

Nomadic peoples and access to healthcare

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Abstract

Nomadic peoples are diverse and heterogeneous groups who have high levels of mobility and move from place to place, often with their livestock, in search of resources, work and food. Examples of nomadic or mobile peoples are African pastoralist groups such as the Turkana, as well as the Bedouin, and Mongolian Herders. It is difficult to estimate the number of nomadic peoples globally, due to their high level of mobility, and because they often inhabit remote and isolated places (Wild et al., 2019). In relation to nomadic pastoralists, some estimates put the number at 20 million pastoral households (de Haan et al., 1997: cited in FAO, 2016) or 200 million pastoralist individuals (Rota and Sperandini, 2009). These latter numbers, however, do not include other nomadic peoples, such as San hunter gatherers or groups such as Gypsies, Roma, and Travellers who have cultural traditions of nomadism. Access to healthcare is often highlighted as being problematic for nomadic peoples and is said to contribute to poor health outcomes. This chapter will explore access to healthcare for nomadic peoples, and link this to critical theory in relation to marginalisation, invisibilisation, and social justice.