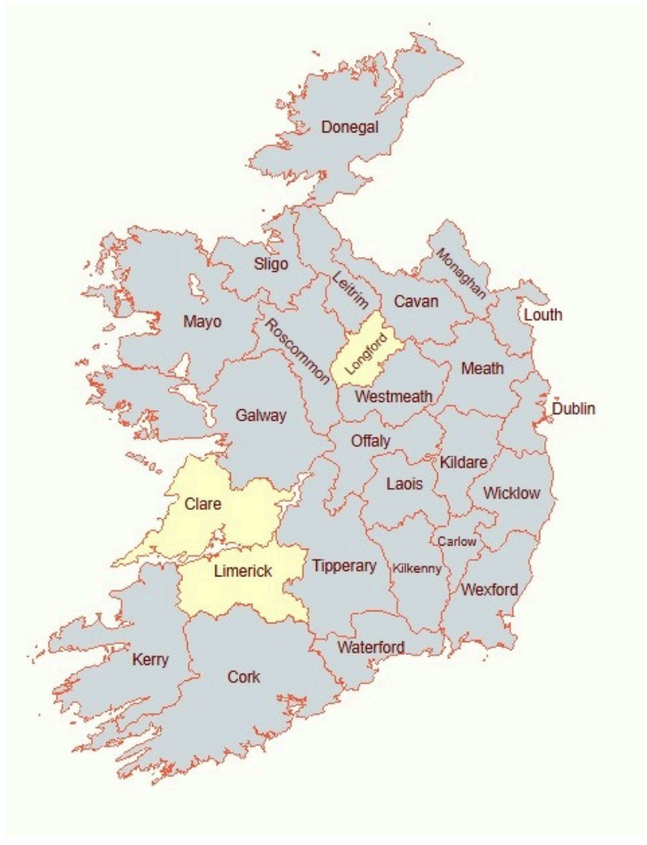
Exploring Physical Activity Engagement in Traveller and Roma Populations: A Qualitative Study of Barriers and Facilitators



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Executive Summary

Barriers & Facilitators to Physical Activity in Traveller and Roma Communities

Background: Physical inactivity is a significant public health concern, especially in marginalised groups such as Travellers and Roma communities, who often face barriers related to socio-economic, cultural, and environmental factors. This study aims to identify the specific barriers and facilitators to physical activity (PA) among these groups using the COM-B (Capability, Opportunity, Motivation, Behaviour) model and the Theoretical Domains Framework (TDF) to guide the analysis, with the overarching goal of informing targeted interventions to promote active lifestyles and improve health outcomes within these populations.

Barriers	Facilitators
Limited awareness of PA guidelines and benefits	Strong family and community bonds
Low health literacy	Preference for group-based activities
Physical health conditions	Culturally relevant PA (e.g., Roma dance)
High costs and lack of facilities	Peer support and peer led programmes
Discrimination in mainstream settings	Trust in community-led initiatives
Low confidence and gender norms	

Implications for Policy & Practice: Culturally tailored, low-cost, and community-driven PA programmes are essential. Embedding peer leadership, creating inclusive environments, and integrating PA initiatives into broader health and social programmes can help reduce inequalities.

Next Steps: A follow-on study will co-design and pilot a culturally relevant PA programme, directly addressing identified barriers and amplifying facilitators. The goal is to ensure interventions are evidence-based, sustainable, and community-owned.

This executive summary is intended for policymakers, funders, and community stakeholders to support the development of inclusive physical activity strategies.

1.0 Introduction

Regular physical activity, defined as any bodily movement produced by skeletal muscles resulting in energy expenditure beyond resting expenditure (Caspersen, Powell, and Christenson, 1985), is a cornerstone of physical and mental well-being, contributing to the prevention of chronic diseases, the management of stress and anxiety, and the promotion of social inclusion (O'Donovan et al., 2010). However, the ability to engage in physical activity is not distributed equitably across populations. In Ireland, members of the Traveller and Roma communities, two of the most marginalised ethnic minority groups, face profound structural and social barriers that impact not only their health outcomes but also their engagement with health-promoting behaviours such as physical activity.

Travellers, an indigenous ethnic minority in Ireland with a distinct nomadic tradition, and Roma, a pan-European ethnic minority with significant representation in Ireland in recent decades, continue to experience high levels of discrimination, economic disadvantage, and exclusion from health and social services (Quirke et al., 2022). Indeed, a recent study by the Economic and Social Research Institute (2024) reported that Travellers and Roma face the highest level of prejudice of any ethnic group in Ireland. Recent census data indicated 32,949 identified as Travellers and 16,059 as Roma in Ireland (Census, 2022) although such figures likely represent an undercount due to methodological constraints with census data collection and hesitancy to participate from ethnic minorities (Snijkers, 2003). These communities are disproportionately affected by poor health outcomes, including higher prevalence of cardiovascular disease, mental illness, and reduced life expectancy (All Ireland Traveller Health Study, 2010; Van Hout and Staniewics, 2012; Kennedy et al., 2023). For Travellers, the average life expectancy in comparison to the general population is 15 years less for males, and 11.5 years for females (All Ireland Traveller Health Study, 2010), with similar figures reported for Roma (Van Hout and Staniewics, 2012). Physical inactivity is a contributing factor to these disparities, yet limited attention has been given to the specific experiences, needs, and contexts of these communities in relation to physical activity.

Research to date, while limited, has highlighted a range of barriers and facilitators that shape physical activity participation among Traveller and Roma communities. Barriers include persistent poverty, insecure or inadequate accommodation (often with limited access to safe outdoor spaces), lack of transport, and restricted access to mainstream leisure facilities (Bunyan, 2001; National Traveller Health Action Plan 2022 – 2027, 2022). Discrimination and cultural insensitivity within services further deter engagement, while gender roles and cultural norms may limit participation, particularly for women. Health literacy challenges, low levels of trust in public institutions, and experiences of racism also contribute to a sense of exclusion from organised physical activity initiatives (Cronin, 2016; Fay et al., 2019). In contrast, several facilitators have been identified that could support greater physical activity engagement. These include strong family and community bonds, a preference for group-based or social activities, and interest in culturally appropriate programming (Sport Ireland, 2022). Community-led or peer-supported initiatives, where members of the Traveller or Roma communities are involved in the design and delivery of services, have shown promise in fostering trust and participation. For example, the Primary Healthcare for Traveller Projects (PHCTPs) is a partnership between the HSE and Traveller organisations to train community members as health workers, bridging gaps between mainstream services and Traveller families. They provide ongoing support and act as interfaces between communities and health services, enhancing trust and engagement. (HSE.ie and Pavee Point).

Another example is the traveller-led soccer clubs and events like National Play Day near halting sites have created spaces for community engagement. These initiatives have drawn significant participation, demonstrating the potential of sports to build bridges and foster social cohesion (euroclio.eu). However, these facilitators remain underutilised within mainstream health promotion strategies. Despite a growing body of research highlighting health inequalities, there remains a critical gap in understanding the behavioural, social, and structural factors that influence physical activity among Traveller and Roma populations.

First, national health strategies such as the National Traveller Health Action Plan 2022 - 2027 (2022) and the National Traveller and Roma Inclusion Strategy II 2024 - 2028 (2024) continue to identify the reduction of health inequalities among ethnic minorities as a key priority. However, the implementation of these policies has often fallen short, particularly in addressing the systemic barriers to engagement with health services and initiatives. Second, the political and social landscape in Ireland and globally is changing, with an observable rise in xenophobia and anti-minority sentiment, exacerbated by broader European trends (Guvensoy, Bagci, and Yurt, 2025). These shifting attitudes may not yet be fully captured in existing research, potentially obscuring the real-time challenges faced by these communities in accessing inclusive and supportive health environments. Third, much of the previous research on physical activity in marginalised populations has not been grounded in contemporary behavioural science, limiting its capacity to inform meaningful intervention design.

In response to these gaps, this study employs the COM-B model (Capability, Opportunity, Motivation – Behaviour), a comprehensive behavioural framework developed by Michie et al. (2011), to explore the barriers and facilitators to physical activity among Traveller and Roma communities in Ireland.

The COM-B model posits that behaviour (B) is the result of the interaction between an individual's capability (physical and psychological), opportunity (social and physical), and motivation (reflective and automatic). This framework enables a more nuanced understanding of physical activity engagement by recognising the complex interplay between individual agency and broader social determinants. In doing so, it moves beyond deficit-focused models and simplistic accounts of non-participation, instead highlighting both the constraints and the strengths that shape health behaviours in marginalised contexts.

The COM-B model can also be extended using the Theoretical Domains Framework (TDF) (Cane, O'Connor, and Michie, 2012), which encompasses 14 domains encompassing a range of behavioural determinants. Each domain is linked to specific components of behaviour, such as capability, opportunity, and motivation (Cane, O'Connor, and Michie, 2012). The TDF can be mapped on to the COM-B model to provide deeper insight into factors influencing a target behaviour. This mapping helps identify the most relevant domains, enhancing understanding and supporting the development of strategies to modify health behaviours (Cane, O'Connor, and Michie, 2012)

The integration of the COM-B model and the Theoretical Domains Framework (TDF) has become increasingly prominent in physical activity research, offering a comprehensive structure for understanding and influencing behaviour change. Several studies have successfully applied these frameworks to identify barriers and facilitators across varied populations. For example, in a study exploring physical activity among overweight and obese pregnant women in Ireland, barriers such as limited knowledge about safe exercise during pregnancy (TDF: Knowledge; COM-B: Capability) and facilitators like partner support (TDF: Social Influences; COM-B: Opportunity) were identified (Flannery et al., 2018). Similarly, McIntyre et al. (2022) used COM-B and TDF to examine engagement in an exercise referral programme for socioeconomically disadvantaged women in Australia, highlighting the importance of environmental opportunity and social support, particularly where programmes were instructor-led and cost-free.

A systematic review by Currie et al. (2024) synthesised findings across 39 studies on university students' physical activity, revealing consistent themes related to environmental context, social influences, and motivation, all mapped to COM-B components. Additionally, O'Hara et al. (2022) demonstrated that physical activity coaching interventions influenced behaviour primarily by enhancing psychological capability and motivation through autonomy-supportive approaches. These studies reinforce the utility of the COM-B and TDF frameworks in the design and evaluation of physical activity interventions, enabling a structured analysis of behaviour that informs more targeted and effective strategies.

By applying the COM-B model and TDF to this context, the study aims to generate evidence that is both theoretically grounded and practically relevant. It seeks to inform the design of culturally appropriate, equity-driven interventions that align with national health priorities and policies while responding to the contemporary realities of Traveller and Roma communities. Ultimately, this research contributes to a broader public health agenda of addressing structural inequality and promoting social justice through inclusive and evidence-based approaches to health behaviour change. Thus, the aim of the present study is to explore the barriers and facilitators to physical activity amongst Traveller and Roma communities in Ireland.

2.0 Research Aims and Objectives

2.1 Aims:

The proposed evaluation aims to explore the barriers and facilitators of physical activity for health among adults within ethnic minority communities in Ireland, with the overarching goal of informing targeted interventions to promote active lifestyles and improve health outcomes within this population.

2.2 Objectives

1. I**dentify** the key barriers that hinder participation in physical activity for health among adults in Traveller and Roma communities.
2. **Explore** the factors that facilitate or support engagement in physical activity for health programmes within this population.
3. **Examine** the influence of socio-cultural, environmental, and structural factors on physical activity behaviours among ethnic minority groups**.**
4. **Inform** the development of culturally sensitive and community-driven interventions to promote physical activity and improve health outcomes among adults in the ethnic minority community.

2.3 Central Evaluation Questions

1) What are the primary barriers that prevent adults in ethnic minority communities from engaging in regular physical activity?
2) What factors encourage or facilitate participation in physical activity among ethnic minority groups?
3)How do socio-cultural norms, environmental factors, and structural barriers impact physical activity behaviours within the ethnic minority community?
4) What strategies can be implemented to overcome barriers and promote active lifestyles among adults in the ethnic minority community?
5) How can community-based interventions be tailored to the unique needs and preferences of the ethnic minority groups to maximise their effectiveness in promoting physical activity and improving health outcomes?

These aims, objectives, and central evaluation questions will guide the qualitative exploration of physical activity behaviours within the ethnic minority community and inform the development of targeted interventions to address the identified barriers and promote active living.

3.0 Methods

3.1 Philosophical Assumptions

This study is underpinned by a critical realist perspective, which combines ontological realism with epistemological relativism. In other words, while critical realists hold that a reality exists independently of our perceptions, they also acknowledge that our knowledge of this reality is mediated by social, cultural, and historical contexts (Mickelsson, 2021). Critical realism emphasises the identification of underlying structures and mechanisms that shape observable phenomena. Accordingly, individuals and social structures are understood as analytically distinct yet dynamically interrelated; people exercise agency, but their choices and behaviours are also conditioned by broader institutional, organisational, and cultural forces. This orientation is particularly relevant to the present study, as it facilitates an examination of how structural inequalities influence Traveller and Roma communities' opportunities to engage in physical activity and exercise, while also attending to the lived experiences and meanings constructed by individuals within these contexts.

3.2 Design

The present study utilised both one-to-one interviews and focus groups with individuals over the age of 18. This study employed a Community-Based Participatory Research (CBPR) approach, rooted in the principles of Participatory Action Research (PAR), to explore the barriers and facilitators to physical activity among Traveller and Roma communities in Ireland. CBPR is a collaborative research methodology that actively involves community members, stakeholders, and researchers as equal partners throughout the research process, from conceptualisation and design to data collection, analysis, and dissemination. This approach was selected to ensure that the voices, lived experiences, and cultural contexts of Traveller and Roma individuals were central to the study, thereby increasing the relevance, validity, and potential impact of the findings. Additionally, advocacy for policies that address the broader social determinants of health can create a more supportive environment for community exercise programmes (Andermann, 2016).

The use of a participatory approach is particularly important in the context of historically marginalised groups such as the Traveller and Roma communities, who have often been the subjects of research without having meaningful input or control over how that research is conducted. Conventional top-down research methods risk reinforcing distrust and may fail to capture the complexities of lived experiences (Smirnoff et al., 2018). In contrast, CBPR fosters mutual learning, capacity building, and the co-production of knowledge that is both culturally grounded and action-oriented (Suarez-Balcazar, Francisco, and Ruben Chavez, 2020).

Community partners, including health workers, advocacy organisations, and local sports partnerships, were involved in shaping the research questions, advising on culturally appropriate methods, and facilitating access to participants. These partners also supported the interpretation of findings and the co-development of recommendations for practice and policy.

Throughout the research process, efforts were made to ensure cultural safety, trust, and reciprocity. This included the use of trained peer researchers from the communities where possible, flexible scheduling of interviews to accommodate participants' needs, and continuous reflection on power dynamics and researcher positionality. Ethical approval was obtained from the lead researchers institution ethics committee and informed consent was secured from all participants.

Sixty one participants (male n=29 and female n=32), aged between 18 to 57 years old from multiple locations (Longford, Limerick and Clare), took part in a semi- structured interviews each lasting approximately 45 minutes. All participants were either a member of the Traveller or Roma communities.

Participants were recruited through community organisations, and word-of-mouth. Interviews explored individuals' perceptions, experiences, and attitudes towards physical activity, as well as the factors that influence their participation or non-participation in physical activity. Thematic analysis was used to identify common themes and patterns across participants' responses.

The interview protocol was developed based on a review of relevant literature and discussions with key stakeholders to ensure it captures a comprehensive range of factors influencing physical activity behaviours within the ethnic minority community. Interview training was provided with a focus on project orientation (objectives, consent, participation information), interview and facilitation skills, protocol review, recorder use, privacy, anonymity, confidentiality, and safety. Interviews were audio-recorded and transcribed verbatim for analysis. Thematic analysis was employed to identify common themes and patterns across participants' responses, allowing for a rich and nuanced understanding of the barriers and facilitators of physical activity among ethnic minorities. In addition to interviews, focus groups were also utilised which enabled a large group of participants to bring forward their own beliefs and opinions, whilst also harnessing group discussion and debates on certain topics.

Table 1: shows a breakdown of interviews and focus groups conducted in addition to participant demographics;

Table 1: Participant Demographics

Characteristic	Interviews (n = 21)	Focus Groups (n = 40)	Total (n = 61)
Age (years)			
- Mean (SD)	37.29	38.02	
- Range	18-62	18-63	
Gender			
- Male	9	17	26
- Female	12	23	35
- Other/non-binary	0	0	0
Ethnicity			
Traveller	14	33	47
Roma	7	7	14

3.4 Data Collection

Data collection included semi-structured interviews and focus groups with members of the Traveller and Roma communities. Interview guides were informed by the TDF and mapped onto each component of the COM-B model (Appendix 1). Where appropriate, culturally sensitive adaptations were made to ensure accessibility and relevance of questions. To facilitate data analysis, all interviews were audio recorded. The interviews began with the interviewer providing a brief overview of the study, detailing the procedures, addressing queries and obtaining consent. Participants were then given the opportunity to ask questions or provide further comments prior to the end of the interview. The questions in the interview topic guide were informed by the COM-B model to explore participants' capability, opportunity and motivation for physical activity. Interviews were conducted by trained facilitators and lasted between 30 to 60 min with no repeat interviews. Only participants and researchers were present during the interviews/focus groups. Notes were taken throughout the interviews/focus groups. No relationship was established between the interviewer and participants before the study commencement. Demographic data were also collected during the interview schedule.

3.5 Data Analysis

Data analysis was conducted using a combination of deductive and inductive content analysis to examine barriers and facilitators to physical activity among the Traveller and Roma communities in Ireland. Initially, a deductive coding framework was developed based on the COM-B model (Capability, Opportunity, Motivation – Behaviour), which provided a structured lens through which to examine factors influencing physical activity. Key domains including psychological and physical capability, social and physical opportunity, and reflective and automatic motivation, were used to guide the initial round of coding (see Table 2 for further information of the deductive coding framework employed). This allowed the research team to organise data in alignment with a contemporary behavioural change framework and to identify which aspects of the COM-B model were most salient in the accounts of participants. Following this deductive phase, an inductive content analysis approach was employed to capture themes and patterns that emerged organically from the data, particularly those that extended beyond the COM-B categories. This phase allowed for the inclusion of unexpected or context-specific factors that may not have been captured by the model, such as community-specific experiences of discrimination, shifting cultural norms, or structural constraints related to housing and mobility. Codes and categories were generated iteratively, with close attention paid to language, meaning, and social context. Throughout the analysis, regular discussions were held within the research team, including community partners, to review coding decisions, ensure cultural and contextual accuracy, and reflect on generated themes. Where possible, preliminary findings were presented back to small groups of community participants in a process of member checking, to validate interpretations and ensure that the analysis remained grounded in the lived experiences of those involved

Table 2: Deductive Coding Framework Based on the COM-B Model

COM-B Domain	Subcomponents	Description
Physical Capability	• Health status • Fitness level • Mobility/disability constraints • Exercise skills/training	• Barriers due to illness, injury, or fatigue • Self-perceived fitness or limitations • Impact of disability or restricted movement • Skill level enabling participation
Psychological Capability	• Knowledge of PA benefits • Awareness of opportunities • Confidence/self-efficacy • Exercise know-how	• Awareness of the importance and types of physical activity • Knowledge of when/where/how to participate • Confidence in one's ability • Understanding how to exercise safely
Physical Opportunity	• Facility access • Transport availability • Financial means • Culturally appropriate programs • Time constraints	• Access to gyms, parks, etc. • Transportation barriers • Cost as an obstacle or facilitator • Availability of culturally sensitive options • Time due to work/family commitments
Social Opportunity	• Family/community support • Cultural/gender norms • Discrimination/stigma • Trust in services • Cultural beliefs	• Encouragement or discouragement from others • Beliefs about appropriate activity by gender or role • Fear of prejudice in public spaces • Trust in health/activity providers • Community views on physical activity
Reflective Motivation	• Value of physical activity • Benefit-risk evaluation • Goals and priorities • Past experiences • Cultural identity	• Beliefs about benefits (e.g. health, stress relief) vs. concerns (e.g. injury, embarrassment) • Influence of personal goals • Prior positive/negative experiences • Cultural alignment with activity
Automatic Motivation	• Emotions • Habits • Addictions/health behaviours • Stress coping	• Emotions like fear, enjoyment, or boredom • Whether activity is habitual • Influence of smoking, alcohol, or poor sleep • Stress interfering with motivation

3.6 Procedure

Peer researchers approached members of the Traveller and Roma communities in November-December 2024. Often, initial interactions were aimed at individuals that peer researchers were currently engaged with via existing health and exercise programmes. Individuals were given information about the purpose of the study, what participation in the programme involved, and the voluntary nature of the research project. A snowball sampling technique was also employed to purposively recruit individuals from the Traveller and Roma communities, with peer researchers encouraging potential participants to share the study information (via an information leaflet) to reach those who may not be engaging with community services. Participation took place at a time and place that was convenient to individuals, with a high degree of flexibility offered by peer researchers. Peer researchers conducted interviews and focus groups after receiving training via an online interview training workshop. The workshop were conducted by Co Lead (LK) who has published qualitative research and received interview training throughout their doctoral degree. The interview and focus training workshop explored project orientation (objectives, consent, participation information), interview and facilitation skills, protocol review, recorder use, privacy, anonymity, confidentiality, and safety. While Co Lead (SMcN) acted as a moderator throughout the semi-structured interviews and focus groups to aid with translation/interpretation (in particular amongst the Roma community). Within the focus groups, the moderator outlined the importance of respecting one another's views and to not share information that was discussed during the focus group with others outside of the focus group setting.

Image 1: Limerick Travller Focus Group

4.0 Results

All 14 domains of the Theoretical Domains Framework (TDF) were reported as barriers or facilitators to physical activity among participants from the Traveller and Roma communities. However, four domains were most prevalent for Travellers: social influences (23%); environmental context and resources (22%); social/professional role and identity (16%); and, knowledge (11%). Overall, these four domains account for 72% of the total number of codes identified. For Roma, environmental context and resources (34%); social influences (18%); knowledge (15%); and, social/professional role and identity (9%). These four domains account for 76% of the total number of codes identified. The following section will explore the four most prevalent domains. Differences between Traveller and Roma participants will be clearly highlighted throughout the results and discussion section, ensuring that findings are interpreted within their appropriate cultural contexts. Table 3 summarises the identified barriers and facilitators to PA, including common themes reported within each TDF domain in Table 4. The following section will explore the four most prevalent domains. Differences between Traveller and Roma participants will be clearly highlighted throughout the results and discussion section, ensuring that findings are interpreted within their appropriate cultural contexts.

A summary table outlining key differences/similarities can be found at end of the results and discussion section (Table 7).

Barriers to Physical Activity Among Traveller and Roma Communities

Social influences

Social influences refer to the effect of others (family, friends, or community) on PA and exercise behaviour. Common barrier themes identified included discrimination, a lack of representation in PA and exercise environments, and, family of peer discouragement.

Discrimination

Discrimination was a common theme among participants who identified as Travellers. One woman described sensing disapproval from others during an exercise class, recalling: "I've seen the backlash of it… dirty looks… not too happy about me being in the room" (Longford 1). Such experiences reinforced a sense of social exclusion, particularly within GAA clubs, where members felt unable to penetrate existing social cliques:. *"So the GAA, that is somewhere that as a minority person went into that, very hard to get accepted into the sort of clique or the clan, so to speak, when you're an outsider… I'll speak from personal experience, played with [insert team name], [insert team name], and, you know, you'd never feel welcome in any way, make, shape, or form, in the GAA. That's my personal experience… You know? To be honest with you, people playing Gaelic and lots playing soccer were different for me. I wouldn't, didn't enjoy playing the Gaelic because the the guys that you're playing with obviously will come from different economic and social backgrounds, and they kinda look down on ya" (Longford 1)*

These interpersonal slights echo ESRI findings that Travellers and Roma face the highest prejudice in Ireland (ESRI, 2024). This study is the first to document systemic exclusion and discrimination against Travellers within GAA clubs. However, similar patterns have been observed in other sports. For example, a soccer club in Dublin was ordered to include children living adjacent to a halting site (purpose-built residential accommodation for Travellers) after an official refused to allow two young Traveller children to participate in a local fun day (RTÉ, 2023). The official justified the exclusion by claiming that "this group of people" (referring to Travellers) had previously damaged property at the club. Many participants described a lifetime of prejudice stretching from their youth into adulthood, with hostility more pervasive in certain regions: *"I was only very young when I came to [insert town name]. I was only 17 when I got married. So I knew the discrimination all my life, but I really didn't see a big part of it until I came to [insert town name]. And [insert town name] really opened my eyes. Like, I'm 36 year here in the town and you can still see it. It still goes on… Talk to you today and they'll see you out on the town they turn their head away. They pretend not to know you. Within the gym and that, they're chatting and talking, but you're still a still a Traveller. You're still kept at a distance".*

Table 3: Results table summarising the barriers and facilitators to physical activity for both Traveller and Roma participants

Theme	Traveller Barriers	Traveller Facilitators	Roma Barriers	Roma Facilitators	Participant Quotes / Notes
Cost & Accessibility	Limited finances; transport issues	Free or subsidised sessions; local venues	High cost of gyms/classes; transport	Free/subsidised programmes; community-based sessions	“We can’t always afford the gym, but if it’s near home, we might try.”
Cultural & Gender Norms	Gendered expectations; caregiving responsibilities	Family-friendly sessions; women-only options	Gender expectations limit women’s participation; mixed-gender concerns	Women-only or family-inclusive sessions	“Girls in our community usually don’t go out to exercise alone.”
Social & Community Support	Lack of peer support; limited role models	Group activities with friends/family	Lack of peer support; limited role models	Group activities with friends/family; Roma instructors	“If someone from our own community teaches it, people are more willing to join.”
Motivation & Awareness	Low motivation; limited knowledge of benefits	Enjoyable, social, structured activities	Low awareness of benefits; sedentary norms	Fun, culturally relevant activities (e.g., Roma dance, football)	“Dancing with others from the community makes it more enjoyable.”
Space & Facilities	Limited safe spaces; busy homes	Community halls, local parks	Limited safe spaces; overcrowded homes	Community halls, parks, or schools	“There’s nowhere for us to exercise at home, so community halls work best.”
Communication & Health Literacy	Language/literacy barriers; limited info	Peer-led communication; simple visuals	Language barriers; digital-only info	Peer-to-peer promotion; oral or visual communication	“Posters and WhatsApp groups in our language help more than emails.”
Leadership & Ownership	Lack of Traveller representation	Community champions, ambassadors	Lack of Roma representation	Community champions or instructors from Roma community	“When a Roma person runs it, people trust it and come along.”

Examples of overt racism were also described as participants reported that they had been called a ‘knacker’, which led to them not wanting to engage in team sports. Originally, the term ‘knacker’ referred to the occupation of collecting and disposing of animal carcasses (a knackery), however over time the meaning fell into disrepute and was co-opted as a racial slur against Travellers. The connotations of the term now refer to Travellers as coarse, disreputable, and of a lower social class (Veale and Walsh, 2025). Discrimination towards the Traveller community is widespread, with 65% of Travellers in Ireland reporting experiencing discrimination in a variety of work and service areas (EU Fundamental Rights Agency, 2021). The figure was greater in Ireland in comparison to other countries such as Belgium, France, the Netherlands, and Sweden. Travellers were also 22 times more likely to experience discrimination in services such as shops, pubs, restaurants, banks, and housing in comparison to white Irish participants (National Traveller and Roma Inclusion Strategy, 2024).

Interestingly, reports of discrimination were limited among participants who identified as Roma. Such an observation stands in contrast to a substantial body of literature documenting widespread and persistent discrimination and marginalisation of Roma populations across Europe (Ullah, Azizuddin, and Ferdous, 2024). For instance, one participant (Roma 5) stated, “No, I haven’t (been) discriminated here. In Czech Republic and Slovakia, yeah,” suggesting that experiences of discrimination were more salient in participants’ countries of origin than in Ireland. This divergence may reflect a complex interplay of factors. It is possible that discrimination in the Irish context is less overt or differently manifested, making it less readily identifiable or reportable. Alternatively, participants may have normalised discriminatory experiences to the extent that they are no longer consciously recognised or articulated as such. A reluctance to disclose sensitive or stigmatising experiences in a research setting, particularly where trust or language barriers exist, may also have played a role. Moreover, variations in local community integration, visibility, or the degree of interaction with majority populations may shape both the experience and the perception of discrimination.

This finding raises important critical questions about how discrimination is perceived, internalised, and expressed within and across minority groups. It suggests a need for greater nuance in exploring not only whether discrimination occurs, but how it is made sense of, and the conditions under which individuals choose, or feel able, to disclose such experiences.

A lack of representation in PA and exercise environments

Travellers and Roma within the present study identified that a lack of representation in PA environments, such as gyms and groups, made them less likely to engage in PA. This common theme centred on the perception that having someone from the same cultural background would increase trust and make participants feel a greater degree of comfort in PA environments. One participant stated that *“I wouldn’t like going into a gym or whatever like that by myself…I’d prefer if there was a Traveller kind of in that area”* (P9). Participants also reported that enhancing trust and increasing the likelihood of accessing PA environments could also be improved if more Travellers and Roma were represented within PA and exercise environments such as staff within the facilities. Indeed, a participant in FG1 highlighted *“It’s important to have a teacher who understands the community”*. However, Traveller unemployment is substantially higher than in the general population (61% vs. 8%), with a similarly elevated long-term unemployment rate (39% vs. 4%) (Census 2022). Similarly, the Roma Needs Assessment Report (2018) identified that 83% of Roma were unemployed, whilst the most recent Census (2022) reported an employment rate of 61% and an unemployment rate of 17%.

Unemployment is disproportionately experienced by Roma and Traveller, with a national unemployment rate of 5%, which is considered near full employment (Central Statistics Office, 2023). Consequently, very few Travellers and Roma hold paid roles in gyms, leisure centres or sports clubs in positions such as receptionists, fitness instructors, class-coordinators or managers. This underrepresentation at every level of facility staffing means prospective participants rarely see someone “like them” in these spaces, which undermines trust, cultural safety and the sense that these environments are open to them. Employment exclusion both reflects and reinforces the broader lack of Traveller and Roma visibility in PA settings, making it harder to recruit and retain community members in exercise programmes.

Family or peer discouragement

The opportunity for interpersonal conflict, such as family feuds, to occur between different Traveller families was reported as a barrier to PA and exercise. Feuding is “historically linked to the culture of bare-knuckle fighting by which a male Irish Traveller upheld his family’s honour” but has evolved in recent years “to typically involve weapons, ramming of vehicles, destruction of property, that includes the setting of sites and homes on fire, and can result in loss of life, severe mental health difficulties, and families forced to leave their homes” (Traveller Mediation Service, 2024, p. 6). This is the first study to our knowledge to identify that feuding may impact PA as it raises tensions amongst the Traveller community, whilst also reducing the likelihood of attending exercise spaces such as gyms. One participant described the harmful consequences of feuding in public spaces: *“If they were in a dispute or whatever, they’d kill one another inside [the gym] (Focus Group Limerick).* Another participant stated *“When something stirs up…it stops the group from coming together again”* (Focus Group Longford). Lastly, social divides amongst Travellers was also reported based on geography, with one participant reporting that *“the kids won’t come together from the North side and the South side”.* Resolutions to interfamily conflict are often challenging due to a mistrust of the police (An Garda Síochána) and criminal justice systems by Travellers (Traveller Mediation Service, 2024), fostered by repeated experiences of ethnic profiling, excessive use of force, and perceived systemic bias (Curran, Allen, and Feather, 2024).

Environmental context and resources

Environmental context and resources refer to the physical, financial, or logistical conditions that help or hinder activity. Within the present study, the key barriers under this domain included exclusion and access to facilities, a lack of facilities, finances, and competing priorities such as a lack of time due to childcare.

Exclusion from facilities

The most prominent common theme within the environmental context and resources domain was exclusion from facilities although this was specific to the Traveller community and not Roma (discussed within facilitators). Whilst similar to discrimination under the ‘social influences’ domain, they vary insofar as social influences is related to interpersonal factors such as the negative social attitudes and behaviour from others, whereas under the environmental context and resources domain, they pertain to physical and structural barriers in the surrounding environment. Participants reported that facilities will often state that they are fully booked when they are not to ensure that Travellers are unable to use the facilities. Although facility scarcity has been noted previously (Sport Ireland, 2021; Diversity and Inclusion in Sport Report, 2022), our study is the first to document deliberate “fully booked” misinformation by staff. In these instances, facility employees effectively acted as gatekeepers, barring Traveller groups from access. A participant in the Longford Edge Traveller group outlined that:

“We rang down to book the place and they told us it was fully booked out. Complete lie. There was literally no one using the hall. They told us certain time… I would have a shower after I’m working like and there’d be no one in it like and here we get told it fully booked like… You know they don’t want you there… Complete liars”

Another participant outlined that giving their name results in exclusion from facilities: *“I rang there…gave my name…sometimes it’s literally being associated with the Travelling community”* (Limerick 4). As such, participants highlighted that to navigate the exclusion they would conceal their true identities and described that *“sometimes we have to do different names”* (Limerick 1). Such pseudonymous booking strategies, while allowing temporary access, underscore the depth of mistrust and highlight the urgent need for transparent, bias-free booking processes and staff training to ensure Travellers can claim their rightful access without fear or concealment.

A lack of accessible, local facilities was reported by Traveller and Roma, with participants who were unable to drive finding accessing such facilities a challenge: *“So, the only gym that’s there is in [insert place name]. So, you'd have to have a car or a vehicle to be going up there…”* (Limerick 5). Similarly, Limerick 4 stated: *“they don’t have the amenities or the support set up locally” whilst others complained that there’s simply “nothing here”* (Longford 4), referring to a lack of local facilities which reinforces geography-based inequalities in health opportunities. Challenges with maintaining infrastructure, such as in a boxing club, one of the most popular sports amongst Travellers, was also noted as a boxing club had to be moved due to *“damp and mould…it wasn’t up to standards”* (Limerick 4). Gendered-spaces were also noted as lacking in numerous locations, with the proposal to set up a *“proper women’s gym in the town for Travellers”* (Longford 8). Collectively, these accounts illustrate how geographic isolation, poor infrastructure, and absence of gender-sensitive spaces compound to limit Traveller access to PA and exercise opportunities. Without reliable public transport or local, well-maintained centres, many are effectively excluded from regular exercise opportunities.

Cost and time

Cost has been identified as a common barrier to PA (Bantham, Ross, Sebastiao, and Hall, 2021) and our study found similar particularly in relation to obtaining memberships to places such as gyms. Most participants outlined that they are too expensive, with Roma 6 outlining:

“Actually now the budget in the house, you know, that's the most I can I wanna pay my, like, fitness and swimming just to cost me money, you know, that's the stop? Most, not just myself, you know, like most Roma, they increase in the house, you know, like, they rent to go up. Everybody, like, giving out the work in and they still money said, they can't manage, you know, like, they don't get their, like, support with the rent allowance or something. You know, the most people, like, living two kids having the house and sharing the house because they don't money for the rent.”

Another participant outlined that once free and/or subsidised programmes ended, so did their engagement in PA and exercise programmes: *“We've done boxercise, we have done that, we went to a course down the gym. It was grand when it was happening, but when six weeks is over, that was it… it'd be like too much money to pay. If you go down to the gym, you're on social welfare and you can give so much, and you had children to look after, and you have a home to look after you. This is not just me and not just travelers all over the country. You'll have to think of, do I give 20 for the gym or do I give €20 for coal?”* (Longford 7)

Lastly, a lack of time to engage in exercise due to competing demands such as childcare, especially for women, was noted. One participant outlined that *“having a little boy, it’s hard to get someone to babysit…I can (engage in PA and exercise) when I have the time but I don’t always have the time”* (Longford 8). Another female participant stated *“it’s hard for women because of having children and the need for someone to mind them”* (Longford 9). Work was also highlighted as a barrier due to its impact of time available for PA and exercise as outlined in the following quote: *“at the moment I have work, I have kids, (it) stops me doing these things”* (Limerick 3).

Table 4: COM-B and TDF Coding of Barriers and Facilitators

Theme	COM-B Component	TDF Domain(s)	Details (Barriers/Facilitators)
1. Lack of Interest in Gym/Exercise	Motivation – Reflective	Beliefs about Capabilities / Goals / Intentions	Patrick (a pseudonym) expresses disinterest in gym-based exercise and lacks intrinsic motivation.
2. Positive Attitudes to Walking	Motivation – Reflective	Beliefs about Consequences / Reinforcement	Walking is seen as manageable and beneficial; informal activity is more appealing.
3. Limited Knowledge of Exercise	Capability – Psychological	Knowledge / Skills / Beliefs about Capabilities	Patrick is unsure of how much or what type of activity to do; unsure of benefits beyond walking.
4. Time Constraints / Routine Conflicts	Opportunity – Physical	Environmental Context & Resources	Gym-based activity doesn't easily fit into his schedule; walking is more flexible.
5. Social Exclusion in Gyms / Clubs	Opportunity – Social	Social Influences / Social Identity / Emotion	Feels judged or unwelcome in exercise settings due to Traveller identity; stigma and discrimination present.
6. Gender Roles and Cultural Norms	Opportunity – Social	Social/Professional Role and Identity / Social Influences	Traditional gender roles limit female participation: mixed-gender activities are discouraged.
7. Lack of Support and Encouragement	Opportunity – Social	Social Influences	No peer/family support for joining exercise programmes; social motivation is lacking.
8. Perceived Health Risks of Inactivity	Motivation – Reflective	Beliefs about Consequences	Aware of heart disease risk, but awareness doesn't fully motivate behavioural change.
9. Lifestyle Awareness (Diet, Smoking)	Motivation – Reflective	Beliefs about Consequences / Behavioural Regulation	Patrick has made some lifestyle changes (e.g., less smoking); indicates some self-regulation.
10. Exclusion Based on Surname / Ethnicity	Opportunity – Social	Social Influences / Social Identity / Environmental Context	Specific discrimination in services, including gyms, based on Traveller background.
11. Role Models (e.g., Tyson Fury)	Motivation – Automatic	Social Influences / Reinforcement	Community role models foster pride and may motivate physical activity participation.
12. Informal & Low-Pressure Activities Preferred	Motivation – Automatic	Reinforcement / Emotion	Comfort with informal, social activities like darts; pressure-free environments are valued.
13. Family as Motivation	Motivation – Reflective	Goals / Intentions / Social Role and Identity	Wants to stay fit to care for children; family is a key motivating factor.
14. No Structured Programme Participation	Capability – Psychological + Opportunity – Physical	Knowledge / Environmental Context & Resources	Lack of engagement may be due to limited programme outreach or design not suiting his needs.
15. Desire for Traveller-Led Programmes	Opportunity – Social	Social Influences / Environmental Context & Resources	Trust and comfort more likely if led by someone from the Traveller community.
16. Lack of Culturally Sensitive Programmes	Opportunity – Physical & Social	Environmental Context / Social Influences	Emphasis on tailoring programmes to community traditions, norms, and structure.
17. Educational Gaps in Health Knowledge	Capability – Psychological	Knowledge	Highlights need for workshops and outreach on health and exercise in community settings.
18. Suggestions for Programme Design (timing, incentives)	Opportunity – Physical + Motivation – Reflective	Environmental Context / Goals	Practical suggestions that could increase engagement: age-appropriate, incentivised, consistent.

Social/professional role and identity

Social/professional role and identity refers to how individuals see themselves in relation to PA based on their social or cultural roles. The link between the social/professional role and identity domain of the TDF is via strong cultural expectations and traditional roles that shape behaviour within the community (Atkins et al., 2017). Within the present study, cultural identity conflict and gender roles were key common themes reported.

Traveller cultural norms traditionally prescribe clear separations between men's and women's roles, extending into public and formal spaces, including PA environments (Cronin et al., 2016). Although shifting in some families as more Traveller and Roma women pursue third-level education and paid employment (Kenny, 2024), these gendered boundaries, particularly for Traveller women in the present study, remain a powerful force in exercise contexts. In our study, women consistently described feeling unable to participate alongside men: *"Traveller men. They won't even let their women talk…women on that side, men on that side."* (Longford 2). Another female participant identified that: *"it could be another family where maybe the husband don't like the woman up there… or vice versa…you don't go"* further highlighting the power dynamics often found in heterosexual Traveller relationships. Similarly, Limerick 5 stated *"to be honest, I don't think you'd get the men and women to do it together. A lot of the women won't do it with the men".*

Among Roma participants, perceptions of mixed-gender PA settings were mixed. While the majority viewed such settings as culturally acceptable, there were notable exceptions that point to intra-group variation. One participant expressed confidence in the acceptability of mixed-gender PA, stating, *"Roma love to dance, and I think dance is exercise too. So maybe do Roma dance classes…that will be good because Roma boys and Roma girls can be together in that so I think that's good too"* (Roma Focus Group). In contrast, another participant highlighted concerns about reputational judgement, noting: *"If you go with the boys out somewhere or just for coffee or something, they talk about… For example, if they do with the man or something, they talk in the bad, think about, you know"* (Longford 2).

These contrasting views underscore the diversity of beliefs within the Roma community. While the dominant narrative may suggest broad cultural acceptance, this is not universally held, and individual experiences are shaped by intersecting factors such as age, gender, subgroup identity, level of integration, and local social norms. This finding challenges assumption of cultural homogeneity and reinforces the importance of recognising ethnic minorities as heterogeneous communities rather than monolithic groups.

Gender roles also serve as barriers to PA with key differences noted between males and females. Participant Limerick 6 stated that the *"gender role (is) based on tradition…an unwritten rule".* A number of participants noted the freedom that males have in comparison to females, with females having the *"tendency of staying at home, do the cleaning, look after the children" (Limerick 6) whilst "Travelling men don't take roles in houses"* (Focus Group Limerick).

Similarly, Limerick 1 reported that "Traveller men have more opportunity than Traveller women" indicating that men are freer to participate in activities, whilst women face layered cultural and practical restrictions. These results mirror Cronin, O'Leary, and Russell's (2016) analysis of Traveller women's food, physical activity, and health, which highlighted how women's identities are inextricably tied to their roles as caregivers, both within their immediate households and across extended kin networks. From an early age, girls are socialised into responsibilities that prioritise family support over personal pursuits, effectively embedding domestic and childcare duties into their self-concept. In our study, this upbringing emerged as a clear constraint on leisure-time exercise, as women described needing childcare cover before even considering a gym class, and many felt that any time spent away from home would be judged as neglecting family obligations. Together, these findings underscore how deeply rooted cultural expectations around motherhood and family solidarity can limit Traveller women's access to, and engagement with, physical activity.

Knowledge

Knowledge is related to understanding the health benefits of physical activity and knowing when, where, and how to engage in it. Common themes within this domain included lack of knowledge on what PA/exercise is, limited understanding of guidelines, and language and/or literacy barriers. Participants frequently conflated "physical activity" with formal "exercise," citing walking and team sports as their primary examples. Notably, some understood exercise narrowly as a medical prescription, as one participant remarked: *"Exercise is for diabetics, I suppose… just exercises for people that are suffering with an illness"* (Limerick 2). This limited framing suggests that many Travellers and Roma may overlook the health benefits of everyday activities such as housework, childcare, or informal play that also count toward recommended activity levels. A limited understanding of the PA guidelines was also found with answers related to the amount of PA recommended per week varying from one hour to four to five hours.

Participants were broadly aware of the benefits of PA and consequences of physical inactivity. A recent study in Ireland demonstrated that almost half of the population in Ireland (46%) know the weekly recommendations to do at least 150 minutes of PA per week, although people from a lower socioeconomic background, or lower levels of education, were less likely than higher groups to identify the benefits (Sheehan et al., 2023). Fewer Traveller children and young people complete post-primary school than the rest of the population. Although figures have increased in recent years, only 31% of Traveller sit the Leaving Certificate in comparison to 91% of the total population. Moreover, 5% of Travellers obtain a third level education in comparison to 48% of the general population. For Roma, low education levels have also been documented, with 38% of adults in households had never attended school, and only 11% of individuals completing 12 or more years of education (Roma Needs Assessment, 2018). Several participants within the present study attributed the lack of knowledge to low levels of education and in some cases, premature mortality:

"*I think because of the inheritance, because of our culture, the way we've been brought up, and I suppose going back many years ago, Travellers had very, very little education. And they didn't look after themselves simple as. And that's why we're dying so much younger than the wider community.*" (Longford 6)

Our findings are consistent with previous research that has reported that lower levels of education and income are associated with a lack of awareness of PA guidelines (Hunter et al., 2014; Piercy et al., 2020). Limited schooling may impede exposure to health education, such as within the curriculum content and the skills required to interpret and implement public health messages, and may narrow the awareness of PA guidelines. Educational disadvantage may help to explain the constrained conception of what PA is and the gap in PA engagement.

Language and/or literacy barriers

Language and literacy barriers were frequently reported by individuals within the Roma community, aligning with findings from the Roma Needs Assessment (2018), which identified that 71% of Roma participants experienced difficulty reading English-language forms. In the present study, this presented challenges in understanding information provided by doctors and general practitioners. One participant explained “it’s hard to read English” (Roma 2), highlighting the impact of limited literacy on navigating health communication. Another participant outlined the frequent reliance on translation tools to interpret information and advice: “Sometime not. Sometime, yeah (understanding English). Sometime, I have to translation. If any words I don't understand, you know, I go to translation and probably I get the understanding” (Roma 6). These findings point to a critical gap in health accessibility and communication, where language barriers not only obstruct comprehension but may also increase the risk of misunderstanding important medical guidance.

Facilitators to Physical Activity Among Traveller and Roma Communities

In contrast to the obstacles outlined above, participants also identified strategies and conditions that enabled PA across the same four high-prevalence TDF domains. Under Social Influences, Traveller/Roma-led and inclusive programmes, positive peer networks, and role models were seen as critical motivators. Within Environmental Context and Resources, affordable, locally accessible facilities, ideally staffed by Traveller and/or Roma, and mobile or satellite services helped overcome logistical barriers. In the domain of Social/Professional Role & Identity, culturally sensitive, gender-specific activities (e.g. women-only classes, equine and dancing programmes) supported stronger engagement, while in Knowledge, targeted health education and community workshops clarified everyday activity as meaningful exercise. The following sections detail these facilitators and their practical implications for programme design.

Social influences

The social environment, and thus, social influences, was found to be a facilitator of PA. Common themes within this domain included Traveller/Roma-inclusive or Traveller/Roma-led services and community role models.

Traveller/Roma-inclusive or Traveller/Roma-led services

Services that were inclusive of Traveller/Roma culture and norms and led by Travellers/Roma were described as a major facilitator of PA. Most participants noted that programmes led by Travellers/Roma would help individuals feel more comfortable and relaxed within a PA/exercise environment. For Travellers, this was primarily linked to the perception that they would not face discrimination, while for Roma participants, it was more strongly associated with a sense of cultural recognition and appreciation for their distinct identity.

Participants also believed that Traveller/Roma-led programmes would help build trust between participants and facilitators, as outlined by a community project worker who had direct experience of running Traveller-led programmes: “I think they were so comfortable with the fact that they knew I was in the room...So I think it's either fundamental that if the coordinator, you could say, or the person actually facilitating the group, if that person directly isn't a Traveller, that there's someone coexisting or co facilitating with that person that can help with leading them into the traveling background” (Limerick 4). Similarly, another participant (Roma Clare 1) outlined that the possibility of co-facilitation between Roma and non-Roma when leading groups:

“Like, it doesn't need to be from Roma community, but I think it will be better to the like, the teacher, maybe Irish or I don't know, will Yeah. Will be there. But, like, have someone with her or with him, like, from Roma community. Because, you know, it's difficult to teach someone Roma, like, dance if they don't you know what I mean? So maybe to have someone with from Roma community”

A number of challenges are prevalent in embedding Traveller/Roma-led services within local communities, predominantly associated with the marginalisation Travellers have experienced and their nomadic lifestyles (Carr et al., 2014). However, one method is via the use of outreach programmes which have the potential to lead to increased participation from Travellers/Roma, behaviour change, and the development of social capital particularly when outreach workers are highly trusted and influential within the community (Lhussier, Carr, and Forster, 2015). In the present study, most participants, both Traveller and Roma, had engaged with PHCTPs, where benefits of engagement within the service including increased access to health screenings and health information, and improved engagement with health services (Pavee Point, 2025).

Role models

Consistent with prior research in Galway (Bunyan, 2001) and Cork (East Cork Traveller Project, 2022), participants in our study identified both high-profile champions and local mentors as potent facilitators of PA. Boxing, long embedded in Traveller culture through bare-knuckle traditions, provides particularly vivid examples: international stars such as Tyson Fury and Andy Lee inspire young men, while community-based coaches “keep you coming back” by offering both technical guidance and a sense of belonging. As one participant noted, “Role models (are) hugely important...we have young lads here in [names place] doing amazing work in boxing” (Longford 6).

Moreover, seeing Travellers succeed in professional roles, whether as teachers, gym instructors, or swimming coaches, signals that “we need Travellers trained up, skilled up” to bridge representation gaps and normalise active lifestyles across all settings (Longford 6).

Environmental context and resources

Access to facilities

A number of participants did not perceive there to be challenges in accessing facilities which promoted engagement with facilities such as gyms. This finding is inconsistent with the widespread exclusion claims outlined within the barriers section, further highlighting intra-community differences in experiences: “I don’t really feel that there was a challenge because I joined the [names gym] down here before. I didn’t feel there was a challenge” (Focus Group Longford).

Promoting Traveller and Roma employment within PA and exercise settings can simultaneously tackle under-representation and build community trust. When Travellers staff front-desk roles, instruct classes, or manage local facilities, they become living proof that these spaces welcome and value their perspectives which is a critical signal to potential participants. As one focus-group member remarked, “If there were more jobs out there for Travellers, maybe working in the reception of places…” (Longford 6).

Local Sports Partnerships (LSPs) and PHCTPs also play a pivotal role in bridging the gap between mainstream services and the Traveller community. Through outreach sessions, subsidised club memberships, and co-hosted events, LSPs have successfully introduced hundreds of Travellers to Gaelic games, swimming programmes, and walking groups. As one participant from Longford explained: “I have a very good connection there with local sports partnerships, (I get) information from the council around different events what’s happening” (Longford 6). TPHCPs similarly embed health promotion into routine interactions, linking PA guidance with immunisations, antenatal clinics, and literacy workshops, so that exercise advice arrives through an already-trusted channel.

Free or subsidised inclusive programmes

Minimising barriers to entry for PA and exercise programmes, predominantly related to finances, was viewed as an enabler of PA. Participants believed this could be achieved via externally funded, subsidised or community-based programmes from councils and sports organisations: “I think if the council kind of sort of pay for not Travellers, but anyone, or they got some kind of cost covered” (Focus Group Longford). Another individual stated that affordable options such as payment plans or vouchers may improve access to PA and exercise programmes: “maybe vouchers or something…to make it cheaper” (Roma Clare 1). Mixed community programmes, between members of the Traveller community, and also the settled population, was proposed as a potential mechanism to facilitate community engagement in PA, and represents a promising conflict-resolution angle:

“Maybe running a sports day down in [names place] because it is for all communities. Have it open for all communities, not just Travellers, getting to know people, getting to mix with people, getting to know settled people. Like, you’re a settled person, but you’re not gonna hit the head off me” (Longford 7)

“I think try bringing them together. Explain to both sides and let them hear from their side to the other side…what the life’s like as a Traveller. You need to know what the life’s like in their side and to talk about how do they do stuff and come together. Help each other, I guess” (Longford 3).

Social/professional role or identity

Culturally appropriate activities

Leveraging cultural Traveller and Roma pastimes can enable PA uptake by aligning existing interests. In the study, a number of participants outlined how Traveller men in particular enjoy spending time with horses, and how young people can be involved from an early age. A community project worker within the present study believed that “men do their own thing, like horse riding, box, go to the gym, and do their own exercise” (Focus Group Limerick). Horse-based activities, such as tending, riding, and racing, creates an opportunity to not only engage in vigorous exercise, but also reinforces cultural identity and pride. One model is Dublin’s Urban Horse Project, which provides youth from marginalised backgrounds with access to stables, equipment, and certified instruction in riding and horse-care. Participants gain hands-on skills, build mentor relationships with experienced equestrians, and benefit from structured exercise without the stigma of a gym setting. Evaluations have shown that such programmes improve fitness, self-esteem, and school engagement among young people (Urban Horse Project Annual Report, 2023).

Similarly, Traveller-led boxing circles tap into the community’s pugilistic tradition. By hosting open-air training in halting sites or community halls, rather than exclusively in formal gyms, these sessions reduce transport barriers and offer flexible schedules that respect men’s and women’s differing time constraints. For women, daytime, women-only horse-care workshops or walking groups on local greenways can accommodate childcare responsibilities while providing culturally safe spaces.

For Roma participants, traditional dancing was described as both an enjoyable activity and a meaningful expression of cultural identity. Dance holds a prominent role within Roma communities, functioning as a deeply embedded social and intergenerational tradition. It has historical influences from Turkish, Russian, and Spanish styles, reflecting the diverse migratory patterns and cultural amalgamation of Roma populations.

One participant reflected on their connection to Roma dance, stating:
“I really enjoyed the Roma dancing classes because I did it before in my country with Roma kids, so I have experience with that… Maybe in the future I would like to do some Roma dancing classes for them [the Roma community] because it’s exercise too and it’s our culture” (Roma Clare 1). This account underscores the potential for traditional dance to act as both a culturally meaningful form of physical activity and a vehicle for cultural preservation and social visibility. Dance not only provides enjoyment and exercise, but also enables Roma individuals to assert and celebrate their cultural identity in public spaces, challenging prevailing narratives of marginalisation.

Participants across the Roma community consistently highlighted the importance of dance, not only as exercise but as a form of identity and community expression. However, opportunities to engage in culturally relevant movement were rare:
“We love dancing, but there’s nowhere now… before we had more.” (Roma woman, 32)
“Dancing is ours. You feel free when you dance. But where can you do that here?” (Roma man, 30)

The emotional weight of these statements reinforces that dance is not merely recreational—it is restorative and affirming. The absence of organised, Roma-led dance opportunities reflects broader systemic gaps in funding and local policy. While national strategies (e.g. NTRIS) promote inclusion, the lack of sustainable, community-led initiatives undermines their implementation at ground level. To our knowledge, there are currently no Roma-specific dance programmes available in Ireland. The absence of such initiatives represents a missed opportunity to leverage culturally embedded practices in support of public health goals. Our findings suggest that integrating traditional Roma dance into community-based PA programming could foster both physical wellbeing and cultural pride, serving as a powerful mechanism for empowerment, inclusion, and health equity.

Redefining roles

While the barriers analysis highlighted deeply entrenched norms that confine Traveller women to domestic duties and limit mixed-gender exercise (see Barriers: Social/Professional Role & Identity), several participants nonetheless described a shift in these traditions. As observed: “Years ago, they (females) didn’t get the opportunity because that was part of the culture…that’s changing now” (Longford 6). The apparent contradiction reflects a community in transition, where generational and contextual factors produce both resistance to, and openings for, women’s participation in PA. Although not explored within the present study, it may be that individual’s living in urban areas are exposed to broader social networks and mixed-gender settings that accelerate role definition. Conversely, individual’s living in small towns and within halting sites, where it may be expected that older Traveller traditions are preserved, may make certain norms more resistant to change. Moreover, as young individuals become more educated and enter paid employment, they gain disposable income and daily routines that may differ to the cultural traditions of their elders. Organisations such as Pavee Point and TPHCP’s integrate gender equality across of their programmes and continues to raise awareness of its pervasiveness by campaigning at local, regional, and national levels.

Knowledge

Access to information

Trusted healthcare organisations serve as vital sources for harnessing PA and exercise information, outlining the importance of local, community engagement: We've got our own [states name] group… and then the information we got was from there. Now we (also) have the primary health centre, we're getting all the information…who to go to and who not to go to, who to ring, and things like that, who to contact" (Limerick 1).

Projects such as those run by Pavee Point and from community sports organisations such as LSPs often deploy community health workers, who tailor health messaging to literacy levels and lived experiences. A recent review of ten PHCTPs in the Eastern region of Ireland found that culturally adapted outreach, such as home visits and small-group sessions, significantly increased Traveller uptake of health information and service referrals, compared to standard clinic-based approaches (Quirke, Collins, Kavanagh, and Kelleher, 2023). Moreover, the All-Ireland Traveller Health Study (2010) identified PHCTPs as a cornerstone for addressing health inequities, recommending their expansion to support lifestyle interventions like exercise programmes.

Education

Understanding and having an awareness of physical activity guidelines was identified as a key facilitator of PA amongst those who were aware of them. Limerick 2 highlighted: "I like to stay active, show fitness…back in school we've been told what to do, at least two to three times a week to just keep your mental health and everything". Another participant believed that education from an early age for Travellers would help them understand the guidelines and benefits of PA: "It's about getting that sort of information widely available for kids in the traveling community" (Longford 1). This finding broadly echoes evidence that school-based PA education underpins guideline awareness and behaviour (World Health Organisation, 2021). For example, the HSE's Traveller Education Resource piloted short, curriculum-aligned sessions on PA, alongside nutrition and stress management, across seven PHCP Projects, found improved knowledge and uptake of healthy practices among adult Travellers (HSE, 2016). Similarly, WHO's Global Recommendations emphasise that embedding age-appropriate PA guidelines in educational settings increases children's and adolescents' understanding and likelihood of meeting targets (at least 60 minutes of moderate-vigorous PA per day for youth) (WHO, 2020). In Ireland, Sheehan et al. (2023) found that while 46% of adults nationwide know the 150-minute weekly recommendation, awareness is markedly lower among those with limited schooling, a pattern mirrored in our sample of Traveller participants.

Recurring Themes Across Domains

Across all four primary TDF domains, several interlocking themes were identified. First, gender roles cut across social norms, identity, and access, shaping both what activities are deemed acceptable and when individuals can participate. Second, discrimination and mistrust, whether from facility staff at gyms, sporting organisations such as the GAA, or law enforcement (e.g., An Garda Siochana), undermined confidence in seeking out exercise opportunities. Third, economic exclusion manifested both as direct cost barriers and as a lack of Traveller employment within PA settings, reinforcing underrepresentation and eroding trust. Fourth, identity conflict and the need for culturally resonant programming highlighted how deeply cultural attachments influence motivation and comfort. Finally, knowledge gaps around what constitutes PA and how to meet guidelines persisted, often tied to educational disparities. Together, these recurring themes reveal a complex web of social, structural, and cultural forces that must be addressed in concert to promote sustainable behaviour change.

Alignment with COM-B and TDF

By applying COM-B and TDF, this study was able to systematically map the barriers and facilitators identified. Structural barriers (cost, facilities, transport) aligned with physical opportunity and environmental context/resources; social factors (family support, peer influence, cultural norms) aligned with social opportunity and social influences; knowledge gaps linked to psychological capability and knowledge; while motivational factors (enjoyment, perceived relevance, self-efficacy) linked to reflective and automatic motivation alongside TDF domains such as beliefs about capabilities and reinforcement.

This theoretical mapping provides a clearer pathway for intervention design. For example:

- Enhancing physical opportunity could involve subsidised, locally delivered PA programmes.
- Enhancing social opportunity could involve peer-led sessions and community champions.
- Enhancing psychological capability could involve culturally tailored health education.
- Strengthening motivation could involve embedding PA into enjoyable, culturally valued activities.

Capability: Psychological and Physical

Participants expressed varying levels of knowledge about the health benefits of physical activity, with many equating it solely with structured exercise. Informal activity such as housework or walking for transport was rarely acknowledged as exercise.
“Exercise to me is like going to the gym or a class – I wouldn’t count walking to the shops as exercise.” (Roma woman, age 32)
Low health literacy and limited understanding of safe activity levels—particularly among older participants or those with chronic conditions—underscored the need for basic health education as part of programme delivery. This aligns with the TDF domains of Knowledge and Skills, suggesting an opportunity to integrate foundational education into any intervention.

Motivation: Reflective and Automatic

Motivation was deeply influenced by personal health, prior experiences, and perceived social norms. Traveller participants often reported a lack of motivation due to negative past experiences in mainstream services.
“We’ve been turned away before. That sticks with you, you know? You don’t want to go back.” (Traveller man, age 59)
Roma participants, in contrast, were more likely to express a desire to be active, especially through culturally meaningful activities such as dance.
“If there was a Roma dance class, every woman I know would go.” (Roma woman, age 24)
Importantly, motivation was also tied to group belonging. Participants said they were more likely to attend programmes if others from their community were involved, reinforcing the TDF domain of Social/Professional Role and Identity.

Opportunity: Social and Physical

The social environment emerged as both a powerful barrier and facilitator. Lack of trust in mainstream services, experiences of discrimination, and discomfort in mixed-gender settings (especially for Traveller women) shaped participation patterns. “I wouldn’t be comfortable in a mixed group, not with the lads there.” (Traveller woman, age 38)

In contrast, Roma participants were more open to mixed-gender sessions, though concerns about safety and access still persisted. Despite differences, both groups valued local, safe, and welcoming environments. Libraries, community centres, and schools were identified as acceptable venues, especially when services were introduced by trusted intermediaries (e.g., a health worker or community leader). This reflects the Environmental Context and Resources domain, highlighting the need for location-sensitive and inclusive delivery models.

Summary by COM-B Category

Capability (Psychological):

- Limited knowledge about exercise types and benefits.
- Educational gaps in health and physical activity.

Opportunity (Social & Physical):

- Social exclusion and stigma based on Traveller identity.
- Gender roles restrict participation.
- Lack of culturally relevant and Traveller-led programmes.
- Time constraints and lack of programme access.

Motivation (Reflective & Automatic):

- Low intrinsic interest in formal exercise like gyms.
- Positive perception of walking and informal activities.
- Motivation driven by family and community role models.
- Cultural and emotional preference for non-pressured, flexible activity settings.

COM-B: Capability

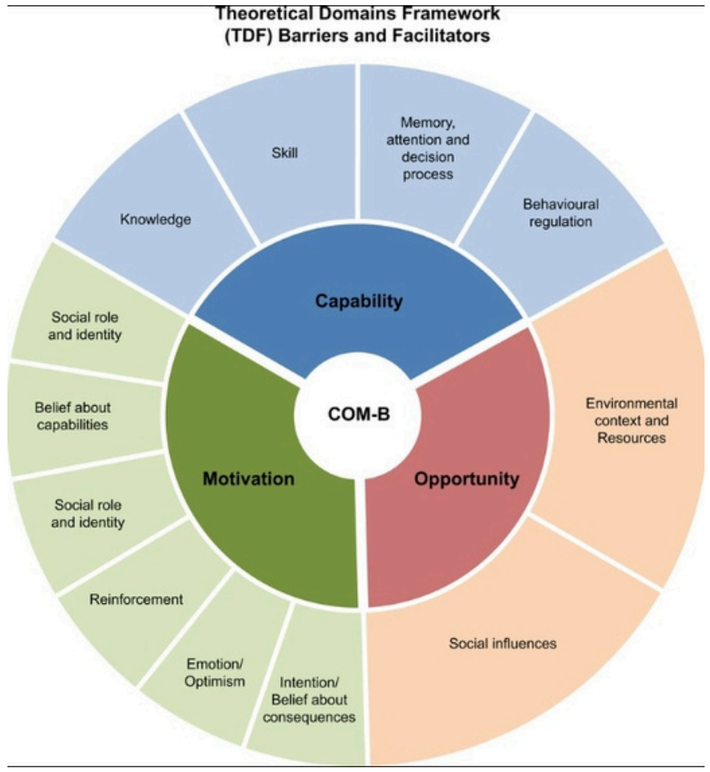
Sub-theme	TDF Domain	Illustrative Quote / Insight
Health literacy and understanding	Knowledge	"I wouldn't call walking 'exercise'—that's just part of the day."
Confidence and skill	Beliefs about capabilities	"I wouldn't know where to start. If I was doing it wrong, I'd be afraid of hurting myself."
Knowledge of services and programmes	Knowledge / Environmental context	"Nobody tells you where to go or what's on—unless you ask around, you wouldn't know."

COM-B: Opportunity

Sub-theme	TDF Domain	Illustrative Quote / Insight
Accessibility of facilities and programmes	Environmental context and resources	"If you don't drive, you're not getting there. Taxis are too dear."
Cultural acceptability and inclusion	Social influences / Social role & identity	"You just don't feel like it's for you in those places."
Social support and peer influence	Social influences	"If someone from the site goes, you'd be more likely to go too."
Venue and setting	Environmental context and resources	"If it's in the library or the school, people might go. Not a gym though."

COM-B: Motivation

Sub-theme	TDF Domain	Illustrative Quote / Insight
Value placed on physical activity	Beliefs about consequences	"If I don't keep moving, I'll seize up, that's what I think."
Fear, anxiety, and past negative experiences	Emotion / Beliefs about capabilities	"I went once, and I didn't feel welcome. That was enough for me."
Social connection as a driver	Reinforcement / Social influences	"It's good to get out and meet people, even just for a cup of tea after."
Aspirations and role modelling	Goals / Intentions	"I want to stay healthy for the grandkids, but it's hard to stick to anything."



List of domains from Theoretical Domains Framework (TDF) and their categories in COM-B (Capability, Opportunity, Motivation and Behaviour) model Lee et al, 2024

Table 5. Summarises the main barriers and facilitators to physical activity identified in the evaluation, mapped to the COM-B model and Theoretical Domains Framework (TDF).

Theme	Example Findings	COM-B Component	TDF Domain
Barriers	Limited access to facilities (cost, lack of provision, poor transport links)	Physical Opportunity	Environmental Context & Resources
	Limited access to facilities (cost, lack of provision, poor transport links)	Social Opportunity	Social Influences
	Cultural and gender norms limiting participation	Social Opportunity / Reflective Motivation	Social/Professional Role & Identity; Beliefs about Consequences
	Low awareness of PA guidelines (1–5 hours reported)	Psychological Capability	Knowledge
	Health conditions and pain limiting activity options	Physical Capability	Skills; Beliefs about Capabilities
	Low trust in institutions and fear of discrimination	Social Opportunity / Reflective Motivation	Social Influences; Beliefs about Consequences
	Lack of motivation or prioritisation of other responsibilities	Automatic & Reflective Motivation	Motivation & Goals; Reinforcement
Facilitators	Family and community support for activities	Social Opportunity	Social Influences
	Preference for group-based activities (football, walking, dance)	Social Opportunity / Automatic Motivation	Social Influences; Reinforcement
	Culturally relevant programmes (Roma dance, Traveller-led)	Social Opportunity	Environmental Context & Resources
	Role models from within the community	Social Opportunity / Reflective Motivation	Social Influences; Social/Professional Role & Identity
	Flexible, low-cost provision (free, local, drop-in)	Physical Opportunity	Environmental Context & Resources
	Positive health beliefs motivating participation	Reflective Motivation	Beliefs about Consequences; Optimism

Table 6: Recurring Themes Across All TDF Domains (Mapped to COM-B)

Recurring Theme	Explanation / Relevance	Linked COM-B Component
Health literacy and knowledge gaps	Limited understanding of PA benefits and guidelines, misconceptions around "what counts" as PA.	Psychological Capability
Motivation and belief in value	Perceived lack of relevance or benefit of PA to health, or feeling it won't make a difference to existing conditions.	Reflective & Automatic Motivation
Low confidence and self-efficacy	Many individuals doubt their ability to exercise due to health status, age, disability, or previous negative experiences.	Psychological Capability & Motivation
Cultural norms and expectations	Social and cultural roles (e.g. gender roles, family responsibilities) impact prioritisation of PA, particularly for women in some communities.	Social Opportunity & Motivation
Fear, stigma, or embarrassment	Concerns about being judged, past discrimination, or feeling "out of place" in mainstream settings (especially relevant for Roma and Traveller communities).	Automatic Motivation
Environmental barriers	Limited access to inclusive, affordable, and nearby facilities or safe outdoor spaces for walking or social PA.	Physical Opportunity
Lack of social support / group connection	Absence of peers, family, or community engagement in PA; social isolation reduces motivation.	Social Opportunity & Motivation
Financial and logistical barriers	Costs of programmes, transport issues, or other basic priorities (e.g. housing, income) make PA less feasible.	Physical Opportunity
Trust and relationships with service providers	Trust in those delivering the programme influences willingness to engage; culturally sensitive, community-led approaches improve uptake.	Social Opportunity & Motivation
Habit formation and routine	Lack of embedded PA routines or difficulty sustaining behaviour change without structure or cues.	Automatic Motivation

5.0 Discussion

This study explored the barriers and facilitators to physical activity among Traveller and Roma populations, highlighting the interplay of cultural, social, and structural determinants. While participants expressed clear interest and motivation to engage in physical activity, participation was often constrained by cost, limited accessibility, discrimination, gender norms, and a lack of culturally appropriate opportunities. These findings align with wider evidence that ethnic minority groups face multifaceted challenges in engaging with health-promoting behaviours (Langoien et al., 2017; Batalha et al., 2025).

A key barrier was the absence of culturally safe and inclusive services. Participants emphasised the difficulty of accessing affordable, high-quality, and culturally safe PA opportunities. These constraints are consistent with previous findings from Traveller and Roma health studies, which link limited engagement in structured PA to economic hardship, poor housing, and underdeveloped amenities (All Ireland Traveller Health Study, 2010; Van Hout & Staniewicz, 2012; FRA, 2021). For some, the absence of appropriate facilities in halting sites or marginalised neighbourhoods meant that opportunities for exercise were largely confined to walking in the immediate area, which was not always perceived as safe.

From a COM-B perspective, these findings primarily relate to physical opportunity, whereby the environment fails to support behaviour enactment. They also reflect environmental context and resources within the TDF, highlighting the tangible constraints that must be addressed before motivation or capability can realistically influence behaviour. Internationally, similar barriers have been reported in Roma populations across Europe, where urban segregation and limited access to public services exacerbate health inequalities (Kolarcik et al., 2018). This underscores the importance of structural interventions, such as investment in local facilities and transport subsidies, alongside individual-level behaviour change strategies. Mainstream gyms and structured classes were frequently perceived as unwelcoming, expensive, or discriminatory, reinforcing participants' sense of exclusion. This reflects longstanding evidence of systemic barriers to healthcare and community participation for both Travellers and Roma (Pavee Point, 2021). Importantly, participants tended to view physical activity narrowly as structured exercise, such as gym use or organised classes, overlooking informal or everyday movement like walking or housework.

While Roma participants expressed flexibility around mixed-gender participation, Traveller women highlighted the importance of women-only spaces, pointing to the need for gender-sensitive approaches. Divergent gender expectations between communities offer insight into how cultural and structural contexts shape norms around physical activity. Traveller women in particular expressed strong discomfort with mixed-gender settings: "I wouldn't feel right doing exercise in front of men. It's not for me." (Traveller woman, 40). This contrasted with the views of most Roma participants, for whom gender mixing was generally acceptable: "If there's boys there, maybe I won't go. But not everyone thinks like that." (Roma woman, 35).

These differences may be influenced by varying levels of social integration, educational access, and urbanisation. Traveller communities often remain more isolated and subject to stricter gender roles, whereas Roma participants, especially younger women, appeared to navigate more fluid gender dynamics.

This points to the need for flexible, co-designed programmes that offer both women-only and mixed options to avoid alienating particular subgroups. These contrasting perspectives underscore the importance of not homogenising marginalised groups, even when they may share experiences of discrimination or socio-economic disadvantage. Instead, programme designers and policymakers should attend to intra-community variation, ensuring that physical activity initiatives are flexible and responsive to different norms, values, and comfort levels. This also points to the need for community consultation in programme development. Where gender mixing is a barrier, offering women-only classes may facilitate access; where it is not, enforcing strict gender separation could inadvertently limit participation or reinforce outdated stereotypes. Flexibility, choice, and community voice are therefore essential in the design of inclusive, culturally sensitive health promotion efforts.

Facilitators identified included culturally valued activities, particularly dance for Roma participants, and opportunities for social interaction. These preferences highlight the importance of designing programmes that reflect community identity and traditions, rather than replicating mainstream models. Akbar et al (2020) shows that utilising traditional games, sports, and activities can encourage participation by making exercise more familiar and enjoyable. To encourage community engagement and empowerment, Lansing et al. (2023) states "Involving respected community leaders in the planning and promotion of exercise programs can enhance trust and credibility". These leaders can act as role models and motivators. Other studies discuss community driven initiatives where programmes that are initiated and led by community members themselves tend to be more successful. This approach fosters a sense of ownership and accountability (Kadariya et al., 2023).

Financial constraints were a recurring challenge, with participants emphasising the cost of gyms, transport, and programme fees as prohibitive. This echoes Sport England's (2020) recognition of affordability as a persistent driver of inequality in physical activity engagement. Free or subsidised programmes delivered within local communities may therefore be central to uptake.

Beyond individual and cultural influences, structural and environmental determinants emerged as significant. Participants highlighted inadequate facilities, unsafe walking environments, and lack of transport as barriers to participation, consistent with findings from the All Ireland Traveller Health Study (2010), Van Hout and Staniewicz (2012), and FRA (2021). For many, the absence of local amenities in marginalised neighbourhoods limited opportunities to engage in meaningful physical activity. From a COM-B perspective, these findings point to deficits in physical opportunity, with environmental constraints limiting the capacity for behaviour change.

Similar challenges have been documented in Roma populations across Europe, where urban segregation and limited access to public services exacerbate health inequalities (Kolarcik et al., 2018). Addressing these barriers requires investment in local facilities, safer environments, and subsidised transport, in tandem with individual-level supports. Participants described systemic barriers that extended beyond individual motivation or awareness, revealing the persistent exclusion of their communities from mainstream physical activity spaces. While gyms and sports centres existed, many participants felt alienated from these services: "You can go to the gym, but you don't feel comfortable. People look at you." (Roma woman, 28). "I was told the class was full, but I saw others going in after me. You know what that means." (Traveller man, 43). These quotes illustrate how discrimination, both overt and subtle, erodes trust, reinforcing the normalisation of exclusion and diminishing motivation to engage. This aligns with research on the enduring impacts of racism and social marginalisation in access to health-enhancing services (FRA, 2019; Condon et al., 2020). These experiences of exclusion and stereotyping are consistent with literature on ethnic minority access to sport and leisure facilities (Spaaij et al., 2019) and point to the need for culturally competent service provision.

Community-led approaches emerged as a powerful facilitator. Participants consistently expressed a desire for programmes co-designed with their communities and delivered by Roma or Traveller instructors. Such peer-led initiatives are well supported in the literature as effective in building trust, enhancing uptake, and promoting sustainability (HSE, 2025). Lansing *et al.* (2023) emphasise that involving respected community leaders in programme planning enhances credibility, while Kadariya et al. (2023) demonstrate that community-driven initiatives foster ownership and accountability, increasing long-term success. Embedding leadership opportunities and capacity-building within Traveller and Roma communities may therefore strengthen engagement while promoting self-determination. In COM-B/TDF terms, these influences map to social influences and beliefs about capabilities, as perceptions of belonging and social approval directly affected both confidence and willingness to participate. Importantly, social and cultural barriers were not fixed; where inclusive, community-led provision was offered, participants were willing to engage regardless of prior experiences.

A notable finding was the limited and variable knowledge of PA guidelines. Estimates of the recommended weekly duration ranged from one hour to four or five hours, suggesting low awareness of the WHO recommendation of at least 150 minutes of moderate-intensity activity per week (WHO, 2020). This is similar to O'Donoghue et al. (2021), who found that disadvantaged groups often have lower health literacy around PA, and aligns with the knowledge domain in TDF and the psychological capability component of COM-B. Perceived benefits of PA were recognised, particularly in relation to physical health, weight control, and mental well-being. However, a lack of awareness about the benefits of regular physical activity and how to engage in it safely can be a significant barrier. Educational initiatives are needed to raise health literacy (Coughlin et al, 2020). Moreover, some participants expressed uncertainty about the immediate value of PA when faced with competing demands such as work, childcare, or managing health conditions. This reflects findings from McIntyre et al. (2022), where motivation in low-income groups was contingent on both immediate relevance and perceived achievability. Motivational drivers in our study were strongly linked to enjoyment, social interaction, and personal safety, suggesting that interventions that are fun, familiar, and socially reinforcing may be more effective than those relying solely on health messages.

A further challenge identified was the short-term, project-based nature of many existing initiatives. Participants reported that short-term programmes often failed to build trust or deliver lasting impact. This critique reflects broader concerns in community health, where fragmented funding undermines both participation and outcomes (Sport England, 2020). Long-term, consistent investment that embeds culturally tailored programmes within mainstream health and social policy is therefore essential to reduce health inequities and sustain participation.

Overall, the findings highlight that barriers to physical activity among Traveller and Roma groups are not solely individual but deeply rooted in cultural exclusion, structural inequality, and systemic discrimination. Addressing these challenges requires a shift toward culturally embedded, community-led models, strengthened local partnerships, and structural investment in safe, affordable, and inclusive opportunities. In doing so, policy and practice can not only improve physical activity engagement but also promote wider social inclusion and health equity.

Our findings align with, but also extend, existing literature on Traveller and Roma engagement with physical activity. As in earlier studies (Condon et al., 2020; Van Cleemput, 2010), participants reported structural barriers such as cost, lack of culturally appropriate provision, and discrimination in mainstream facilities. The interplay of poverty, marginalisation, and weak health infrastructure, as highlighted by the European Union Agency for Fundamental Rights (2018), remains a central determinant of low participation.

Cultural appropriateness was a recurring theme. Consistent with Kósa et al. (2007) and Richardson et al. (2003), participants expressed a preference for interventions tailored to cultural values, family structures, and traditions. The appeal of community-based, family-oriented activities—particularly Roma dance and informal walking groups—mirrors earlier findings and supports arguments for community ownership in programme design (Tobi et al., 2010). Encouraging participation through family-oriented activities and peer groups can significantly boost involvement. Social support is a strong motivator in collectivist cultures (Lauresen et al, 2021). Exercise programmes that do not consider family involvement or community engagement may see lower participation rates among certain cultural groups.

However, a notable divergence from much of the existing literature lies in the framing of discrimination. While prior research (e.g., Parekh & Rose, 2011; Cemlyn et al., 2009) documents explicit accounts of exclusion, participants in this study rarely named discrimination directly, instead describing it indirectly or normalising exclusion as routine. This suggests the presence of internalised or routinised discrimination, where marginalisation is so commonplace that it becomes normalised or perceived as unchangeable. This echoes Gill et al. (2013), who observed that prolonged exposure to prejudice can foster a resigned attitude and reluctance to 'complain' or anticipate change.

Some participants also showed hesitancy in discussing sensitive issues, particularly around mental health, gender norms, or negative interactions with services. This reflects Greenfields and Smith (2010), who argue that mistrust, stigma, and fear of judgement can limit disclosure in research contexts. These findings highlight the need for culturally safe, participatory methodologies that prioritise trust-building, long-term engagement, and representative research teams to facilitate more open dialogue.

Taken together, the findings illustrate both continuity with previous research and new insights into how discrimination and exclusion are experienced. Structural and cultural barriers remain central, but the normalisation of marginalisation—and the ways it is left unspoken—adds an important nuance to understanding Traveller and Roma experiences of physical activity. These insights reinforce the importance of moving beyond surface-level inclusion toward interventions that tackle deeper systemic inequalities, address power dynamics, and create culturally affirming spaces where communities feel respected, safe, and empowered.

Our study highlights significant gaps in the accessibility and cultural appropriateness of physical activity opportunities for Roma and Traveller communities, underscoring how broader structural and policy-level inequalities shape local engagement. While participants expressed clear interest in being active—particularly through culturally valued practices like dance—the persistent absence of inclusive, affordable, and community-led programmes reflects systemic failures to prioritise the needs of marginalised groups in health and leisure provision.

The limited availability of culturally tailored physical activity options is symptomatic of broader structural inequalities experienced by both Roma and Traveller populations, including discrimination, poverty, and underrepresentation in decision-making structures (Pavee Point, 2021; FRA, 2019). These barriers are not simply logistical or programmatic but reflect decades of policy neglect and underinvestment in culturally safe health promotion initiatives.

Participants' experiences of exclusion from mainstream services echo findings from previous research (e.g., Kósa et al., 2007; Condon et al., 2020), suggesting that despite policy frameworks claiming to support equality, Roma and Traveller communities continue to face de facto exclusion due to inadequate policy translation into practice. In this context, the normalisation of discrimination becomes a key explanatory factor: participants may not expect services to be welcoming or appropriate and, as this study shows, may not identify discrimination unless it is overt.

Findings also point to a mismatch between local policy intentions and on-the-ground realities. While national strategies such as Ireland's National Traveller and Roma Inclusion Strategy (NTRIS) advocate for improved health outcomes, these commitments are rarely accompanied by dedicated, long-term funding streams or accountability mechanisms for local authorities and health service providers. For example, despite participants' strong interest in dance as a form of physical activity, very few structured Roma-led dance initiatives exist in local communities. Where funding is available, it is often short-term, project-based, and led by non-community organisations, which may lack the cultural competency or trust-based relationships required for sustained engagement. This reinforces a cycle of low uptake and fragmented programming, particularly for structured activities that could facilitate physical, social, and cultural wellbeing.

The findings support calls for community-led, co-designed initiatives that embed cultural relevance into programme design, staffing, and delivery. The expressed desire for dance among Roma participants, and the importance of women-only or gender-sensitive environments for Traveller women, point to the need for tailored programming that acknowledges intra-community diversity and cultural specificity rather than applying one-size-fits-all approaches. Understanding and integrating these cultural aspects into the planning and implementation of community exercise programs can enhance their effectiveness and reach. This approach ensures that programmes are inclusive, respectful of cultural norms, and more likely to be successful in improving community health outcomes.

Policy responses should therefore focus on strengthening local partnerships with Roma and Traveller organisations, including capacity building for community members to become instructors or programme leaders. Such approaches would align with health equity principles and international human rights frameworks (WHO, 2013), positioning cultural identity as an asset rather than a barrier in health promotion.

Facilitators Crucial to Programme Delivery

Several factors emerged as essential to successful programme design and implementation:

Cultural Tailoring

Programmes must be designed with cultural identity in mind. This includes offering preferred activities (e.g., walking, football, or dance), using culturally relevant imagery in promotional materials, and recruiting community members as facilitators or peer mentors.

Trusted Relationships and Consistency

Building trust takes time. Regular, consistent programming—led by familiar faces—was reported to increase confidence and reduce anxiety.
"Once you get to know the person running it, you're more likely to keep going back." (Traveller woman, age 45)

Social Support and Belonging

Participants expressed a desire for social connection. Group-based programmes that foster peer support and interaction were widely seen as beneficial.
"It's not just the exercise—it's seeing people, having the chat." (Roma man, age 52)

Accessibility and Affordability

Free or low-cost access was critical. Travel and transport barriers were common, particularly in rural areas, suggesting a need for hyper-local delivery or supported transport options.

Safe and Inclusive Spaces

Some Traveller participants expressed discomfort with unfamiliar or formal environments. Using neutral, community-owned spaces like libraries and ensuring staff were culturally competent helped mitigate this.
"We need places where we don't feel judged." (Traveller man, age 60)

Table 7: Group Domain Matrix Table - Traveller and Roma

TDF Domain	Traveller Community	Roma Community
Social Influences	Discrimination widely reported, including overt racism, exclusion in team sports (e.g., GAA), and judgment in gyms. Family feuding and social divides (e.g., geographic) were barriers. Representation in PA spaces seen as crucial for comfort and trust.	Discrimination reported in countries of origin (e.g., Czech Republic, Slovakia) rather than in Ireland. Less overt discrimination reported locally. Language barriers and limited trust may reduce disclosure. Representation of Roma in PA settings seen as essential for comfort and trust.
Environmental Context and Resources	Systemic exclusion from facilities (e.g., false “fully booked” claims), lack of local amenities, poor infrastructure (e.g., mould in boxing clubs), high cost, and childcare responsibilities identified as key barriers. Use of pseudonyms to gain access reflects deep mistrust.	Fewer reports of exclusion from facilities. Main barriers were cost (gym fees, transport), lack of affordable options, and unemployment. Language barriers and low health literacy complicate access to services. Mixed experiences with accessibility of local facilities.
Social/Professional Role and Identity	Strong gender role norms restrict women’s participation, particularly in mixed-gender settings. Traveller identity often linked with caregiving duties for women. Cultural traditions (e.g., horse care, boxing) seen as both barriers and opportunities for PA when culturally embedded.	More variation within the Roma community. Some acceptance of mixed-gender PA (e.g., dance), while others feared reputational harm. Cultural traditions like Roma dance seen as positive enablers. Role expectations for women less rigid than Travellers but still constrained by tradition and stigma.
Knowledge	Limited understanding of PA guidelines. PA often seen as formal exercise for medical conditions. Educational disadvantage cited as a key reason for low awareness. Trusted community-based services (PHCTPs) seen as vital in improving knowledge and access to health information.	Similar limited understanding of PA and guidelines. Language and literacy barriers prominent. Use of translation apps common. Trust in PHCTPs and community support workers helps bridge knowledge gaps. Dance sometimes seen as exercise, showing cultural resonance.

6.0 Implications for Policy and Practice

The findings of this study have important implications for both policy and practice in promoting physical activity among Roma and Traveller communities. Evidence suggests that culturally tailored programming is essential, with initiatives such as dance or women-only classes reflecting community preferences and lived experiences. Generic, one-size-fits-all approaches are unlikely to engage these groups effectively. The study highlights the value of community-led and co-designed initiatives, where Roma and Traveller members are actively involved in programme development and delivery. This approach not only strengthens trust and relevance but also enhances sustainability, particularly when community members are trained as facilitators.

Barriers to physical activity are deeply intertwined with structural inequalities, including discrimination, poverty, and underrepresentation in decision-making. Addressing these requires policy interventions that go beyond programme provision to embed health equity principles and social inclusion strategies. Consistent, long-term funding and accountability mechanisms are essential, as short-term, project-based initiatives fail to build continuity or trust. Finally, public health messaging should broaden its definition of physical activity to include informal and incidental movement, making it more visible and achievable for marginalised communities. Strong partnerships between health services, local authorities, and community organisations are vital to ensure programmes are culturally safe, accessible, and effective. Findings indicate that physical activity (PA) strategies for Traveller and Roma communities must be culturally tailored, gender-sensitive, accessible, and sustainable.

The following implications for policy and practice are proposed:

1. Culturally Appropriate Programming

Policy Implication:

- Policymakers, as outlined within Sport Ireland's Diversity and Inclusion Policy (2021), are encouraged to mandate the design and delivery of physical activity programmes that authentically reflect the cultural values, traditions, and lived experiences of Traveller and Roma communities (e.g., Roma dance, equestrian activities, soccer). Culturally appropriate programming, also referred to as cultural competency, culturally tailoring, and cultural targeting (Joo, 2014), is defined as "the adaptation of the study design, materials, and other components of the intervention to reflect cultural needs and preferences at the population level" (Torres-Ruiz et al., 2018, p. 3). Recognising culturally relevant practices as legitimate forms of PA challenges dominant norms and repositions cultural identity as a facilitator rather than a barrier.

Practice Implication:

- Embed cultural activities as valid expressions of PA.
- Co-design and co-deliver programmes with community members (e.g., Roma instructors, Traveller peer leaders).

2. Trust and Discrimination

Policy Implication:

- National and local policies are recommended to explicitly recognise discrimination as a structural barrier to physical activity, embedding anti-racism goals and measurable inclusion targets within health and sport frameworks. Acknowledging the legacy of systemic exclusion is critical to rebuilding trust with historically marginalised groups. Recently, Gafari et al. (2024) identified six strategies that facilitated the development of trust and inclusion amongst ethnic minority communities in the United Kingdom: 1) the recruitment of patient and public involvement and engagement partners; 2) relationship focused engagement; 3) co-production and consultation activities; 4) open communication and iterative feedback; 5) co-production of project closure activities, and; 6) a diverse research team. Policies that overlook these dynamics risk perpetuating alienation and undermining community engagement.

Practice Implication:

- Develop long-term, trust-based relationships via culturally competent intermediaries (e.g., community health workers, Traveller Health Units).
- Deliver programmes in safe, welcoming, and neutral spaces, free from stigma or surveillance.

3. Family and Gender Dynamics

Policy Implications:

- Physical activity strategies should adopt a gender-sensitive lens that reflects the realities of caregiving responsibilities and gendered expectations, particularly among Traveller and Roma women. Indeed, a systematic review exploring the factors influencing physical activity and sedentary behaviour in ethnic minority groups in Europe found that cultural and religious issues, particularly gender issues, were common recurring barriers across multiple groups (Langoien et al., 2017).

- More recently, Batalha et al. (2025) also identified interpersonal (e.g., family responsibilities) and community factors (e.g., culture) as key barriers to physical activity amongst women from ethnic minority groups. Addressing these dynamics is critical, as failure to do so reinforces gender inequities and perpetuates exclusion from PA opportunities.

Practice Implication:

- Provide family-friendly, women-only, or mixed-gender options based on local consultation.
- Offer childcare or co-participation opportunities that accommodate family obligations.

4. Cost and Accessibility

Policy Implication:

- Funding structures that prioritise free or low-cost access to physical activity for marginalised communities are recommended (Sport England, 2020), recognising financial barriers as both a cause and a consequence of health inequities. Treating affordability as a logistical afterthought, rather than a core equity concern, risks deepening existing disparities in access to health-promoting resources.

Practice Implication:

- Remove cost-related barriers through free sessions and subsidised transport.
- Deliver programmes near community areas (e.g., local halls or housing sites).

5. Communication and Health Literacy

Policy Implication:

- Accessible, culturally appropriate, and tailored to the literacy, language, and technological realities of Traveller and Roma communities is needed within health and PA communication (Pavee Point, 2021). Mainstream communication strategies that rely on either written or digital channels risk excluding those without adequate literacy or digital access.

Practice Implication:

- Use peer-to-peer outreach, oral communication, and translated visual materials (e.g., WhatsApp groups, flyers).
- Avoid over-reliance on digital-only platforms.

6. Community Leadership and Capacity Building

Policy Implications:

- Policies should create structured pathways for Traveller and Roma individuals to move from participants to leaders in physical activity initiatives. Elevating community members into positions of ownership challenges prescribed models of intervention from others (e.g., HSE, Local Sports Partnerships), can help develop a sense of agency, and fosters sustainability. A recent pilot project in Ireland examined the impact of community health workers, coined Community Champions, in screening for cancer and diabetic retinopathy (RTE, 2024). Such individuals were respected and influential members of the community. Findings identified that community champions reached a wide range of individuals from diverse communities, utilised a broad spectrum of screening intervention techniques (i.e., information sharing, group education and literacy), and reported several barriers to screening. Feedback from both community champions and participants appear positive and represents a potential opportunity if implemented within Traveller and Roma communities.

Practice Implications:

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- Support community members to train as instructors, ambassadors, or community champions.
- Provide funding, training, and mentorship opportunities to support long-term leadership.

7. Sustainable Programming

Policy Implications:

- It is recommended that policies shift from short-term, project-based initiatives to sustained, embedded programmes that integrate physical activity into broader health, education, and integration policies. Time-limited interventions often fail to build trust, generate meaningful impact, or create continuity.

Practice Implication:

- Design pilot initiatives with a clear trajectory for long-term implementation.
- Develop partnerships across sectors (e.g., LSPs, HSE, NGOs) to ensure programme continuity and alignment.

Summary of Key Recommendations

- Policy Alignment: Ensure future health and sport policies include cultural competence, gender equity, and access as core metrics for funding and evaluation.
- Inclusive Delivery: Programmes must reflect the voices, identities, and preferences of Traveller and Roma participants—no "one size fits all."
- Co-Design and Co-Delivery: Empower communities to take part in planning and delivering programmes, ensuring ownership and sustainability.
- Invest in Trust: Build ongoing, visible relationships with Traveller and Roma organisations to counteract past exclusion and discrimination.
- Funding for Continuity: Advocate for long-term funding mechanisms with KPIs that reflect participation, community impact, and health outcomes—not just attendance numbers.
- Establish ring-fenced local funding to support ongoing, community-led physical activity programmes for Roma and Traveller populations.
- Incorporate Roma and Traveller voices into local authority decision-making bodies related to health and recreation.
- Support capacity development for community members to become accredited instructors, particularly in culturally significant practices such as dance.
- Embed anti-discrimination training within mainstream physical activity services and monitor uptake among marginalised groups.
-

Table 8: Policy and Practice Implications of Traveller & Roma Physical Activity Research

Theme	Policy Implication	Practice Implication	Supporting Evidence / References
Culturally Appropriate Programming	Mandate culturally sensitive physical activity initiatives that reflect the identities and practices of Traveller and Roma communities. Embed these within national physical activity and health promotion policies.	Co-design activities such as Roma dance or walking groups with community input. Use facilitators from the community where possible, and deliver in non-clinical, familiar venues.	*Healthy Ireland Framework (2013–2025)*; *Pavee Point Health Strategy (2022)*; O'Reilly-De Brún et al. (2015), Health Expectations – "Community engagement for health equity"
Trust and Discrimination	Integrate anti-discrimination and equity principles into national health, education, and sport strategies. Ensure accountability and active monitoring.	Build trust through long-term relationships, consistent outreach, and safe, welcoming environments free of judgment or exclusion.	*National Traveller and Roma Inclusion Strategy (2017–2021)*; *Sport Ireland Diversity & Inclusion Policy (2022)*
Family & Gender Dynamics	Promote gender-sensitive programming and family-inclusive options through health policy funding. Address specific needs of women and intergenerational participants.	Offer women-only and family-friendly sessions, and allow for family participation where culturally appropriate.	*WHO (2018) Guidelines on Physical Activity for Health*; *Traveller Women's Voices (NUI Galway, 2020)*
Cost and Accessibility	Recognise transport and programme costs as key barriers in underserved communities. Include these in funding eligibility and social inclusion policy.	Provide free programmes, accessible venues close to homes/halting sites, and travel assistance whenever possible.	*Pobal HP Deprivation Index*; *CSO SILC Survey*; *HSE Social Inclusion Strategy*
Communication & Awareness	Use culturally tailored, low-literacy, and multilingual communication tools. Deliver messages through trusted community figures.	Promote sessions through visual flyers, WhatsApp, and community advocates. Avoid over-reliance on online-only registration or promotion.	*National Adult Literacy Agency (NALA)*; *Pavee Point Health Literacy Toolkit*; *Kelleher et al. (2019), Ethnic Minority Access to Health*
Community Involvement and Empowerment	Invest in community development and leadership training within inclusion policies. Create pathways for community members to lead and co-facilitate.	Offer facilitator training to Roma and Traveller community members. Position them as role models in campaigns and delivery.	*Community Education Framework (AONTAS)*; *Traveller Health Units (THUs)*; *Roma Integration Strategy (EC)*
Sustainable Programming	Prioritise long-term, integrated funding models over short-term pilots. Build into Traveller/Roma health services with cross-sector support.	Develop ongoing, seasonally varied programmes, linked to local services and co-funded by multiple agencies (e.g., LSPs, HSE, LA).	*Healthy Communities Programme (DOH)*; *Longford LSP Reports*; *European Social Fund+ Programming 2021–2027*

Table 9: Participant Quotes on Barriers and Facilitators to Physical Activity

This table presents illustrative quotes from Traveller and Roma participants, highlighting key themes identified during qualitative interviews.

Theme	Illustrative Quote	Participant Description
Discrimination and Exclusion	*“I was turned away from a gym before – they looked at me and said it wasn’t for me. That put me off going back anywhere else.”*	Traveller man, 59 years old
Cultural Relevance	*“There’s nothing that feels like it’s for us. No Roma music, no familiar faces, no one speaks our language.”*	Roma woman, early 20s
Financial Constraints	*“We can't afford gym fees or classes – even if I wanted to go, I’d have to pick food or rent first.”*	Roma father, 30s
Gender Norms	*“Women don’t really go out on their own to exercise. It’s not really our way unless we go as a group.”*	Traveller woman, 40s
Low Confidence / Motivation	*“I’d feel embarrassed trying to do exercises in front of strangers. I don’t know what I’m doing.”*	Roma participant
Social Support as a Motivator	*“I’d go walking if I had someone to go with. It’s the chat that keeps you going.”*	Traveller man, 50s
Enjoyment of Informal Activities	*“We love dancing at weddings – if there was something like that, I’d be the first to sign up!”*	Roma woman, 30s
Trust and Representation	*“If it was a Roma instructor or someone we know, we’d trust them and join in.”*	Roma male participant
Access and Proximity	*“If it’s close by and free, I’ll go. If it’s in town, with no bus or lift, forget it.”*	Traveller woman, 50s
Being Heard and Included	*“No one ever asked us what we need. This is the first time someone’s actually listening.”*	Roma youth, late teens

7.0 Conclusions

The study highlights significant gaps in culturally appropriate physical activity opportunities for Roma and Traveller communities, revealing how systemic inequalities—such as discrimination, poverty, and underrepresentation—limit engagement. Participants expressed interest in activity, especially culturally valued practices like dance, yet inclusive, affordable, and community-led programmes are scarce. Policy commitments often fail to translate into local action, with funding short-term and initiatives led by non-community organisations, undermining trust and sustained participation. Findings underscore the need for culturally embedded, community-led programmes that reflect intra-community diversity, including gender-sensitive approaches and Roma-led initiatives. Strengthening local partnerships, building community capacity, and co-designing interventions can enhance health equity, promote cultural identity, and address structural barriers in physical activity access.

This study highlights the complex and interrelated barriers and facilitators influencing physical activity participation among Traveller and Roma communities. Findings underscore that low health literacy, cultural norms, environmental and financial constraints, and past experiences of exclusion can limit engagement. Conversely, strong community bonds, culturally relevant programming, and trusted relationships with service providers can act as powerful facilitators. Mapping these insights to the COM-B model and Theoretical Domains Framework demonstrates that behaviour change strategies must address not only individual knowledge and skills, but also social and environmental opportunities, as well as intrinsic and extrinsic motivation.

The results emphasise that one-size-fits-all approaches are unlikely to be effective. Programmes designed in partnership with Traveller and Roma communities, incorporating peer-led elements and delivered in culturally safe and accessible settings, are more likely to foster trust, participation, and sustained engagement. Policymakers and practitioners should prioritise co-design, targeted outreach, and the removal of structural barriers to ensure equitable access to physical activity opportunities. Addressing these factors has the potential not only to increase participation but also to reduce health inequalities experienced by these communities.

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9.0 Strengths and Limitations

A key strength of this study is the integration of two complementary behaviour change frameworks (COM-B and TDF) to analyse qualitative data, providing both depth and theoretical clarity. The study's community-based recruitment also enabled rich insights from populations often underrepresented in PA research.

However, the geographic scope was limited, and findings may not generalise to all Traveller and Roma contexts, particularly outside Ireland. Social desirability bias may have influenced some responses, although the rapport built with participants likely mitigated this. A follow-on study will co-design and pilot a culturally relevant PA programme, directly addressing identified barriers and amplifying facilitators. The goal is to ensure interventions are evidence-based, sustainable, and community-owned.

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Rachel Macauley (Contributor)

Rachel is the Sport Development Officer with Limerick Sports Partnership. A dedicated professional with a passion for community engagement and physical well-being. Rachels role involves actively promoting and facilitating physical activity across the community, striving to create inclusive programmes that encourage people of all ages and abilities to lead active, healthier lives.

Amy McGlynn (Contributor)

Amy works as a Community Development Worker with Longford Roma and New Communities CDP, supporting Roma and other marginalised communities in Longford. I have been working this role since 2022.

My focus is on empowering communities to amplify their collective voice, promoting equality and human rights, and tackling the barriers of exclusion, disadvantage, and discrimination.

Sarah Mulligan

Sarah is the Coordinator of Longford Sports Partnership and has been in the role since 2019. Sarah has been involved and lead numerous projects and initiatives aimed at increasing participation levels in sport and physical activity. Longford Sports Partnership highlights the importance of inclusion and diversity and provide diverse opportunities for people to participate in sport and physical activity.

Appendix 1 - Interview Topic Guide

Introduction

1. Greet the Participant:

"Thank you for taking the time to participate in this interview. Your insights are valuable to us."

2. Explain the Purpose:

"The purpose of this interview is to explore the factors that encourage or discourage participation in community exercise programmes among minority groups. We aim to understand your personal experiences and perspectives."

3. Confidentiality Assurance:

"Your responses will remain confidential and will be used only for research purposes. We encourage you to share your honest opinions."

4. Obtain Consent:

"Before we begin, do you have any questions? Are you comfortable proceeding with the interview?"

Demographic Information

1. Background Questions:

"Could you please tell me a little about yourself?"

"How would you describe your ethnic or cultural background?"

Do you engage in physical activity or exercise? Can you expand on these please?

2. Community Involvement:

"How long have you been part of this community?"

"What types of physical activities or exercise programmes, if any, have you participated in within your community?"

Psychological Capability (Purpose – to explore participants knowledge of physical activity, skills, and mental capacity)

- Do you know what physical activity is and how much you should do? (probes – ask if participants know or understand physical activity guidelines)
- How confident do you feel about knowing what types of exercise or activities are beneficial for you?
- Do you feel that you have enough knowledge about how to stay fit or healthy through physical activity? If not, what would help you learn more?
- Where do you usually get information about physical activity and its benefits? Do you feel this information is easy to understand and relevant to you?
- What are the health risks associated with being physically inactive?
- Have you ever participated in any training or programs (e.g., fitness classes, health workshops) that teach you how to stay active? If so, how useful were they?

Physical Capability (Purpose – to explore participants health, abilities, and physical limitations)

- Do you feel physically able to engage in physical activities like walking, running, or other forms of exercise?
- What things stop you from taking part in physical activity? (probes such as injury, lack of illness, lack of energy can be used)

Physical Opportunity (Purpose – to explore resources, infrastructure, access to services)

- Are there spaces or places nearby where you feel comfortable engaging in physical activity (like parks, gyms, or sports facilities)?
- ·Are these places accessible to you (in terms of location, cost, safety)? If not, why not?
- Do you have access to resources (like equipment, clothes, or transportation) that you need to engage in physical activity? If not, what are the main barriers to accessing these resources?
- What types of physical activities are most available or accessible to you in your area (e.g., walking, cycling, gym sessions, sports)? Do you feel these options suit your interests and needs?
- Do you feel that the local environment (e.g., safety, weather, infrastructure) supports or hinders your ability to engage in physical activity? If so, how?
- What challenges do Travellers/Romani people face when trying to access organized sports or exercise programs
- Do you think sports and physical activity programs should be adapted to better suit your community? If so, how?

Social Opportunity (Purpose – to explore cultural norms, social influences, support networks):

- How important is physical activity within your culture or community? Are there cultural or social factors that make physical activity more difficult in your community?
- Do your family, friends, or community members encourage or support you in being physically active? How?
- Are there any organised community events or activities that encourage physical activity? If so, do you feel comfortable participating in these events?
- How do gender roles within your community influence physical activity? For example, do you feel that men and women have different opportunities or expectations when it comes to being active?
- Have you ever felt excluded or unwelcome in mainstream sports clubs, gyms, or fitness programs?

Reflective Motivation (Purpose – to explore beliefs, intentions, identity, values, and confidence)

- How important do you think it is to stay physically active for your health and well-being?
- What motivates you (or would motivate you) to be more physically active?
- Are there any particular reasons or values that make you want to engage in physical activity?
- How do you prioritise physical activity in your daily life? Is it something you actively plan for, or does it happen when you find time?
- Are there any beliefs or traditions that influence whether people in your community take part in exercise or sport?
- Do you feel there are competing priorities (e.g., family, work, finances) that often take precedence over being physically active? How do you manage this balance?
- Are there specific goals you have related to physical activity (e.g., improving fitness, losing weight, having fun)? How do these goals affect your motivation to stay active?
- Do you see role models from your community engaging in physical activity, and does that influence participation?

Automatic Motivation (Purpose – to explore emotions, habit, reinforcement, psychological responses):

- When you think about being active, what's the first thing that comes to mind (e.g., enjoyment, stress, indifference)?
- Are there certain habits or routines you've developed that help you stay active regularly? If so, can you expand on these please? If not, why do you think that's the case?
- When you think about being active, do you feel motivated, or does it feel more like an obligation?
- Have you or your community had any negative experiences (e.g., discrimination, feeling unwelcome) when trying to take part in sports or fitness programs?
- Are there certain emotions (e.g., frustration, joy, boredom) that you associate with physical activity? How do these emotions influence your desire to engage in it?

Appendix 2 - Policy and Practice Implications of Traveller & Roma Physical Activity Research

Theme	Policy Implication	Practice Implication	Supporting Evidence / References
Culturally Appropriate Programming	Mandate culturally sensitive physical activity initiatives that reflect the identities and practices of Traveller and Roma communities. Embed these	Co-design activities such as Roma dance or walking groups with community input. Use facilitators from the community where possible, and deliver in non-	*Healthy Ireland Framework (2013–2025)*; *Pavee Point Health Strategy (2022)*; O'Reilly-De Brún et al. (2015), Health Expectations – "Community engagement for
Trust and Discrimination	Integrate anti-discrimination and equity principles into national health, education, and sport strategies. Ensure accountability and active monitoring.	Build trust through long-term relationships, consistent outreach, and safe, welcoming environments free of judgment or exclusion.	*National Traveller and Roma Inclusion Strategy (2017–2021)*; *Sport Ireland Diversity & Inclusion Policy (2022)*
Family & Gender Dynamics	Promote gender-sensitive programming and family-inclusive options through health policy funding. Address specific needs of women and	Offer women-only and family-friendly sessions, provide childcare, and allow for family participation where culturally appropriate.	*WHO (2018) Guidelines on Physical Activity for Health*; *Traveller Women's Voices (NUI Galway, 2020)*
Cost and Accessibility	Recognise transport and programme costs as key barriers in underserved communities. Include these in funding eligibility and social inclusion policy.	Provide free programmes, accessible venues close to homes/halting sites, and travel assistance when needed.	*Pobal HP Deprivation Index*; *CSO SILC Survey*; *HSE Social Inclusion Strategy*
Communication & Awareness	Use culturally tailored, low-literacy, and multilingual communication tools. Deliver messages through trusted community figures.	Promote sessions through visual flyers, WhatsApp, and community advocates. Avoid over-reliance on online-only registration or promotion.	*National Adult Literacy Agency (NALA)*; *Pavee Point Health Literacy Toolkit*; *Kelleher et al. (2019), Ethnic Minority Access to Health*
Community Involvement and Empowerment	Invest in community development and leadership training within inclusion policies. Create pathways for community members to lead and co-facilitate.	Offer facilitator training to Roma and Traveller community members. Position them as role models in campaigns and delivery.	*Community Education Framework (AONTAS)*; *Traveller Health Units (THUs)*; *Roma Integration Strategy (EC)*
Sustainable Programming	Prioritise long-term, integrated funding models over short-term pilots. Build into Traveller/Roma health services with cross-sector support.	Develop ongoing, seasonally varied programmes, linked to local services and co-funded by multiple agencies (e.g., LSPs, HSE, LA).	*Healthy Communities Programme (DOH)*; *Longford LSP Reports*; *European Social Fund+ Programming 2021–2027*

Appendix 3 - Interview/Focus Group Consent Form

Interview/Focus Group Consent Form

I .....(name), being over the age of 18 years, hereby consent to participate as requested in the focus group/interview for the research project held on ..... (date).

Details of the interview/focus group have been explained to my satisfaction.

I agree to audio recording of my information and participation.

I understand that:

- ✓ I may not directly benefit from taking part in this research.
- ✓ I am free to withdraw from the project at any time and am free to decline to answer questions.
- ✓ While the information gained in this study will be published as explained, I will not be identified, and individual information will remain confidential.
- ✓ Whether I participate or not, or withdraw after participating, will have no effect on any treatment or service that is being provided to me.
- ✓ I may ask that the recording/observation be stopped at any time, and that I may withdraw at any time from the session or the research without disadvantage.

I understand that I can contact either researchers at ATU or Longford Sports Partnership with questions about this research via the contact details below.

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☏

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Participant's signature: .....

Date: .....

Date of birth: .....

Title: Participate in Our Study: Exploring Physical Activity in an Ethnic Minority Community

Introduction: Thank you for considering participating in our study! This leaflet provides you with important information about our research study, its aims, and how you can get involved.

About Our Study: Our research aims are to explore the barriers and facilitators of physical activity among adults within ethnic minority communities in Ireland. By understanding the factors that influence physical activity participation, we hope to inform targeted interventions to promote active lifestyles and improve health outcomes within this population.

What Does Participation Involve? Participating in our study involves completing a questionnaire about your perceptions, experiences, and attitudes toward physical activity. Your responses will provide valuable insights that will help us better understand the factors that influence physical activity among Travellers.

Why participate? Your participation in our study will contribute to valuable research that has the potential to improve the health and well-being of individuals within ethnic minority communities. By sharing your experiences and perspectives, you can help inform the development of effective interventions to promote physical activity and improve health outcomes.

Confidentiality and Privacy: Your participation in our study is completely confidential. All data collected will be anonymised and stored securely in accordance with data protection regulations. Your personal information will not be shared with any third parties.

How to participate: Participating in our study is easy! Simply complete the questionnaire provided and return it to us using the enclosed envelope. Alternatively, you can participate online by visiting [insert website link]. If you have any questions or need assistance, please contact [insert contact details].

Thank You: We sincerely appreciate your interest and participation in our study. Your contribution is invaluable and will make a meaningful difference in advancing our understanding of physical activity within our communities. Thank you for your support!

Conclusion: By participating in our study, you can contribute to research that has the potential to positively impact the health and well-being of individuals within ethnic minority communities. Your voice matters, and we look forward to hearing your experiences and perspectives on physical activity.

Please sign to confirm you have read the participant information sheet:

Date:

Appendix 4 TDF Domains Mapped to COM-B with Example Questions

COM-B Component	TDF Domain	Domain Definition	Constructs Examined	Interview Prompt Questions
Psychological Capability	Knowledge	An awareness of the existence of something	Knowledge (including knowledge of condition/scientific rationale); Procedural knowledge; mindsets and illness representations	What do you know about physical activity and its benefits?
Physical Capability	Skills	An ability or proficiency acquired through practice	Skills; Competence/Ability/Skills assessment; practice/skills development; Interpersonal skills; Coping strategies	Do you feel you have the skills needed to be physically active?
Psychological Capability	Memory, attention, and decisional processes	The ability to retain information, focus selectively on aspects of the environment and choose between alternatives	Memory; Attention; Attention control; Decision making; Cognitive overload/tiredness	Do you remember to fit physical activity into your daily routine?
Psychological Capability	Behavioural regulation	Anything aimed at managing or changing objectively observed or measured actions	Self-monitoring; Breaking habit; Action planning	Do you use any strategies or routines to manage your activity, like reminders or schedules?
Social Opportunity	Social/professional role or identity	A coherent set of behaviours and displayed personal qualities of an individual in a social or work setting	Professional identity; Professional role; Social identity; Identity; Professional boundaries; Professional confidence; Group identity; Leadership; Organisational commitment	Do you see yourself as someone who regularly engages in physical activity?
Reflective Motivation	Beliefs about capabilities	Acceptance of the truth, reality, or validity about an ability, talent, or facility that a person can put to constructive use	Self-confidence; Perceived competence; Self-efficacy; Perceived behavioural control; Beliefs; Self-esteem; Empowerment; Professional confidence	Self-confidence; Perceived competence; Self-efficacy; Perceived behavioural control; Beliefs; Self-esteem; Empowerment; Professional confidence
Reflective Motivation	Optimism	The confidence that things will happen for the best or that desired goals will be attained	Optimism; Pessimism; Unrealistic optimism; Identity	Do you believe things will improve if you become more physically active?
Reflective Motivation	Beliefs about consequences	Acceptance of the truth, reality, or validity about outcomes of a behaviour in a given situation	Beliefs; Outcome expectancies; Characteristics of outcome expectancies; Anticipated regret; Consequents	What do you think will happen if you increase your physical activity levels?
Reflective Motivation	Intentions	A conscious decision to perform a behaviour/act in a certain way	Stability of intentions; Stages of change model; Transtheoretical model and stages of change	Do you plan to start or maintain regular physical activity?
Reflective Motivation	Goals	Mental representations of outcomes or end states that an individual wants to achieve	Goals (distal/proximal); Goal priority; Goal/target setting; Goals (autonomous/controlled); Action planning; Implementation intention	Do you have specific goals for improving your health or activity levels?
Automatic Motivation	Reinforcement	Increasing the probability of a response by arranging a dependent relationship, or contingency, between the response and a given stimulus	Rewards (proximal/distal, valued/not valued, probable/improbable); Incentives; Punishment; Consequents; Reinforcement; Contingencies; Sanctions	What motivates you to keep being active? Are there rewards or consequences that influence you?
Automatic Motivation	Emotion	A complex reaction pattern, involving experiential, behavioural, and physiological elements, by which the individual attempts to deal with a personally significant matter or event	Fear; Anxiety; Affect; Stress; Depression; Positive/negative affect; Burnout	How does your mood or emotional state affect your activity levels?
Physical Opportunity	Environmental context and resources	Any circumstance of a person's situation or environment that discourages or encourages the development of skills and abilities, independence, social competence, and adaptive behaviour	Environmental stressors; Resources/material resources; Organisational culture/climate; Salient events/critical incidents; Person x environment interaction	Are there local places or resources that support or limit your ability to be active?
Social Opportunity	Social influences	Those interpersonal processes that can cause individuals to change their thoughts, feelings, or behaviours	Social pressure; Social norms; Group conformity; Social comparisons; Group norms; Social support; Power; Intergroup conflict; Alienation; Group identity	Do friends, family, or community members support your physical activity?