‘Causes of causes’: ethnicity and social position as determinants of health inequality in Irish Traveller men

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SUMMARY

This study sought to engage Traveller men in a discussion about their lives, their health and key determinants of their health, with a view to engaging Traveller men in health promotion initiatives. Irish Travellers are an indigenous ethnic minority, constituting 0.8% of the population. As a marginalized group, they experience significantly poorer health status than their counterparts in the settled community. Traveller men have 3.7 times the mortality of the males in the general population. Travellers are identified as a hard-to-reach group and Traveller men particularly so. Traveller men have rarely participated in the research studies on health and health service utilization, and the results of this study, in which Traveller men participated in three focus groups, are therefore of particular interest. The Traveller men, in discussing health, related it to the absence of specific illnesses and conditions, expressing a negative and a physical concept of health. The results of the study provide evidence for the role of social constructions of masculinity in determining the health and help-seeking behaviour of Traveller men, but also the influence of wider social determinants such as ethnicity and social status. The futility of approaches to health promotion that comprise simplistic health information/education interventions is outlined in this context. The study presents a challenge to both address hegemonic versions of masculinity and discrimination based on ethnic status, and rather than challenge the behaviour of men or of health services that they come into contact with, to changing the conditions of Traveller men’s lives.

Key words: ethnic differences; pamphlets; gender and health; inequalities in health

INTRODUCTION

Irish Travellers are an indigenous ethnic minority, constituting about 0.8% of the population. Travellers have a distinctive culture, including language, value system, customs and tradition (for example nomadism), that distinguishes them from the general, or settled, population. Travellers are a marginalized group, occupy an unequal position in Irish society and experience significantly poorer health status than the general population (Barry et al., 1989; DoHC, 1995; All Ireland Traveller Health Study (AITHS), 2010).

Early concerns about the poor health status of Travellers were confirmed and quantified in a 1989 study of adult and infant mortality, revealing an infant mortality rate more than twice the national rate and adult male and female mortality rates three to four times higher than the settled population (Barry et al., 1989). A more recent comprehensive study revealed that the discrepancies between the Traveller population and the settled population have reduced very little or not at all (AITHS, 2010). An infant mortality rate of 14.1 was recorded for Travellers compared with 3.9 for the general...
population, while male Travellers had 3.7 times the mortality of males in the general population, and females 3.1 times the mortality of settled females (AITHS, 2010). It is also the case that the rate of suicide in Travellers is over three times that of the general population (Walker, 2008), and that Travellers have a higher prevalence of cardiovascular risk conditions, respiratory conditions and back problems (e.g. AITHS, 2010; Slattery et al., 2010).

It is now recognized that inequalities in health status between different population groups are outcomes of differences in life chances or circumstances, for example; physical and psychosocial environments, risks and opportunities, and access to supports and services (CSDH, 2008). Irish Travellers provide a stark example of interacting circumstances and environments impacting on health outcome. As summed up by O’Connell

Travellers fare poorly on every indicator used to measure disadvantage: unemployment, poverty, social exclusion, health status, infant mortality, life expectancy, illiteracy, education and training levels, access to decision making and political representation, gender equality, access to credit, accommodation and living conditions (O’Connell, 2002, p. 49).

Extremely negative attitudes to Travellers exist, and a serious deterioration in their position in Irish society between the 1970s and 1990s has been noted (MacGreil, 1996). Traveller culture and way of life have not been recognized nor accepted, broadly speaking, in Irish society.

Inequality has many faces. The intersection of gender and ethnicity (Lohan, 2009) has been discussed in respect of Traveller women (e.g. Crowley, 2005; Hodgins et al., 2006; Pilson, 2011), but less frequently for Traveller men. Traveller men experience disadvantage in relation to both wider society and Traveller women in respect of health outcomes, and this aspect of inequality provides the context for this study.

Traveller men display poorer health status than Traveller women. While Traveller woman display improvements in mortality that are similar to the general female population, Traveller men show no improvement in mortality between 1987 and 2008, despite major improvement in the national population, thus increasing the discrepancy (AITHS, 2010). The mortality rates displayed in 1987 are, in turn, akin to those of settled men in the 1940s (Barry et al., 1989). While within the total population, male suicide rates are four times greater than female rates, male travellers have a suicide rate nine times that of the female rates, making suicide within the Traveller population a predominantly male issue (Walker, 2008).

The poorer health status of Traveller men mirrors more general and widespread differences in mortality between men and women. Men consistently suffer more serious illness than women and die at an earlier age (Gjonca et al., 1999; WHO, 2004), and this is a function of a range of factors of which biology is only one (Wilkins and Savoye, 2009). The gender differential is usually attributed to social and behavioural factors; men consume more tobacco and alcohol than women, men have poorer diets and are more likely to engage in activities that can lead to accident and injury (WHO, 2004). These actions are in turn usually attributed to a norm of masculinity that discourages health-seeking behaviour (e.g. Courtenay, 2000; Richardson, 2003; Farrimond, 2011).

There is little reference to the needs of Traveller men in national health policy documents and Traveller men have not generally come forward to participate in the partnership structures developing to address their health (McEvoy, 2007; Fox, 2009). Traveller men participate less than Traveller women in the various qualitative studies that have attempted to engage Travellers in the research process. Some studies have managed to engage only women (e.g. Finnegan, 1995; O’Donovan et al., 1995; Howley, 2001; Hodgins et al., 2002, 2006; McQuillan and Van Doorsalaer, 2007). Those that have succeeded in engaging men have been on the topic of illicit drug use and still usually secure smaller proportions of male participants than female (e.g. Fountain, 2006; Van Cleemput et al., 2006; Van Hout, 2009). Attempts were made to engage Traveller men in the AITHS, but few (16 of 442) took on the task of peer researcher. As a result, little is known about the lives of Traveller men, their views of themselves, their perceptions, understandings and needs in relation to health.

This study therefore sought to engage Traveller men in a discussion about their lives, their health and key determinants of health, with a view to identifying the feasibility of engaging Traveller men in health promotion initiatives.
METHODOLOGY

Traveller men in Ireland had rarely participated in any health research consultation at the time of data collection. Previous research studies that have required consultation and dialogue with Travellers have almost exclusively engaged with Traveller women. Contextual factors relevant to the study included the traditional distrust between the settled community and Travellers, especially the representation of ‘officialdom’ in health service providers, and the predominance of pre-literacy within the community. Significant consideration and planning was devoted to appreciating these contextual factors and engaging Traveller men on terms that were acceptable to them.

Consideration was given from the outset to best practice in working with Travellers and, in particular, commitment to the involvement and inclusion of Traveller men in the planning and analysis of the project. This was realized through the recruitment of an Advisory Group, made up of Traveller men with some research experience, meeting three times in total throughout the research. The regional health authority’s Research Ethics Committee gave approval. In order to minimize distrust, all fieldwork was conducted by one researcher who had worked as a Health Promotion officer with Travellers in the region for several years.

Given the exploratory nature of the research, the fact that it sought to address complex and often hitherto unspoken issues, and the strength of oral tradition within the Traveller community, qualitative data, collected through a series of focus groups was deemed to be the most appropriate method for the study.

A pilot of the focus group protocol was carried out in a Traveller Training centre. A draft focus group protocol was teased out with the men resulting in a topic guide based on salient issues for the population including stress and discrimination, accommodation, alcohol, drug use, employment and work (Figure 1).

Travellers’ support for and understanding of the work was generated within the community through communication to the advocacy groups for Travellers within the region. The research

First group:
What is a Traveller man?
What does he do? Where does he live? What makes him what he is? In my family a man is expected to.....?
What does health mean to a Traveller man?
What do you need to be healthy? What do you need to stay healthy? What does health mean to you? When are you healthy? When are you not healthy?
Prompts: Mental health, drugs and alcohol, discrimination, accommodation, education, employment, conflict, social networks, services

Second group:
Feedback given on previous focus group findings (validation and clarification of responses). Is there anything that you feel you may have left out?

Present a picture outline of a man and encourage participants to identify health risk areas on the body for Traveller men.

What needs to happen to improve Traveller men’s health?
How can Traveller men improve the health of Traveller men? Is there a way to involve Traveller men in this?

Fig. 1: Focus group protocol.
was explained to various stakeholders and individuals in order to facilitate engagement with the data collection. The participants were recruited using a snowball technique, with the main selection criterion being either a Traveller man willing to participate or a Traveller woman trained as a Community Health Worker, interested in discussing Traveller men’s health. The inclusion of Traveller women was deemed important, given anecdotal evidence of a practice within the community of Traveller women visiting doctors on behalf of their husbands and sons.

In this way, four focus groups in total were recruited, three with Traveller men and one with Traveller women, involving participants drawn from four counties. Each of the men’s groups met twice, a strategy devised to exploit the possibility that some ideas and themes might only emerge after the men had time to reflect and ruminate on the issues arising. In total, 34 Travellers participated. The duration of three of the focus groups was roughly 1.5 h. The Traveller women met once but for a longer time period (2.5 h) and the same protocol was utilized. Focus groups took place in venues selected by the Travellers. Informed written consent, freedom to withdraw and confidentiality were adhered to throughout. It was common to have men related to each other in the focus groups, for example all Traveller men’s focus groups had one set of brothers in it. Care was taken by the researchers and the Advisory group that feuding families would not be the same focus groups.

After each focus group, the moderator debriefed with the assistant and discussed any emerging priorities and the issues raised in the focus group. The recordings of the focus groups were transcribed and NVIVO software was employed to facilitate analysis. The data were coded into themes initially using the focus group questions as a framework. Following consultation and discussion between researchers, the data were re-coded into emergent themes that consistently arose and that were related to the study aim. As such, the study was data driven, rather than theory driven. Initial drafts of the themes emerging were presented to the Research Advisory group for validation.

**RESULTS**

The analysis of the data from the focus groups reveals a complex interweave of themes (Figure 2). Central to the analysis is the theme, the identity of a Traveller man. This in turn links to a number of themes which directly or indirectly impact negatively on health or health-seeking behaviour.

**Identity: ethnicity and masculinity**

Both Traveller men and Traveller women articulated a strong, coherent identity for Traveller men. His masculinity is central to his identity, as is his ethnicity. Traveller men are men for whom masculinity and ethnicity are intertwined in a complex and mutually reinforcing manner. In some discussions, they explained their identity in terms of difference; their engagement in non-wage work such as horse trading, tinsmithing and care of dogs and their different ways of solving arguments to settled men:

... like a lot of settled people have factory jobs, we’d be able to go around and do other things for ourself like.

... different ways of fighting, fair play fighting, different ways that country men wouldn’t do. [Country man is a Traveller term for a settled man] (FG1)

A strong traditional concept of masculinity was expressed throughout the focus groups. There was no dissent from this view of Traveller men. A Traveller man is, first and foremost, a man who works to provide for his family. Getting work and earning money are central to male identity. It is expected of and accepted by men, and an important step to manhood for young Traveller men. Transport is seen as central to income generation and is closely associated with manhood. ‘Getting the price of a van’, therefore, is a significant rite of passage for young men.

Men are expected to ‘Be over the household’ (FG3) and to ‘keep the sons under control’ (FG4). Men are highly respected within the community, based on this role:

A lot of people look up to them and people would look to them to advise their family. A lot of other Travellers would look to them for advice. Or speak to their family to stop things or... they would be saying that family never gave any hassle or they don’t like hassle or it wouldn’t be in his line to bring up his family like that. That kind of a role. Respect I suppose. They get a lot of respect within the community as well. (FG4)
Accordingly, not being able to provide for the family is a source of stress. The men talk about being in debt and worrying about paying bills, and the pressure to keep the money coming in:

... they would take it hard if they were not able to provide for their children

It’s up to the man to take care of things really (FG1)

As the income received from income generating activities is rarely sufficient, it is supplemented by social welfare payment and rent allowances. This employment with no structure or guarantee places Traveller men in constant threat of not providing.

Marriage and subsequent fatherhood are central to the identity of Traveller men. There were no references whatsoever in the focus groups to men being single, childless or homosexual. The priorities for young Traveller men are getting transport (as a means to make money) and getting a wife, in that order. Young men are expected to marry by about 20. One 25 year old was ridiculed in his group for not being married and was referred to as the ‘forty year old virgin’ (FG2).

Fatherhood is discussed almost exclusively in terms of sons. One participant goes as far as to say:

A Traveller man doesn’t think he is a father until he has a son.
They are seen as a failure if they are not seen to have control of sons or if they are not shown respect by their sons.  (FG4)

Daughters are mentioned, only in passing, as the responsibility of women. Fathers are expected to socialize their sons by facilitating their engagement with work. Discussions of fatherhood referred repeatedly to sons; encouraging them, setting an example for them, disciplining them. It is through the son that the family name is passed on.

Part of their responsibility is for them to make sure that the sons are able to provide for themselves when they get married.  (FG4)

It is evident from the data that a certain level of offending behaviour and violence is the norm within the community for men. Young men, in describing their lives before marriage, refer in an almost offhand manner to lawlessness and criminality. This young man described the jail sentences as the norm and as not serious:

That’s why most lads are in jail, they go drinking get in trouble, I was in jail there for a week and there was more Travellers in... then there was in the whole jail and they were all in there for fighting, drugs, no insurance, doing something stupid, different things like nothing serious like  (FG3)

The men acknowledged changes and trends within the Traveller community at large; for example less travelling, more living in houses, young Travellers dating, even with settled people. However, regarding their role and role expectations, they saw no possibility for change, as this shared summation from one focus group illustrates:

Born into it.

We can’t help it.

No choice.  (FG3)

Education and employment

The importance of providing and supporting the family is such that it takes clear precedence over education. Traveller men unanimously supported the idea of boys leaving school as soon as an opportunity for work presents itself. Education is not valued for men as it fails to provide young men with the skills they need to work in the Traveller economy. Their early exit from education serves to reinforce their ethnicity.

Well they think they would be better off going with their father and learning what he’s at, that better than sitting down for 4 years  (FG3)

A lot of lads would say that they would get turned into a buffer... that’s a settled lad - and they don’t want to be seen as a settled man  (FG4)

Accounts of school experiences were negative and given as justification for early departure. Participants talked about how they would be sent to play while settled children learnt. Instances of bullying and discrimination were recounted.

There wasn’t time for Travellers in school when I went to school if you were not able to keep up in the class you’d be fucked out into another class with another teacher, given a book and a pencil and told to colour in or something you were just put out of the class and that was it  (FG3)

Although offended by this type of treatment, Traveller men did not express a desire to change this situation. There was a strong belief that even if men did get an education, they would not get a job due to discrimination. Traveller women made similar observations, although articulated the need for greater supports to keep young men in education. Early exit from education it was acknowledged, by all, to impact negatively on health for Traveller men:

Traveller men don’t really know a lot about health, that’s why they’ve not a lot of issues to say, know what I mean like it is the truth. If you don’t know how to read and write like you wouldn’t know a lot about it. A settled lad could get books there and read them private like but if a Traveller got books...  (FG3)

Many instances of discrimination were recounted by the men, usually in relation to access to hotels and pubs. Aggression, fighting and violence were discussed as normative in the community.

Conflict and feuding

The role of provider and head of family extends into protector, and the issues of feuding and conflict were discussed at some length in all focus groups. Traveller men are expected to protect the reputation and name of their family.
It was explained that in the past this expressed itself through ‘fair fighting’. It appears from the accounts in the focus groups that fair fighting has inherent checks and balances which kept matters contained within the community, and it was generally acknowledged that the feuding between families has now escalated into higher level conflict, with more serious consequences. Reference was made to shootings and stabbings, and the process or rules of engagement have changed. This was seen to be due to subtle changes in family dynamics causing fathers not to discipline their sons to the extent that they did in the past, but still being obliged to protect the family honour:

If parents put manners on their sons there’d be none of it. If I am blackguarding around the place and carrying on and I have six brothers then it’s up to them to put manners on me to lock me down to beat me with a pick handle – and don’t be going raising trouble round the road. It’d stop people from being killed. But a lot of Travellers won’t do it. (FG3)

Concern was evident in these accounts, but also resignation, and there was very little offered by way of a solution. The complexity of family honour situations was acknowledged, and reference made to those who are brought into feuding even they do nothing like it, in order to defend their family. The role of men as protectors of honour seemed to be unquestionable, and a void opens up in respect of agency to change the situation. The culture of family tradition, honour and fighting is sacrosanct, even if out of control:

If you’re a Traveller and you can’t fight you’re in bother. (FG3)

Conflict and violence clearly impact negatively on health. The Traveller women were more vocal than the men about other implications for health. Conflict was identified as one of the main stressors they discussed in respect of Traveller men. The women also gave examples of how men can be conflicted within family feuds:

Well I suppose not being able to stop something that’s pretty big like or maybe someone is hurted belonging to them and not being able to put a stop to it or someone being bullied or fighting.

I think it causes an awful amount of stress – one particular man – his heart is broke . . . when he was younger there was no problem but now he pulled apart because he has two daughters married 2 different sides. He can’t be seen talking to one son in law or he’ll be accused of bringing information back. (FG4)

Drug use

In all focus groups, there was a surprisingly frank and consistent discussion of drug use. Participants were keen to draw attention to the significance of drug use and dealing among Travellers. It was agreed in every group that while alcohol use had always been common within the male Traveller community, increasingly young men are turning to drug use and are combining drugs and alcohol, in particular cocaine.

The provider/breadwinner role for men was identified as a root cause of drug abuse. The opportunities for financial gain were seen to be a contributing factor. In the context of a tradition to make money and provide, this is a very potent factor:

There’s big money there as well – you can make more in a day than you would take you working for a week. Its easy money and get rich fast. Get fast cars and you can see what others have from dealing. (FG2)

It was recognized to have specific health effects, including; ‘burning the cells in the brain’ and taking ‘your nose off altogether’ (FG3), but also to impact more generally on Traveller men through the stress it causes in respect of their sons livelihood and future:

What really stresses out a Traveller man as well is the fact that their sons are growing up into this type of a world with drugs and violence. It’s after getting worse. There is an awful lot of drugs in Travellers. (FG4)

Health, illness and health service use

The Traveller men, when discussing health directly, spoke about it in terms of illness or the
absence of illnesses and attending or not attending doctors. In terms of specific health issues, heart attacks and obesity were the most frequently mentioned. Cancer was greatly feared. In one group, three men blessed themselves when cancer was mentioned, and reference was also made to priests and cures. Exercise, smoking and eating were discussed in the context of avoiding illness; however, the men were not wholly convinced about healthy behaviours:

Yeah I know people who look after themselves all their life– don’t drink and smoke. Eat healthy – died at 45–50 and other that abused their body all their life and lived into their 70’s-80 still alive. (FG1)

Inherent in the role of provider and protector is the notion of strength. Traveller men are typically reluctant to admit to illness, to visit health professionals or to take measures that may indicate to others that they have concerns about their health. Illness it would appear is construed as weakness. This was summed as follows;

They are strong healthy men. . . . There not seen to be getting sick or anything. No one expects your father or your brother to be sick. They’re the breadwinners. They are out there doing this and doing that they are not expected to get sick.

Health was seen (by the men) to be firmly within the women’s domain. There were references in the data to reluctance to visit doctors, with some men claiming that they go if they were sick, but referring to others who would not go, on account of feeling ashamed. Traveller women also spoke of men being ashamed and embarrassed by their lack of health knowledge and by low literacy. They also talked about men not accepting examination by a male doctor (e.g. for prostrate cancer) and men not asking enough questions and as a result intervention for serious illness can come too late. There was reference to the practice of sending one’s wife to the doctor as a proxy, at least for minor complaints, but interestingly only in the focus group for women:

They’d nearly have to fall down before they’d to the doctor.

Some men won’t go to the doctor. My husband now and we have been married 34 years and he has never gone to a doctor and no matter how I try and get him to go. . . . Well since I married him anyway he’d never walk into a place, they are afraid of hearing something they don’t want to. (FG4)

The socializing role the men undertake for in respect of their sons does not extend to sexual health. It was agreed that sexual health would never be discussed between fathers and sons, or even mothers and sons.

It was widely agreed that Traveller men lack education and information about health and health matters and could benefit from specific, focused interventions. Yet it was also the case that they were reluctant to engage in community development projects, currently run with women as peer health workers as they now exist. Nothing it was felt had been provided specifically for Traveller men. However, they also acknowledged difficulties with potential inclusion, for example that the men would be ‘told’ by women was incompatible with their identity.

nothing there for the men, there’s committees there but not of the men, we went to some of the meeting there and different committees and no matter what one it was there was always a woman over the committee, there that. . . . one she’s over the women’s committee, but why shouldn’t there be a man over the men’s committee (FG1)

Further, Traveller men are not highly committed to activities that did not pay, as this somehow questioned their manhood, as this exchange shows:

They don’t have the time, they are always working, always doing things

Most men like have more things to be doing

. . . or they are too ashamed to go, in case you’re seen by other men (FG2)

There was broad support for the need to engage Traveller men, on the part of both Traveller men and women. However, it was also conceded in one group that if a Traveller man were to lead on a health project other Traveller men would have difficulty with this:
I can’t see a Traveller man listening to another Traveller man, I am being honest with you now, know what I mean.

Won’t take orders from them anyway. (FG3)

Although generally the men were sceptical about lifestyle choices having a positive impact on health, they did consider that Traveller-led health initiatives might work if they take place through sport. Yet even this was not unproblematic. Young men could play football, but it was seen to be ‘play’, and therefore something that should be dropped when a man married. Again the role of provider dominated and foreclosed activities that might promote health:

Some men can’t play sports as they have to work to pay for a new van

We could go playing football and they would be like what kind of fools are they have they nothing better to be doing (FG2)

DISCUSSION

In the context of the poorer health status of Irish Travellers as an ethnic minority and the poorer health status of Traveller men within their own community, this study sought to engage Traveller men in a discussion about their lives and their health. Traveller women working as peer health workers were also consulted. Irish Traveller men infrequently participate in research studies on Traveller health and health service utilization, leading lives that are to a large degree hidden from the settled, dominant community (Fountain, 2006). The study succeeded in engaging men to participate in a series of focus groups, through careful attention to inclusion of Traveller men in the planning and management of the project and the involvement of a researcher with whom the groups were familiar and whom they trusted. The study findings contribute significantly to understanding the poorer health status of this group.

The Traveller men, in discussing health, related it to the absence of specific illnesses and conditions. In this, they expressed a negative (as in the absence of illness) and a physical (as opposed to a holistic) concept of health. Neither the men nor the women presented Traveller men as being in good health; on the contrary, there was a sense in the data of poor or compromised health being the norm for Traveller men, consistent with other accounts (e.g. Van Cleemput et al., 2006; AITHS, 2010). In the accounts, it was acknowledged that Traveller men experience stress, particularly around their role as provider and the conflict emerging from feuding between families their children have married into and their perceived obligations in respect of family honour. The study findings indicate that improving the health of Traveller men presents a substantial challenge to health promoters and public health professionals. The poorer health of Traveller men is a result of a complex interplay of social and environmental determinants, including gender, ethnicity, social status and education and access to employment options.

The data reveal that gender, in the form of the notion of hegemonic masculinity, clearly contributes to the poorer health status of these Traveller men. Hegemonic masculinity includes being ‘competitive, aggressive, emotionally contained, self-reliant, heterosexual and a good provider’ (Farrimond, 2011; p. 3). The enactment of masculinity involves a wide range of practices, behaviours and overt expressions of attitudes and preferences, many of which raise the risk of illness or injury and therefore compromise health, for example disregard for safety, displays of strength or physical prowess, unconcern with pain, and avoidance of help or support. In enacting gender, men simultaneously compromise health (Courtenay, 2000; Lohan, 2009; Farrimond, 2011). There was evidence of this pattern of behaviour in the accounts of the Traveller men, in their avoidance of preventive care, reluctance (even refusal) to visit health professionals, heroic denial of pain, heavy drinking and drug use and normative violence, fighting and lawlessness. While one-dimensional views of masculinity have been criticized in recent years with evidence that men are increasingly displaying greater flexibility in their constructions and expressions of masculinity and negotiating ‘new’ masculinities (e.g. de Visser et al., 2009), it is apparent that Traveller men persist with conservative expressions of masculinity, not unlike those of 1940s Ireland, a disturbing parallel to their mortality rates.

Caution, however, has been expressed in the literature regarding over emphasis on gender differences in health behaviours (e.g. Galdas et al., 2004; Farrimond, 2011). Gender may be less important or certainly no more important
than other social determinants such as economic resources, social class or ethnicity. While the data here provide evidence for the role of social constructions of masculinity in determining the health and help-seeking behaviour of Traveller men, the influence of wider social determinants such as ethnicity, social status and education is also evident, echoing Lohan’s call for an integrative explanatory framework of men’s health (Lohan, 2009).

The gendered behaviour of the men must be seen within a wider cultural context. The men viewed themselves not simply as men who happened to be Travellers, but as Traveller men. Their traditionalism was bound up with their ethnicity, their being a part of a culture ‘characterised by proud patriarchal dominance’ (AITHS, 2010, p. 125). The accounts of the Travellers were presented against a backdrop of a conservative, patriarchal culture that went beyond masculine enactments that compromised health. Gender roles were clearly defined along traditional lines, evident in the men’s need to present themselves as strong men, in a position to provide for, protect and control their families. This is consistent with others’ accounts of Traveller culture (e.g. McCann et al., 1994; AITHS, 2010). The men defined themselves in terms of their differences from settled men, in their preferences for working in the non-waged economy, their disregard for education which does not prepare them for their way of work and their resistance to ‘being told’ by settled men.

In this way, ethnicity intertwined with gender in influencing health. Throughout the accounts, it is hard to disentangle ethnicity and gender. Each supports the other, raising the possibility that ethnicity is enacted in the same way as Courtenay (Courtenay, 2000) suggests gender is. For Traveller men, as these accounts show, masculinity is infused with a set of specific cultural practices that mean that these men do not just continually reinforce their masculinity but they must do so in a way that also continually endorses their ethnicity.

That ethnicity is a deep seam running through the accounts is not surprising, given that the question of Traveller ethnicity has persisted throughout policy thinking in Ireland (Fanning, 2002; Considine and Dukelow, 2009) Even in the most farsighted policy document; The Report of the Task Force on the Travelling Community, which marked a watershed in policy approaches acknowledging that interpersonal and institutional discrimination underpinned many of the difficulties Traveller face (Crowley, 2005), did not go as far as to recognize the claims of Travellers as a separate ethnic group (Considine and Dukelow, 2009). While Travellers generally are described as a politicized group, having succeeded in impacting of policy thinking, there has been notable backlash in the form of growing public hostility to Travellers (Crowley, 2005; Breathnach, 2006) and more generally a refusal to accept Traveller ethnicity at many levels in Irish society (McVeigh, 2007; Considine and Dukelow, 2009).

This failure to recognize Traveller ethnicity underpins their unequal position in society, and brings inequality itself ‘centre stage’ in terms of Traveller health. For Traveller men, it may be that their gender and ethnicity are bound together since their conventional and traditional expressions of gender permit them to express dominance within their own community, an expression they cling too, in face of their marginalized position in wider society. Accepting the theoretical proposition of provisionality and perpetual contingency of the social construction of gender (Buchbinder, 2009), and that we not only enact gender differences but also gender relations, thereby allowing micro-level practices and behaviours to sustain and reproduce the broader structures of power and inequality in society (Courtenay, 2000), the behaviours we use to enact gender will be highly resistant to change.

This argues strongly for actions that address the wider determinants of health, the ‘causes of causes’ (Marmot, 2005) in order to address the gender-based health inequality within the Traveller community, but also potentially the health inequalities that persist between the Travelling community and the settled community. It is clear that what is needed is an approach to health improvement that does not perpetuate traditional gender roles (Smith, 2007), but challenges hegemonic and related versions of masculinity (Gough, 2009; Lohan, 2009), and discrimination based on ethnic status, rather than challenging the behaviour of men or of the health service providers they come into contact with. Actions that reduce the need for Traveller men to construct and re-construct a conventional, inflexible hegemonic masculinity and the need to protect their ethnicity in the face of a hostile and
discriminatory society are required, if the health of Traveller men is to be improved.

This directs us toward considering actions that address these matters at upstream part of the river (Keleher and Murphy, 2004) that have the potential to change the conditions of Traveller men’s lives. Multi-level intervention will be essential, as will integration across government departments, a fact recognized in the creation of a high level officials group to facilitate inter-agency coordination on Traveller issues, although this has not reported since 2006. Policy level actions could embrace actions that support and encourage labour market participation, recognize the Traveller economy and facilitate greater economic security (Crowley, 2005) and will require on-going and concerted action on racism and discrimination, underpinned by full acceptance of Travellers’ ethnic minority status. At the level of community, this could usefully include focused anti-racist training for employers in sectors where Traveller men are likely to seek employment. As has been recommended in relation to improving relations between health care professionals and Travellers, this may work best through establishing dialogue between Traveller men and prospective employers, in which both groups explore, articulate and refute assumptions about the other. Interventions that enable open discussion about racism, without fear of ‘political correctness’ and with a genuine aim of articulating confusion and ambivalence appears to be an important prerequisite for success in this area (Bhavnani et al., 2005). Tailored, supported employment programmes may simultaneously improve employment chances and reduce the need to deal drugs as a way of making money (Fountain, 2006), and may also increase self-respect and mental health status. Interventions to improve the experience of young Traveller men at school could ultimately improve men’s employment chances. Partnership between the educational sector and the employment sector might be a fruitfully avenue to explore in this regard.

Finally, interventions to address conflict are key, as failure to address this has the potential to undermine gains in relation to accommodation, education and anti-racism actions (NTMAC, 2009). Short-term intervention such as mediation and counselling for victims is important but also longer term actions such building trust between the Gardaí [Irish police force], Travellers and local communities as planning site design with a view to minimizing violence, consistent law enforcement and coordinated, adequate response to conflict (NTMAC, 2009).

The policy and practice challenges are complex, multi-faceted and not susceptible to simple solutions. Tackling the social determinants of Traveller men’s health will require concerted action on the part of successive governments, and a high level of integration across policy portfolios, including attention to policy implementation (Crowley, 2005) as well as policy making. Specific interventions are also required, both driven by policy change and building up from creative community-based initiatives. These challenges must be met if the health outcomes for Traveller men are to be brought into the twenty-first century, equitable to those settled men.

REFERENCES


Hodgins, M., Millar, M. and Barry, M. M. (2006) ‘...it’s all the same no matter how much fruit or vegetables or fresh air we get’ Traveller women’s perceptions of illness causation and health inequalities’. *Social Science and Medicine, 62*, 1978–1990.


