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Women Travelling Without Men, and their Healthcare Needs

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Across the world increasing numbers of the post Second World War 'baby boomer' generation are coming to retirement and taking to the road; for many, for extended periods. Commonly referred to as "grey nomads" in Australia and "snowbirds" in North America (Onyx & Leonard 2005), these older travellers can be challenged to maintain their health and manage acute and chronic illness in unfamiliar or remote locations (Halcomb et al. 2017). They choose to travel away from their usual support networks and the healthcare providers with whom they have established relationships, isolating themselves from regular medical help (Onyx & Leonard 2007). They face difficulties finding health services, lack of access to medical records and their regular medications during extended travel (Calma et al. 2018).

One particular sub-set of nomadic travellers is women who travel without men: women travelling with other women, with children, or by themselves. This is not a stereotypical lifestyle for women. Very little is known about these women as individuals or as a demographic group but their existence is evidenced by social media groups. For example, in July 2018 four Facebook closed groups for women travellers had 12,197 members, although some may belong to more than one group. There is little information about why these women travel. In Australia there are indicators that poverty may be an issue, with rising levels and particular disadvantage among older women (Australian Council of Social Service 2016). The major cause of homelessness for women and children in Australia is domestic violence (Australian Institute of Health and Welfare 2018). Perhaps some women who travel without men may be effectively 'on the run' or 'living under the radar' for their own safety; perhaps they just want to enjoy the great outdoors, as a retirement activity, because of economic imperatives or other reasons.

These women may have particular healthcare needs based on their life circumstances. Their physical wellbeing depends on their health status, which in turn is impacted by their economic situation. Any chronic disease and its plan of care while travelling, how they manage acute illness events and whether they know how and where to access health care will be crucial. Additionally their psychological and social wellbeing depends on their experience and how they respond to life on the road.

The challenge for healthcare providers is to meet these women's needs, especially during seasonal influxes. They are further challenged by only seeing these women on a one-off basis. "My Health Record", a voluntary online unitary health record being introduced in Australia, could provide useful continuity but only if the women allow their records to be included; unlikely if privacy or traceability is a concern. Nurses can take the lead in recognising, acknowledging and understanding this emerging group, and to identify and address their health care needs. We should raise awareness about women who travel without men as a sub-group of nomadic travellers because of their potential vulnerability, if in poverty or fearful, and unique needs. Their presence in rural and remote settings may increasingly impact on the provision of health services and therefore on nurses and the care they provide as well as their communities. However, the diverse knowledge and skill-sets of nurses make us well placed to research and innovate to address their needs.

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