NI Travellers.

Figure 17: Fried food consumption. Respondents noting consumption of fried or “fast” foods 4 or more times per week.

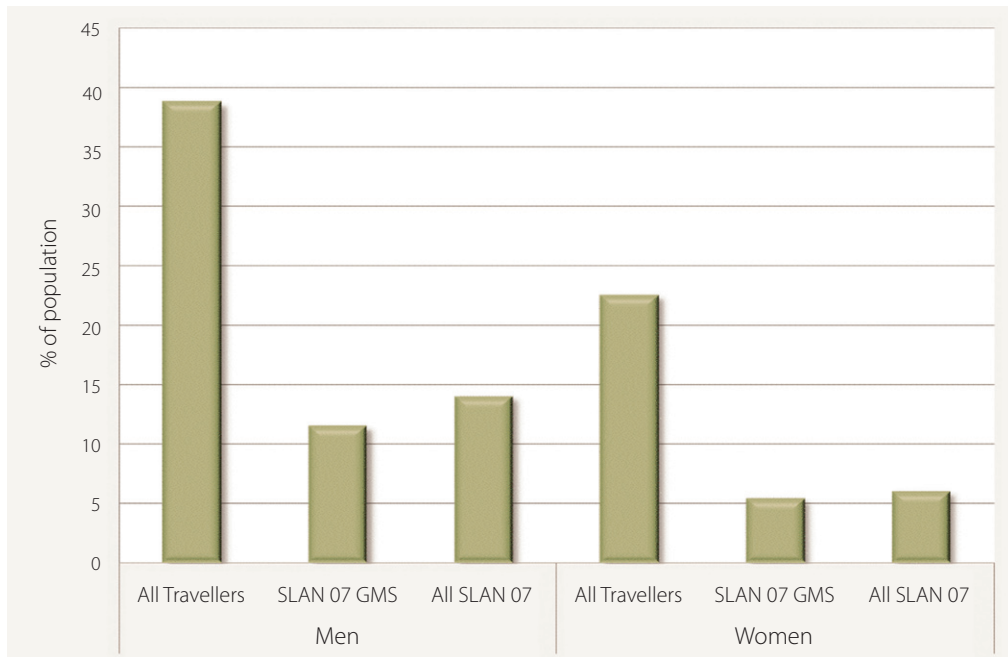
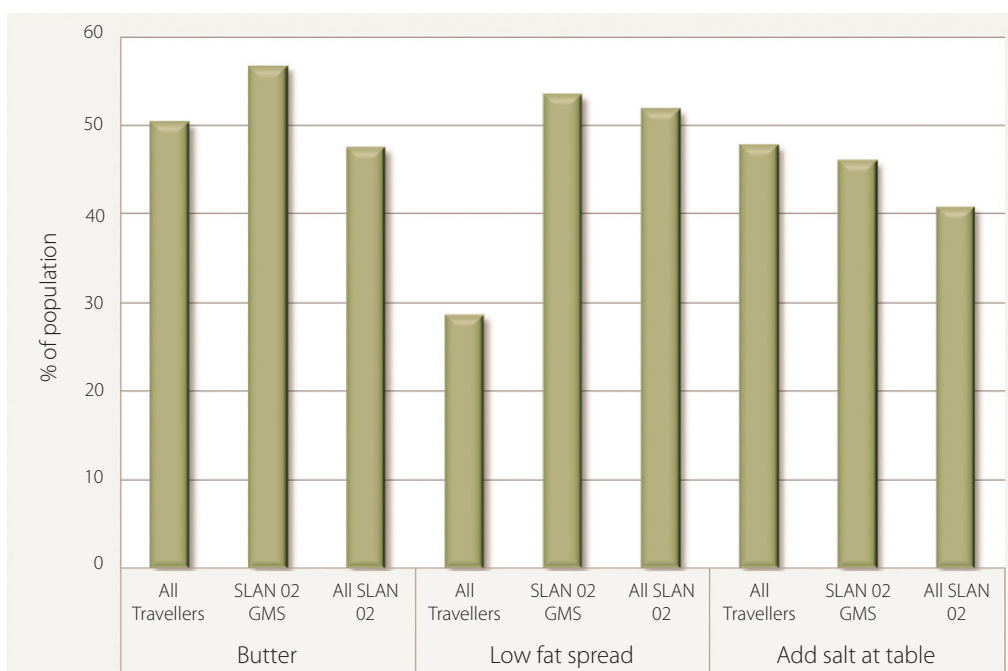


Figure 18: Consumption of butter and low fat spread ‘every or most days’, and addition of salt to food at the table ‘usually or always’, in AITHS and SLAN 2002



Social Capital and Social Support

General Summary

ROI respondents gave a broad range of responses to the statement that generally speaking, most people can be trusted: a quarter strongly disagreed (25.8%) and a tenth strongly agreed (10.2%). There were no notable differences by sex and the oldest age group was somewhat more in agreement than others with the statement. In NI the most frequent category (42.6%) was the neutral one of neither agreeing nor disagreeing, and younger people were more likely to agree than older respondents.

The number one grouping, providing respondents with a lot of support in ROI, were parents (53.3%), followed by spouse or partner (50.4%), with support from other sources lower. In NI, parents also ranked first (46.1%). However spouse or partner ranked fourth (27.0%) after other sources such as other relatives, children and friends. Partner was not applicable in respondent's situation for 61.0% in NI compared with 29.6% in ROI.

There was a broad range of responses to the question of whether respondents ever felt discriminated against or made to feel inferior as a member of the Traveller community. The situations most frequently cited as never occasioning such discrimination were on a sports team (64.9% in ROI, 58.1% NI), followed equally by obtaining insurance or a loan (60.7%) or in accessing health services (60.4%) in ROI and at work (47.2%) or accessing health services (46.0%) in NI. Nonetheless, appreciable numbers of respondents cited frequent episodes of discrimination in all settings, the worst ranked setting being served in a shop or pub, with for instance 35.1% indicating this occurred at least 4 or more times in ROI. There were some sex differences, so that 70.4% in ROI and 60.3% in NI of women indicated they were never discriminated against in a sports team, falling in men to 57.9% in ROI and 55.7% in NI. Younger respondents reported more frequency of discrimination than older people.

In the past year, 47.1% in ROI and 25.2% in NI indicated that they never worried about experiencing unfair treatment; the remainder were worried some or most of the time. There was no consistent age pattern.

Commentary

To assess feelings of trust in individuals in the Traveller and other groups, participants were asked if they agreed with the statement, 'Generally speaking, most people can be trusted'. It is clear that in comparison with the SLAN 2002 medical card holders, the Traveller groups felt much less trustful (Table 259), with over a quarter of the ROI Travellers strongly disagreeing with this statement.

Table 259: Agreement with the statement ‘Generally speaking, most people can be trusted’

	Travellers (ROI)		Travellers (NI)		SLAN 2002 medical card holders		SLAN 2002 All participants	
	Male (n=694)	Female (n=945)	Male (n=191)	Female (n=201)	Male (n=620)	Female (n=902)	Male (n=2,355)	Female (n=3,395)
Strongly agree or agree	23.5%	24.7%	24.1%	29.9%	70.0%	67.7%	67.3%	67.1%
Strongly disagree	28.0%	24.2%	6.8%	8.5%	2.4%	2.6%	2.8%	2.3%

Rating of social supports in the AITHS and SLAN 2002 respondents is shown in Table 260. The percentages shown represent the valid percentage of all those who had access to that kind of support, i.e. if a respondent indicated that they did not have children, or that a supportive relationship with the clergy was not applicable to them, they were removed for the purposes of calculating the percentage. The Travellers can be seen to rate the support they receive from their parents more highly than do the general SLAN 2002 population.

Table 260: Number who agreed that the following groups of friends and family gave them ‘a lot of support’, in the AITHS and SLAN 2002 studies

Source of support	Travellers (ROI) (n=1,559)	Travellers (NI) (n=367)	SLAN 2002 medical card holders (n=1,639)	SLAN 2002 general population (n=5,974)
Spouse/Partner	71.6%	69.2%	78.3%	81.6%
Parent(s)	69.6%	59.3%	55.4%	38.3%
Child(ren)	65.9%	55.0%	61.7%	52.9%
Other close relatives	40.7%	34.2%	39.0%	30.2%
Friends	36.0%	31.5%	37.2%	34.0%
Clergy	40.9%	20.2%	-	-

Furthermore, in comparison with a low income mixed race group aged between 25 and 64 from the US (Krieger *et al.*, 2005), where similar questions were asked, the Traveller experiences of ethnic discrimination seem much more common (Table 261)⁵.

⁵ We include this comparison because the data items capturing experience of discrimination used in AITHS were derived from the instrument used by Krieger *et al.* (2005) and therefore the measurements can be seen as directly comparable, although there is a proviso that unlike the other comparisons in this document, in this case the comparator group is clearly not from the general Irish population.

Table 261: Experience of discrimination in Travellers in the AITHS, compared with a survey of Black, Latino and White working class adults in Boston, USA.

Ever experienced discrimination, once or more than once:	Travellers (ROI) (n=1604)	Travellers (NI) (n=398)	Black Americans (n=156)	Latino Americans (n=299)	White Americans (n=205)
At school	62.1%	67.0%	20.5%	8.7%	9.8%
Getting work	55.1%	63.9%	27.6%	19.6%	14.2%
At work	43.9%	52.8%	19.2%	14.4%	11.7%
Getting accommodation	56.5%	75.6%	25.6%	10.5%	10.2%
Getting health care	39.6%	54.0%	17.3%	14.0%	5.8%
Being served in a shop or pub/ restaurant	60.7%	72.3%	41.0%	19.6%	10.2%
Getting insurance or a loan	39.3%	60.2%	25.6%	16.2%	7.8%
On the street or in a public setting	49.7%	70.1%	38.0%	24.0%	15.1%
From the guards or police, or in the courts	52.3%	64.7%	21.8%	17.5%	6.3%

Health Issues Specific to Women

General Summary

In the case of ever married Traveller women only, information on family planning was elicited. Overall 40.8% in ROI and 50.4% in NI had ever been on the contraceptive pill and this showed a strong age pattern, with the group most likely ever to be on the pill those in the 30 to 44 year age group (53.6% in ROI and 51.9% in NI).

Those not taking folic acid or multivitamins in the last year were 44.8% in ROI and 40.7% in NI, and this was strongly inversely age related. Over a third of those under 30 in ROI (32.8%) reported almost daily intake compared to 23.0% in NI.

Over a quarter of respondents in ROI reported having undergone breast screening with a mammogram (29.5%) and almost a quarter reported cervical cancer screening (23.9%) in the last year (from estimates from the relevant target age groups for such screening). In NI, the small sample size for this item means that the findings may not be reliable.

A large majority (82.9% in ROI and 76.4% in NI), indicated that a woman having problems with the change of life would seek help from the GP (85.9% in ROI and 73.1% in NI), a point agreed upon by respondents of all ages. TCHWs featured as a source of support in a fifth of respondents' responses and other health professionals were cited by 32.5% of ROI and 54.8% of NI respondents.

Commentary

More women in SLAN 2002 reported having been on the oral contraceptive pill (77.2% of 30-44 year-olds in the medical card group, and 72.8% of all 30 to 44-year-old SLAN 2002 participants), than in the AITHS population. Of the women in SLAN 2007 who were medical card holders, 11.6% had cervical screening and 13.3% had a mammogram in the previous year. From the Northern Ireland Screening Programme (2006), 72.2% of women in the 25 to 64-year-old age group had accessed cervical screening within the preceding 5 years (and within 5 years of a satisfactory test). Rates of breast screening in the Traveller women were similar or greater than those in the corresponding age groups in the SLAN 2007 Medical Card Holder group. Rates of cervical screening were considerably higher (Table 262). The sample size is small in the NI group (n=13) and therefore this group is not commented upon.

Table 262: Screened or tested in the last year for breast or cervical cancer, in women only

	Breast screening (Mammogram)		Cervical screening (Smear test)	
	ROI Travellers	SLAN 2007 GMS	ROI Travellers	SLAN 2007 GMS
50-59 year olds	28.4%	28.6%	22.7%	14.2%
60+ year olds	23.6%	15.2%	22.2%	7.3%
Total (all ages)	25.2%	13.3%	22.7%	11.6%

Section C2: Health Service Utilisation Patterns of Health Utilisation

General Summary

Sources of Information and Ease of Access

Traveller respondents accessed information about health from a range of sources. The most frequently cited source was the GP (91.1% ROI and 89.0% NI), followed by family or friends (31.8% ROI and 35.8% NI), TCHW (29.4% ROI and 8.4% NI), PHN (28.0% in ROI) or health visitor in NI (6.3%), Primary Care Projects (25.0% in ROI and 4.3% in NI) and Health Organisations (3.3 % in ROI and 5.0% in NI).

Most people felt their opportunities to access services were about the same as everyone else. For instance 72.3% in ROI and 73.5% in NI thought their access to the Accident and Emergency Department (A & E) was the same, with 14.9% in ROI and 17.9% in NI rating their access as worse, and 12.8% in ROI and 8.6% in NI as better, than everyone else. Respondents were asked to rate various difficulties in accessing health services. The barriers identified included the waiting list (cited by 62.7% of respondents in ROI and 46.8% in NI), embarrassment (47.8% in ROI and 50.0% in NI) and lack of information (37.3% in ROI and 28.6% in NI).

Services Used in Last 12 Months

In the last 12 months in ROI a quarter of respondents had been a hospital inpatient either once (15.4%) or more than once (10.6%) and similar numbers had attended as a day-patient once (12.8%) or more than once (9.9%). A third (32.8%) had been to hospital as an outpatient and a third (29.7%) had been to A & E. Three-quarters (75.6%) had visited their GP at least once. Utilisation of other services was less frequent. Women availed of services more frequently than men and there was a positive age gradient.

In NI 10.8% had been an inpatient once and a further 4.9% more than once, and similar numbers had attended as a day-patient once (10.4%) or more than once (2.6%). A quarter (25.2%) had been to hospital as an outpatient and a third (33.3%) had been to A & E. Two-thirds (64.7%) had visited their GP at least once. Utilisation of other services was less frequent. Women again availed of services more frequently than men and there was a positive age gradient.

In ROI 41.0% had complete trust in health professionals treating them, compared to 34.6% in NI; women had more trust than men but there was no consistent age pattern. Just under half of respondents in ROI (46.6%) completely felt they were given enough time to discuss their problem with healthcare professionals, compared to 32.3% in NI.

In ROI 70.0% felt they had been given about the right amount of information and in NI, 61.8%; there was no clear age or gender pattern. In ROI 57.6% and in NI 38.8% felt they had always been treated with respect and dignity throughout the consulting experience. There was some variation also in whether respondents judged they had been given enough privacy; in ROI 63% indicated this was always the case, compared to 39.3% in NI.

There was a wide range of response by respondents in how they rated the quality of care received while in hospital. In ROI it was rated as excellent (17.4%) or very good (26.5%), with the remainder rating it less well. In NI, it was rated excellent by just 5.0% and very good by 28.8%. A majority (85.9% in ROI and 78.2% in NI) would recommend the service to someone else.

When asked if they had ever wished to make a complaint about some aspect of the health service, 25.6% in ROI and 36.4% in NI said yes and of these, 38.8% in ROI and 55.4% in NI indicated they knew how to go about it. Whilst numbers were small, more people were satisfied or somewhat satisfied with the outcome in NI (72%) than ROI (37.7%).

Commentary

Table 263 shows the different sources of health information in the AITHS and the INSIGHT '07 studies. The GP is the primary source of information for the majority of persons. Notable is the fact that the INSIGHT '07 participants were at least 4 times more likely to access health information over the internet than were the Traveller groups. Furthermore, helplines appear to contribute very little to health information in either group.

Table 263: Accessing health information, in AITHS and INSIGHT '07

	Travellers (ROI) (n=1,668)	Travellers (NI) (n=383)	INSIGHT '07 medical card holders (n=1,293)	INSIGHT '07 all participants (n=3,517)
General practitioner	91.1%	89.0%	88.6%	83.3%
Family or friends	31.8%	35.8%	21.4%	26.6%
TCHW	29.4%	8.4%	-	-
Traveller organisations	14.3%	7.3%	-	-
PHN or health visitor	28.0%	6.3%	-	-
Primary care projects	25.0%	4.2%	-	-
Health organisations	3.3%	5.0%	3.5%	5.7%
Internet/world wide web	2.5%	1.8%	9.8%	16.5%
Media	13.7%	3.7%	15.0%	17.5%
Helplines	0.8%	4.4%	0.7%	1.0%

Most Traveller respondents felt their opportunities to access services were about the same as everyone else. From the comparable data: of the medical card holders in INSIGHT '07 who provided a valid answer, 75.4% thought their access to A & E services was the same as everyone else, as did 75.6% of all INSIGHT '07 participants. For access to mental health services, 80.0% of medical card holders in INSIGHT '07 thought that their access was the same as everyone else's, as did 78.3% of all INSIGHT '07 participants.

Usage of GP services was similar in the AITHS and INSIGHT '07 populations, although usage of hospital services and in particular usage of A & E is considerably higher amongst the Travellers (Table 264).

Table 264: Services used in the last 12 months, in AITHS and INSIGHT '07

	Travellers (ROI)		Travellers (NI)		INSIGHT '07 Medical card holders		INSIGHT '07 general population	
	Male (n=932)	Female (n=1,029)	Male (n=216)	Female (n=189)	Male (n=542)	Female (n=751)	Male (n=1,700)	Female (n=1,817)
Hospital inpatient								
Once	15.6%	15.0%	8.2%	13.8%	10.0%	11.4%	6.7%	10.1%
More than once	9.5%	11.5%	7.2%	2.2%	7.6%	6.0%	3.5%	4.1%
Hospital day patient								
Once	13.5%	11.9%	9.6%	11.3%	8.6%	8.5%	5.8%	6.7%
More than once	8.2%	11.5%	3.3%	1.7%	6.5%	4.6%	3.0%	3.1%
Hospital outpatient								
Once	15.7%	14.9%	10.0%	18.7%	8.2%	9.6%	8.7%	7.3%
More than once	16.0%	18.6%	10.0%	12.6%	15.0%	13.4%	9.2%	7.5%
A & E								
Once	19.0%	14.3%	18.9%	23.9%	5.3%	9.9%	9.1%	7.7%
More than once	13.3%	12.8%	11.8%	12.5%	4.1%	4.5%	2.8%	3.1%
General practitioner								
Once	18.1%	12.9%	15.3%	17.5%	14.0%	12.7%	20.1%	16.3%
More than once	53.1%	66.6%	41.7%	56.1%	59.4%	63.1%	40.5%	55.0%

Comparisons were made between the experiences of healthcare services (hospital as an inpatient or outpatient, A & E and GP services) in the AITHS survey, and the available data items in INSIGHT '07 relating to experiences of hospital inpatient and outpatient services, and of GP services (Table 265). Clearly, measures of satisfaction with the quality of health service care are appreciably higher in the INSIGHT '07 group than in the Traveller group. It would appear that Traveller respondents either perceive or actually do experience a poorer quality of healthcare service than do the general Irish public.

Table 265: Experience of service

Experience of service*	ROI Travellers (n=1,324)	NI Travellers (n=263)	INSIGHT '07 All respondents (n=2,758)	INSIGHT '07 medical card holders (n=1,292)
Completely trusted health professional treating you	41.0%	34.6%	82.7%	81.8%
Had enough time to discuss your health problem:	46.6%	32.3%	78.4%	76.2%
Was treated with respect and dignity by the healthcare team	57.6%	38.8%	87.7%	88.0%
Given enough privacy when discussing condition	63.0%	39.3%	91.0%	91.3%
Received the right amount of information	70.0%	61.8%	82.2%	82.0%

* Proportions are of those respondents who agreed completely with the statement

In keeping with this finding of differing experiences of measures of quality of service, the comparative picture relating to the overall experience of inpatient hospital care also shows an overall lower satisfaction with care in the Traveller group. Regarding inpatient experiences, 344 INSIGHT '07 participants (170 of whom were medical card holders) responded to an item enquiring as to the overall quality of their experience. 26.1% and 38.6% rated their inpatient experience as 'excellent' or 'very good', respectively (27.5% and 40.1% in the medical card holders). This compares with 17.4% and 26.5% of ROI Travellers, and 5.0% and 28.8% of NI Travellers. 86.2% of all INSIGHT '07 participants who answered questions relating to an inpatient experience (88.5% of the medical card holders) would recommend the hospital to a friend, compared with a similar proportion of ROI Travellers (85.9%), but a slightly lower proportion of NI Travellers (78.2%).

Of all the participants in the INSIGHT '07 survey, 19.1% said that they had ever wished to make a complaint about some aspect of the health service, compared with 25.6% of ROI Travellers and 36.4% of NI Travellers. Only 39.4% of INSIGHT '07 respondents who wished to make a complaint said they would know how to go about it; however this compares with a similar proportion in ROI Traveller group (38.8%). A larger proportion of respondents in the NI Traveller group felt they knew how to make a complaint (55.4%). Of those persons in INSIGHT '07 who ever made a complaint, 68.7% were satisfied or somewhat satisfied with the outcome. Of those who did make a complaint in the AITHS group, the outcome was satisfactory or somewhat satisfactory in 72.2% of the NI Traveller group and in only 37.6% of ROI Traveller group.

It is clear from these results that the Travellers surveyed accessed healthcare structures more often than did the INSIGHT '07 participants. However, overall, the INSIGHT '07 participants rated their experience with hospital appointments and inpatient experiences in a more positive manner than did the Traveller group. Whilst the Travellers rated the overall quality of their care slightly lower than did the INSIGHT '07 participants, their ratings of the specific aspects of care relating to their dealings with health services staff are substantially lower.

Overall Summary of the Comparative Section

This comparative discussion has drawn data from multiple sources, to create a picture of Traveller health and social status in contemporary Ireland. The primary comparator groups were those of similar socioeconomic standing in the general Irish population, although comparisons were also drawn with the samples of all the general population where this proved informative.

With regard to health status of Travellers, we have shown that this population subgroup subjectively rates their health in a positive manner, but in fact have substantially higher rates of ill-health affecting them on a day-to-day basis than is demonstrated in the comparator populations. They have a higher burden of chronic diseases, and higher measures of risk factors such as smoking, high blood pressure, cholesterol, and dietary consumption of fried foods. Fewer Travellers drink alcohol than do the general population, but those who do drink, drink more frequently. They have similar rates of injury than the comparator populations, but have higher rates of non-accidental injury. Breastfeeding rates are extremely low.

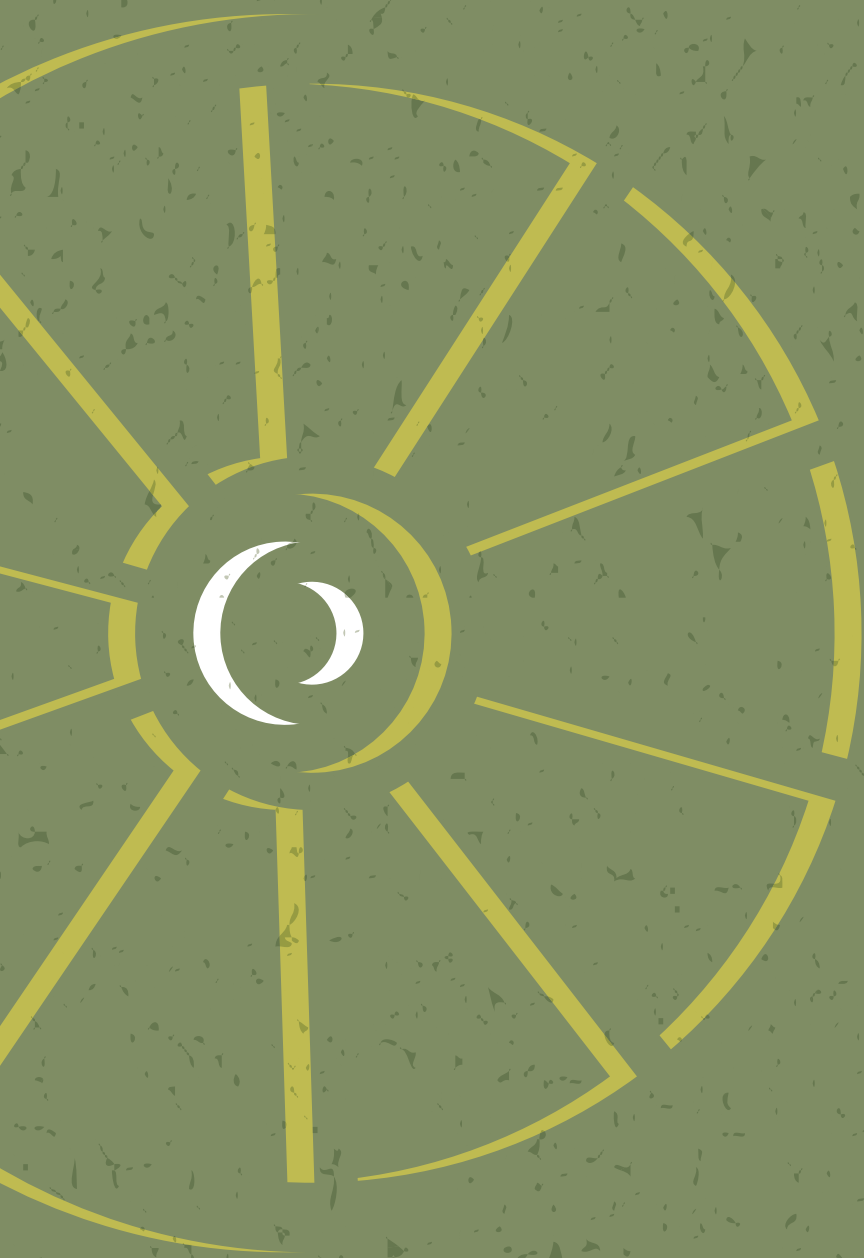
Again, Travellers rate the general health of their children in a very positive light. However, when data is examined on specific health concerns, it can be seen that Traveller children have higher reported prevalence of hearing, eyesight and speech problems. Traveller children clearly benefit from the established Traveller community: they have multiple close friends. By parental report, experimentation with alcohol and tobacco is also rare in the Traveller 14-year-olds, and Traveller children are physically active in their day-to-day life. However, in comparison with other children, few have home access to computers.

Travellers report similar sources of support, with regard to social support from friends and family, as do the comparator population. However, the comparison between the Travellers and the general population with respect to measures of trust is striking. The frequency of reporting of experiences of discrimination is also high.

Travellers report that they access health services with a greater frequency than do other comparator populations. They also access preventive medicine services, such as voluntary screening programmes. Furthermore, their experiences of health services are consistently less positive than are the experiences of the comparator population in INSIGHT '07. It is also notable that more Travellers reported not accessing care for their children because of a concern about paying for services than did the comparator population, notwithstanding the fact that they have medical cards.

In summary, this comparative exercise has shown that the Travelling community has a higher burden of ill-health than does the general population. Whilst Travellers would appear to access hospital services more frequently than do others, their experience of the services are not as positive.

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