

PAVEE MOTHERS

Towards revitalising breastfeeding in the Traveller Community

OCTOBER 2021



PAVEE POINT
TRAVELLER AND ROMA CENTRE

“ Initiation of breastfeeding within the first hour of birth, followed by exclusive breastfeeding for six months and continued breastfeeding for up to two years or beyond offer a powerful line of defence against all forms of child malnutrition, including wasting and obesity. Breastfeeding also acts as babies’ first vaccine, protecting them against many common childhood illnesses. ”

UNICEF EXECUTIVE DIRECTOR HENRIETTA FORE AND WHO DIRECTOR-GENERAL DR. TEDROS ADHANOM GHEBREYESUS¹

“ I was asked once, at my first appointment at three months, if I wanted to breastfeed. I said I was humming and hawing. I was given a booklet. It was in the package they give you. To be honest, I never read it. And she never talked to me again about it. ”

TRAVELLER WOMAN

Pavee Mothers is the first national Traveller perinatal health initiative which aims to empower and equip Traveller women with vital health information to make informed decisions about their care. At the same time, the initiative works with policymakers and the HSE to address Traveller health inequalities and to support a truly inclusive and intercultural health service. Pavee Mothers was developed by Traveller women for Traveller women and launched in 2018. A key component of the Pavee Mothers project is to promote breastfeeding and work with health service providers to support breastfeeding amongst Traveller women.

¹ WHO (2021) Joint statement by UNICEF Executive Director Henrietta Fore and WHO Director-General Dr. Tedros Adhanom Ghebreyesus on the occasion of World Breastfeeding Week.

CONTENTS

PAGE

Introduction	03
Breastfeeding to improve child and maternal health.....	04
Breastfeeding in the Traveller Community	07
Key barriers for Travellers in the uptake of breastfeeding.....	08
Barriers identified in service provision	09
Limited Encouragement and Support from Health Care Providers.....	09
Delays in the Beutler test results: implications for Traveller breastfeeding initiation.....	09
Lack of culturally appropriate and accessible information about breastfeeding.....	10
The impact of the social determinants of health and breastfeeding	13
Severely overcrowded accommodation and lack of access to basic facilities.....	13
Limited support	16
Limited support from within the Traveller community.....	16
Lack of Traveller role models.....	17
Managing caring responsibilities.....	17
Addressing identified gaps	18
Key Recommendations	19



Photo: Derek Speirs

This briefing has been prepared by Pavee Point Traveller and Roma Centre in response to the disproportionately lower rates of breastfeeding amongst Traveller women in Ireland (2.2% vs 59% of women in the majority population). Since 1994, through our Traveller Primary Health Care Project and using a community development approach, we have promoted breastfeeding as a means to improve Traveller infant and maternal health.

The COVID-19 pandemic has had a disproportionate impact on Travellers, including Traveller women who were pregnant or gave birth since March 2020. Disruptions to maternity services and support networks, and a greater reliance on e-health, have adversely affected Traveller women. At the same time, opportunities to learn about and discuss breastfeeding declined. As health services in Ireland chart a path out of the pandemic, efforts to support the uptake of breastfeeding in the Traveller Community must be redoubled.

Introduction

Travellers are a minority ethnic group, indigenous to the island of Ireland. Travellers maintain a shared history, language, traditions and culture. Nomadism was an integral part of Traveller culture, but many Travellers are no longer nomadic, either by choice or due to the lack of support for and criminalisation of nomadism. According to Census 2016, there are 30,987 Irish Travellers living in the Republic of Ireland. Although, more recent data by the Department of Housing, Local Government and Heritage,² estimates that there are a total of 10,809 Traveller families, or approximately 57,288 Travellers in Ireland.³

Despite accounting for less than 1% of the national population, Travellers are recognised as one of the most marginalised and disadvantaged groups in Ireland, experiencing structural and systematic discrimination and racism which has been observed nationally and internationally by a number of human rights organisations and monitoring bodies. For Traveller women, these experiences are further amplified due to intersectional discrimination based on gender, ethnicity and other factors.

Research unveils stark health inequalities for Traveller women due to structural inequalities and failure to address the social determinants of health, including poor accommodation conditions, poverty, racism and discrimination. Mortality rates are higher than the general population at all ages and for all causes of death due to the impact of discrimination. In fact, the mortality rate for Traveller women is three times the rate of the general population. Travellers are dying of the same causes of death found in the general population (cancer, respiratory conditions and heart disease) but in far greater numbers which is indicative of institutional racism and discrimination. In terms of perinatal health, Traveller women's outcomes are exceptionally poor, with higher rates of maternal morbidity and mortality, and higher rates of miscarriage, stillbirth and neonatal death. The Traveller infant mortality rate still remains one of the highest in Europe, a position that has not changed since the 1980s.⁴

Traveller Women's Health	Traveller Infant Health
Life expectancy at birth for Traveller women is 70.1 years, 11.5 years less than women in the majority population	Traveller infant mortality rate is 3.7 times the national rate and 2.8 times the EU average.
Suicide rate for Traveller women is 5 times higher than women in the general population	Traveller neonatal mortality rate is almost 2 times the EU average.
Over half of Traveller women (62.7%) reported their mental health to be poor for one or more days in the last 30 days, compared to one in five (19.9%) women in the majority population	Post-neonatal mortality rate is 4.5 times the EU average.
Less than half of Travellers (41%) have complete trust in health care professionals compared to the vast majority (82%) of those in the majority population; and over 40% of Travellers had a concern that they were not always treated with respect and dignity by health services.	Asthma accounts for 72% of chronic conditions in Traveller children.

² [Department of Housing, Local Government and Heritage \(2020\) 2019 Estimate - All Local Authority, Local Authority Assisted and Unauthorised Halting Sites.](#)

³ This is based on the average Traveller family size of 5.3 (Census 2016)

⁴ All Ireland Traveller Health Study: The Birth Cohort Study Follow Up.

Similar to the overall experience of Travellers in engaging with health services in Ireland, Traveller women's experience with maternity services is mediated by higher rates of racism and discrimination (on institutional and individual levels), a lack of accessible health information and advice, and a lack of trust. Most health service providers agree, with almost 7 in 10 (66.7%) reporting in the All Ireland Traveller Health Study that they thought Travellers experience discrimination in their use of health services in general.

Notwithstanding these challenges, since the first Traveller Primary Health Care Project was established at Pavee Point in 1994, Traveller Primary Health Care Projects around the country have worked in partnership with the HSE to address these gaps, including Traveller women's access to antenatal care and services, childhood vaccinations and health screening. As a direct result of this work, according to the All Ireland Traveller Health Study:

- More Traveller mothers now present for the first booking visit to the hospital for antenatal services than reported in the past, with rates almost the same as the general population (22.5% versus 28% at 3 months).
- 96% of Traveller children receive childhood vaccinations.
- Traveller women's health screenings are two times higher than the general population:
 - A quarter of (25.2%) of Traveller women had a mammogram compared to just over one in ten (13.3%) in the general population
 - Almost a quarter (22.7%) of Traveller women had a cervical check compared to just over one in ten (11.6%) in the general population

While the All Ireland Traveller Health Study demonstrated the value of this work in supporting Traveller women's engagement with mainstream services, it also reflected the vital resource that Traveller Primary Health Care Projects are to Traveller women; with 83% of Travellers receiving their health information and advice from Traveller organisations. This was confirmed recently by the HSE in its *National COVID-19 Traveller Service User Experience Survey* report⁵, whereby 73% of Travellers reported accessing COVID-19 information from their local Traveller project.

BREASTFEEDING TO IMPROVE CHILD AND MATERNAL HEALTH

Breastfeeding protects against obesity in children, helps in preventing childhood illnesses and chronic diseases, and also protects maternal health.⁶ While breastfeeding rates in Ireland are low in comparison to other European countries, with just 59% of new mothers breastfeeding on discharge from hospital⁷ – the rate for Travellers is even lower, with just 2% of Traveller mothers breastfeeding once discharged from the hospital.⁸ We recognise that the current breastfeeding rate is a key challenge to be addressed. However, this requires strong leadership, political will and implementation of both targeted and mainstreaming measures if we are to seriously tackle this issue. Pavee Point, alongside other Traveller organisations and Primary Health Care Projects, is ready, willing and able to work in partnership with the Department of Health and HSE to ensure that Traveller women's maternal health is prioritised.

A key opportunity to do this is to ensure full implementation of the *National Maternity Strategy 2016-2026* and the *Breastfeeding Action Plan 2016-2021* if we are to improve maternity care and perinatal outcomes in Ireland generally, and for Traveller women in particular.

This requires strong implementation and monitoring plans with clear targets, indicators, outcomes, timeframes and budget lines. Unfortunately, implementation of these policy frameworks has been limited, as highlighted in the recent Health Information and Quality Authority (HIQA) report, which observed that only 11% of the estimated total funding requirement of €75 million for full implementation of the *National Maternity Strategy* had been provided in the first three years of the 10-year initiative.⁹ The report also acknowledged key challenges for nursing and midwifery staff, noting the very challenging circumstances in which staff are working in, including nursing and midwifery shortages, which has a significant impact on the availability of lactation support from such key staff for women following birth.

Similarly, progress in the implementation of the Breastfeeding Action Plan has been slow, with the availability of professional lactation support identified as a key challenge. According to the HSE, in 2017, there were only 13.2 full-time dedicated posts in lactation.¹⁰ The report concludes that staffing shortages, coupled with a lack of national coverage, is a key barrier for supporting breastfeeding initiation and continuation. This significant gap in service has resulted in women seeking support from private lactation consultants. While these services are vital, cost implications for private consults (circa €100-150 per appointment) means that these services are out of reach for many women, including Travellers.

In 2020, Minister for Health, Stephen Donnelly, announced additional funding to the HSE of €1.58 million to fund 24 additional lactation consultants, providing support to every maternity unit in the country. Pavee Point welcomes this, however, training and support for lactation consultants, in addition to the development of targeted measures, will be needed to ensure Traveller women benefit from additional posts, given low levels of breastfeeding and health inequalities.

Implementation and resourcing of the National Maternity Strategy and the Breastfeeding Action Plan are vital. Just as important is Traveller inclusion in these two strategies and other mainstream health policies related to perinatal health, which is currently lacking. This, despite Traveller women having the poorest perinatal outcomes in the country and being some of the most frequent users of the Irish maternity services as a result of higher rates of pregnancy. The omission of Traveller women in mainstream policy has resulted in their frequent exclusion from mainstream services as they are rendered invisible and their particular needs are oftentimes overlooked. This hasn't gone unnoticed. In its 2016 report, the UN Committee on the Rights of the Child urged Ireland to undertake positive action measures to support Traveller breastfeeding.

“ The Committee recommends that the State party: Strengthen its efforts to promote exclusive and continued breastfeeding by providing access to materials and raising awareness concerning the importance of breastfeeding and the risks of formula feeding; in particular, measures for the Traveller community should be included.”

UN COMMITTEE ON THE RIGHTS OF THE CHILD¹¹

To gather current Traveller perspectives on breastfeeding, and to inform the work of the Pavee Mothers maternal health project, in 2021 we carried out three focus groups on breastfeeding, two with Traveller women and one with Traveller men. Additionally, a number of semi-structured interviews with younger Traveller mothers were held to discuss decisions around feeding and to identify challenges. The following section presents the key findings from the focus groups and interviews, exploring the key barriers (both external and internal) for Traveller women in relation to breastfeeding. The final section provides clear and strategic recommendations to address these challenges.

⁵ [HSE Social Inclusion \(2020\) National COVID-19 Traveller Service User Experience Survey.](#)

⁶ [Department of Health \(2016\) A Healthy Weight for Ireland: Obesity Policy and Action Plan.](#)

⁷ [A Healthy Weight for Ireland.](#)

⁸ [All Ireland Traveller Health Study: The Birth Cohort Study Follow Up.](#)

⁹ [HIQA \(2020\) Overview report of HIQA's monitoring programme against the National Standards for Safer Better Maternity Services, with a focus on obstetric emergencies](#)

¹⁰ [HSE \(2017\) HSE National Breastfeeding Implementation Group Report of the review of breastfeeding resources in Maternity Hospitals/Units and Community Health Organisations 2017](#)

¹¹ [UN Committee on the Rights of the Child \(2016\) Concluding observations on the combined third and fourth periodic reports of Ireland.](#)



“ I had seven children and I breastfed them all, till they came to about 10 months old. Maybe I’d wean them off a bit then. I saw my own mother, and my grandmother, and plenty more Traveller women as well, breastfeeding their babies. You can see the little babies coming on better and stronger when they’re getting the breast milk. ”

TRAVELLER WOMAN

Photo: Derek Speirs

Breastfeeding in the Traveller Community

In the span of two generations, breastfeeding amongst Travellers has gone from the norm to now being extremely rare. Two consequences of the near universal switch to bottle-feeding among Traveller families are that social supports and role models for breastfeeding – important contributors to confidence in breastfeeding¹² – are limited. Traveller women and men are now unlikely to see their family members or neighbours breastfeeding. And women who may need advice or assurance as they get used to breastfeeding, which often comes from friends and family who have themselves breastfed, is not available. This is further exacerbated by the lack of community supports available.



Photo: Derek Speirs

According to focus group participants, breastfeeding was understood as something that was historically done by Traveller women, when families had no electricity, limited access to clean water, less disposable income, and formula wasn’t available. Breastfeeding was also used as a form of family planning when there was less access to contraception.

With bottle-feeding now the norm, the accumulated wisdom and knowledge of breastfeeding that Traveller women once had in abundance, and shared with other women, is being lost. We believe that with investment, support and partnership with the HSE and Department of Health, it is not too late to preserve and revitalise the practice of breastfeeding in the Traveller Community.

¹² UCD School of Public Health and Population Science (2010) “Breastfeeding is natural, but it’s not the norm in Ireland”. An assessment of the barriers to breastfeeding and the service needs of families and communities in Ireland with low breastfeeding rates.

“ Years ago Travellers did breastfeed a lot, but if they did they were always on the road, always on the go. There was no formula milk, and if there was Travellers hadn't the money for them ”

TRAVELLER WOMAN

“ Years ago, the shawls and the dress of the women gave them the modesty that they needed, that they wanted, where today the clothes don't give that. I know you can get a shawl and put it around you, but you don't wear it on a day-to-day basis ”

TRAVELLER WOMAN

KEY BARRIERS FOR TRAVELLERS IN THE UPTAKE OF BREASTFEEDING

The key barriers to the uptake of breastfeeding among Travellers, as identified by Traveller women and men, are:

- Service provision, including limited encouragement and support from health care providers, delays in the Beutler test results, and lack of culturally appropriate and accessible information about breastfeeding.
- The impact of the social determinants of health and breastfeeding, including severely overcrowded accommodation and lack of access to basic facilities.
- Limited support from family and friends, including a lack of Traveller role models, and managing caring responsibilities.

While the barriers read as stand-alone, they can't and shouldn't be seen in isolation; they are all intrinsically connected and therefore require holistic responses.



Photo: Derek Speirs

Barriers identified in service provision

LIMITED ENCOURAGEMENT AND SUPPORT FROM HEALTH CARE PROVIDERS

“ The midwife might convince them, but they mightn't try hard enough, they mightn't go into it as much as they could or should. ”

TRAVELLER MAN

Traveller women who contributed to focus groups and interviews reported limited encouragement and support from health care providers on breastfeeding. Most noted that breastfeeding was either not discussed during antenatal appointments or that it was discussed only once. Even where this occurred, women felt that the information was quickly covered. No practical preparation support was offered to any of the women consulted. Further, given Traveller women's lower uptake of mainstream antenatal education, antenatal appointments were seen to be the only, and therefore best, opportunity for Traveller women to explore feeding after birth.

Traveller women questioned if there was an assumption among health care providers that all Traveller women don't breastfeed, so time isn't spent on discussing it. If this is the case, it's a missed opportunity, as doctors, midwives and nurses are in a unique position to encourage, prepare and assist Traveller women to breastfeed in the antenatal period.

DELAYS IN THE BEUTLER TEST RESULTS: IMPLICATIONS FOR TRAVELLER BREASTFEEDING INITIATION

“ They never mentioned breastfeeding at all in the hospital. They never said 'do you want to give breastfeeding a shot?' They didn't say I could try it after the test results came back. ”

TRAVELLER WOMAN

Classical Galactosaemia is a condition common in babies born to Traveller parents. Approximately 1 in 450 babies could have Galactosaemia compared to around 1 in every 36,000 babies outside of the Irish Traveller Community.¹³ In line with HSE policy¹⁴, all Traveller infants are routinely tested for Galactosaemia in Ireland soon after birth. A 'heel prick' screen, called the Beutler test, is done and babies are given a soya-based formula until the results come back.

¹³ HSE (2018) *Classical galactosaemia (C Gal) - heel prick screening*.

¹⁴ HSE (2018) *A Practical Guide to Newborn Bloodspot Screening in Ireland*.

Traveller participants cited the Beutler test and delays in receiving results from the test as a barrier to initiating breastfeeding. Given that only one lab in the country processes Beutler test samples, it's not surprising that results can take time to turn around. Samples are tested throughout the week and on Saturday mornings with samples that are received by 10am. Any samples that are received after this will not be processed until the lab opens again on Monday morning. Some participants reported that it could take between six hours to several days for the results to come back, which they noted had an impact on initiating and establishing breastfeeding.

Participants also highlighted a lack of information and encouragement from health care providers in expressing milk as an interim measure while results were pending, contra to the HSE's own guidelines.¹⁵ Most Traveller women believed that health providers took for granted that Traveller women would bottle-feed.

According to the HSE, initiating breastfeeding within the first hour of birth is extremely important, and with every hour that passes after birth, the more challenging it is to establish breastfeeding. While there are many women who are able to establish breastfeeding later, this requires access to skilled support. For Traveller women, this means support as soon as the Beutler test results are returned, which can be hours or days after birth, and after bottle-feeding is established. The requisite time and attention needed to support a Traveller woman to initiate breastfeeding is not always available.

“ When you go in to have your baby, they don't encourage you enough. They just tell you that you're going for this test and your baby is put on special milk. So I think services have a huge role to play. Maybe they just assume that Travellers don't want to breastfeed. But if you encourage someone to do it, then they might be able to take it up, even if it's for a short time. ”

TRAVELLER WOMAN

LACK OF CULTURALLY APPROPRIATE AND ACCESSIBLE INFORMATION ABOUT BREASTFEEDING

“ A woman I know was given a big book with 300 pages and she had huge literacy problems, so she couldn't read it and she wasn't getting the information she needed. So there is a huge need for information and culturally appropriate information as well ”

TRAVELLER WOMAN

“ I don't think that Traveller men – and women, also women – know the importance of it and how healthy it is ”

TRAVELLER MAN

Travellers' historic marginalisation within the education system has led to inequality of access, participation and outcomes in education. For example:

- Just 13.3% Traveller women are educated to upper secondary level or above, compared with almost 7 in 10 (69.1%) of the majority population.¹⁶
- 50% of all Travellers have poor functional literacy, that is, difficulty reading instructions for medication.¹⁷ This is compared to 9% of the majority population.

¹⁵ HSE (2018) *A Practical Guide to Newborn Bloodspot Screening In Ireland*.
¹⁶ See Census 2016
¹⁷ See All Ireland Traveller Health Study

Further, in the context of COVID-19, e-health has become expedited (in line with Sláintecare¹⁸) and there has been a greater reliance on digital resources by the health sector, including the HSE online lactation support.¹⁹ While these platforms may be suitable for some women, it has particular consequences for some Traveller women, given poorer literacy levels, the fact that more than half (59.9%) of Traveller households do not have access to the internet²⁰, and the need for digital skills to access information. As one participant noted, a 'one shoe fits all' approach when it comes to health information, including breastfeeding, will not work for Traveller women as it's not accessible, relevant or culturally appropriate. As a result, Traveller women are further marginalised. It is essential that health information is accessible for all service users and is appropriate and inclusive.

Moreover, many participants highlighted the lack of current Traveller-specific resources on breastfeeding. There was consensus among both Traveller women and men that more emphasis should be placed on sharing information on the benefits of breastfeeding and how to successfully breastfeed following the Beutler test, which aren't well known.

“ I wouldn't have known how to do it properly at home. ”

TRAVELLER WOMAN

“ It should be mentioned, how important it is, each and every time we go for an appointment. The benefits of it, each and every time. I think the first thing they do is ask 'are you going to breastfeed?' and if the woman says 'no', that's it, I don't think they mention it anymore. ”

TRAVELLER WOMAN



¹⁸ See Sláintecare Implementation Strategy
¹⁹ See Ask our breastfeeding expert
²⁰ See Census 2016



The impact of the social determinants of health and breastfeeding

SEVERELY OVERCROWDED ACCOMMODATION AND LACK OF ACCESS TO BASIC FACILITIES

Traveller participants emphasised the daily lived realities of living in overcrowded homes without access to the most basic facilities and no privacy, and how this could not be divorced from the conversation on breastfeeding. Participants noted that for Traveller families that live in trailers, they are confined to a small space, often without a separate bedroom. And for many Travellers living on the roadside without access to electricity, toilets, heating or running water, Traveller women are having to buy and boil bottled water for their infants. All of these factors together mean that woman don't have the space, time, or energy to breastfeed. One participant recalled an example of a Traveller woman who was not interested in breastfeeding, despite her best efforts to promote it because, *“she has too many other things on her mind to do. If she was in a nice, clean, warm mobile home, with water coming into it, with a bit of heating and fresh water, she might be more interested. And she's one of hundreds.”*

“ I was considering it, but I just find I'd feel embarrassed. I'm living on a halting site and anyone can come to your door, your neighbours, your family, and you could be in the middle of breastfeeding, so that's why I'd be embarrassed. ”

TRAVELLER WOMAN

A lack of privacy was cited by all participants as a reason not to breastfeed. Overcrowding in Traveller homes is seven times higher than the national average²¹ and Traveller households are more likely to have to double up with one or more families,²² which means Traveller women do not have the luxury of feeding their babies in private. This is particularly problematic given the importance of the extended family and neighbours visiting after the birth of a new baby without forewarning. While participants noted that this social support is welcomed by many Traveller women, they also suggested that not having access to another room is a major barrier for Traveller women in terms of breastfeeding. Female participants reported that they would not be comfortable breastfeeding in case someone drops by, nor would they want to ask them to leave so that they can breastfeed.

“ I wanted to breastfeed but I just thought I'd be ashamed to do it, with people looking and coming into the home. There's no room. Our family is living on top of each other. ”

TRAVELLER WOMAN

The issues around Traveller accommodation have been well documented for decades: the continued failure of local authorities to meet their statutory responsibilities to provide adequate and culturally appropriate accommodation for Travellers, and their consistent failure to draw down the budgets allocated for the provision of Traveller accommodation; the significant levels of homelessness, overcrowding, unsafe and substandard accommodation experienced by Travellers; and the high levels of discrimination against Travellers in accessing accommodation.

²¹ See Census 2016, nearly two in five Irish Traveller households (39.1%) had more persons than rooms compared with less than six per cent of all households.

²² See Census 2016, Traveller households were more likely to be multiple family, 4.2% compared with 1.3% of the majority population.

“ There's some women who would probably love to breastfeed if they were in the right, comfortable situation, with everything around them, electricity and water and toilets and showers and things for the children and themselves. They probably would like to breastfeed. But they definitely won't be thinking of breastfeeding if they're living like that. ”

TRAVELLER WOMAN

While we have seen some positive engagement and leadership by some local authorities during the COVID-19 pandemic as a direct result of partnerships with Traveller Health Units and Public Health doctors, a consistent national approach remains an outstanding issue.

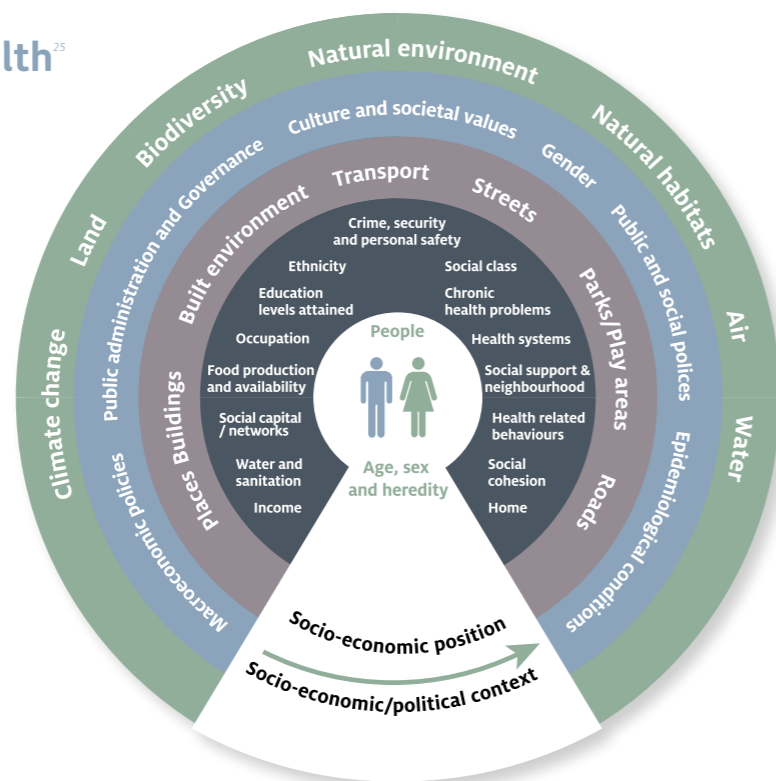
The most recent data published by the Department of Housing, Local Government and Heritage ²³, reports that approximately 14% of Travellers are homeless, this includes those doubling up and living on the side of the road without access to the most basic facilities. However, Pavee Point, alongside other Traveller organisations, recognise this as an undercount in the absence of robust ethnic equality monitoring across all housing and homelessness datasets. Using data from Census 2016 and applying the standard European definition of homelessness, ETHOS ²⁴, we estimate that approximately 39% of Travellers are effectively homeless. This includes Travellers living on the side of the road, doubling up on sites, sleeping rough or in cars, in emergency accommodation (including refuges), as well as living on unsafe and overcrowded sites.

“ If you’re living in a really bad mobile home, with a couple of children and no electricity and water, on a really bad site, breastfeeding is the last thing you’ll be thinking about. ”

TRAVELLER WOMAN

The lack of appropriate accommodation has a significant impact on Travellers’ overall health outcomes and life expectancy. It also has major implications for Traveller women and men’s equality of access and participation in all facets of life, including in education and employment. And for women, inadequate or no facilities and accommodation impacts on their ability and desire to breastfeed. Many Traveller women are being forced to navigate motherhood in the most appalling conditions and are focused on daily survival. As Traveller participants point out, when the most basic human rights of Travellers are not being met, it is not always possible for a new mother to be thinking of breastfeeding.

Determinants of Health ²⁵



²³ Department of Housing, Local Government and Heritage (2020) 2019 Estimate - All Local Authority, Local Authority Assisted and Unauthorised Halting Sites.

²⁴ European Typology of Homelessness and Housing Exclusion (ETHOS) is a European definition of homelessness that captures the complexity of homelessness and includes: rooflessness, houselessness, living in insecure accommodation, and living in inadequate accommodation.

²⁵ Adapted from Dalgren and Whitehead, 1991 and Grant and Barton, 2006



“ I live on a Traveller site and people come in and out of this house all the time. You have kids coming in and out of the house all the time, so for a Traveller woman there’s not much privacy. When you’re on the site, people don’t knock on the door, they walk in. ”

TRAVELLER MAN

Limited support

LIMITED SUPPORT FROM WITHIN THE TRAVELLER COMMUNITY

“ Before I was pregnant, I would say to other girls that I was thinking about breastfeeding. They said ‘are you serious?! Making a show of yourself. Why would you do that?’ I never once got a positive response from it or heard them say they would do it too. ”

TRAVELLER WOMAN

Some Traveller women participants reported that they felt they did not receive encouragement or strong support for breastfeeding from their partners, family or friends. When a Traveller woman did initiate a conversation about breastfeeding with her partner or friends, she was most often met with a surprised or negative reaction, as it was expected that she would bottle-feed. There was a concern that if a Traveller woman breastfed she would be ‘making a show’ of herself and her family by deviating from the norm.

Embarrassment about breastfeeding was a theme that ran through all discussions. The female participants reported that they would feel embarrassed to breastfeed in front of people not within their immediate family, and especially in front of men. Similarly, Traveller men suggested that they would be embarrassed if their partner were to breastfeed in public.

“ When they say they’re doing it or not doing it, they [family] just don’t give much support. I know I didn’t. ”

TRAVELLER WOMAN

“ When you’re in the house or off somewhere, I’d be embarrassed if my wife were to just now start breastfeeding. I think it would be embarrassing for my wife to start doing that in public or in other people’s houses. Travellers talk about things as well. ”

TRAVELLER MAN

LACK OF TRAVELLER ROLE MODELS

“ None of my friends breastfeed. No one my age does. I don’t actually know any Traveller woman who has breastfed. ”

TRAVELLER WOMAN

None of the younger Traveller mothers spoken to for this report knew of any Traveller women their age who had breastfed their babies; almost none knew of any Traveller women of any age who had breastfed.

With so few Traveller women breastfeeding today, it is not something that is seen or talked about on a daily basis. And if you don’t see family members or neighbours breastfeeding, it won’t be considered ordinary or doable. Not breastfeeding has become so normal that one woman said, “I wasn’t interested in breastfeeding, maybe because I’m a Traveller.”

The low number of Traveller women who have breastfed also means that most mothers and grandmothers are not able to provide the advice and assurance, based on first-hand experience, that women just starting to breastfeed so often need.

“ I wouldn’t be comfortable. For one, no one else I know does it. I wouldn’t feel comfortable being the only girl sitting around doing it. If every second or third woman was doing it, it would be ok. ”

TRAVELLER WOMAN

THE ROLE OF TRAVELLER WOMEN: MANAGING CARING RESPONSIBILITIES

“ Even the expensive baby food, the benefit outweighs the expense of it, especially when they have one or two other children that they have to attend to. ”

TRAVELLER WOMAN

While the size of Traveller families has decreased over the years, Traveller families are larger than families in the majority population ²⁶ (5.3 persons vs. 4.1 persons). Traveller mothers tend to be younger when they have their first child ²⁷ (26 vs. 31.8) and often have multi-generational caring responsibilities. Bottle-feeding was reported by Traveller participants as being faster and easier than breastfeeding, especially if a woman has other children or family members to take care of. Participants noted that Traveller women had to make pragmatic decisions around time management and bottle-feeding was one way they reported doing this. Equally, participants noted that bottle-feeding meant that a partner or other family members could support the woman by sharing feeding responsibilities.

²⁶ See Census 2016

²⁷ See All Ireland Traveller Health Study

Addressing identified gaps

In the focus groups and interviews, participants were asked “what needs to be done to support Traveller women to breastfeed?” Answers covered a wide range of ideas related to policy and practice, from the need for high-level leadership, political will and resourcing, to supporting community development approaches and the need for consciousness raising and collective spaces for Traveller women to share their breastfeeding experiences. These ideas are listed directly below and have informed the Key Recommendations in the next section.

- Addressing the social determinants of Traveller health inequalities and in particular, the intersectional nature of Traveller women’s health inequalities and its impact on breastfeeding.
- Information and promotion of breastfeeding should be standardised and a routine part of health care practice. This shouldn’t be left to maternity units alone, as most Traveller women avail of combined maternity care with their GPs/maternity units.
- Normalise Traveller breastfeeding in health care facilities; include Traveller-specific resources and promotional material in mainstream health services.
- Breastfeeding should be raised at each antenatal appointment by health professionals, as one participant noted, “the more they [health professionals] mention it the better.”
- Investment and additional measures needed to support first-time Traveller mothers, as a participant suggested, “if you let that go, she probably won’t try it with the second baby.”
- All health professionals to be trained and informed of the Beutler test as related to Traveller women. Clear communication is required for Traveller mothers antenatally and postnatally in terms of the rationale and process of what will happen after the birth of the baby. Of the test, one participant said that “not many women know when they go in to have a baby that this happens,” and others agreed.
- Full implementation of ethnic equality monitoring and training for hospital staff in asking the ethnic question and use of the data.
- Additional resourcing and support for Traveller organisations and Traveller Primary Health Care Projects, including a dedicated position on maternal health and breastfeeding, so more time can be spent on these issues within.
- Identification of collective spaces and dedicated breastfeeding groups for Traveller women to share advice and experiences. “I think that would be a great support for Traveller women,” one participant said.
- Further research into the barriers to breastfeeding for Traveller women.



Key Recommendations

The dramatic decline of breastfeeding in the Traveller Community over the past two decades is due to many factors, some of which are similar to women in the majority population, including prevailing embarrassment and shame about breastfeeding, formula milk becoming widely available and promoted, and a lack of support for initiating and continuing to breastfeed. However, as outlined above, Traveller women face additional challenges, including those related to a lack of support from health care providers, the wait for Beutler test results, and overcrowded accommodation and a lack of privacy.

The *Breastfeeding in a Healthy Ireland: Health Service Breastfeeding Action Plan 2016-2021* sets out a vision of ‘a society where breastfeeding is the norm for individuals, families and communities in Ireland resulting in improved child and maternal health outcomes, where all women receive the support that they need to enable them to breastfeed for longer’ and commits to ‘focus on groups where rates of breastfeeding are low’.²⁸ The more recent 2020 Programme for Government also pledges to ‘promote an increase in the number of new mothers breastfeeding.’ In order to make this a reality for Traveller women, targeted measures, investment and resources are required to create the necessary conditions to support the uptake of breastfeeding in the Traveller Community.

According to *Breastfeeding in a Healthy Ireland*, ‘a combination of interventions at public health, public policy, clinical and community level are most effective to promote breastfeeding duration.’ If we are to be serious about revitalising breastfeeding in the Traveller Community – knowing the positive impact it can have on perinatal outcomes – a holistic approach, on both policy and service provision levels, are required. This means a whole of government approach and strong investment and active partnerships between government departments, the HSE, Traveller organisations and Traveller Primary Health Care Projects.



It is in this context, we recommend the following:

Key Recommendations: Policy and Data

- The Department of Health and the HSE to ensure that Traveller women are explicitly included in all mainstream health policy and service developments related to perinatal and/or infant health, in partnership with Traveller organisations.
- Conduct and publish a robust review of progress made on the actions in *Breastfeeding in a Healthy Ireland: Health Service Breastfeeding Action Plan 2016-2021*, including on any initiatives that directly targeted Travellers.
- Introduce Traveller-specific actions, indicators, budget lines and timeframes in the next *Breastfeeding in a Healthy Ireland: Health Service Breastfeeding Action Plan*.
- HSE to introduce an annual 1% increase in Traveller women breastfeeding initiation rates in the next *Breastfeeding in a Healthy Ireland: Health Service Breastfeeding Action Plan*. This target to also be included in the National Traveller Health Action Plan.
- Traveller breastfeeding target of annual 1% increase in initiation rate to be included in HSE metrics as a National Key Performance Indicator and published in the HSE National Service Plan and local CHO Operational Plans.
- National Screening Advisory Committee to undertake a comprehensive review and analysis on Classical Galactosaemia and associated procedures on the Beutler test as related to Traveller women and infants.
- National Screening Advisory Committee to take account of the specific needs of Travellers in their work (e.g. the high rates of Classical Galactosemia and other rare diseases among Travellers) and establish liaison mechanisms with Traveller organisations in the work of the Committee.
- HSE to fast track Travellers in National Newborn Bloodspot Screening Programme to support early breastfeeding initiation.
- The HSE National Women and Infants Health Programme to appoint a dedicated lactation lead for Travellers.
- HSE to ensure that lactation consultants are available 24 hours a day, seven days a week in each maternity unit.
- HSE National Women and Infants Health Programme and National Clinical Programme for Obstetrics and Gynaecology to rollout and implement ethnic equality monitoring in the national Irish Maternity Indicator System (IMIS) to monitor access, participation and outcomes of Traveller women and infants, including breastfeeding rates.
- HSE Heads of Service to rollout and implement ethnic equality monitoring across all local CHO breastfeeding datasets (e.g.) PHN metrics system, child health record, etc.

Key Recommendations: Training and Engagement

- All maternity units to ensure that staff receive mandatory, annual anti-racism and discrimination training in line with Public Sector Equality and Human Rights Duty (Section 42, Irish Human Rights and Equality Commission Act (IHREC) Act, 2014).
- Schools of midwifery and nursing to ensure compulsory anti-racism and discrimination modules for student nurses and midwives.
- HSE National Breastfeeding Coordinators to work with maternity services to develop a breastfeeding care pathway for Traveller mothers and babies in partnership with Traveller organisations/Primary Health Care Projects. This pathway will support evidenced-based practices for preparation for breastfeeding in the antenatal services and getting breastfeeding off to a good start.
- All health care providers to support Traveller women to breastfeed after birth by encouraging hand expression and storing breast milk until the results of Beutler test are confirmed in line with HSE policy.
- HSE National Breastfeeding Coordinators to work with Traveller organisations/Primary Health Care Projects to ensure explicit inclusion of Traveller women in revisions to breastfeeding training programme for healthcare professionals.
- HSE to ensure that all maternity staff and Public Health Nurses provide up-to-date evidence-based information and proactive encouragement and support for breastfeeding to every Traveller woman, regardless of whether or not she breastfed any older children.
- Directors of Public Health Nursing to be represented on all Traveller Health Units.
- HSE Child Health Programme Development Officers to be represented on all Traveller Health Units.

Key Recommendations: Breastfeeding Promotion

- HSE National Healthy Childhood Programme to continue to support and resource the development of Traveller-specific breastfeeding resources in partnership with Traveller Health Units and Traveller Primary Health Care Projects.
- HSE to ensure that health professionals take advantage of opportunities to discuss breastfeeding with Traveller women at every antenatal appointment, including GPs contracted under the Maternity and Infant Care Scheme.
- All maternity units to display Pavee Mothers breastfeeding imagery in antenatal/postnatal clinics and wards.
- HSE to continue to resource and support the Pavee Mothers project and to expand it.
- HSE local lactation consultants/Public Health Nurses to work in partnership with local Traveller organisations/Primary Health Care Projects to ensure Traveller women are supported both antenatally and postnatally with breastfeeding and undertake joint initiatives on local levels.
- Traveller Health Units to develop targeted initiatives with Traveller men on breastfeeding education and promotion.



PAVEE POINT
TRAVELLER AND ROMA CENTRE

**pavee
mothers**

Pavee Point Traveller and Roma Centre
46 Charles Street Great, Dublin 1, Ireland

t: 01 878 0255 **w:** www.paveepoint.ie