

University of Greenwich

**PURITY AND POLLUTION  
HEALTH AND ILLNESS  
IN A GYPSY COMMUNITY IN SOUTH-WEST GREECE**

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# **C O N T E N T S**

<b>CHAPTER 1 INTRODUCTION</b>	<b>4</b>
<b>CHAPTER 2 LITERATURE REVIEW</b>	<b>7</b>
2.1.1 THE HUMAN BODY	7
2.1.2 THE CLEAN/DIRT AND DISEASE/HEALTH OPPOSITIONS.	8
2.1.3 HEALTH AND ILLNESS	11
2.2.1 GYPSIES IN BALKANS	15
2.2.2 GYPSIES IN THE GREEK NATIONAL STATE.	17
<b>CHAPTER 3 DESIGN AND METHODOLOGY</b>	<b>20</b>
3.2 PREPARING FOR THE FIELD RESEARCH	20
3.3 METHODS OF DATA COLLECTION	20
3.4 PILOT STUDY	21
3.5 SAMPLE	21
3.6 QUANTITATIVE METHODS	22
OFFICIAL DOCUMENTS	22
QUESTIONNAIRES	22
INTERVIEWS	23
3.7 QUALITATIVE METHODS	23
INSTRUMENT	23
INTERVIEWS	24
FOCUS GROUP INTERVIEWS	25
LIFE HISTORIES	25
PARTICIPANT OBSERVATION	26
3.8 TRIANGULATION	26
3.9 DATA ANALYSIS	27
QUANTITATIVE DATA	27
QUALITATIVE DATA	27
3.10 ETHICS	27
<b>CHAPTER 4 THE PLACE AND THE PEOPLE</b>	<b>28</b>
4.1 THE SETTLEMENT OF ROMA IN KATO ACHAIA	28
4.2 COMMUNITY 1	29
4.3 COMMUNITY 2	30

<b>CHAPTER 5 FINDINGS</b>	<b>34</b>
<b>5.1 QUANTITATIVE DATA</b>	<b>34</b>
MORBIDITY / MORTALITY	35
HEALTH PERSPECTIVES	36
HEALTH FACTORS	37
HEALTH STATUS	38
Self -assessed health status	38
Reported recent and/or long-term conditions	39
TYPE OF CONDITION	40
Cardiovascular diseases	40
Respiratory diseases	41
Diseases of the nervous system	41
Diabetes	41
Conditions reported to be the result of an accident	42
CHILD HEALTH	42
HEALTH RELATED ACTIONS	42
Medication use	43
Doctor consultations and hospital visits	43
Dental consultations	46
Cervical Smear Test	46
LIFESTYLE FACTORS	48
Smoking	48
Alcohol use	49
Physical activity	50
Body mass index	50
<b>5.2 QUALITATIVE DATA</b>	<b>52</b>
5.2.1 PURITY AND POLLUTION	53
Inside / Outside	53
Family, House and Body	57
The Body	58
Menstrual Taboos	59
House and Body	63
Men and Women	68
Shame and purity	69
<b>CHAPTER 6 CONCLUSION</b>	<b>72</b>
<b>BIBLIOGRAPHY</b>	<b>77</b>

## APPENDIXES 109

APPENDIX1	EARLY HISTORY OF GYPSIES IN BALKANS	110
APPENDIX2	DIFFERENTIATIONS OF GYPSY GROUPS IN GREECE	112
APPENDIX3	FAMILY, KINSHIP AND GROUP RELATIONS.	113
APPENDIX4	ROMA POPULATION PER SEX AND AGE GROUP	114
APPENDIX5	POPULATION OF GREECE BY SEX AND AGE GROUPS	115
APPENDIX6	STATISTICAL ANALYSIS OF QUANTITATIVE DATA (S.P.S.S OUTPUT)	116

## TABLES

Table 1:	Age Structure of the Sample populations	22
Table 2:	Sex Distribution of the Sample populations	22
Table 3:	Composition of Kato Achaia Roma population (C.2) in 1998	31
Table 4:	Roma & Non-Gypsy population summarized mortality data for 1992 - 1997	35
Table 5:	Uptake of cervical smear test (Roma & Non-Gypsy women)	47
Table 6:	Population of Greece by age and sex groups	115

## PHOTOGRAPHS

Photo 1:	Refugees from Asia Minor living in a camp (1923).	18
Photo 2:	The Gypsy camp of community 1 (C.1) in Kato Achaia	29
Photo 3:	Old photo of Roma women in 1935.	32
Photo 4:	Roma houses in the Gypsy neighborhood (Tsiganika) in Kato Achaia	33
Photo 5:	Roma house in Kato Achaia.	33

## CHAPTER 1

### INTRODUCTION

Health and illness are both individual and collective human life experiences. Reactions to illness by one individual or by whole societies have been recorded in all past and recent societies. The causality of health and illness is at the heart of any society's system of beliefs. Questions such as what do members of a society consider as healthy or not, how people structure their explanations for health and illness and how these explanations rationalise their preventative or therapeutic strategies, have long occupied the social and medical scientists. In much of the world today, western biomedicine is dominant and has a status in relation to the state analogous to that of the established Church of the medieval period. However, even in the Western societies not all sections of the population share the concepts associated with that body of knowledge and its modes of practice. Individuals also have access to, and possibly accept concepts derived from, other cosmologies or other modes of healing, and also from earlier formulations of biomedicine itself.

Since the early 1980s, there has been considerable interest in the health of ethnic minority populations in Europe. Studies regarding the health status of ethnic minorities have addressed three main components: (i) Different morbidity and mortality patterns may exist in particular ethnic groups. (ii) Health beliefs and perceptions of illness and health services may be affected by membership in an ethnic minority. (iii) Health services may be less accessible to the members of ethnic minorities and the health professionals may discriminate against them.

In Greece the national population surveys do not contain any kind of data of ethnic minority people<sup>1</sup>. Thus, there is a lack of official studies regarding the health status and the health care of the ethnic minority groups living in Greece. Gypsies would be possibly considered as the biggest ethnic minority in Greece. Yet, surprisingly health policy makers or researchers have paid little attention to their health needs even though Gypsy people are the most frequent clients of the Greek public hospitals. Some published epidemiological studies on Gypsies' variations in health (Davilis *et al* 1978; Bartsocas *et al* 1979; Paeonidis 1992; Nicolaou *et al* 1995) had a limited and crude coverage focusing on some particular biological characteristics, or diseases, rather than on health *per se*, and

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<sup>1</sup>. This is because officially there do not exist ethnic minorities in Greece today. The only exception to this is the Moslem community which officially exist because of the Lausanne Treaty (1923)

having no interest in the origins of the differential distribution of either the identified cultural attributes or their associated social factors.

Questions are raised. What differences exist (and how great are they actually) between Roma and non-Gypsy people in Greece today regarding their beliefs and perspectives about health and illness, and are these related, or not, to the biomedical model? Are there any differences in the mortality rate, health status and health behaviour and actions? What is the level of access to the primary health care services, and what are the levels of di/satisfaction for both populations regarding the offered services? How do health professionals perceive the health needs of Gypsy peoples?

When years ago I started to read about Gypsies, it was impressed to find the huge literature about Gypsies' "cleanliness taboos", which perhaps constitute the most important feature of Gypsy "culture". The purity concepts of Gypsies have been the focus of many researchers (Acton 1971, Miller 1975, Gropper 1975, Sutherland 1975, Salo 1979, Silverman 1981, Okely 1983, Formoso 1986, Stewart 1987, and many others ). Research work on different Gypsy groups show that these pollution/purity concepts are the main structuring and boundary-making devices for Gypsy social life in all its aspects and contexts, and constitute a Gypsy cosmology in relation to nature, humans, and the supernatural. Yet, when I tried to investigate them among the Greek Gypsies some questions began to arise: Are these concepts solely Gypsy characteristics ? Do purity concepts constitute an essential part in the construction of the identity? What is the difference between Gypsy and non- Gypsy people's concept of 'honour and shame'? What are the differences or similarities with the purity concepts found in Greek areas? Do these concepts influence the health beliefs and behaviour of the individuals? If they are similar how have they both been constructed ?

When I was twelve years old I used to visit a small chapel with a Greek girl in my neighbourhood, same age as me. At some point, she refused to come with me any more although she still apparently wanted to. To my persisting questioning she eventually confessed that "she wasn't clean anymore and she started to be dirty". As I realised years later she had just started to have her monthly menstruation.

Gradually, the pieces of the puzzle started to fit with each other. The neighbourhood girl of my early adolescent, my grandmother who had two separate washing-bowls, my baby cousin whom I was waiting to see for forty days after her birth, my friend's mother who washed the kitchen towels always separately, my mother's disgust at her sister-in-law when she saw her to washing some clothes in a kitchen's stainless steel bowl (we never eat in her house

anymore)<sup>2</sup>, all these girls and women who were enigmatically 'sick' so often and felt (and still do) so shameful about that. The list is as long as the traditional Greek customs which have been partly forgotten during our transition from the traditional to the modern .

Although the majority of the Gypsies' concepts of purity still seem exotic to some scholars, a lot of them are widely spreaded throughout the world, more so in the Mediterranean societies, and particularly in Greece, the country with the longest duration of Gypsies' stay in the world<sup>3</sup>.

The Mediterranean as well as the Balkans are places of historical and cultural flow. People, beliefs and practices move through boundaries and ages, forming successive cultural layers. More specifically, the beliefs and practices connected to the life cycle of humans, their survival and health, present a lot of similarities, since they are moulded in the common habitus of the wider area<sup>4</sup> If the Gypsies have lived (and still do) in the same natural and cultural environment that other people in the wider Greek area have also shared, why should we conclude that these practices and beliefs, either same or similar, have a different meaning for the Gypsies concerned?

In order to explore the above questions this study was focused on the town of Kato Achaia in the North-West coast of Peloponnesus, where a considerable number of Roma families live and work in the same area with the non-Gypsies residents of the town.

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<sup>2</sup>. Ronald Lee (1971: 29-30) notes for the Gypsies: "You can't wash clothes, dishes and babies in the same pan "

<sup>3</sup>. Stewart (1997: 210) argues that "although much of the academic discussion of Gypsy morality has been cast in terms of purity and impurity, . . . this ethic shaded into a concern with shame and honour, idioms that will be recognised by anyone familiar with the ethnographic literature on southern Europe". Moreover, it is noted that "these Rom ideas reworked common European concerns can be seen, for example, in a comparison with Dubisch's (1986) discussion of modern Greek pollution beliefs" (Stewart 1997: 274).

<sup>4</sup>. Although Mediterranean (and Balkan) world is not considered as an homogenous area (Davis 1977: 255). however, as pointed out by Vryonis (1991: 9-10), this geographical area is an area of variety and unity, of hostile but also peaceful relations.



## CHAPTER 2

### LITERATURE REVIEW

In this chapter two bodies of literature will be discussed, one about general concepts regarding the human body and the oppositions of health/illness and clean/dirt, and one specially referred to Gypsies.

#### 2.1.1 The human body

In the last three decades there has been a large increase in the academic, as well in the popular, interest in the human body. Turner suggests that the human body has become "the principal field of political and cultural activity" (1992: 12, 162).

From a naturalistic perspective the body is considered as a real biological entity which exists, as a universal phenomenon, irrespective of the social context in which it resides. The ideas that the biological basis of the body determines all forms of human and social life, and that the nature of the physical body is not impinged upon by social context, are both rejected by almost all sociologists. These ideas are criticised for being reductionist, overly deterministic and scientifically flawed (Bleier, 1984).

The phenomenological approach suggests that the key to understanding the human body is the mind and, more particularly, the notion of 'lived experience' which suggests that people interpret and thereby create their worlds in meaningful ways. This approach has been developed most usefully in the sociology of the experience of illness in that it offers the possibility of a sensitive analysis of the relationship between the self, identity and the body. However, contemporary social theorists have generally found more attractive ideas and theories that are based on the premise that the body is a receptor, rather than a generator, of social meanings. In this respect, social constructionism has been used as an umbrella term to denote those views which suggests that the body is socially created, or invented, and as such is contingent on its social and historical context.

Social constructionist views are united in their opposition to the notion that the body can be analysed adequately purely as a biological phenomenon. They also share an approach which holds that instead of being the foundation of society, the character and meanings attributed to the body, and the boundaries which exist between the bodies of different groups of people, are social products. There is a range of approaches to social constructionism. There are those who argue that the body and diseases are effects of the discourses which describe them (Armstrong, 1983) that is, they are an effect of what Foucault (1976) calls the

'gaze'. Others argue that the body has a material basis which is shaped and altered by social practices and by its social context (Connell, 1987; Shilling, 1993). Another variant of this perspective is that developed by the anthropologist Mary Douglas (1966, 1970) proposing the idea of the body as a receptor or bearer of social meaning and symbolism. In the work of Douglas, the human body is an important source of metaphors about the organisation and disorganisation of society. Douglas argues that the human body is the most readily available image of a social system, and suggests that ideas about the human body correspond closely to prevalent ideas about society (Douglas, 1970)<sup>5</sup>. The body provides a basis for classification, and in turn the organisation of the social system reflects how the body is perceived. The body is a metaphor of society as whole. Thus, according to Douglas, the body forms a central component of any classificatory system (Douglas, 1966; 1970). The most interesting and productive part of Douglas's assertions lies in her recommendation that we look for concordances between social dangers and their bodily symbols. Threats to social order are mirrored in ideas about bodily order - if society is endangered, so too is the body within.

Douglas develops a typology of social pollution: 1) "danger pressing on external boundaries"; 2) "danger from transgressing the internal lines of the system"; 3) "danger in the margins of the lines"; and 4) "danger from internal contradiction" (Douglas [1966] 1984: 122). The "danger" involved in all of these contexts is that of social breakdown (or social change, to view it from another perspective). With this definition it is clearly assumed that bodily symbolism is used ultimately to maintain the status quo. The body acts as a symbol of dangers to group boundaries or to the organisation of control over and between persons in social networks.

### 2.1.2 The clean/dirt and disease/health oppositions.

In our culture cleanliness is conceived as natural, and desirable. Cleanliness is identified with health, while on the other hand, dirt is associated with disease. Metaphors of disease are not only part of discourses that explain physical illness: they are also integral to other discourses about pure inside being penetrated by corrupt outside, as clean is being contaminated by dirt, not *vice versa*. Thus, to focus on the interrelations of these oppositions we have first to deconstruct

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<sup>5</sup>. In her second work, "Natural Symbols" (1970), Douglas has systematised her theories of social structure. Following her Durkheimian principles, she argues that "the social body constrains the way the physical body is perceived" (Douglas 1970: 68). Thus, bodily control is an expression of social control. In the original edition of her book Douglas takes the body itself as a "natural" basis of social symbolism, but in a later edition she admits that the physical body is already socially constructed and that its physiological constraints "could never give rise to the variety of symbolic structures based on it".

disease as a particular type of dirt symbolism and, second, relate ideas about dirt and disease to cultural processes rooted in various contexts of power and social structure. Here we are concerned with the meanings associated with the word "dirt". Deconstruction suggests that linguistic signs do not have inherent meaning: signifiers take on meaning in the context of signifying networks (Derrida, 1981). Thus, perhaps we should start with opposing definitions: "dirt" is the opposite of what is clean, good, clear, fresh, hygienic, innocent and morally pure. This list of adjectives describes different states of undirtiness. However the state of undirtiness is neither natural nor inherently stable: subjects must struggle to preserve it. Thus, associated with these descriptive terms are verbs, such as cleaning, washing and confessing, which denote ritualistic practices of maintaining states of cleanliness. Dirt/clean is not 'natural' or pregiven, but the product of culture and history. Dirt has had different meaning historically, and the now dominant pathogenic and hygiene meaning of dirt must be placed in a socio-historical context. To quote Mary Douglas: "...our ideas of dirt are not so recent.... If we can abstract pathogenicity and hygiene from our notion of dirt, we are left with the old definition of dirt as matter out of place. This is a very suggestive approach. It implies two conditions: a set of ordered relations and a contravention of that order. Dirt then, is never a unique, isolated event. Where there is dirt there is system. Dirt is the by-product of a systematic ordering and classification of matter, in so far as it involves rejecting inappropriate elements. This idea takes us straight back to the field of symbolism and promises a link-up with more obviously symbolic systems of "purity." (Douglas, 1992: 35). Thus, 'dirt' or 'pollution' are those things which cannot be classified or are not on the right side of a socially accepted boundary. Anything that does transcend boundaries is polluting and carries a considerable symbolic load (Douglas [1966] 1984: 3).

The patterns of constructing dirt are also reflected in wider social processes.<sup>6</sup> Douglas has argued, that although economic and political forces police social boundaries, pollution ideas come to their support wherever the lines are precarious: Physical crossing of the social barrier is treated as a dangerous pollution. The polluter becomes a doubly wicked object of reprobation, first because he crossed the line and second because he endangered others. (Douglas,

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<sup>6</sup> Parker (1983: 56, 61) has summarised into two parts, the general versions of Mary Douglas's ideas on pollution: 1) "a society may use a supposed physical impurity as an unconscious symbol upon which it focuses fears and concerns of a much broader character" and 2) "pollution is in general property of the betwixt and between; that which it falls between or violates the categories into which a given society divides external reality is accounted by that society impure" (Parker 1983: 56, 61). The first formulation stresses emotions and the unconscious; the second speaks to logic and structural viewpoint.

[1966]1984: 139). Such people are not only regarded as the agents of contamination<sup>7</sup>, but have also become metaphors of dirt itself: they are the 'dregs of the society' that need to be either cleaned up or repressed<sup>8</sup> (Kendall & Wickham, 1992: 12). The link between "pollution" (a physical concept in a sense) and "morals" shows exactly the conjunction of body and mind. Actions that are the product of will and intention have repercussions on the bodies of those involved, and the incidence of these repercussions tells us how moral universe is structured. Equally, however, it reveals the ethnotheories of the people themselves about flows of substances and powers between persons. Thus, in sum, dirt is constructed when there is matter out of place, or a classification is confused. This is because order, in deconstructive terms, constitutes the centre (metaphorically clean), whereas chaos lies at the margins (dirty and corrupting) and must be repressed.<sup>9</sup> However, repression cannot be completely successful because the meaning of the dominant term depends upon the relationship with its (partly) repressed other. This is why non-scientific theories of disease and contamination persist, and why hygiene rituals cannot be divorced from symbolic ones. Furthermore, the processes in which group boundaries are defined and affirmed must be seen in this light: The outside bears with the inside a relationship that is, as usual, anything but exteriority. The meaning of the outside was always present within the inside, imprisoned outside the outside, and vice versa. (Derrida, 1976, p. 35) It is the 'trace' of outsidership that constitutes a basis for social identity and solidarity/difference. This is not to say that both sides of the binary are the same, but rather that the opposition collapses into a dynamic system of differences.

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7. However, as noted by Sontag (1990: 48), not only is a polluting person always wrong, but the 'inverse is also true: a person judged to be wrong is regarded as, at least potentially, a source of pollution'.

8. In Nazi Germany a 'purification, through eugenics policy, exterminated millions of people who were considered as a threat for the Nazi society. People such as Jews, Slavs, Gypsies (they called them the "Gypsy plague"), as well as homosexuals and people with special needs, were portrayed as inferiors, unsocials, or mixed blood (means not 'pure') presenting a threat for the individuals' and society's health (Supple 1993; Kenrick 1995; Markos 1997). Lifton (1982), describes the coping strategies used by doctors, normally dedicated to saving life, for participating in these death orgies. Japanese doctors, imbued with similar racist doctrines, also experimented on prisoners, they too crossed the line from healer to killer in the name of health promotion.

9. In this sense, disease itself is a form of dirt because it is a source of chaos, represents chaos in the face of order. Sontag's depiction of cancer is metaphorically synonymous with Douglas conception of dirt as a transgression of order. "Cells without inhibitions, cancer cells will continue to grow and extend over each other in a "chaotic" fashion, destroying the body's normal cells, architecture, and functions" (Sontag 1979: 63). Cancer cells attack the human body (biological order), "outsiders" attack the social body (order).

### 2.1.3 Health and Illness

Concepts about health and illness/disease may vary across cultures on various parameters. Every culture has a conceptualisation referring to departure from health (McQueen 1978). In other words, the concept of health is generally related to the concept of illness/disease and vice versa. Several definitions exist, but none is entirely satisfactory, and it is curiously difficult, for professionals and laymen alike, to answer the seemingly simple question: 'what is health?', 'what is illness/disease', 'who is healthy?'.

The World Health Organisation all embracingly defines health as "a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity" (WHO 1946). Such definition is useful in validating an interest in all aspects of human well-being, but one doubts whether any of us could be considered healthy by these criteria for more than very short periods (Polunin, 1977: 87). Many people would regard themselves as healthy without experiencing a state of complete physical, mental and social well-being. There is a difference between 'being healthy' and 'feeling healthy'. Many problems of life (physical, mental and social), can contribute to feeling unwell despite the absence of a pathological condition, or someone may feel quite well and healthy and yet suffer from a disease unawares.

Western medicine, using the 'biomedical model', has classified much of the sickness affecting individuals. Health and disease are explained primarily through a mechanical metaphor in which the body is seen as a series of separate but interdependent systems (Doyal & Doyal, 1984). For medical scientists, disease is biological fact and not something that human beings have thought up. Diseases are seen as objects which exist independently and prior to their discovery and description by physicians. From a constructionist viewpoint, health and disease are seen as human constructs which would not exist without someone describing and recognising them. Disease may be defined as abnormal biological deviation but we must ask who decides what is normal, who decides what is normal or abnormal variation. What is normal or abnormal, is a social and moral judgement and this vary according to society's own norms, expectations and culturally shared rules of interpretation. Normality is what prevalent social values hold to be acceptable or desirable, and in contrast to the biomedical notion, the social view accepts that what constitutes disease can vary temporally, culturally and geographically. Medicine is seen as a cultural system that can only be understood holistically in the context of other social and cultural systems (Good and Good, 1981 & 1982) According to Kleinman (1980, 1986) health systems construct their own clinical reality just as religious systems construct their own

sacred reality<sup>10</sup>. The clinical reality of a particular culture provides the members of that culture with explanatory models with which one can make sense of sickness and healing. In order to highlight the social basis of illness some authors distinguish between disease and illness.<sup>11</sup> Kleinman (1986: 38) suggests that disease is a biophysical event, and illness "is the way the sick person and his family and his social network perceive, label, explain, evaluate and respond to disease".<sup>12</sup>

If disease can be conceptualised as a particular type of dirt symbolism, Douglas's work may be utilised to sketch a distinctive approach of analysing disease. In a wider context, disease is a specific form of dirt, and hygiene rituals bear similarities with more symbolic purification rituals. Thus, in order to analyze the clean/dirt and health/illness binaries, it is also necessary to deconstruct the sacred/profane hierarchic opposition. For the later exaggerates their difference: "Our practices are solidly based on hygiene; theirs are symbolic: we kill germs; they ward off spirits" (Douglas, 1992: 32).<sup>13</sup>

We can never regard an illness as a state of affairs which is dissociated from human agency, cultural interpretation and moral evaluation. Illness therefore often shares the psychological, moral and social dimensions associated with other forms of adversity within a particular culture. (Helman, 1984: 91). The basic position in the sociological approach to illness and disease is that being sick is a fundamentally social state of affairs rather than being a narrowly defined biochemical malfunction of the organism (Turner, 1987: 39) It is argued that this dichotomy between 'disease' and 'illness' presupposes the validity of a distinction between 'nature' (in which disease is located) and 'culture' (in which sickness occurs). However, the 'nature/culture' dichotomy is relative and unstable in that, it is argued that we cannot regard 'disease' as a neutral, technical amoral category.<sup>14</sup> The central assumption of sociology is that the natural world is socially constituted and transformed by human activity, thus nature is mediated by culture. In arguing that the reality in which the human species is situated is socially constructed (Berger and Luckmann 1967), sociology has to some extent

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<sup>10</sup>. On the social construction of reality in general see Berger & Luckmann (1967).

<sup>11</sup>. The analytical distinction between illness and disease is one that has been made by several authors (Cassel 1976: 47-83; Fabrega 1973: 91-93, 218-23; Fabrega 1975: 969-75; Lewis 1975: 146-51; Eisenberg 1977, Kleinman 1986: 38).

<sup>12</sup>. Cassell (1976) uses the word 'illness' to stand for "what the patient feels when he goes to the doctor", and 'disease' for "what he has on the way home from the doctor's office. Disease, then, is something organ has; illness is something a man has".

Sickness is used interchangeably for aspects of illness and disease.

<sup>13</sup>. Sontag (1979; 1990) has described that the practices adopted by lower ranks of nursing staff imply a quasi germ theory with older metaphysical notions and superstitions about dirt.

<sup>14</sup>. 'Disease' has an uncertain status because it lies on the boundaries of 'nature' and 'culture', both of which are social constructs.

incorporated the argument of K. Marx that man "acting on the external world and changing it, he at the same time changes his own nature" (Marx 1974: 173). The external world, including the human body, is not a given, but a historical reality constantly mediated by human culture. Human beings are simultaneously part of nature and part of culture, thus culture shapes and mediates nature, since what appears as 'natural' in one society is not so in another. Definitions of health and illness are made in social contexts, governed by the broad cultural norms of a particular society, and differ from one society to another, through time and space<sup>15</sup>. Variations may also exist within a society, especially in countries where population groups reflect a diversity of ethnic origins, religious and moral beliefs and socio-economic positions.<sup>16</sup>

In pre-modern societies, classificatory distinctions between disease, deviance and sin are either non-existent or underdeveloped. Health and morality were fundamentally united in practice and theory.<sup>17</sup> Susan Sontag (1978) has described how, historically, certain serious diseases - especially those whose origin was not understood, and whose treatment was not very successful - became metaphors for all that were 'unnatural', and socially or morally wrong within society.<sup>18</sup> The moral significance of disease renders disease ultimately punitive. In their study, Baxter and Patterson (1982) found that health and illness were moral categories. health was a good quality and not many wanted to say that they were anything but healthy. Diseases such as, TB, STD, cancer<sup>19</sup>, and AIDS, have all carried a heavy burden of moral anxiety, and have attained a massive symbolic significance, because attempts have been consistently made to link individual failings (especially with regard to sex), social marginality, and moral inadequacy with a tendency to acquire one or any of them. (Weeks, 1989, p. 2). A lot of times the attributes of health become attached to other contexts - as when we talk of

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<sup>15</sup>. Paul Unschuld (1986) suggests that ideas about health and illness change along with changes in overall social structures.

<sup>16</sup>. In Baxter and Paterson's study (1982) in Aberdeen, working-class mothers did not define their children as 'ill', even if they had abnormal physical symptoms, provided that they were able to walk and play.

Women often think of health and illness differently from men (Lewis 1975), or members of lower social classes have different health/illness concepts than the members of upper classes, etc. (see examples: Kitinger 1972, 1979; Kleinman 1973; Rich 1977; Janzen 1978; Oakley 1980; Baxter & Patterson 1982).

<sup>17</sup>. As Turner notes: "we can conceive of these societies as having an outer membrane of protective moral assumptions, a membrane which housed the central sacred core of society. . This moral membrane was demarcated by a cluster of rituals of exclusion and inclusion, which maintain the internal purity of the system against external dangers." (Turner 1984 : 203)

<sup>18</sup>. In medieval Europe, leprosy was once the great social divide between the pure and the impure. Lepers were isolated physically and socially and were considered victims of divine wrath. Foucault's (1973) impressive thesis explains how madness replaced leprosy as the next great divide.

<sup>19</sup>. Long & Long (1982) point out, that cancer is considered a polluting disease, defiling the individual's inner spirituality.

someone having a "healthy attitude", or "sick behaviour". What is accepted as disease, as well as what is perceived as illness, is often a matter of cultural notation. As Kleinman points out "Neither disease or illness is a thing, an entity; instead, they are different ways of explaining sickness, different social constructions of reality" (1986: 38). Yet, diseases should not be seen exclusively as social or biological phenomena for they are simultaneously both.



### 2.2.1 Gypsies in Balkans

Gypsies are found only in the footnotes of history (Willems 1997: iii; Lucassen *et al.* 1998: 1). An important factor which explains our limited knowledge about the Gypsies is their absence from the great historical narration, and moreover, the scientific (re)construction of Gypsies out of the field of history, and without the methodological tools of historical analysis. Gypsies seem to have been placed in the contents of historical narrations instead of being a part of them. Authors follow in each other's footsteps establishing a tradition of an ongoing reproduction of the same or former sources and standpoints. Thus, texts regarding the Gypsies are separated, in a way, from the historical reality which they supposedly express, reproducing a particular version of it.

There is a variety of opinions regarding the people called Gypsies and their origin. One of the most spread views established at the end of the 18th century by scholars, such as Grellman<sup>20</sup>, Pott<sup>21</sup> and Miklosich<sup>22</sup>, studied their dialects, and postulated the Gypsies' Indian origin<sup>23</sup>. Lucassen (1998: 6) criticizes the view that "Gypsies have to be considered as people with Indian roots, who would have succeeded in keeping their ethnicity intact since they fled their country of origin", and moreover, because the above authors "discard the possibility that the 'people' concept is a fairly recent phenomenon, triggered off by nineteenth-century nationalistic ideology"<sup>24</sup>. Okely (1983: 8-15) suggests that Gypsies are not outsiders who have moved into Western societies and never been assimilated but they are insiders who grew apart from our societies at the time of the collapse of feudalism. The category of the "Gypsy" is open, in the sense that it doesn't determine the composition as much as the social position of the population placed among them. The category of the "Gypsy" doesn't stay uninfluenced from the historical and social process which modifies the meaning and the social indication of it. "The historical and the social dynamic not only characterizes but also declassifies the 'Gypsies'." (Politou 1999: 77).

Gypsies origin from India and their appearance in Byzantium in the 11th century remains an issue with many questionable points. The historical sources

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<sup>20</sup>. In 1753 a Hungarian theologian, István Váli, is reported to have suggested that there was a connection between languages of Indian and Gypsy languages. Váli's suggestion became widely known when H. M. Grellman published his book *Die Zigeuner* (The Gypsies) in 1783.

<sup>21</sup>. A. F. Pott, *Die Zigeuner in Europa und Asien* (Halle, 1844-5), 2 vols.

<sup>22</sup>. Fr. Miklosich, *Über die Mundarten und die Wanderungen der Zigeuner Europa's* (Vienna, 1872-7).

<sup>23</sup>. Evidence for this comes from linguistic connections confirmed in the late 1700's and from later evidence found in Gypsy mythology. (Clebert, 1967: 39; Sampson, 1923: 157; Acton, 1974: ; Gropper, 1975: 9; Kenrick, 1993:13; Paspatis, 1857/1995: 31)

<sup>24</sup>. The process of the construction of Gypsies as a people apart has been similar to that which accompanies the emergence of many nation states. as has been analysed by Anderson (1991). Willems (1997) also criticizes very strongly Grellmann's approach of the origin of the Gypsies.

from where traces are drawn for the reconstruction of "Gypsies' " past in Europe, rarely use consistent terms to describe the groups to which they refer to. These terms, considered by various scholars as versions of the word "Gypsies", is doubtful whether they refer to a distinguishable ethnic group. In the majority of the texts, the words that suggest in the scholars the existence of an ethnic differential such as: "Athingani", "Egyptians", "Romniti", "Faraons", "Saracens", "Bohemians", "Yifti", "Catsiveli" are connected metonymically with Gypsies. Likewise, the descriptions that, in retrospect, ascribe to Gypsies do not refer to an ethnotic type of characteristics, but describe "people of dark colour", "acrobats and magicians", "musicians", "blacksmiths" or "vagrants" (see Appendix № 1 )

In the multi-national and multicultural Byzantine, and later on in the Venetian Greek territories, nomadic or peripatetic people and their way of life was nothing unfamiliar at the time. An examination and classification of foreign elements in the different dialects of the people who are called Gypsies today, has enabled us to conclude that "all of them ... must have lived for a considerable time in the Greek and Slavic speaking lands before settling in their present homes<sup>25</sup>. From the Greek world the Gypsies took an extensive vocabulary" (Soulis 1961: 143). Fraser also argues that "Gypsies were exposed to (Greek culture and language) influence ... and the impact ... was to be powerful" (Fraser 1992: 45). It has also been suggested with good reason that even the designations used by the European Gypsies to identify themselves and their language as *Rom* and *Romani*, may have derived from the Byzantine: *Romaioi* or *Romania* (Sinclair 1909-10). It is also interesting that during the first (1206-1500) and second (1685-1715) Venetian occupation of Peloponnesus, the region was divided in four provinces: Romania, Messenia, Accaia, and Laconia (Ranke [1834] 1862: 30; Panayiotopoulos 1987: 163). Moreover, during the Ottoman period, all the Greeks were called as "*Romyi* ", and a Greek folk song of the era of the conquest of Constantinople by the Ottomans says: "Constantinople is fallen, the Romania is lost".

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<sup>25</sup>. Since the 6th century A.C. different Slavic tribes are settled in Greece, and from 12th up to 14th century a lot of Albanian tribes are settled as well. This means that during the middle ages Greece was a 'melling pot' where Greeks, Slavs, Albanians, Vlachs, Venetians, Saracens, and other people constituted the Greek inhabitants. Moreover, during these centuries in the geographical area of East Mediterranean and mostly in Greek areas, massive shiftings of populations by the Byzantines, Venetians and later the Ottomans have taken place (Barkan 1950: 67-131; Inalcik 1954: 103-129; Ostrogorsky 1958: 49-58; Panayiotopoulos 1987: 102). A high percentage of the above populations which emmigrated to the Greek areas, by the end of 15th century they had lost a great part of their linguistic identity which was replaced by the Greek language.

It is very interesting that the ethnonyms for the Servs (Srbi) and Croats (Chrvati) are not of Slavic but of Iranian. origin (Trubacev 1967: 31-32)

The Ottoman Empire, as a multicultural and geographically huge country, became an ideal place for the nomadic populations, either pastoral or commercial, providing them with a tempting and prosperous field of development for their occupational and trading skills. "Gypsies" were settled well alongside other populations<sup>26</sup> (Paspatis [1857] 1995 :31). For "hundreds of years Gypsies were welcomed and highly respected craftsmen" (Tomka 1984: 15) and gradually the Gypsy population grew and new groups whose occupations served the village population became settled<sup>27</sup>.

This condition gave them the advantage of free travel and easy life<sup>28</sup>. The untrammelled way of life ended with the collapse of the Ottoman Empire and the establishment of national States.

### **2.2.2 Gypsies in the Greek National State.**

From the Greek Revolution for Intependence in 1821 and up to 1923, we have the constitution of the new Balkan national states, continuous wars and the mapping of new frontiers<sup>29</sup>. This fact brought fundamental changes in the lives and the travelling of the nomads in Balkans. Various groups of people were now confined within strictly specified national frontiers. As it happened large families found themselves separated in different ethnic locations, and given the political conditions prevailing in Balkans for long periods of time, it was impossible for the members of their families to communicate between them. Moreover, during the period of the industrial revolution, in Greece and Balkans from the end of 19th century up to middle of 20th century, the traditional structures were replaced by capitalist economies, thus conflicts of interest arose between the urban and the nomadic pastoral or commercial populations.

The end of the Greek-Turkish War in 1922 and the subsequent Treaty and Convention of Lausanne in 1923 resulted in the compulsory exchange of populations between Turkey and Greece <sup>30</sup>. A mass exodus of the region's

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<sup>26</sup>. Almost every Greek city had its own Gypsy *mahala* (Yiftica), and in some cities the majority of population were Gypsies (e.g. the Katerini was called 'Yiftokaterini').

<sup>27</sup>. There are examples of Gypsies living in villages who have no memories of traditional occupations and have been farmers for many generations. They rarely owned lands and would make a living as hired field workers.. In the western part of Peloponnesus there are many such farmers. They are still called "Σέβριοι" (Sebri) a name derived from the venetian word 'servus', a word which was used mostly for the Gypsies who worked in the fields.

<sup>28</sup>. In contrary to the social changes that have happened in West Europe, Balkans until the beginning of the 20th century still offered an environment similar to that existed at the time of the gypsies arrival in Europe (Fraser 1992: 209).

<sup>29</sup>. Since 1880s onwards a lot of Gypsies from South-East Europe started to arrive in West Europe and then to USA. (Fraser 1992: 235). A lot of them identified themselves as Greeks (Winstedt 1913, McRitchie 1934).

<sup>30</sup>. Until 1922 Greek communities had existed for centuries scattered throughout eastern Thrace, Pontus, Cappadocia and other parts of Asia Minor. With the disastrous defeat of the Greek army

minority populations followed as people fled from towns and villages to the coastal areas of the country hoping to escape to Greece. In this wave of forced migrants there were unknown numbers of "undetermined foreigners", the category that included the Roma groups who identified themselves as Christians. Macedonia, particularly in the central and eastern regions, has been the main area where most refugees from East Thrace and Asia Minor were settled down during the decade of 1914-1924 <sup>31</sup>.



Photo 1: Refugees from Asia Minor living in a camp (1923). (Foto-archive ELIA)

For these Roma groups, who came from Asia Minor and East Thrace, also threatening to their settlement and integration was their sociocultural resemblance to the indigenous Gypsies<sup>32</sup>. In the ensuing years some of them began to gather into designated quarters that quickly acquired the stigmatized label, "places for undesirables".<sup>33</sup> The majority of these Romani groups continued

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by the Turks in the Asia Minor campaign well over a million Greeks were forced to abandon their homes and flee to Greece.

<sup>31</sup>. The population census of 1928 showed that the total population of refugees in Greece was 1,221,849 people, from which 638,253 (52.3 %) were located in Macedonia. The main reason for that was the Greek policy to change the demography of the area in favor of the Greek speaking population.

<sup>32</sup> It is characteristic that even today, the Gypsies of Agia Varvara declare that they have a limited understanding of the language spoken by the nomads-Gypsies. (14,35% do not understand it at all)

<sup>33</sup>. By 1928, greater Athens became home to thousands of transplanted families. Determined to establish refugees as a group, most families eventually gathered in 'Drapetsona', a camp north of Pireaus, where there was as well the settlement of Roma from Asia Minor and East Thrace which by 1928 had a population of 17.652 (Kayser & Thompson 1964, cited in Hirschon 1989: 41). A cluster of Roma settled in Kato Petralona, a refugee quarter in Athens, and few years after some other families started to settle in Agia Varvara, and in some other towns of Greece, where they first set up tents and later those who were financially better off, managed to build their first

(or some of them started) to live as commercial nomads<sup>34</sup> or semi-nomads, as wandering craftsmen or agricultural workers.

After Second World War and the Greek Civil war, a massive exodus is taking place all over Greece headed towards the urban areas and particularly Athens.<sup>35</sup> The wider area of Athens as well as some other Greek towns, became an end point for several Gypsy families. Acquisition of Greek citizenship by all Roma instituted in 1979 followed compulsory education, military service, birth certificates, marriages licenses, and implicit governmental support.

In the eyes of the Greek population all Gypsies are a monolithic mass, and their internal structure is unfamiliar even to specialists because of a lack of sufficient and topical information. The population of Gypsies in Greece is substantial, but impossible to estimate with precision. Virtually no census data on ethnic groups has been published in Greece since 1951- (this was part of the policy to assimilate ethnic minorities). In Greece it is estimated that they are about 200.000 people, whilst their representatives argue that they are approximately 450.000.<sup>36</sup> It is extremely difficult to ascertain the proportion of nomads to sedentary and semi-sedentary Gypsies.

People who are considered as Gypsies in Greece (as it happens worldwide) are not a homogeneous whole. There is an internal division of groups and subgroups. The cover term for all groups used by the surrounding population is "Yifti" or "Tsigani", and a lot of Gypsies in Greece have accepted these terms, along with "Roma", as their self-appellation. Many Gypsy groups have their own ethnonyms, others use names given to them by the surrounding population or by other Gypsy groups (see Appendix N° 2 ).

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sheds and huts. Today, in Agia Varvara, there is the oldest Association of Gypsies in Greece, the "Panellenic Association of Greek Athinganon", which was established at Kato Petralona at 1939.

<sup>34</sup> "Commercial nomads are groups who travel around established routes selling specialised goods or services to settled people. They must be differentiated (c.f. Rao 1987) from hunting and gathering nomads, and from pastoral nomads, whose specialism within agricultural society is to follow seasonal variation in the availability of pasture. Commercial nomadism only arrives in a society when the difference between town and country-side means there are customers in the country-side (and eventually in the town also) for the intermittent supply of urban-quality specialised metalworks, entertainment and other services. Travellers, who take their homes with them, are the most competitive suppliers of such services. Such groups have arisen all over the world; but in Europe this economic niche is mostly identified with the Gypsies."(Acton, 1994: 26)

<sup>35</sup>In the Fifties, 600,000 people moved in the capital city, a process that is continued until nowadays (more than 3/5 of Greek population is gathered in Athens ). during the Sixties, at the same time with the continuous flow towards the capital, the immigration overseas is reaching a peak, particularly fostered by Junta.

<sup>36</sup> Their registration as Greek citizens, without any ethnological distinction, does not permit an accurate estimation.

## CHAPTER 3

### **DESIGN and METHODOLOGY**

This research was conducted in Kato Achaia in the geographical area of Peloponessus in Greece, from July 1997 to August 1999. Data were gathered from personal interviews and participant observation with the Roma community. Structured, semi-structured interviews, and a questionnaire were conducted with members of the non-Gypsy community, and with the local health professionals.

Originally I hoped that the collected data would be sufficient for a PhD thesis, thus much more data were collected than normally needed for an MSc dissertation. The data presented in this study represents only a small proportion of the collected material. If in future any data collected in the field will be used for a PhD thesis, the MSc dissertation will be also available to any future PhD examiners so that there is no duplication of the material in this dissertation in any future thesis.

#### 3.1 Access and Preparation Strategies

A period of preparation was essential for full access to the community. The location of Roma' businesses and residential area were ascertained. Initial contact with the community was made through the local department of Gypsy education. The department's director, JM, was asked to identify informants through his network among the local Gypsy communities. Undoubtedly, JM's knowledge of the communities and the relationship of trust he had were crucial in identifying informants and gaining consent. During the preparation period, a relatively complete list of Gypsy community members was made.

#### 3.2 Preparing for the Field Research

In order for the researcher to do an effective research study of a culture and of people's health beliefs and practices, it is essential to learn as much as possible about the people, the research method, and the modes of collecting and analyzing data. The researcher spent a long period of time studying about Gypsy people and their culture. A large number of relevant literature were listed and studied.

#### 3.3 Methods of Data Collection

Both quantitative and qualitative research methods were used. Data for this study were conducted using six major methods:

- 1) Unstructured, semi-structured, and structured interviews with 42 individuals from 24 Gypsy extended family units, as well as from 60 non-Gypsy individuals.
- 2) Life histories

- 3) Focus group
- 4) Participant observation
- 5) Questionnaire from 20 medical doctors and health visitors who practice in Kato Achaia.
- 6) Data collected from the municipal archives and from the Roma Association in Kato Achaia

### 3.4 Pilot Study

A pilot study for each method was conducted prior to the actual investigation. Four individuals from the Gypsy community who were already familiar to the researcher were asked to participate in the pilot study in order to check the interview guide. Six non-Gypsy individuals (4 lay people and 2 medical professionals) were asked as well to participate in the pilot studies regarding the questionnaires and the structured interviews. All were asked to check on the following aspects:

1. The content of the questions would elicit the data required to answer the study questions.
2. The questions were socially and culturally valid.
3. The wording was appropriate.
4. Other questions that needed to be asked.

The pilot study indicated that the semi-structured questionnaire was clear, was usable, and would elicit the desired information.

### 3.5 Sample

In the population census in Greece, separate elements of minority groups (national, linguistic, cultural, etc.) do not exist. The same thing applies to the census of boroughs. Mapping was made with the help of the local Gypsy Association. The Gypsy community in Kato Achaia is composed by 189 extended family units with a total population of 1406 individuals. Random selection of the Roma sample was not chosen because of the Gypsy distrust of non-Gypsies. For these reasons I chose to use a Non-Random (non-probability) Sample, specifically a "Snowball" sample<sup>37</sup> and a "Purposive or Judgement sample"<sup>38</sup> were mostly applied (Bernard 1994: 95-98). Almost fifty per cent of the questioned people were female. The non-Gypsy population was chosen through a quota sample method.

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<sup>37</sup>. Snowball sampling is widely used in community studies, as well as in studies of small bounded, or difficult-to-find populations. (Bernard 1994: 97)

<sup>38</sup>. As Bernard points out, "Life history research and qualitative research on special populations rely on judgement sampling". (1994: 96)

Table 1

**AGE STRUCTURE OF SAMPLES**

<b>AGE GROUP</b>	<b>ROMA</b>		<b>NON-GYPSIES</b>	
	No. of people	Percentage	No. of people	Percentage
16 - 30	13	31	16	27
31 - 45	17	40.5	24	40
46 - 59	8	19	14	23
60 +	4	9.5	6	10
<b>Total</b>	<b>42</b>	<b>100</b>	<b>60</b>	<b>100</b>

Table 2

**SEX DISTRIBUTION OF SAMPLES**

<b>AGE GROUP</b>	<b>ROMA</b>		<b>NON-GYPSIES</b>	
	MALES	FEMALES	MALES	FEMALES
16 - 30	8	5	9	7
31 - 45	9	8	11	13
46 - 59	4	4	7	7
60 +	2	2	3	3
<b>Total No</b>	<b>23</b>	<b>19</b>	<b>30</b>	<b>30</b>
<b>Age Range</b>	16 - 74	16 - 82		
<b>Mean</b>	37.3	39.8	41.2	40.0
<b>Median</b>	37.0	38.0	39.5	38.5
<b>Std. Dev.</b>	15.10	15.99	17.29	15.50

**3.6 Quantitative Methods**

Quantitative data information was collected through 'unobtrusive measures', such as municipal records, through a structured questionnaire, and through unstructured, semistructured and structured interviews.

**Official Documents**

Data about births, marriages and deaths of the Gypsy community in Kato Achaia were obtained from the municipal records. Data regarding the non-Gypsy population were obtained from the same source and comparisons between the two communities were made.

**Questionnaires**

The questionnaire was designed following Dillman's Total Design Method (Dillman 1978, 1983; Bernard 1994: 277-81). A lot of the questions were



developed after reading chapters by Blaxter (1990), Calnan (1987) and others <sup>39</sup>. A cover letter explained briefly the nature of the study, how the respondent was selected, who should fill out the questionnaire, and why it was important for the questionnaire to be sent back. The cover letter and the design of the questionnaire guaranteed confidentiality. In addition to that a reply envelope with a first-class postage was provided. The questionnaire was given, by the researcher personally, to all doctors of the NHS Health Centre and of the Public G.P Health Center in Kato Achaia in August 1998. Nineteen questionnaires were mailed back to the researcher.

A same questionnaire was also mailed to ten private medical practitioners in Kato Achaia<sup>40</sup>. Only one answered questionnaire was returned.

### Interviews

Members of the non-Gypsy community were approached in various places of the town and were asked to assist the survey. Sixty people agreed to participate (approximately 40 refused to take part) Structured interviews with members of the non-Gypsy community were conducted over a year period.

## **3.7 Qualitative Methods**

### Instrument

A questionnaire, as a guide for the interviews, was devised to elicit information in the following areas: demographic social and cultural characteristics of the population, and Roma ethnomedical beliefs and practices.

In this study I had forty two key informants <sup>41</sup>, however, the major part of the qualitative data came from eighteen informants.<sup>42</sup> Three of them served as my contact to many other informants. One of them, Mr. P., had been president of the

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<sup>39</sup>. A problem with this kind of interviews is, as Blaxter and Calnan themselves acknowledge, the difficulty of obtaining meaningful data because of the social context of the research. As Blaxter puts it, in discussing health, "poorly educated respondents, given time, can express very complex ideas on this topic. (1990: p.15). Calnan argues that "the social distance between the interviewer and interviewee can influence the nature of the response elicited" (1987: p.35)

<sup>40</sup>. A letter and a pre-stamped answering envelope was provided

<sup>41</sup>. Choosing informants is crucial in that persons should be bearers of the culture and capable of communicating cultural information verbally (Bernard 1994: 165). Usually only a small number of individuals in any community are good key informants (Pelto & Pelto, 1978). These people often have special roles in the community and are recognised by others as having knowledge of the group as whole. Validity is increased by choosing informants who are representative and knowledgeable of the culture. A historical perspective of the culture is valuable, and meaning in context remains important.

<sup>42</sup>. Pelto and Pelto state that "Sometimes the careful selection of four or five persons who are representative of significant intercommunity variations produces such high levels of interinformant reliability that it is unnecessary to add more individuals to the panel" (1978: 139).

local Gypsy Association and is still an important and active member of the community. He spoke clear Greek, had a good education compared to other Roma, and seemed eager to talk with me. He was quick to grasp the intent of my research and referred me to a number of other informants. I used these occasions to learn from the groups of informants. This undertaking allowed me to have focused observations. I carefully observed their interactions and listened to their views on health.

The informants represented some variation in age, gender, and economical status.

### Interviews

Unstructured<sup>43</sup> and Guided interviews with members of the Gypsy community were conducted over a year period. This period was required because of the necessity for extended interviews in order to gather a proper overview of the individuals and the whole community. There was relatively high rate of voluntary participation which can be attributed to several factors, including extensive access and preparation strategies. Another important factor influencing the high rate of participation, however, was the community members' profound interest in the history and trends of their community.

The interviews were conducted in the informants' own homes or business shops at the request of the subject. The advantage of this was that they took place on their own 'territory'. The disadvantage was that there were occasions when the 'individual interview' became a family interview. Thus though each visit lasted up to at least two hours, often only a small part of that time was spent specifically dealing with issues of health beliefs. Undoubtedly, however, the time spent was important in building relationships of trust and mutual understanding.

Interviews were conducted in Greek with a few words or phrases in 'Romani'. Demographic questions were administered in a standard manner. Social, cultural, and historical data were obtained from open-ended questions and prompting.

The interviews were all tape-recorded. Permission to use a tape recorder was sought during the introductory visit, and there were no objections. However, where possible the tape was placed in an unobtrusive position, to avoid any probable nervousness triggered by the tape recorder. Interviews averaged about two hours each. The longest single interviews were six-hour and two four-hour

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<sup>43</sup>. According to Bernard, "Unstructured interviewing is also excellent for building initial rapport with informants, . . . and it's useful for talking to informants who would not tolerate a more formal interview". Moreover, "unstructured interviewing can be used for studying sensitive issues"(1994: 213).

interviews<sup>44</sup>; the sortest was 40 minutes. The interviews may best be described as 'guided conversations'(Antle May 1991), where informants shared control of the 'interview' and participated in setting the agenda.

### Focus Group Interviews

Whilst in-depth interviews with individuals provided a depth of insight into Roma culture and everyday life, focus-group methodology offered the potential for gaining a wider range of opinions and experiences from a different perspective. The use of focus-group methodology for this research seemed appropriate. It can be a 'user-friendly' research method which has the potential to allow each informant freedom to participate at a level s/he feels comfortable with, and which respects and values the contribution made by each person on his/her own terms (Goldman & McDonald 1987, Morgan & Krueger 1993). This method seemed more appropriate in the cases that I wanted to interview women, because it wasn't easy to interview them when they were alone (Bernard 1994: 225). In this study five focus group interviews were conducted (1 with non-Gypsies, 1 with Gypsies of Community 1, and three with Roma of Community 2). In focus-group interviews, initial questions were very open and general in order to stimulate discussion. Broad areas of possible discussion were listed and specific questions and probes were posed as the interview progressed (Knodel 1993).

### Life Histories

A life history is a detailed account of the development of an individual's life over time that enables the researcher to understand the present society in which the individual lives, to analyze past conditions and circumstances which have contributed to current events, as well as to identify cultural changes or stability factors of the studied society<sup>45</sup> (Becker 1970; Langness 1965; Langness & Frank 1981). In this study four Roma persons (the oldest ones in the community) and two non-Gypsy they said their life histories which were recorded.

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<sup>44</sup>. These interviews were composed by 3-4 separate interviews from the same individual during a year period.

<sup>45</sup>. By analyzing the content of the accounts and stories of the past, it has been observed that offently the first person plural (we) is used as if the private narration of the individual concerns the whole Gypsy society. When the narrator is talking about him/herself and his/her personal story, s/he referred at the same time to the life of every other person in the community, which is mainly observed in the personal narrations of individuals living in societies where life is formed in a collective way. Personal narrations are part of social memory, and provide historical facts for the recovering of the past which is directly connected to the present

### Participant Observation

The period of participant observation lasted from: July 1997 to August 1999. Information was obtained during such activities as attending community feasts and celebrations, weddings' and baptisms' ceremonies and festivals, memorial services, and frequenting at a local café (*Cafenio* ). Participant observation data were also derived from three strategic key informants who were willing to allow a little bit closer scrutiny of their lives. However, the most important data obtained by this method were gathered during informal socialization with community members of the Gypsy community with whom the researcher developed close personal relationships. These Roma friends gave me clues as to when and how they would let me enter their world. I was constantly looking for cues that would let me know what they wanted to share about their world view and their perceptions on health beliefs.

Participant observation apart from the additional data that aided the research, also provided a lot of additional questions for the interviews, thus there was a continuous process: from the participant observation to the interview and from interview to the participant observation. In addition, participant observation allowed to collect both quantitative survey data and qualitative interview data. Qualitative and quantitative data inform each other and produce insight and deeper understanding (Bernard 1994: 142).

### **3.8 Triangulation**

There are four basic types of triangulation<sup>46</sup> - all concerned with multiple approaches and/or sources of information:

1) Data Triangulation, 2) Investigator Triangulation, 3) Theory or Perspective Triangulation, and 4) Methodological Triangulation.

Generally, all four types were employed in the present study.

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<sup>46</sup>. Defined by Denzin (1978) in his analysis of methods of social research.

### 3.9 Data Analysis

Analysis of qualitative data were conducted independently from analysis of quantitative data and demographic data.

#### Quantitative Data

Data collected from the municipal archives, from the Gypsy Association as well from my own survey, were elaborated with the Database computer program 'FileMaker. Pro.3' (Mac. version). These data were statistically analysed using indepented samples t-test with computer assistance using the SPSS software Package (Mac. version 6.1). Statistical significance was taken as  $p < 0.05$ .

#### Qualitative Data

Qualitative data analysis was an ongoing process throughout the field research. Brief notes were taken as soon as possible after each interview in order to highlight topics covered and note any point which appeared important. Each time observations and interviews were noted, emerging themes and patterns, and other unanticipated behaviors, were noted as well. Data transcription was carried out as soon as possible after each interview onto note cards coded through 'mnemonic' topical codes (Miles & Huberman 1994; Bernard 1994). Later on, data were entered by transcription into the computer file including all the additional information such as informants, date, interviews' numbers, etc. Transcriptions took at least five hours for each one-hour tape.<sup>47</sup> The data were processed manually and by the qualitative research analysis computer program NUD\*IST (Mac. version 4).

### 3.10 Ethics

All the names in this study have been substituted with altered initials, and the data remain anonymous in the public records and accounts of the research..

Individuals were informed that all information would be confidential and that consenting to an interview did not obligate the subject to answer any questions considered too personal.. I was committed that my research would not harm these people in any aspect of their life.

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<sup>47</sup>. Many writers warn that transcription of the spoken word from audio tape to written word is extremely time-consuming (Robson 1993; Bernard 1994).

## CHAPTER 4

### THE PLACE and THE PEOPLE

#### 4.1 The settlement of Roma in Kato Achaia

"Kato Achaia" is a rural area in the north-west coast of Peloponessus at a distance of 23 km from Patras ( capital of the Achaia county) In the location of Kato Achaia the ancient "Iones" founded the city of "Olenos" (Ὀλένος ), approximately in 2000 BC, which was later given the name "Dymi" (Δύμη). The name of "Achaia" was quoted for the first time, by the Byzantine columnist Ioannis Monachos, in 344 AC. The city of Achaia was densely populated during the Byzantine period by people who were mainly occupied in silk-growing.<sup>48</sup>

The population in Kato Achaia includes: indigenous people, rural migrants from nearby villages and other parts of Greece, and Gypsies. The total population of Kato Achaia is according to the census of the 1991, 5.552 inhabitants. In the census there is no particular data refered to the Gypsy population.

For the purposes of this study the researcher, with the

assistance of some of the informants and the Gypsy Association of Kato Achaia, sketched out the Gypsy inhabitants of Kato Achaia.

There are two communities of Gypsies in Kato Achaia. I will call them, Community 1 (C.1) and Community 2 (C.2). The ethnic identity of the Gypsies in Kato Achaia is extremely complex and multilayered. The only clear-cut distinction, for both groups, is that between "our group /people", and "the others" (which include the "other gypsies" and "gaje / balamé/ laiki"), where "our people" are solely the members of the same group (usually the "soi"), and the rest are 'inferiors' and 'strangers'<sup>49</sup>



<sup>48</sup>. From the extensive fields of mulberry trees (*Μουριά*), the city was given the name "Μορεάς" (originated from the mulberry), which was spread in all Peloponnesus (Moreas).

<sup>49</sup>. An opposite but analogous distinction is used by the non-Gypsies in Kato Achaia.

**4.2 Community 1 (C.1)** It is composed by 78 persons of the same "sói", who call themselves "Basilaréi" (Μπασιλαρέι ) and all of them have similar surnames. They don't speak Romani or any other Gypsy dialect. They speak fluent Greek with the local accent. Even the elderly have no recollection of someone speaking Romani <sup>50</sup>. However, they identify themselves as "Γύφτοι" (Yifti = Gypsies) and they call the non-Gypsy as "Λαϊκοί" (Laiki = Public) Everybody says that these families of Gypsies have always been there <sup>51</sup>. They are relatively endogamous. Their differentiation in relation to the non-Gypsies is based on a mutual non-acceptance between Gypsies and non-Gypsies, as well as a mutual suspicion. Up to fifteenth years ago they lived in tents or sheds near by the town. Today they are living on the outskirts of the village in an area of 1000 sq.m. allotted to them by the municipality. Their sheds are small and made up by old and cheap materials, with no floor other than the bare ground and no heating or electricity. The whole camp has two public pumps and two W.C serving at least seventy people of both sexes and all ages. The site where the camp is located is called the 'Ποτάμι' (= River).<sup>52</sup>



Photo 2 : The Gypsy camp (community 1). Overcrowded sheds made of scrap

In the past most of these Gypsies used to work as seasonal workers in the fields. Today, because of the arrival of many people coming from the ex-socialist countries<sup>53</sup> who work on very low wages, none will now employ these Gypsies. Their economic position is tragic, having nowadays as their only occupation the begging. They are the poorest and most despised people of the village and the wider area; the members of this community are plagued by malnutrition and disorders such as hepatitis, tuberculosis and parasites. Among the adult males

<sup>50</sup>. There is no native either Gypsy or non-Gypsy remembering or having heard Gypsies in Kato Achaia speaking another language than Greek.

<sup>51</sup>. The whole area of the West Peloponnese was (and still is) a place of large concentration of Gypsies. Hundreds of them are sedentary (a process still taking place) in every part of Peloponnese for many years.

<sup>52</sup>. As a matter of fact, a torrent exists at a small distance. In the winter the area is filled with water, making the living conditions intolerable.

<sup>53</sup>. In the particular area mostly from Romania, Albania and Bulgaria.

there is an intense problem of alcoholism. The percentage of the single-mothers, widowed or left by their husbands, with a lot of children is very high. The mortality also seems to be high. The oldest person in the camp was a woman of 65 years. All of them have the same beliefs and are keeping the same customs that the non-Gypsies inhabitants used to keep. The research was not focused on that community. However, it is considered important that some points of the research should be extended to include that community as well. Two focus-group interviews were undertaken

**4.3 Community 2 (C.2)** is the more recent Gypsy group in the area. Members of this group are sedentary and nowadays live in new and luxury houses in a Gypsy quarter dating back to 1972. They are linguistically a homogenous group speaking Vlach-Romani with a lot of Turkish words, and Greek. Their language is almost the same as that of the Roma in Agia Varvara (Messing 1987).

The Roma in Kato Achaia identify themselves as descendants of distinct Gypsy tribes who reportedly coexisted with Christians in the Constantinople and East Thrace of the early 1900s.<sup>54</sup> They call themselves Dermentzides (which means mill-makers) alleging that they are descendants of Roma whose economic niche was based on the making of coffee and pepper-mills. They claim patrilineal descent in the Roumelia tribe which was the most "urbane" and "sophisticated" because its members were semi-settled and had been working in Constantinople and East Thrace as craftsmen in close association with non-Gypsies (for the differentiation of Gypsies in Greece see Appendix No 2 ). These people came in Greece with the exchange of populations between Turkey and Greece in 1922 - 23. The majority of the families lived until the decade of 70's in the Greek part of Macedonia. At the beginning of 70's a family bought a piece of land in Kato Achaia, followed by many other families from the same 'fara' that started to settle in Kato Achaia. The villagers of K. Achaia sold pieces of land, in the worst place of the village, in extremely high prices. This area of Kato Achaia is now called "Tsiganika" (meaning Gypsies' place) where the 95% of the residents are Roma. This part extends continuously because of the growing Roma population<sup>55</sup>.

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<sup>54</sup>. Paspatis reports that about 20 Gypsy families were living in the small town of *Litres*, whilst 50 families were living in the *Kasim Pasha*. Paspatis quotes that the christian Gypsies of the quarter of *Soulou Koulé* had forgotten to a large extent the Gypsy language.

(Paspatis,[1857] 1995: 16-17). Some of the oldest Roma in Kato Achaia, state as their place of origin *Sylibria*, *Litres* and *Kasim Pasha*., which were near Constantinople. Some of them state that their ancestors came from Romania

<sup>55</sup>. The non-Gypsies inhabitants of Kato Achaia who are owners of the surrounded houses or land



In the last decade it has almost duplicated and since 1978 it has grown five times its size.

According to my survey 189 families are living there and the total Roma population is 1406 persons (July 1998 ).

Table 3

<b>COMPOSITION OF K. ACHAIA ROMA POPULATION (C.2) 1998</b>	
<b>Population:</b>	
Total	1406
Males	642
Females	764
<b>Males / Females %</b>	
Total	100
Males	45.66
Females	54.34
Sex Ratio	1190

The Roma population (Community 2) consists the 25.3 % of the total population in Kato Achaia. Nowadays, because of its size, the Roma community (C.2) in Kato Achaia gained a considerable political power, influencing both the local and peripheral political scene.

The Roma of community 2 have turned the stigma of Gypsiness to their advantage. They call themselves as "Tsigani" in comparison to the community 1 who are the "Yifti".

*"We are Tsigani not Yifti. Yifti are dirty, thieves and lazy. See how different we are !" "We don't want any relation with them (Yifti), they are dirty and lazy people" ,*

*"I don't like 'Yifti', I prefer to employ Romanians for my works. Yifti are lazy and they ask for a lot of money".*

As the teachers of the elementary school in Kato Achaia told me, the children from the community 1 (Yifti) are very often bullied by the children of community 2 (Tsigani).

*"We don't like them to come in our school. They are dirty"<sup>56</sup>.*

Although, most Greeks have a difficult time distinguishing between the various groups of Gypsies, in Kato Achaia all the Greeks inhabitants can distinguish the "Τσιγγάνοι" (Tsiganes) from the "Γύφτοι" (Yifti =Gypsies).

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of the "Tsiganika" still sell in astronomical prices houses or pieces of land to Roma families. The price of the land of this particular area in Kato Achaia is one of the most expensive in Greece.

<sup>56</sup>. Paspatis (1870: 13) reported hostility between the nomadic and the sedentary Gypsies of his day .

The main economic activity of Roma population in Kato Achaia is sale of goods. These Roma are traders selling fashionable clothes, shoes, carpets and other consumer goods. Virtually all are motorized<sup>57</sup>, and having as a starting point the town of Kato Achaia they move towards the province in different areas for peddling. Generally speaking, economic activities take place within the framework of the family group, or between members of groups of relatives ("soi"). (see Appendix N° 3 for family, kinship and group relations).

Approximately 30 families have organized wholesale business of trade (operated usually by an adult male) and dispose of their products to peddlers who are relatives or peddlers of different 'soi' or 'fara'. The rest of the community's income-earning population comprises the occupational rank identified as open-market peddlers.

The Roma in Kato Achaia (C.2) are all nominally Orthodox Christians and they all participate in the formal ceremonies of marriage, baptism, and funerals according to the Greek Orthodox Church.

The great majority of Roma of the community 2 (C.2) are living in their own houses<sup>58</sup>. which are not easily distinguished from the houses of the non-Gypsies . They have bright-soft colours such as beige, blue or white, with visible concrete. Some years ago the main element of these houses was the roofed verandas with great length and width. Nowadays a 'pilotis' takes the place of a roofed sub-field space. As the main characteristic of most Greek towns and villages, the houses are built in such a way that there is virtually no empty space between them. This proximity of living space of each family has resulted in a close contact between one neighbour and another. This frequent contact, also resulting from the co-operation amongst neighbours, also strengthen the village system of social control. On the other hand this close contact frequently gives rise to conflict, which, however, in turn intensifies the involvement of individuals with each other, and hence the



Photo 3 : Roma women of the families living nowadays in Kato Achaia (1935)

<sup>57</sup>. Motor vehicles are an essential part of the Gypsy economy and they are of great importance as indicators of wealth and status. (Sibley,1981: 68).

<sup>58</sup>. In the total of 189 families only 3 rent houses from non Gypsies.

attachment of individuals to the local groups<sup>59</sup>. Yet, the "modernization" of life and the new kind of business forces individuality and competition between the families<sup>60</sup>. Even more evident is the differentiation of the whole community in relation to other relative or not relative 'faras'.



Photo 4: New large luxury houses are build by Roma community (C.2) in Kato Achaia.

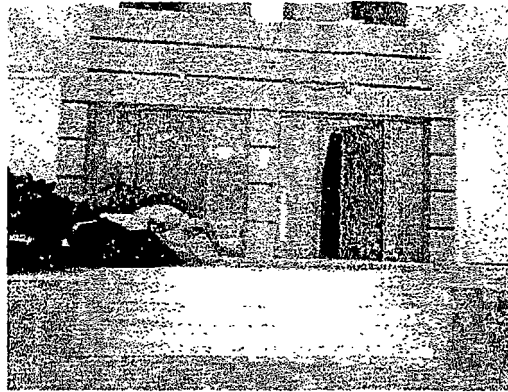


Photo 5: Entrances of marble with engraved family names  
Indications of wealth and competition among the Roma families in Kato Achaia.

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<sup>59</sup>. As Simmel (1955 ) notes, conflict itself is not a sign of social disintegration. It is rather an integral part of any functioning social system. In fact a certain amount of conflict plays a vital part in intensifying human intercourse that in turn guarantees the involvement and attachment of individuals to the local community.

<sup>60</sup>. The transformation of the community becomes apparent in the new housing approach. Up to 1990 the houses of the Roma in Kato Achaia were distinguished by the large doors facing the street. This housing pattern made the Gypsy house 'open' and in a direct contact with the neighbours; it seemed like the "evolution" of the tent. The houses which are build in the last six years raise high above the street and are disunited from the public space, becoming private and imposing boundaries not only in space but also in social affairs.

CHAPTER 5

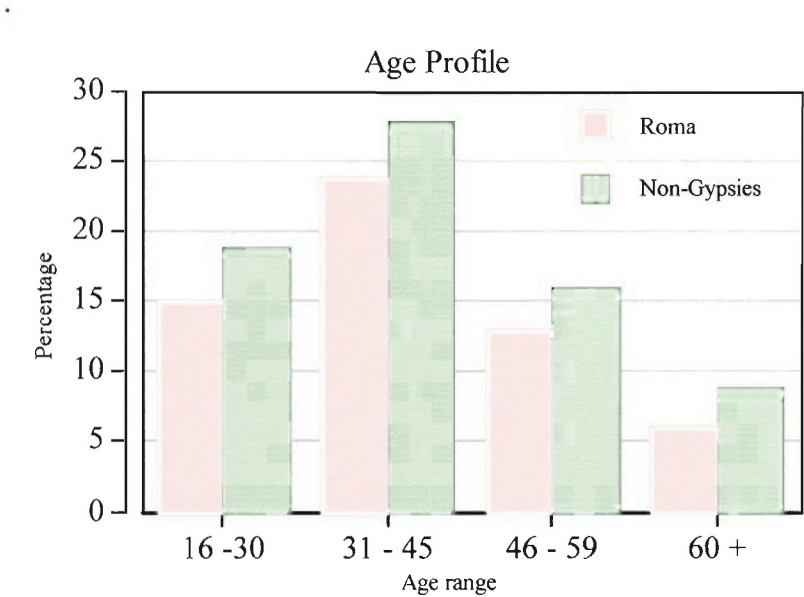
FINDINGS

5.1 Quantitative Data

Data were obtained from 42 Roma, 60 non-Gypsy individuals, and from 20 medical practitioners in Kato Achaia. The survey included topics and measures of perspectives on health, health status, health related actions taken, and lifestyle factors which may influence health (the methodology is fully described in Chapter 3).

Throughout this study data are presented separately for Roma and non-Gypsies people to allow for comparison. Because the Roma population is considerably younger than the non-Gypsies population, and because health-related variables may differ according to sex, results for Roma and non-Gypsies people are presented separately by age group and sex wherever possible. Data for people aged 60 years and over have been grouped together because there were too few older Roma respondents to allow for further age divisions.

The following graph displays the relative age profiles for the Roma and the non-Gypsy population sample



It should be noted that the results presented in this study are all based on information as reported by the survey participants; they may not agree exactly with information collected in other ways, or from other sources, such as medical records. No attempt has been made in this study to compare results from other data sources.

### Morbidity/ mortality

In Greece today health status is relatively high. According to WHO (1990- 95), the *standard life expectancy* at birth in Greece provided a figure of 75.0 years for men and 80.1 for women. The *infant mortality rate* (IMR) was 9.5, the *crude death rate* (CDR) was 9.2, and the *birth rate* was 10.1.

Thomas et al (1987) and Barry et al (1989), both noted a reduced life expectancy for the Gypsy groups they studied compared to the rest of the non-Gypsy population. Navarro (1990) argues that much of the higher mortality gap in ethnic minorities is a result of class not ethnic or racial differences. Low social class and poverty remain a powerful determinant of illness and premature death for the whole population (Morris 1990). Yet, some researchers suggest that influences on mortality cannot be ascribed to class only, and that genetic and cultural factors are influential as well.

There are no studies of mortality difference among different ethnic groups in Greece, neither a study for social class differentials for morbidity or mortality. Roma in Kato Achaia believe that they have a lower lifespan compared with the Non-Gypsies, and it is true that there were few Roma people aged 70 years old and over. As shown in diagram in Appendix N° 4, the total population of Roma aged 65 years old and over is 2.8% compared to the 9.2% of the Non-Gypsy population. The mean age of death (for both sexes) is 65.7 years old compared to the 74.2 years old of the Non-Gypsies (table N° 4 ), which is also statistically significant. In order to explore the causes of death and the mortality for both populations in Kato Achaia, data regarding cause of death, sex, age and group were collected from the death certificates of the period 1992 - 1997<sup>61</sup>.

Table Roma and Non-Gypsies' summarized mortality data for 1992 - 1997								
Cause	ROMA				Non - GY PSIES			
	No	% on all deaths	Mean Age (years)	C.D.R	No	% on all deaths	Mean Age (years)	C.D.R
All deaths	60	100	65.7	8.53	175	100	74.2	8.44
Cardiovascular	35	58.33	66.2		96	54.85	78.3	
Respiratory	4	6.66	84.0		15	8.57	71.0	
All cancers	11	18.33	64.7		32	18.28	70.3	
Accidents/injuries (including traffic accidents)	4	6.66	40.7		7	4	35.2	
Infections	1	1.66			2	1.14		
Other causes	5	8.33	74.4		23	13.14	15.5	

<sup>61</sup> The differentiation between Roma and non-Gypsies was done according the surnames of the dead which were known to the researcher and are not shared between the two populations.

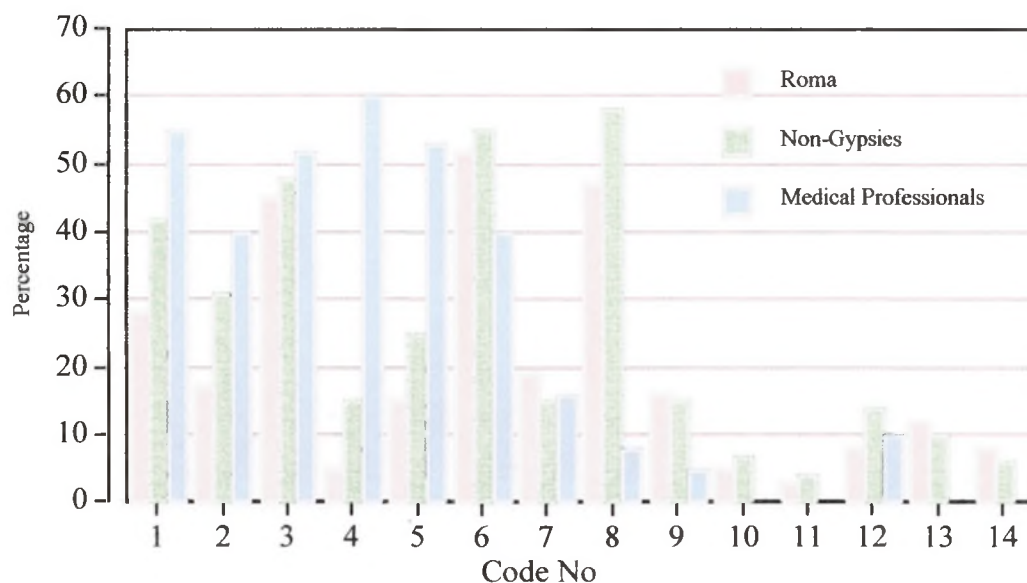


The crude death rate (C.D.R) for Roma people appears similar to that of non-Gypsies, yet, in order to neutralise the effect of age structure (which is different for each population) there is a need to calculate the standarized mortality rate (S.M.R) which, however, could not be calculated because of lack of sufficient data.

### Health perspectives

In order to explore people's beliefs and perspectives about health and its meaning respondents from Roma, non-Gypsy population, and from the medical professionals were asked "what does being healthy mean to them" (the same question as is asked at the beginning of Hill and Gray's 'What is Health?').

Key to Code	
1 = Diet/ healthy eating	8 = Living life to the full/being able to do
2 = Exercise/ physical activities	9 = Happiness/enjoying life
3 = Having energy/feeling good/ feeling fit	10 = Sleeping well
4 = Sense of well being/balance/harmony	11 = Positive personal/family relationships
5 = Sound body and mind	12 = Looking after yourself/ your body
6 = Absence of illness/pain	13 = Other
7 = Absence of stress/worries	14 = Don't know



As it can be seen from the graph, code nos.(1, 2, 4, 5) had higher relevance for health professionals probably reflecting an influence from W.H.O definition of health. For both Roma and non-Gypsy lay people code nos (6, 8, 9) had a greater prominence.

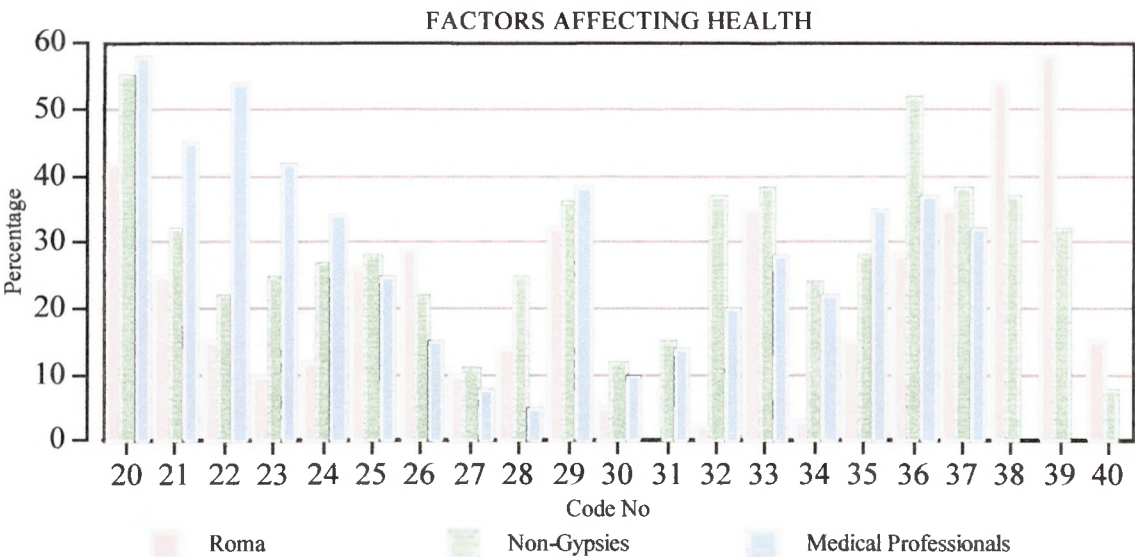




Health Factors

To explore beliefs about influences on health all respondents were asked 'What factors have a great effect on peoples' health?' In the table below factors are grouped under three broad headings: lifestyle factors, psycho-social factors, social/ environmental factors.

Key to Code	
<u>Lifestyle factors</u>	<u>Social/environmental factors</u>
20 = The kind of diet	29 = Dirt / pollution
21 = The amount I smoke	30 = Dangerous traffic
22 = The amount of alcohol	31 = Noise
23 = Not enough physical activity / exercise	32 = Unemployment
24 = Body weight	33 = Fear of crime
<u>Psycho-social factors</u>	34 = Overcrowded housing
25 = Stress/worries	35 = Quality of housing
26 = Family/ personal/ social relationships	36 = Low income
27 = Death/bereavement	37 = lack of health services
28 = Feeling lonely	38 = Good / bad luck / divine will
	39 = Evil eye / gossip / magic
	40 = Other



The majority of the Roma emphasized external factors which cause illness, yet this belief was shared by the lay non-Gypsy people as well. Health professionals mentioned the lifestyle and the environmental factors as more important.

Non-Gypsy population's perceptions also appear to be closer to this biomedical view. For Roma such kind of factors were less important. It appears that the more "closed" the individual's social network is, the greater the likelihood that existing concepts about health will be maintained because of the pressure to conform to group norms, and the greater the likelihood that the content of the beliefs will differ from the current biomedical view

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

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Unemployment (code 32) is a very important factor for the non-Gypsies, which in contrary doesn't exist for the Roma, suggestively because of the self-employment and the family structure of business that Roma run.

For Roma, socially accepted behaviour, good social relationships, and keeping the rules and the customs are all important factors in determining a healthy condition. Good health (*sastipe* ) or illness (*naswalemos* ) are strongly influenced by the individual's actions in combination or in relation to supernatural causes. The high proportion of code nos (26, 38, 39) for Roma people reflects the above perspectives, where supernatural factors (such as evil-eye, gossip, matter of fate or divine will) are considered as very important factors influencing peoples' health<sup>62</sup>. Supernatural is also mentioned in a lower proportion by lay non-Gypsy people (which is still a considerable proportion), and not mentioned at all by the health professionals.

## Health Status

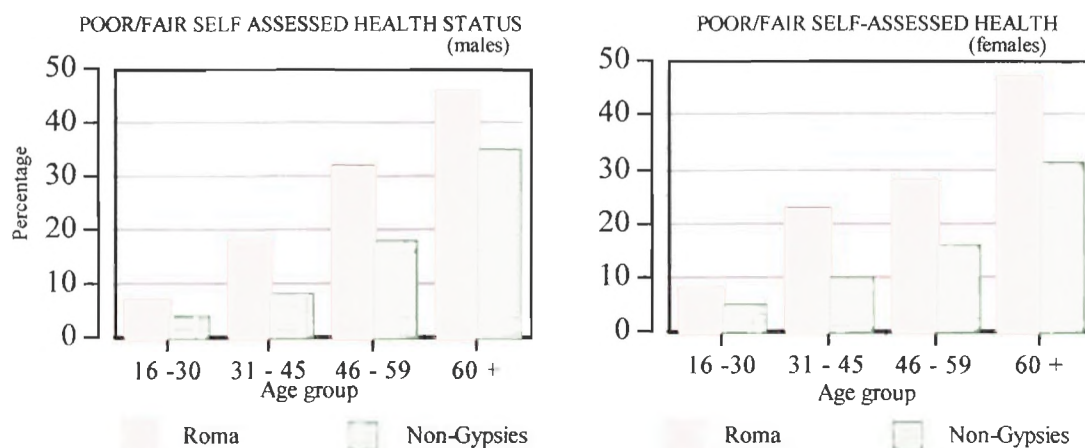
### Self-assessed health status

Informants were asked if they considered themselves healthy and also to rate their health on a four point scale in relation to others of the same age. Most informants considered themselves to be healthy if they did not experience any symptoms, and defined health in terms of function, placing emphasis on body movement, ability to perform everyday activities without pain or difficulty, or as an absence of 'illness'. The 64% of Roma people aged 16 years and over reported their health to be 'good', or 'very good' at the time of the survey, with the rest reporting their health as 'fair' or 'poor'. By comparison, 73% of non-Gypsies people aged 16 years and over reported their health status as 'good' or 'very good'. In both groups the expected gender difference surfaced with women reporting higher rates of fair or poor health than men. As it can be seen in the graphs below, Roma males and females were more likely to report fair or poor health than their non-Gypsies counterparts in almost every age group. Reporting of fair or poor health increased with age among both Roma and non-Gypsies people, but the increase began earlier and was more pronounced among Roma people.

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<sup>62</sup>. The use of several kind of practices by the Roma to protect themselves from supernatural powers or to sooth them (such as actions against evil-eye or "slavas" on particular saint's day, fasting, and keeping the customs on birth and death), could be considered as a part of a "health protective behaviour" if we accept Harris and Guten description of "any behaviour performed by a person, regardless of his or her perceived or actual health status, in order to protect, promote or maintain his or her health, whether or not that behaviour is objectively effective toward that event." (1979: 17-19)

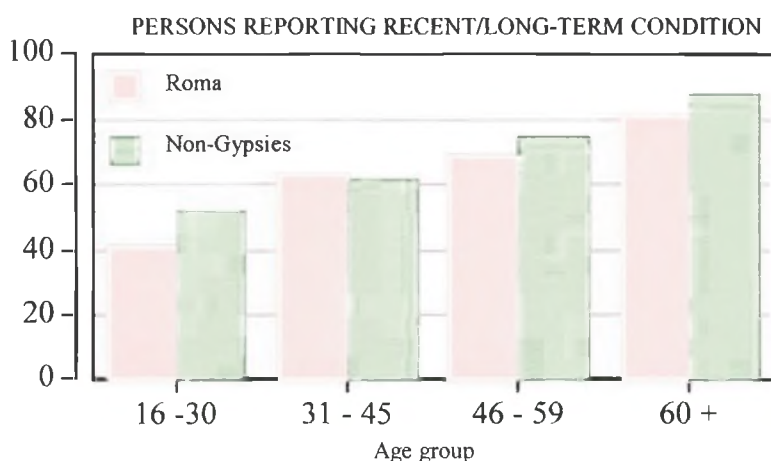




It should be noted that self-assessed health status may be affected by factors such as awareness of and expectations about health, access to health care and health information, and perceptions of one's own health relative to that of others in a person's community.

#### Reported recent and/or long-term conditions

Information on recent illnesses and long-term conditions was collected using different types of questions, and the distinction between the two may be somewhat artificial, partly due to the self-reported nature of the data. For example, some people reported typical chronic conditions, such as diabetes, as recent illnesses but did not report them as long-term conditions. Others reported coughs or sore throats as long-term conditions but not as recent illnesses. For most purposes, combining recent and long-term conditions will provide the most useful information, and the commentary in this study is based on combined data.



About 1/4 of the Roma people reported that they had a long-standing illness, and 20% of them reported that they had a long-standing illness that effected their ability to work. Women, in both groups, had slightly higher rates than men.

The majority of Roma and non-Gypsy males and females in every age group reported at least one recent or long-term condition. In total, only 21% of Roma people and 25% of non-Gypsies people did not report any recent or long-term conditions. The proportion of people reporting conditions increased with age. It appears that Roma people may be less likely to report an illness as long-standing because they have a more restrictive notion of what is serious enough to be included. For them, a long-standing illness is interpreted as a condition which affects seriously daily life. Thus, some conditions such as diabetes are excluded.

### **Type of condition**

The most commonly reported types of conditions for both Roma and Non-Gypsy people were cardiovascular diseases, diseases of the respiratory system, and diseases of the nervous system.

#### **Cardiovascular diseases**

An increased risk of premature death from cardiovascular disease among some Gypsy groups is referred to by some researchers (Thomas et al 1987; Wilson 1987; Crout 1988; Barry et al 1989). Cardiovascular disease and coronary heart disease is the main cause of death for both Roma and non-Gypsies in Kato Achaia (58.33% and 54.95% respectively). According to the collected data the mean age of death by a cardiovascular disease is 66.2 years for Roma people compared to the 78.3 for the non-Gypsy population. The data were statistically significant. The questions on diagnosis may have been misleading because they depend on respondents having consulted a doctor about cardiac symptoms and being aware of and remembering the diagnosis given. Moreover, a lot of people were describing coronary heart disease's symptoms and ischaemia as respiratory problems or the opposite. Thus, even those who had not reported diagnosed heart disease and who were aged 40 or over, were asked whether they had experienced any severe chest pain which lasted more than half an hour.

Hypertension is considered as an important risk factor for cardiovascular diseases (Ostfeld 1980). Haemorrhagic strokes constitute a large fraction of cardiovascular events among the Roma in Kato Achaia. Using the same definition of hypertension (> 90 mmHg), as Thomas et al (1987), the study showed significant difference in the proportion of hypertensives between Roma and non-Gypsy population sample. Hypertension was also reported by significant proportions of Roma adults in Kato Achaia, rising from 12% of those aged 31-45 years to 33% of those aged 46-59 years and 42% of those 60 years and over. Among non-Gypsies adults in the same age groups, hypertension was reported by 4%, 14% and 36%, respectively. The high



incidence of mortality from cardiovascular disease may be related to hypertension as well as to other risk factors. Heavy tobacco use and high fat diet and sugar intake are observed in both groups; with obesity and lack of exercise more extensively observed in Roma. Moreover, a considerable high proportion of Roma have strong family histories of cardiovascular disease and diabetes.

### Respiratory diseases

The respondents were asked about any diagnosed respiratory disease or about any symptoms relating to respiratory illness (wheezing, coughing up phlegm, or woken by shortness of breath<sup>63</sup>). The proportion of people reporting respiratory diseases did not vary much with age for either Roma or non-Gypsies people, ranging from 31% to 41% across age groups. This category includes such conditions as asthma, sinusitis, hayfever, the common cold, bronchitis, emphysema and influenza.

### Diseases of the nervous system

A large proportion of Roma and non-Gypsies people reported diseases of the nervous system, mainly eye/vision problems, the reporting of which ranged from under 4% in the youngest age group to over 90% in the oldest age group. Non-Gypsies people were more likely than Roma people to report eye problems in every age group except the youngest. The majority of eye problems reported were disorders of refraction and accommodation, such as far-sightedness, near-sightedness and astigmatism.

### Diabetes

Non-insulin dependent diabetes is an important cause of both morbidity and mortality in its own right. Moreover, it is considered as a risk factor for a variety of other diseases, such as cardiovascular and renal failure. Thomas et al (1987) noted a high rate of diabetes in their Gypsy clinic sample. Reporting of diabetes in my samples was 7-8 times higher among Roma than among non-Gypsy people of those aged 31-45 and 46-59 years, and more than twice as high among those 60 years and over. Diabetes was reported by 13% of Roma adults aged 31-45 years, 27% of those aged 46-59 and 19% of those aged 60 and over. Yet. Few persons in the Roma sample were aware of the health risk from the high level of glucose in their blood, and most of them didn't follow any particular diet or medication.

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<sup>63</sup>. Yet, it is no means clear whether this symptom represents respiratory illness or coronary heart disease, or both of these. Thus, the significance of this kind of data cannot be fully assessed.



### Conditions reported to be the result of an accident or incident

Overall, the proportions of Roma and non-Gypsy people reporting conditions as the result of an accident, incident or exposure to a harmful factor were very similar (about 7% in each group), but there were differences in age and sex. Males were generally more likely than females, and adults more likely than children, to report a condition resulting from an accident, incident or harmful exposure.

### Child health

The age structure of the Roma in Kato Achaia differs from that of the non-Gypsy population in that 31.4% of Roma are under 16 years of age. Some studies about Gypsy groups in the U.K have reported an increased accident rate, an increased polio and infectious diseases, and a low immunisation rate among Gypsy children (Sampson & Stockford 1979; Linthwaite 1983; Pahl & Vaile 1986; Crout 1988; McKenzie 1990; Rich 1991). The data of this study, based on parental reports and on data from the medical professionals, don't support such a conclusion. An incidence of autosomal recessive disorders among Gypsy/ Traveller children have been reported by some researchers (William & Harper 1977, Feder 1989). Regarding the Roma population in Kato Achaia, an incident of congenital abnormalities was found, maybe as a result of the increased consanguinity<sup>64</sup>. Among the Roma people in Kato Achaia there are reports of 14 cases of muscular dystrophy, 11 cases of cardiomyopathy, 4 cases of phenylketonuria, 7 cases of Chorea (Huntington's disease), and one with Marfan's syndrome.

### **Health related actions**

Health and illness seem to happen to all human beings at some point in their lives, and all people are turning on a range of practices and actions aimed at getting them well or at preventing disease and discomfort. A range of actions taken in order to preserve the health maintenance of an individual or a group of people can be defined as a health related action; yet, the health related actions measured and presented in this study were limited to people's contact with formal medical-model health related services.

Some 62% of Roma people and 75% of non-Gypsy people reported taking at least one health-related action in the month prior to the interview. Reports of health-related actions were more common among non-Gypsies people in all age groups. Roma and

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<sup>64</sup>. In the Roma community in Kato Achaia there is a 28% of consanguineous marriages, including sometimes first cousins.

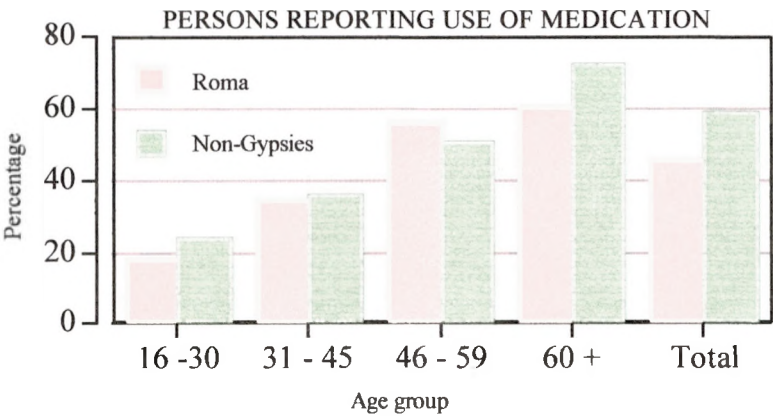


non-Gypsy males were less likely overall to report taking a health related action than their female counterparts.

Medication and consultation with a doctor were the most common types of action among Roma and non-Gypsies people. These types of health-related actions were relatively common across all age groups and for both males and females.

Medication use

The use of medication was the most common type of health-related action taken in the month prior to interview by both Roma and non-Gypsies people. About 43% of Roma people and 60% of non-Gypsy people reported using medications in the month prior to the interview, although much of the difference was eliminated after accounting for age.



Although type of medication varied by age group, pain relievers were the first or second most common reported medication in every age group reported by 22% of Roma people and 25% of non-Gypsies people in total. The predominant use of pain relievers may reflect the perspective of health as an absence of illness/ symptoms. Use of medication for heart problems/blood pressure was reported by a lower proportion of Roma people than by non-Gypsies people in total (7% and 12% respectively), but this difference might account for the higher proportion of older people in the non-Gypsy population. The use of vitamins, minerals, natural and herbal medicines was much less commonly reported by Roma people than by non-Gypsies people both in total and in every age group.

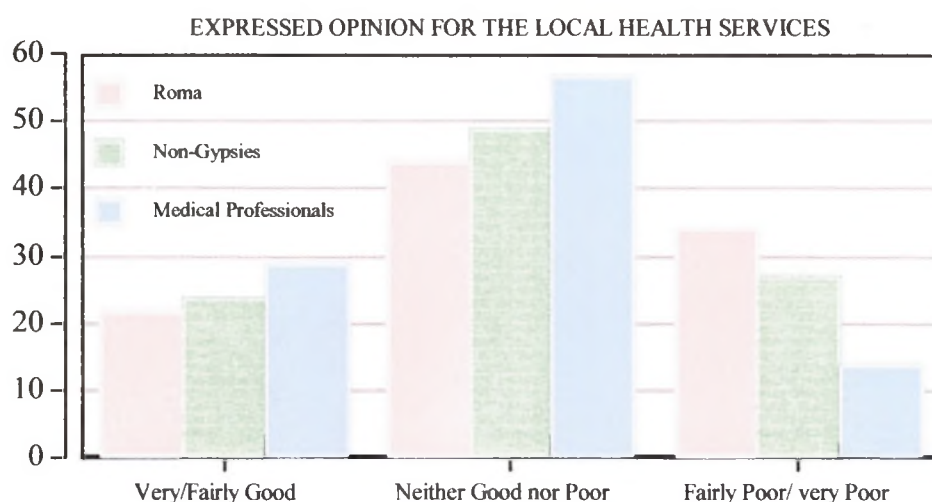
Doctor consultations and hospital visits

All respondents were asked about the number of times they had used primary health care services and about any hospital admissions in the month leading up to the interview. In Kato Achaia there is one Health Center of the N.H.S, which is located in the Roma neighbourhood (Tsiganika) where 20 doctors of various specialities and 2



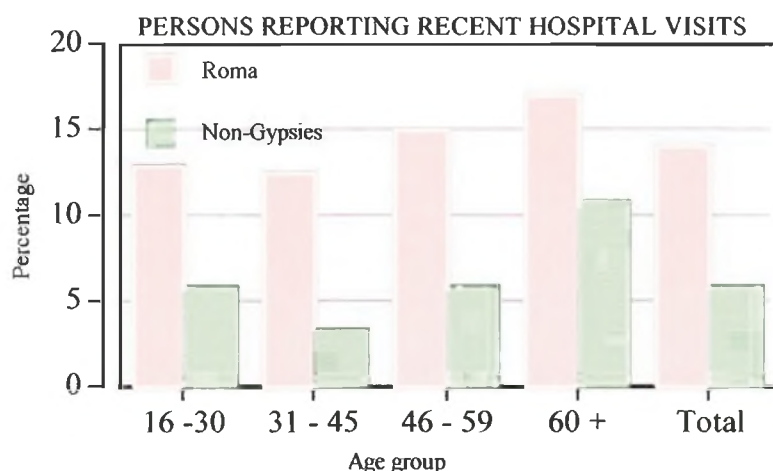
health visitors are practicing. There is also a public G.P Health Center located in the non-Gypsy neighborhood where 10 medical practitioners are practicing, and 6 general practitioners and 4 dentists who are practicing privately in Kato Achaia. People in Kato Achaia are frequently using the services of Patras' Hospitals and Clinics.

My research showed that the Roma in Kato Achaia have no problems gaining access to health care settings. Nobody of the medical practitioners stated that they do not accept Roma as patients, although most of them expressed a lot of complaints about Roma behaviour. Medical practitioners in Kato Achaia held less positive attitudes towards Roma patients. Roma are described as ignorant and incapable of maintaining continuity of care, with problems of communication and of keeping appointments. Moreover, consultations with Gypsies were felt to be less satisfying, they were thought to require longer consultations, to be less compliant, and were perceived as making excessive use of health care, including visits for 'trivial' and 'minor' reasons. No Roma reported exclusion or refusal of treatment by the practitioners in Kato Achaia or in Patras, The 21% of the Roma and 23% of non-Gypsies of my samples thought that the primary health services of the area were fairly good or very good. Roma people seem more dissatisfied than the rest of the local population with the health services. Yet, the complains about the health care services were not expressed in the context of racial discrimination. In contrary only the 14% of the medical professionals had a negative opinion about the primary health services in the area.



Roma people were more than twice as likely as non-Gypsies people to report having contact with a hospital (including a hospital inpatient episode, a visit to a casualty, emergency or outpatients department and/or a visit to a hospital day clinic) in the past month because of their health.





It appears that Roma health needs to fall into two categories: 1) crisis care, which predominates, and 2) preventive and follow up care, which is less used. In practice, the majority of the Roma are oftenly using the accident and emergency departments of the local Hospitals and Health Centres to receive primary care which could have been given in general practice<sup>65</sup>. Even though a high percentage of the Roma in Kato Achaia cannot be considered as of 'high mobility', they have a difficulty in making appointments and conforming with surgery times. Misunderstandings often arise in situations where a large extended family appears at a hospital coupled with a lack of effective communication and often derogatory reactions from the hospital staff. One of the areas where charges of discrimination have frequently been made is family planning. Gypsy family size has been viewed by some medical professional as problematic<sup>66</sup>.

*"When I had my 5th baby, almost all the staff in the Hospital was rude to me..  
A lot of times they said to me 'Don't you have any other thing to do' ".*

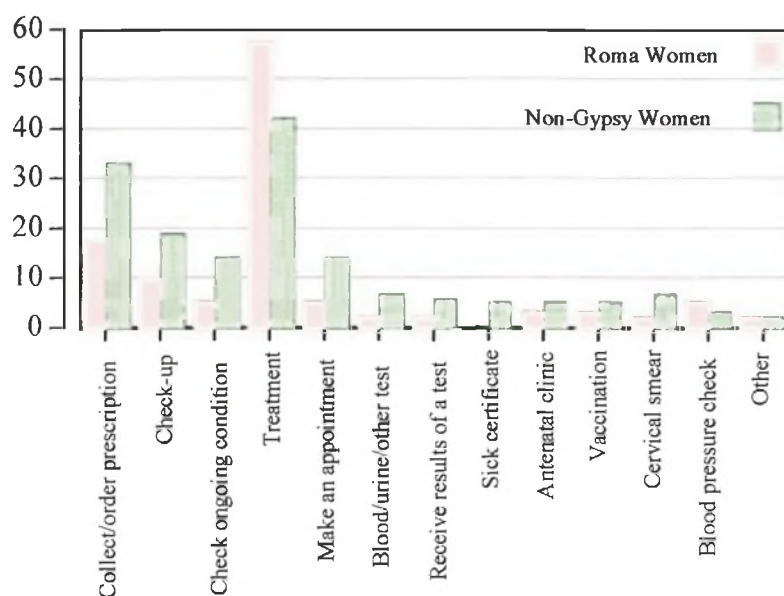
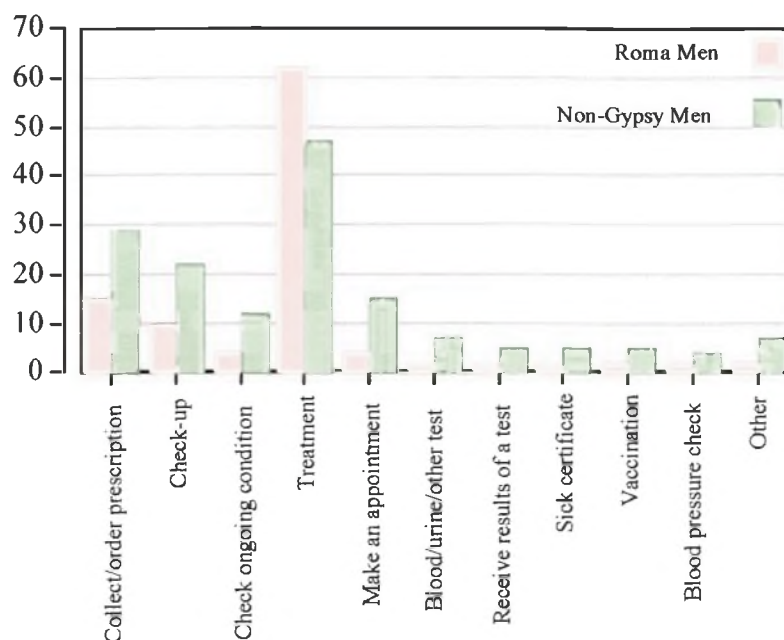
The following graphs show the reasons participants gave for last visiting a doctor or a hospital

<sup>65</sup>. This practice is very common to every Gypsy group in Greece, and is reported as a common practice to a lot of minorities worldwide (Andersen et al 1986, Cohen 1987, Victor 1992, Dale 1992)

<sup>66</sup>. This kind of view is contradicted with the national campaign for an increase of the birth rate in Greece, and with the fact that there is a decrease in the number of children per Roma family during the last ten years.







### Dental consultations

Roma people were less likely, both in total and in every age group, to report a visit to the dentist in the month prior to interview. Roma adults were more likely than non-Gypsies adults to report that their last dental consultation was more than two years ago, or that they had never visited a dentist.

### Cervical Smear Test

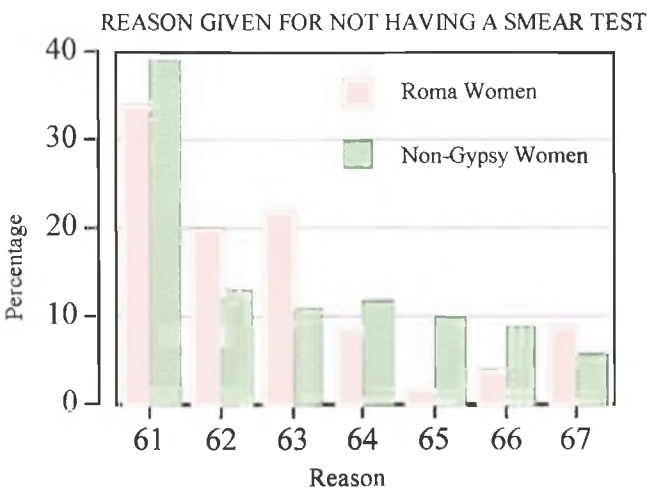
Cytological screening for pre-invasive cervical neoplasia reduces the incidence of cervical cancer and related mortality. Studies have shown that different groups within the population of a country have different cervical smear rates. Educated women and

those from higher social classes have higher smear rate than those of less educated or from lower social classes. Some ethnic minority groups also have lower cervical smear rates than the majority population (McAuley 1991). There were not a lot of previous studies regarding cervical smear uptake by Gypsies on which to base a power calculation. The only one I could find were Feder's (1991) and McAuley's (1991).

My data were gathered from 14 Roma and 23 non-Gypsy women living in Kato Achaia who were eligible for a cervical smear. 57.1% of the interviewed eligible Roma women said that they had never had a cervical smear test. There was no age difference between those who had and those who didn't have a cervical smear test. Both groups had a relatively low rate, yet, the difference between the two groups reflects a difference in uptake between Roma and non-Gypsy female population<sup>67</sup>.

	ROMA		NON-GYPSIES	
	No	Percentage	No	Percentage
EVER	6	42.8%	14	63.6%
NEVER	8	57.1%	8	36.3%
DUE	0		1	4.5%
NOT ELIGIBLE	4		7	
MISSING DATA	1		0	

The reasons for not having a smear test given by women from both sample population groups are shown in the following graph



**Key Codes**

- 61 = Don't feel I need to
- 62 = Never been told/  
recommended to
- 63 = Don't know what smear test  
is
- 64 = Too busy / never got round  
to it
- 65 = Never been sexually active
- 66 = Embarrassment
- 67 = Scared

The great difference between the two groups regarded the preference of the gender of the person who performed the smear test. It is also interesting that 67% of Roma

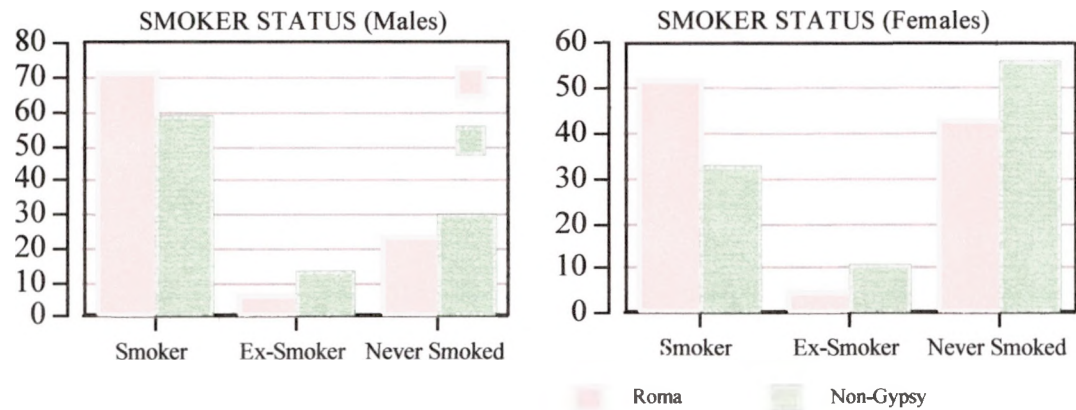
<sup>67</sup>. I didn't have any evidence that the lower rate of smear is related to a symbolic issue.

women said they would be more likely to have a cervical smear test performed by a woman compared to the 28% of non-Gypsy women<sup>68</sup>.

**Lifestyle factors**

Smoking

Smoking is regarded as one of the largest single preventable cause of mortality, and a particularly important risk health factor (W.H.O 1983, 1992). Smoking rate in Greece is the highest in the world, even once social class or gender are taken into account. Respondents were asked about their past and current smoking habits. In contrary to questions regarding alcohol consumption, people didn't have any problem answering to questions regarding smoking. The smoking rate for Roma people was significantly greater than the rate for the control non-Gypsy group (even when considering the high national smoking rate). Among people aged 16 years and over 71% of Roma people reported they were current smokers, compared with 53% of non-Gypsy adults. Smoking was reported by 71% of Roma males, 52% of Roma females, 58% of non-Gypsy males and 33% of non-Gypsy females. Smoking was more commonly reported by Roma adults than non-Gypsy adults in every age group for both males and females. As the graphs below show, Roma males and females were less likely than their non-Gypsies counterparts to report that they had never smoked. Also of concern is the small number of ex-smokers among the Roma who had given up smoking. Knowledge of smoking health risks was widespread, but smoking doesn't figure largely in Roma's view of illness causation

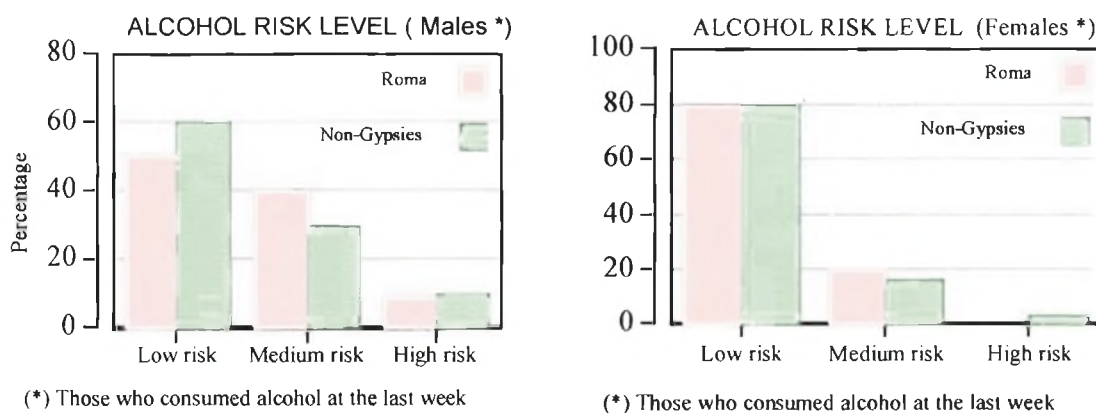


<sup>68</sup>. A preference for a female health worker or doctor to carry out cervical screening is not exclusive to Gypsies but have been recorded in a lot of other minorities and among the majority female population as well.



## Alcohol use

Respondents were asked about their self-consumption of alcohol in the past week prior to interview. The data were analysed in terms of the 'safe' consumption limit (14 unit/week for women, and 21 units/week for men)<sup>69</sup>. Although the question about alcohol consumption may not accurately reflect true consumption, using the same question for both groups allowed comparison between them. Recent alcohol consumption was reported by 69% of Roma males, 26% of Roma females, 60% of non-Gypsy males and 40% of non-Gypsy females. Among those who didn't report any recent alcohol use, 9% of Roma males were classified as being at a high level of risk with respect to alcohol use (based on their reported consumption levels) compared with 10% of non-Gypsy males. High risk drinking was less common among females in both groups. The proportion of Roma men in the low risk category was 51%, and in women was 80%..



A lot of non-Gypsy people (including medical professionals) in Kato Achaia consider Roma as heavy drinkers but the collected data, which was also supported by the participant observation, showed that there is not a significant difference regarding alcohol consumption between Roma and non-Gypsy people in Kato Achaia<sup>70</sup>. Yet, the results should be treated with caution because in order to detect differences in reported alcohol consumption I should have a much larger sample of each population.

<sup>69</sup>. None of the respondents, from both groups, had been participated in any kind of feast or social event (such as marriage or baptism feast) the week before the questioning.

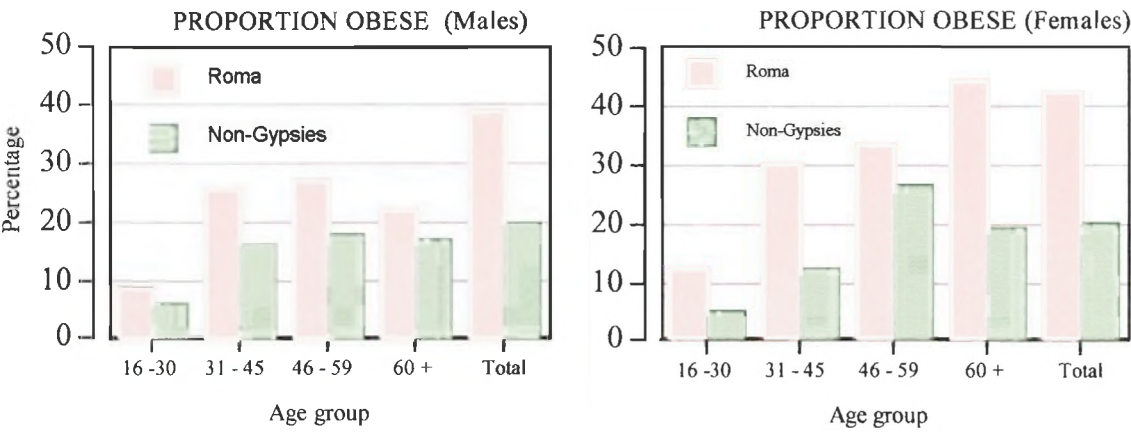
<sup>70</sup>. The only exception to a moderate alcohol consumption by the members of the Roma community in Kato Achaia is in a case of some particular feasts or mostly in a marriage feast where more alcohol consumption is socially accepted.

Physical activity

Among people aged 16 years or more, Roma were more likely than non-Gypsies people to report taking no exercise for sport, recreation or fitness in the month prior to interview (78% compared to 53%). Roma females were more likely to report no exercise than their non-Gypsy counterparts in every age group.

Body mass index

Based on self-reported measurements of height and weight, Roma aged 16 years and over were about twice as likely to be categorised as obese than non-Gypsy people. Among those who provided enough information to allow their body mass index to be estimated, 39% of Roma males and 42% of Roma females could be categorised as obese, compared with 20% each for non-Gypsies males and females. Roma people were more likely than non-Gypsy people to be classified as obese in all age groups.



It should be noted that body mass index based on self-reported height and weight may underestimate actual body mass index. In addition, Roma people were more than twice as likely as non-Gypsy people to be missing the information needed to estimate body mass index. Both of these factors could have affected the results.

The quantitative data which have been reported in this study should be treated with caution. The assessments are mostly based on self-reports and the majority of the measures have not been clinically validated. Moreover, the sample sizes of both populations were small to explore the socio-economic status and health within and across the studied groups<sup>71</sup>. A further detailed investigation is suggested.

Health behaviour or even making statements about health, are forms of behaviour which don't take place in a vacuum but in specific social contexts. In order to better understand these kind of behaviours and the related concepts about health there is a need to use qualitative research techniques in combination with quantitative methods. Qualitative techniques are more effective than surveys in exploring people's perspectives about health and illness, the way they are socially distributed and their relationship with other areas of social life.

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<sup>71</sup>. Similar research in other countries indicated that both within and across ethnic groups socio-economic status showed a strong relationship with health status (i.e. Marmot et al 1984; Balarajan & Bulusu 1990; Benzeval et al. 1992; Gould & Jones 1996; Nazroo 1997).

## 5.2 Qualitative Data

The sort length of this study does not allow a full documentation of all the beliefs and customs of Roma in Kato Achaia and their symbolic meaning. For that reason I will confine myself to focus on beliefs about purity and pollution. I collected much of my data about these doing discussion of rites related to birth and death<sup>72</sup>. Birth and death, as the most important moments of human life, are (similarly to all the 'rites of passage') associated with symbols which express the core life values sacred to the society at hand.

In Greek society (as well as in other societies), birth, puberty and death are considered as the most important moments of an human being's physical and social development. These major moments in the life-cycle, the entrance of a new member into society by birth-baptism, marriage alliance and reproduction, and the exit of a member from society by death, are marked by particular beliefs and rites. These 'crisis' ceremonies not only concern the individuals to whom they are centered, but also mark changes in the relationships of all the people connected with them.

Modernization and hospitalization of human life has also brought a lot of changes in every aspect of Roma life, and has contributed to the elimination of the rites and beliefs concerning childbirth and death and the periods after. However, a lot of families in Kato Achaia still keep the customs, and from narration of the older members of the community, it is possible to have a thorough reconstruction of the customs and beliefs, in order to investigate the relation between them.

In this study wasn't possible to reproduce all the material of birth, baptism, marriage, death and burials, for reasons of space. I will concentrate therefore in a discussion of the concepts of purity and pollution. Here, (as I also found and in depth), Roma beliefs and practices have to be considered in relation to their Greek context.

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<sup>72</sup>. Birth and death and their rituals are associated not only reflect social values, but are an important force in shaping them (Geertz 1973: 94-8).



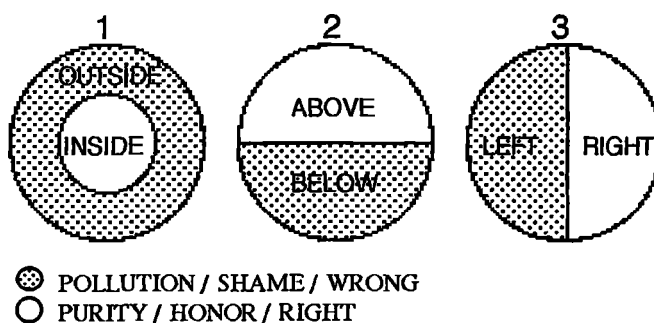
## 5.2.1 Purity and Pollution

*"All good people agree,  
And all good people say,  
That all nice people like Us are We,  
And everyone else is They:  
But if you cross over the sea,  
Instead of over the way,  
You may end by (think of it!) looking on We  
We is only a sort of They! "*

(Rudyard Kipling (1941), Collected Works, vol. 27, London, pp.375-376)

The ethnographic literature on Greece records a number of pollution beliefs. Much of that ethnographic writing has emphasized the negative aspects of the female body - its inherently polluting nature, its propensity for sin, and its danger as a potential avenue for the loss of family honour (Campbell 1964; du Boulay 1974; Hoffman 1976). Female impurity is just an aspect of broader concepts of purity and pollution found in Greek area which can be classified in three main groups/types: 1) inside/ outside, 2) above/ below, and 3) right/ left, with a greater emphasis on (1) <sup>73</sup>.

These beliefs, interlinked and diffused with each other, are followed (more or less), by both Roma and non-Gypsies in Kato Achaia. Under this prism we can begin to understand Greek concepts regarding pollution, and



how they are connected to ideas of boundary maintenance. Once we view them in this light, we can move away from the notion of women as polluters and begin to see that what pollution beliefs reflect is not so much gender status as more general concepts of control and order<sup>74</sup>.

### Inside / Outside

It has been noted by all anthropologists who have studied Greece that the world is divided into people who are "our own" and those who are "strangers" (Campbell 1964: 316; de Boulay 1974, 1986; Herzfeld 1980a; Dubisch 1983, 1986;

<sup>73</sup>. Similar distinctions are mentioned by Sutherland and Nemeth.

<sup>74</sup>. Okely (1983: 83) also argues that inside/outside is for the Gypsies the primary distinction from where all other taboos follow. Dubisch (1986: 26) argues that the opposition between 'inside' and 'outside' is very fundamental to Greek social concepts.

Stewart 1991: 170). Those who are "inside" are "*dhiki mas*" (our own), while all the outsiders are "*xeni*".<sup>75</sup> (strangers/foreigners). The division of "*dhiki mas*"/"*xeni*" is in use in almost every level of social exclusion or inclusion. "*Dhiki mas*" may include one's own immediate family, all one's relatives, all fellow villagers, or even all Greeks<sup>76</sup>. One's own people can be trusted, and relationships are diffused and supportive. Strangers, on the other hand, are not to be trusted; they are inferior and shameless, therefore they are 'dirty' and potential polluters<sup>77</sup>. This is applied in every level of identity- religion, nation, region, province, area, village, neighbourhood, family, kindred group, house, even through the individual (Herzfeld [1987] 1998: 199). The two terms are relative and expand or contract depending upon the relative context. There is not a fixed definition of the outsider/ stranger/ foreigner. The meaning depends upon the nature of the referential group, which in turn is determined by the intentions and the identity of the speaker (Galaty 1982). To move from one realm to the other, from the outside to the inside (and vice versa), is to change drastically the quality of one's social relationships and the images of self that are presented. Inside and outside reflect the interior self versus the exterior self, what we know we are as opposed to what others think we are or what we wish them to think we are. Groups also experience this interior versus exterior image. As Herzfeld (1983) shows, the image presented to the outsider differs from that which is seen within the physical and social boundaries of the group. The inside also represents "the hidden", the secret, the ability to manipulate the outside<sup>78</sup>. Finally, on a symbolic level,

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<sup>75</sup>. The word *xenos* (masc. sing) could be translated in a variety of ways, depending on the relevant context: "foreigner", "stranger", "outsider", "someone else". The term 'foreigner' that nowadays is connected with the rigid boundaries of the ethnic identity, in the past reflected a relativity (the word derives from the Latin word "foramus-a" that mean a person who comes from outside).

A lot of Gypsy scholars have noted that the words "Gaje" or "Gorgio" are the Romani (Gypsy) words for the non-Gypsy. Yet, Okely (1996: 90) records that the above Romani words are meaning: "stranger" or "outsider", a matter which is confirmed by my own research as well.

<sup>76</sup>. The Greeks are often referred to in formal discourse as "Fili" (Φυλή= Race); cf. demotic *ratsa* (ράτσα) or *fara* (φάρα), not often used on its own in this way but frequently combined with a specifying qualifier (possessive pronoun or adjective) to denote a particular 'race'. As Herzfeld (1980: 290) has pointed out, "Ratsa is a segmentary or hierarchical term, and its use corresponds to a similarly organized discrimination between insiders (*diki mas*) and outsiders (*kseni*) at several levels." This concept of "ratsa" or "fara" and the opposition between insiders and outsiders constitute what Herzfeld (1980: 291) has called a "semantic taxonomy of social groups" based on conceptual discriminations that express the moral superiority of insiders over outsiders. The symbolism can be carried to the national level of Greek life, where the category of "insiders" (*dhiki mas*) includes all Greeks, while the "outsiders" are various dominant foreign nations.

<sup>77</sup>. 'Dirtiness' has a dual meaning which incorporates the lack of shame and honor (for their meaning see below), inferiority, and physical dirtiness as well. "Strange objects and strange people can be penetrate and be pollute" (Herzfeld [1987] 1998: 221).

"the strangers (*xenoi*), are almost enemies" (Campbell 1964 : 142)

<sup>78</sup>. Okely (1983: 80; 1996: 68), referring to the Gypsies in England notes that "The inner body symbolises the secret ethnic self, sustained individually and reaffirmed by the solidarity of the Gypsy group."

"outside" is anything unknown, that gives uncertainty or fear. People come through birth from the "outside" and death takes people back there, to the "other world", to the "world below".

Nowadays, Greece as a national state would not be characterized easily as a "segmentary society", however, the sectional view of the social relations and the excessive localism are contradictory to the Greek homogeneity. Until recently, every Greek villager would think him/herself as superior (in every level) and "cleaner" than any other "outside" his/her village<sup>79</sup>. Endogamy was a rule in the past, and it is still strong in a lot of rural areas, where "brides" or "grooms" that do not originate from the same village are faced with hostility and remain as "strangers" for all their life<sup>80</sup> (Zinovieff 1998: 269-71). In general terms Roma in Kato Achaia prefer marriages between members of the same "sói"<sup>81</sup>. Endogamy, which is not abided very strictly by other sedentary Gypsies in Greece, in Kato Achaia is still in practice<sup>82</sup>.

*"Girls must be married into our community with boys from families which are known already well. Moreover, for a girl is better, even if she is married, to be near to her mother."* <sup>83</sup>

The Roma in Kato Achaia regard a marriage with a non-Gypsy as a shame, and a marriage with a "Yifto" (C.1) as the worst thing that could ever happen.

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<sup>79</sup>. This kind of mentality is still in use, but nowadays it has been shifted more to a level of juxtaposition of the South and North parts of Greece or even more to a juxtaposition of Greeks and other foreign nations. The most common prefixes used before a name, place or region of origin is 'vromo-' (dirty-) or 'kouto-' (stupid-). (e.g. 'koutófrangoi'= stupid-franks/ stupid-foreigners, 'vromo' (+ name of a village or name of a region, country, group). Sutherland (1975: 121) notes that Gypsies in California are referred to other Gypsy faras, when they consider them as inferior, by adding the prefix 'dirty' before their names.

<sup>80</sup>. There are some old and very common Greek 'sayings' which are expressing these beliefs as: "Shoes which are from your place are always better even if they are cobbled or repaired" or "A bride/groom can never be a daughter/son in the family". Zinovieff (1998) notes in her study that in the area of her fieldwork there were a lot of west-European women who had married Greeks, and were faced by everyone, in every aspect of life, as "strangers". One woman told to her that although she was living there for 30 years, she would like when died to have the word "stranger" engraved on her grave instead of her name.

In my research, a non-Gypsy woman who originated from a near by village and was living for 40 years in Kato Achaia, told me "I am a stranger in this place, and I will always be".

<sup>81</sup>. Endogamous norms are responsible for a high degree of intermarriage and inbreeding among religious minorities (e.g. Jews), as well as certain ethnic minorities (including Gypsies). In the later case, intermarriage may be considered as a result of society's attitude towards the minority, the minority's attitude towards society, or both (Heymowski 1969: 51).

<sup>82</sup>. The only exceptions, years ago, were the cases of two Roma girls that got married with American soldiers from the American air-base next to Kato Achaia, and got away with them to the United States (Until today, everyone makes disparaging remarks for these two women). Another case was that of a widow Rom woman that got married with a non-Gypsy in the near large village of Amaliada.

<sup>83</sup>. This is a hint of the relation between mother and daughter Dubisch (1998: 113) considers that a daughter marrying far away from her mother is a "socially banished" person.

*"We don't do such kind of things. If the girl is good, a Gypsy man might marry one of your kind, but its only gonna be one of the poorest Tsingani here".*

*"None will give his girl to a 'Balamó' though. Its a great shame. Then, everyone will say: 'look where he wasted his girl'. It is better to give your girl to a Gypsy from Amaliada".*

Roma of Kato Achaia (C.2) are considered of a 'higher status' than other Gypsy groups<sup>84</sup>. Gypsies of the nearby town of Amaliada, although they are of the same origin with Roma in Kato Achaia (C.2), they are considered as inferior<sup>85</sup>.

"Outsiders" are a threat for the whole Gypsy community in Kato Achaia, a threat which the modernization of life makes stronger. Young people having an everyday contact, mostly through television, with the non-Gypsy world, are becoming more positive to the "strange" beliefs and lifestyle.

*"If I could I would have marry a Balamó, but how can you go over such a kind of thing if you are a child?"*

*"I don't have any problem with Gajé. I like their lifestyle. Roma here are still one hundred years back in the past"*

The community, as a collective, tries to confront the threat by marrying the young people, mostly the girls, in a very young age. The age of marriage for the girls declines more year after year, reaching in 1998 the age of eleven.

*"Do you know why they marry their children from 12 years old? They want to be sure that they won't be 'involved' with 'others' ".*

Endogamy is still strong even among the non-Gypsy community in Kato Achaia, representing the 86% of all marriages

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<sup>84</sup>. There is a determined division among different Gypsy 'soia' and 'faras'. As Sutherland points out, "each vitsa ('soi' in Greece) as a whole has a purity status relative to other vitsi, a status that is determined by the actions of its members over time, so that a reputation or 'name' is built up around each vitsa (1975: 380).

Roma in Kato Achaia are wealthy, and wealth is the most important factor of prestige and reputation for groups and individuals among the Gypsies in Greece.

<sup>85</sup>. A lot of the Gypsies in Amaliada are originated from the same "fara" with Roma in Kato Achaia from whom they "split" about 40 years ago. Contrary to the Roma in Kato Achaia, when they settled in Amaliada they made some alliances by marriage with some of the indigenous Gypsy families of the area (Yifti). Although, nowadays they avoid any further "mix" with the indigenous Gypsy families of Amaliada, they are considered as inferior by the Roma in Kato Achaia. Amaliada's Gypsies try hard to upgrade their status through marriages, by offering high prices for brides from Kato Achaia, or by buying houses in Gypsy neighbourhood in Kato Achaia and thus trying to be gradually accepted by the Roma settled there. As Sutherland (1975: 198) notes for the Gypsies in California: "A vitsa (soi in Greece) that becomes wealthy also becomes powerful and will attract many members who might have chosen other vitsi".

## Family, House and Body

The house is the focus of Greek family life and carries a connotation that goes far beyond the normal definition of the place or the home where the family gathers, for the word for house, "*spiti*", is synonymous with family itself. The Greek word for family, "*oikoyeneia*", is a compound of "*oikos*" (house), and "*yeneia*" (offspring), the family, is then defined as "the people who originate from the same house". As family is the most principal and irreducible group of Greek society, so the house in which the family lives is the chief stronghold of the basic social values. The house therefore takes on many of the connotations of the family - the two words often being used interchangeably<sup>86</sup> - and in many ways it is the membership of the house rather than the fact of blood relationship that defines the area within which the intra-familial values are most fully practised. (de Boulay 1974, 1986; Alexakis 1980: 194; Dubisch 1986; Clark 1993). All over Greece there is a sharp distinction between the inside of the family dwelling and the outside (du Boulay 1986; Herzfeld 1986; Pavlides & Hesser 1986). Within the walls of the house the daily activities that sustain family life in all its physical, social, and psychological aspects are carried out<sup>87</sup>. The house is also a spiritual center, for each dwelling has its own icons (iconostasi) and regular rituals associated with them<sup>88</sup> (Campbell 1964; du Boulay 1974, 1986; Dubisch 1983; Stewart 1991).

I suggest that for both Roma and non-Gypsies, the ideas about the "house" and "family", are functionally and symbolically similar. The "house" is as an individual's body which should be kept 'clean' and 'healthy', physically and morally. For non-Gypsies, the "house" still encompasses the ancient meaning of "OIKOS" as a material/physical and "symbolic capital" (Bourdieu 1972) of the entire "soi". For Roma, "family", "soi" and "fara", encompasses the same meanings as "OIKOS" by the non-Gypsies, but due to their way of life (as commercial nomads) until recently the material/physical aspect is weaker than the symbolic<sup>89</sup>.

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<sup>86</sup>. In Greek thought it is very difficult to separate the house from the family. A lot of people use the word "*spiti*" (*spiti* = house) as a reference to family.

<sup>87</sup>. "The home is the final bastion of defence against defilement, and the only place that the Rom feel altogether at ease." (Miller 1975: 47)

<sup>88</sup>. Miller describing Gypsy beliefs existing in the USA notes: "For the religious holidays that relate to the slava feast of south-eastern Europe, a section of the house is transformed into a church. The Saints, who are "up", are supplicated for the good health and well being, Sastimos and good luck, Baxt, that forms the simple central theme of ritual and doctrine" (Miller 1975: 47). The above description, thought of as an exotic and Gypsy characteristic by the American researcher, is a typical description of a part of a common house in Greece and in Greek communities all over the world.

<sup>89</sup>. The 'house', mostly the 'parent house', as a building is an important symbol for the non-Gypsies in Greece, that symbolises the continuity of the family. A lot of Greeks, even if they don't live any more in their place of origin (a lot of them are born and live in cities far away from their villages), they keep their parent house in a good condition or they commonly build on its position new huge luxury houses. These buildings remain uninhabited for most part of the year, but

## The Body

The 'pollution concepts' among the Gypsies' groups has been discussed in great detail by various authors (Thompson 1929; Gropper 1967,1975; Acton 1971, 1974; Miller 1975; Sutherland 1975, 1977, 1992; Okely 1983, 1996; Stewart 1987; Streetly 1987; Windess 1987; Bannon 1992; Vernon 1994; and many others), The Gypsy world is divided into polluted Gajé (non-Gypsy) and "pure" Rom and the Gypsy body into "pure" upper and "impure" lower, with the waistline as a symbolic boundary. Okely (1983: 80) notes that British Travellers make more use of an in/out dichotomy in their view of the world<sup>90</sup>. The observance of these taboos among English Gypsies has been explained more meaningfully by Acton as a 'commitment to a culture which will remain Gypsy' (1971: 109), also mentioning a 'hygienic function' (1971: 120; 1997: 166). A range of words are used, among Gypsies that describe the state of impurity. Sutherland records the words: "Marime", meaning polluted, defiled and unclean, and more specifically indicating an uncleanness of a physical and ritual nature, and the word "melalo" that means dirty in a temporary way.(1975: 258; 1992: 22-23). Okely notes the uses of such words among Gypsies in England: "The word 'chikli' means dirty in a harmless way. The word 'mochadi' means 'ritually polluted' (1983: 81)<sup>91</sup>, Roma in Kato Achaia translate "mahrimé" as 'messy' and they don't use this word for any moral matter; more often they use the common Greek word "μαγαρισμένο" or "μαγάρισμα" (magarisméno/magárisma = vile/ polluted) a word which has a moral aspect. They make no separation between "melalo" and "mahrimé", the word "melalo" is more common in daily use<sup>92</sup>.

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they are a symbol of wealth and power of the family in a juxtaposition to other families in the village. Individual's social prestige depends upon public recognition of family success (Dubisch 1974).

Roma (C.2) have been settled almost for 30 years in Kato Achaia, living a quite sedentary life, and getting every day wealthier due to their successful business for them. The house, as a building, has also become a symbol of wealth and power. Nowadays, in Kato Achaia the most luxury houses are those belonging to Roma.

<sup>90</sup>. Cleanliness taboos also occur among Irish Travellers (Sinéad Ni Shúineár 1994: 56; McCarthy 1994: 127)

<sup>91</sup>. The same translation of the word 'mahrimé/mochadi' is also given by Acton (1971:110), Gropper (1975: 91). Borrow's translation is "unclean to eat" (1874: 46).

<sup>92</sup>. The Greek words "magarisméno" and the Gypsy word "mahrimé" have similar meaning and possibly both derive from the ancient Greek words "μίasma" (miasma) and "μαρό" that had the same meaning as today. The words are consisted from the sanskrit word *May* which means: 'mix' or 'mingle'. A lot of Greek words are consisted from this word, such as *Μαγειρεύω* (= cook), *Μάγειρας* (= cooker), *Μασώ* (= chew, munch), *Μάσω* (= Shape / create. From this word also derives the word "massage"), or some words of Greek origin in English such as: 'magic' (*Μαγεία*) and 'magician' (*Μάγος*) (from the mixing of different elements), 'May' (*Μάιος* = the month of magic), 'mania' (*Μανία*, meaning a mixed dangerous and angry feeling). Yet, the same sanskrit word contains the word *Ma* which also means 'think'. Greek words such as "*Μαθαίνω*" (= learn), "*Μάγιστρος*" (= magister), and "*Μέγας*" (= magnus) contain both meanings (thoughts and ideas are coming after mixing and mingling processes, and the one that has knowledge becomes 'supreme').

Another approach for the negative meaning of the Greek verb "*Μαγαρίζω*" is that it derives

The vast majority of Gypsy scholars have treated the pollution concepts found in Gypsies as their exotic, unique and exclusive characteristic. Okely (1983: 23) argues that since Thompson's articles in the Journal of Gypsy Lore Society in the 20's, a lot of Gypsiologists started to plagiarise each other. Even in Greece, articles have been published by some authors, who plagiarise other authors of the English or French speaking literature, and report some data which are never found in Gypsies in Greece (some of these authors have never even met a Gypsy). Some of them have mentioned some examples of Gypsy practices regarding cleanliness taboos, which seem to be exaggerated. I quote some of them: "She must never handle food if her hands have touched menstrual blood (without carefully washing them first)" (Sutherland 1992: 26); "Above all else, the water from personal washing should never mixed with water for dish washing and drinking." (Stewart 1987: 298). Moreover, if someone is completely ignorant about the Gypsies, as in the case of McLaughlin, the result seems grotesque: "If a hair is found in one's food, the food must be immediately thrown out. If a gypsy blows his nose or sneezes and does not wash his hands prior to eating, he is 'mahrim'." (1980: 22) .

I wonder if the above characteristics are uniquely Gypsy, and if in the rest of the world it is considered as natural to wash in the same water your body, and cooking utensils, and then drink it, to eat food with hair, or to cook and give food with hands smeared on menstrual blood or mucus !

### Menstrual Taboos

The most notable characteristic of the Gypsy cleanliness taboos, noted by almost all 'Gypsiologists', "has been the emphasis upon the uncleanness of female bodily functions, and clothes, and their threat to male ritual cleanliness" (Acton 1971: 108). Okely (1996: 69, 126-30, 181-2) examining Gypsies' pollution taboos, acknowledges that there is a collection of taboos regarding menstruation and childbirth, all around the world. However, she then suggests that "the male/female pollution beliefs among Gypsies cannot be explained only in terms

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from the ancient Greek verb "μεγαρίζω" ( which derives from the word "μέγαρο " meaning 'cave' or an 'underground structure' ). During the Greek medieval period the word "megarizo" was transformed to "magarizo", and was used as an accusation by the early christians against the people who worshiped goddess 'Demetra' in caves, and performing 'polluted' activities. Yet, also in this case the word has a negative meaning of unmorality and impurity.

Sampson gives "MaXahdi" as past particle of MaXav (= to pollute or smear) from the Sanskrit word "Mrks" (= to daub), and compares it with "makava" (= I paint, I smear). Paspatis notes a similar etymology where "makado" means 'painted'. He notes the word "melalo" for polluted which he links with a different Sanskrit word "malin" which means 'dirty'.

Gjedmaman & Ljungberg's Kalderash dictionary doesn't have etymologies as such, but link "mahrim" to similar words in other Gypsy dialects.

The sort length of this study does not allow for a study in depth of the etymology of the Gypsy word "mahrim". Yet, it will be discussed in future publications.

of the internal organisation, but specifically by the organisational relationship and pollution taboo between Gypsy and gorgio." (1996: 69). Okely summarises three ways in which a Gypsy female "pollutes" a Gypsy male, using both Thompson's (1922, 1929) and her own material: 1) Female sexuality is inherently polluting if mismanaged; 2) Menstruation is associated with pollution; 3) Childbirth is polluting; giving a greater emphasis on (1) and (3) (Okely 1996: 71). Stewart (1987: 307) questions: "Why are Gypsy women ashamed of menstruating?" The above comments seem to me as somewhat groundless. Anthropological studies have pointed out that menstrual taboos may not be universal, but they are sufficiently widespread to justify the inference that they are extremely ancient component of the human cultural configuration<sup>93</sup>. Menstrual taboos are very much a part of our own culture and are a prominent feature of most traditional ones.<sup>94</sup> In Mediterranean and particularly in Greece menstrual taboos have a long history<sup>95</sup>. Menstruating women are ritually unclean and not allowed to enter church or take communion, or even light the sanctuary lamp in their own house<sup>96,97</sup>. Childbirth and confinement are considered as polluting moments of life<sup>98</sup>. (see ch: also Blum and Blum 1970), yet, Roma and non-Gypsies do not consider defloration as a polluted event as some authors claim<sup>99</sup>.

<sup>93</sup>. Thompson (cited in: Macarius, *"L'Origine de l' exogamie et du totémisme"*, 1961: 56) argues that menstrual taboos show a universal homogeneity. The menstrual taboo has been called "the most virulent of all the taboos." (Claude Dagmar Daly 1950: 233, cited in Lupton, M. J. 1993: 92).

<sup>94</sup>. Even the western medicine was until recently (and in some cases still is) strongly influenced from beliefs related to menstrual impurity. In England, the British Medical Journal in 1878 published correspondence from doctors insisting that in curing hams, women should not rub the legs of pork with the brine-pickle during their periods (Briffault 1927, 2: 389, cited in Knight 1991: 376). Lay people in the majority of western 'modern' societies, are still believing to the impurity of menstrual discharges. Vieda Skultans (1988) studied the beliefs about menstruation among women in a mining village in South Wales. She found that women believed that menstrual blood was "bad blood", "dirty blood" or were fearful of "loosing their life's blood". Snow & Johnson (1977; 1978) reported that many women in Michigan saw menstrual blood as dirty from body's impurities.

<sup>95</sup>. This kind of beliefs have a long tradition in Greek areas. The Roman historian Pliny wrote that "nothing could easily be found that is more remarkable than the monthly flux of women. Contact with it turns new wine to sour, crops touched by it become barren, grafts die, seeds in gardens are dried up, the fruits of trees fall off, the bright surface of mirrors in which it is merely reflected is dimmed, the edge of steel and the gleam of ivory are dulled, hives of bees die, even bronze and iron are at once seized by rust, and a horrible smell fills the air.." (1942: 549)

<sup>96</sup>. Miller (1968: 13) cited in Sutherland (1975: 273) notes that some Machwaya Gypsies do not allow menstruating women to touch the icons or to light the candle.

<sup>97</sup>. Even among women the subject of menstruation is considered as 'dirt' and a "matter of great shame" which should be avoided. When women are menstruating, they never mention it, instead most girls say: "I am sick" or "I have my clothes". Stewart (1987: 365) mentions similar attitude among the Gypsy women in Hungary.

<sup>98</sup>. Same beliefs and practices have been observed among Gypsies in every part of the world (Sutherland 1975; McLaughlin 1980: 21; Gropper 1975: 92; Miller 1975; Silverman 1981: 65).

<sup>99</sup>. Contrary to Thompson (1927: 123) and Okely (1996: 73, 75) who suggest that defloration is a demonstration of male possession" and is probably seen as polluting and comparable with birth and death., among Roma in Kato Achaia, and to my knowledge among every Gypsy and non-Gypsy in Greece, defloration is not considered to be a polluted event. The custom of the virginity test and exposure of the stained sheet was widespread in many communities in Greece (the same



Everything that leaves the human body brings vivid emotions, upset and fear. Tears are associated with pain, sorrow or excitement. Semen relates to pleasure. Pus relates to pain and infection. Sweat relates to tiredness or fear. But the most fearful of all is bleeding which, if not stopped will inescapably result to death. From all haemorrhages one which has a strong influence to human psychism is the periodic haemorrhage of women, the menstruation, which corresponds to the Lunar cycle, to this unstable star which for ever getting larger and smaller, born and dying, resembles an evident image of human existence. Utilizing Douglas's phrase that "dirt is matter out of place", menstruation is considered as blood outside of its proper 'Place', the body, and therefore as potentially dangerous or polluting. Menstrual blood has to be compared with other discharges of blood that are equally "out of place". Often, just the viewing of blood is a threat of a 'contamination' of bleeding. Blood attracts blood.

Consenting the above suggestions I will try to give a further approach to this subject. I suggest that for both Gypsies and non-Gypsies in Greece, menstrual taboos spring from the same archetypal principles. Women give birth to children, life comes through them from "outside" from the unborn soul habitant. The ones who are now mortal to the "inside", on the "above" world, will return after death to the "outside", to the "world bellow", to the "other world", to "Hades". Bleeding has never stopped be connected to images of birth and death, to what is the most unknown and anguish in human existence (Roux [1988] 1998: 44). Bleeding is referred to death. Death was often a result of bleeding <sup>100</sup>. Not every death is bloody, but every birth is. Blood, being an image of death is also one of birth. of 'leaving' the life and 'coming' to life. As life comes through birth, the blood of childbirth is a sign of the opening of the gateway to the "outside". Newborn children are considered being 'polluted' from the "outside"<sup>101</sup>. Menstruation causes a similar bleeding but without birth, however, the "outside"

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custom is found in the traditional French communities as well. Roux 1998: 144). The showing of the stained sheet from the "blood of virginity" is a traditional ritual still surviving in Roma, and is a necessary ritual component in every Gypsy marriage. Stewart (1987: 310) also describes the virginity test as a matter which is not considered as polluting.

<sup>100</sup>. Although death is also a result of illness or natural decay of the human body, illness and old age for a very long time of the human history, were causing a limited number of deaths. Moreover, excessive bleeding during or after delivery was a common cause of death for a lot of women until the near past. Whatever nowadays consists the rule, was back then the exception.

<sup>101</sup>. Greek mythology is referred to a time where human beings did not experience old age or death, because by emerging from the earth, as the plants, they were not marked by blood. But one day, appeared the 'Pandora' (the gift of all the gifts of gods), the woman, charming and fallacious, source of all misfortunes. The Mankind had to mature inside her uterus and to appear on earth by passing through her vagina, covered by blood in a form of a baby.

Agathocles the Kyzinos notes that "Nothing in the world is so imperfect, naked, formless and impure, as the human being when born, . . . smeared with blood and dirt, it seems more as a slaughtered animal than a newborn baby" (cited in Roux [1988] 1998: 57).

gateway opens threatening to the inside/ above/ known world<sup>102</sup>. Menstruation reminds birth and death. Women are becoming polluted periodically because they function as portals between the two opposed worlds, and therefore should be controlled through particular beliefs and practices, otherwise pollution will be occurred<sup>103</sup>. Therefore, men are pure ("kathari") in relation to women who are periodically polluted ("vrómikes") by menstrual blood and by the blood of childbirth<sup>104</sup>. A woman's polluted status is determined by her sexual proctivity, that is, she is more polluted during her most sexual active periods. On the other hand, periods of asexuality, childhood and old age, are marked by absence or decrease of taboo prohibitions<sup>105</sup>. (Stewart 1991; Veikou 1998) The above classifications put women on the borderline between "outside" and "inside". Woman's body becomes a symbol of both worlds. If we consider the theoretical paradigm proposed by Ortner (1974), women, because of their natural immunity to this kind of pollution, mediate between nature and culture, between the two worlds, between the human and suprahuman world. Thus, women are considered as transitional beings which are particularly polluting, since they are neither one thing nor another; neither 'inside' nor 'outside', they are "between and betwixt"<sup>106</sup>. (Turner [1967] 1989: 97; Ortner 1974: 85; Caraveli 1986: 171, 178;) Ones again we have to see the diffusion of the concepts inside/outside, above/below, in every aspect of life in a way that constitutes a cosmology of harmony<sup>107</sup>.

Nowadays, women in Kato Achaia (both Roma and non-Gypsies) even if they still feel shame and dirty because of their menstruation, they are much more 'relaxed' than in the past<sup>108</sup>. Cooking prohibitions are not in use any more,

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<sup>102</sup>. Menstrual blood is coming through the vagina, the part of the female body that irresistibly attracts males since their puberty. "In primitive societies, with few exceptions, there is no dirt, no miasma, which can bring more fear than the woman at the time of her period" (Lévy-Bruhl 1931: 380)

<sup>103</sup>. Ritual and taboo arise around areas of uncertainty and potential danger (Malinowski 1972) "It seems that if a person has no place in the social system and is therefore a marginal being, all precaution against dangers must come from others. . . This is roughly how ourselves regard marginal people in a secular, not a ritual context." (Douglas 1970: 117)

<sup>104</sup>. It is easy for one to go from partial to the more general. Because woman sometimes is thought of as unclean, she ends up thought of as always being "unclean". Durkheim explained this well: "A creature that is taken away and from which others get away for weeks, for months or even for years, according to the occasion, it can not do anything else but maintain something from the character that isolates it, even during the non-special period times" (translated from French, Durkheim 1897: 44).

<sup>105</sup>. Silverman (1979: 58), Sutherland (1992: 24), Fraser (1992: 246) note the same beliefs among Gypsies.

<sup>106</sup>. "Her culturally defined intermediate position between nature and culture, here having the significance of her mediation between nature and culture." (Ortner 1974: 85)

<sup>107</sup>. Gropper (1975: 90-91) notes that Gypsy concepts of pollution carry the idea of upsetting the harmony of universe.

<sup>108</sup>. Acton (1971) suggests that the menstrual taboo has declined because of the invention of the sanitary towel. Miller (1975: 51) argues as well that "Skirt tossing pollution was probably more

however, all women are very careful with the discharge of the sanitary pads<sup>109</sup>. Delivery or confinement are not considered as polluted events, even if the relative customs are still kept.

### House and Body

There is a parallel between ideas about the house and those about the body<sup>110</sup>. Just as there is a contrast between the inside and outside of the community and the house, a distinction is made between the inner and the outer body<sup>111</sup>, and it is important that the boundary between them will be maintained. Douglas observes that "interest in the body's apertures depends upon the preoccupations with social exits and entrances, escape routes and invasions" (Douglas 1970: 98). "We should expect the orifices of the body to symbolize its especially vulnerable points" (Douglas 1966: 145). Concern with what comes and goes in the body, with things that move from inside out and those that go from outside in, parallels the concern with what goes inside and outside the house and reflects the larger preoccupation with the boundaries of the family and their protection.

The ritual continuum that connects the human life with the birth and death of the human body, constructs, with a reference to the body orifices, a mapping of the human body (Seremetakis 1994: 90, 160). Body orifices are cultural metonymical constructions that indicate the continuum or non-continuum of the inner and outer space. The substances that come in or out through these 'gateways' take a cultural meaning of inclusion or exclusion of the human body from the social space. As Douglas' work suggests, the idea of dirt is literally linked with the body, and especially its orifices. But it has not only to do with the margins of the body, but also with the margins of society. Thus, the perceptions about the body orifices constitute a general indicator of the limits between "outside" and "inside", and between "me" and "other" (Comaroff 1985: 546-7). Certain substances, whatever their source, must be kept under control, for if they are "out of place" they pollute (Faithorn 1975). This control involves several kinds of substances and different areas of the body and the house. Head, as the

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effective before the days of sanitary pads. Sutherland (1992: 26) argues that "modern paraphernalia for menstruation has released them from the most onerous rules". These considerations were also confirmed by my research. Moreover, I presume that delivery and confinement have lost their previous polluting meaning because of the medicalization and hospitalization of birth in the last 40 years."

<sup>109</sup>. Acton (1971: 113) records the same practices. Yet, Okely (1983, 1996: 74) considering almost all Gypsies' everyday actions as symbolic, criticises Acton.

<sup>110</sup>. "Inside" and "outside" are also important components of concepts relating to the body and sexuality. The body is what Mary Douglas calls a "natural symbol" (Douglas 1970). Concern with bodily boundaries, with entries and exits represents a concern with social boundaries, a concern which is an important theme in Greek culture.

<sup>111</sup>. Dubisch (1986) quotes that she is aware that Okely (1975) notes a similar distinction among Gypsies.

part of body nearest the heavens, is considered sacred<sup>112</sup>. Mouth is considered one of the most important parts of the human body, through which substances from the "outside" are coming "inside"<sup>113</sup>. The mouth is also an instrument for ejecting "clean", beneficial substances from the body, such as breath, tears and saliva, which are endowed with healing and beneficial properties<sup>114</sup>.

Feet are viewed in contrast with the head and because of their contact with the earth are thought of as polluted or dirty<sup>115</sup>. In rural Greece the head and the feet are the most frequently washed parts of the body (Campbell 1964: 287; Dubisch 1986; Stewart 1991: 181). Running water, such as a shower is preferable for body washing, but a bath would not be, for the person would be sitting or lying in dirty, stagnant water. The bodily processes of both sexes are a potential source of danger, and male as well as female sexuality can be viewed as potentially destructive. The sexual and excretory functions performed by the lower body organs ensure that these are regarded as polluting body parts. Female genitalia, due to menstruation, are considered as the most polluting parts of human body<sup>116</sup>.

Contact must be prevented between that which goes into the body and what comes out and between things associated with cleaner and dirtier areas of the body. Objects which are in contact with dirty substances must be kept separate from items that are clean. Thus, laundry and personal washing are done in basins, not in the kitchen sink, even when the latter is the only source of running water<sup>117</sup>. And these basins - made unclean by dirt from the body - are not used for food (Dubisch 1986 : 203)<sup>118</sup>. This washing taboo ensures that any dirt from the lower body doesn't contaminate objects that pass into the mouth.

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<sup>112</sup>. Same beliefs have been observed by Gropper (1975: 93), Silverman (1981: 57), Stewart (1987: 301).

<sup>113</sup>. Miller's (1975) and Sutherland's (1975) earlier analyses, suggest that underlying the Rom ideas of cleanliness, the head especially the mouth, was the most important and pure part of the upper body. Okely (1983: 80) notes that "anything taken into the inner body via mouth must be ritually clean. Stewart (1987: 301) records the same beliefs among the Hungarian Gypsies.

<sup>114</sup>. Saliva, for example, is used to relieve pain or enhance the healing process of a cut. The act of spitting often accompanies verbally expressed ideas that are related to pollution, such as talking about someone being "dirty", "unmoral" or a "whore"; or very often accompanies rituals against (or to protect from) the evil eye (see also Sutherland 1975: 265). More viscid secretions such as mucus from nose and throat, in contrast, are seen as polluting.

<sup>115</sup>. The contrast between head and feet is recorded among various Gypsy groups by a lot of researchers (Gropper 1975: 93); Silverman (1981: 57); Stewart (1987: 301); Sutherland (1992: 27).

<sup>116</sup>. Gypsies have similar beliefs (Sutherland 1975: 265, 1992: 25-26; Fraser 1992: 246)

<sup>117</sup>. Washing hands in the kitchen sink is considered as a sign of dirtiness, and if a visitor does that is a sign of rudeness as well. On the other hand, in the bathroom no kitchen activity should be performed (e.g. washing fruits, vegetables, or kitchen's utensils).

<sup>118</sup>. Okely (1983: 81-83) records similar beliefs and practices among the English Gypsies. Same practices have been also recorded by Stewart (1987: 299); (Sutherland 1992: 25-26; Fraser 1992: 246) as well.

Personally, I had the same experience with a non-Gypsy and a Gypsy woman; both of them



The house is the special responsibility of the woman, and she is both functionally and symbolically associated with it. For both Roma and non-Gypsies in Kato Achaia, cleanliness more than anything else stands for order. Women are in a constant battle against the filth and dust that penetrate the household space<sup>119</sup>. Activities such as laundry and bathing are often performed outside, on the porch, thus further assuring separation. People coming in the house will often wash in the yard or in the porch, leaving dirt outside where it belongs. The towel used to dry feet (which are 'bellow' and closer than the rest of the body to the dirt of the outside) is not used to dry the hands and face, which are clean areas of the body.<sup>120</sup> Women's underwear are washed separately from men's<sup>121</sup>. Kitchen towels and tablecloths are washed separately from other clothes<sup>122</sup>. Launderettes are very few in Greece because Greek women they don't like to put their clothes in the same washing machine with other (unknown) people that washed their clothes in them<sup>123</sup>.

Until recently the majority of the houses in rural Greece had (and a lot of them still do) the W.C or the toilette and bath outside of the house, in the courtyard<sup>124</sup>.

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showed me, with pride and in evidence of their cleanliness, their collection of different color and size plastic basins, each for different use.

<sup>119</sup>. "The moral worth of the Romni is supposedly incremented in proportion to her efforts to fight dirt and decay, and she makes a good public impression if she appears continually engaged in these sanitary activities." (Miller 1975: 48).

<sup>120</sup>. Towels for different body parts (usually for face, body and feet) are very common almost in every Greek bathroom. Same practices have been observed among Gypsies (Acton 1971:110-111; Miller 1975; Silverman 1981: 57); Dubisch (1986) quoting Okely (1975) who had observed a similar separation in the use of utensils among Gypsies. Okely notes that "The Gypsies maintain their distance by means of pollution beliefs. The gorgio is seen as dirty and polluted with filthy eating and washing habits." (1983, 99) Moreover, Dubisch (1986: 213) notes that it was Hirschon who first called her attention to the concept of "magarisma" when she told her about a Greek who had returned from the UK complaining about how "dirty" the British were because they did not practice the sort of separation discussed here.

<sup>121</sup>. Okely (1996: 71) notes as well that "A woman's underwear had to be washed separately from the men's clothing otherwise this could be polluted. It had to be dried out of sight." Same practices have been observed by Gropper (1967: 93), Acton (1971: 110-111), Miller (1975), Gropper (1975), McLaughlin (1980: 20), Silverman (1981).

This practice is not much in use any more in Kato Achaia (and all over Greece), because of the use of washing machine. However, a lot of women in Greece still wash their underwear separately from the rest of family's clothes when they have menstruation.

<sup>122</sup>. Acton (1971) considers this practice as one of the main characteristics of Gypsy cleanliness. Okely (1983: 81) argues that "the tea-towel hanging out to dry on its own becomes a flag of ethnic purity." This practice is still in use in Greece by the majority of people, as a rule of cleanliness, although the wide use of the washing machine has decreased the importance of the above practice.

<sup>123</sup>. When I first came in Britain I was living for about six months in a flat without a washing machine, therefore I was forced to use a launderette near by. I never told this to my mother, and I still think that this period was the dirtiest of my life because all my clothes were washed together and in a public washing machine.

These beliefs about washing is also strong among Roma in Kato Achaia.

<sup>124</sup>. The courtyard is considered as a 'borderline' between the 'outside' and 'inside' of the house (Dubisch 1986). WC and toilette are considered 'polluted' and 'private' places and is impolite even to mention them; thus, it is very uncommon to mention them by their name. Instead the word "to méros" (the place) is used. Sutherland (1992: 29) mentions the same attitude among the

The burden of controlling pollution falls mostly upon women, and this control is part of their larger responsibility for preserving the essential boundaries that support the cultural life. A family with a good reputation has a tidy house which is an indication of moral and ritual purity; a house such as this is considered to be conducive to good luck and health. Thus, a woman can be responsible for the loss of both her own and her family's reputation through her failure to maintain the boundaries of house and body. A woman guilty of such a failure earns the designation of dirty ("vromiara"), for she has let "matter out of place" and threatened social order, but woman who performs her proper role in boundary maintenance is clean ("kathari"), in body, in house, in her family reputation<sup>125, 126</sup>. (Dubisch 1986 : 211; Papataxiarchis 1989: 130).

The boundaries between inside and outside are upheld either by preventing passage of certain substances or by being transformed, through cooking, from raw substance into a culturally created product. Thus, food and cooking are a primary focus of cleanliness taboos. Everyday cooking is the duty of women, who must make sure that the food is isolated from any "polluting" substance or factor. Women have a double role and task: by the act of cooking, women perform "a vital humanizing function" (Paul 1974: 289), a series of actions which transform and purificate the "outside" to "inside"; prevent the "house" from pollution, and transform natural / raw products that come from "outside" into a cultural / cooked product, food, which can be consumed "inside"<sup>127, 128</sup>. Cooking and the kitchen have also an important place in the symbolism of gender and house. The kitchen is pre-eminently a woman's realm and the locus of some of her most functional and symbolic activities<sup>129</sup>. It is an important location for the

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Gypsies in USA. I still remember the story that my father sometimes told me that when he built our house in Athens in 1956, according to modern standards, the reaction of some old relatives to him when they saw that the WC and the bathroom were inside the house, was to regard it as dirtiness and great filthiness.

A lot of Roma in Kato Achaia, even when they live in modern luxury houses, they still use a toilette which is outside the house but attached to the building.

<sup>125</sup>. Friedl (1986) suggests that the dependence of men upon the women for the maintenance of their reputation gives to women a sort of "latent power" in the relations between the sexes.

<sup>126</sup>. The state of a woman's house reflects her moral character (Dubisch 1986: 200) (the same is happened with family's graves that reflect the moral character of the whole family.) It is a high compliment to say of a woman that she is "tou spitiou" (of the house), that is, that her time and attention are devoted to the house and family and their care (Hirschon 1978: 80; Dubisch 1986:197; du Boulay 1986: 143); or that she is "apó spíti" (from a house, which means from a good family). Roma in Kato Achaia are using the same word expressions.

<sup>127</sup>. As Levi-Strauss (1969) notes, the act of cooking is an act of mediation between the realms of nature and culture. He proposed the analogy: raw - cooked, nature - culture.

<sup>128</sup>.. "Her culturally defined intermediate position between nature and culture, here having significance of her mediation between nature and culture, would thus account not only for her lower status but for the greater restrictions placed on her activities . ." (Ortner 1974: 85)

<sup>129</sup>. We might draw a parallel between the kitchen and the vagina, each an important entry way for the maintenance of the family - through sustenance and procreation, respectively - but each also a potential arena for pollution. Both kitchen and the sexual entryway are subject to cultural

control of pollution, for the maintenance of the boundary between inside and outside, between order and chaos<sup>130</sup>. Food also has a spiritual aspect. A family meal is a sacred event especially on particular holidays<sup>131,132</sup>. Food also symbolizes the continuing relationship between the world of the living and the world of the dead, and this is also part of a woman's responsibility<sup>133</sup>. Women carry offerings of food to the graves of deceased family members and prepare the ritual "Kóliva".

Women's bodies play an important role in the construction of womanhood, and in Greece, as in many other societies, the female body provides an important source of social symbolism. According to the traditional Greek symbolic classification of masculine and feminine nature, men and women form a complementary opposition according to which men have a natural association with the sacred world, and women with that of the profane. These ideas are reinforced by the major religious traditions of the region, Eastern Orthodoxy, and Islam<sup>134</sup> (Hoch-Smith & Springs 1978, Holden 1983). In addition, women are associated with the negative side of such symbolic oppositions as nature/culture<sup>135</sup>, left/ right, Satan/ God, witchcraft-magic/ religion (see Campbell, 1964;

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rules regarding the passage of substances, and each, because it is a point of entry between inside and outside, carries a certain element of ambivalence or liminality. See also Okely (1975) discussion of sexual orifice as a mouth.

<sup>130</sup>. A woman with a good reputation has her house clean and is a good cook as well, completing the ideal role of "nykokyra" (female householder) (Salamone & Stanton 1986; Dubisch 1986). In contrary, it is believed that a woman who doesn't spent a lot of time for her house cleaning, and who takes shortcuts with family's food, does that to free her time for other, presumably immoral activities (Hirschon 1978: 83). On the association of similar symbolic aspects of woman and the relationship to food in an Italian village, see Giovannini (1981).

<sup>131</sup>. For the Roma and the non-Gypsies in Kato Achaia, what Sutherland (1992: 30) notes as "all rituals at which the Rom express important unifying social values involved the sharing of food as a group at a feast table" is a rule.

<sup>132</sup>. Family meal is a moment of gathering of all family members which symbolises for a lot of people the "Last Supper" where Christ (the leader of the family) and Apostoles (the rest members of the family) eat from the same food together (the shared substance) in the house (the church). On particular feasts all the members of the extended family (sometimes the whole 'soi') should be gathered, where sheep are slaughtered as sacrifices for good health and prosperity. Although, cooking is a woman's responsibility, women were not allowed to cook during their menstruation in the past, and are not allowed to slaughter animals on some particular feasts, such as Easter (Patragi), St. George Day (Ederlezi ), Virgin Mary's Day (Vogoritsa) the ritual requires the animal to be slaughtered by the leader male of the family. The blood of the sacrificed animal is sacred and should not be come to contact with the "impure" blood of women. Thus, men are considered 'pure' to perform such activities as sacrifices in feasts. The same custom is found in many parts of Greece.

<sup>133</sup>. Dealing with the supernatural, with the "outside" world and the "world bellow", are women's duties.

<sup>134</sup>. Gender roles and the values attached to them often have a religious justification. Sanday regards religious codes as an important part of the "sex role plants" of a culture. These plants affect both the behavior of and the value placed on each sex, and they play a significant part in determining the symmetry or asymmetry of male and female powers within a society (Sanday 1981)

<sup>135</sup>. In one of the most influential anthropological discussions, Ortner argues that the only way to explain why the value universally assigned to women and their activities is lower than that

du Boulay 1974, 1986; Hoffman 1976). In Kato Achaia as in other Greek villages, Roma and non-Gypsies, men and women, share the same beliefs about feminine and masculine nature<sup>136</sup>.

### Men and Women

Women's roles are complicated and contradictory. They are not only sources of pollution but are at the same time controllers of pollution and guardians of order, both their own and that of others<sup>137</sup>. Women may be considered liminal entities (Turner 1969) and therefore dangerous, because they act as mediators between humans and the supernatural.. Just as there is a potency and danger in disorder, there is a power in liminal persons and objects which touch the margins and boundaries of society. "These persons elude or slip through the network of classification that normally locates, states, and positions (them) in cultural space" (Turner 1969: 95). Therefore, in the Roma society in Kato Achaia, women dominate in the field of performing the practices of magic and therapy, which insure cleanliness, health and good luck<sup>138</sup>. Women's roles involve a great deal of ritualization<sup>139</sup>., they keep relations with the supernatural powers, are dealing with birth and death<sup>140</sup>. Ritual activities constitute a public space for the women in which often integrated the domestic power of them. The symbolic power of the woman is greater when it is not limited by the biological functions of her sex. Old women, persons that no longer have their reproductive ability are considered as with no sex, are in a more liminal position, can "not be caught from anything",

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assigned to men and their pursuits is that women are "a symbol" of all "that every culture defines as being of a lower of existence than itself"(Ortner, 1974: 72 ). That is, women and domestic life symbolize nature. Humankind attempts to transcend a merely natural existence so that nature is always seen as of a lower order than culture. Culture becomes identified as the creation and the world of men because women's biology and bodies place them closer to nature than men, and because their child-rearing and domestic tasks, dealing with unsocialized infants and with raw materials, bring them into closer contact with nature.

<sup>136</sup>. Du Boulay (1986: 147-148) argues that there is very little difference between men's opinion of women and women's opinion of themselves. A lot of women reflect in greater measure the cultural evaluation of their inferiority. A system of beliefs or principles can be implanted by bodily training because the body is treated as a 'memory', that is not easily obliterated by conscious thought. (Bourdieu 1977).

<sup>137</sup>. Dimen (1986: 58) has characterized Greek women as both "servants and sentries".

<sup>138</sup>. In Roma in Kato Achaia, the person who has knowledge of folk medicine, or the midwife ("drambarini") is a woman. The same applied to other societies as well, it is not a Gypsies' exclusiveness. Women had same rules until recently in every rural Greek community.

<sup>139</sup>. Gluckman points out that ritualization flourishes around figures who enact multiplex relationships (1962: 29). Ortner (1977: 3) notes also that rituals don't start with eternal truths, but they lead up to them. They usually start with a cultural problem and give a 'solution', reorganising and reconstructing human relations, in a way which establishes a reality according to the morals of the community .

<sup>140</sup>. A lot of women are keeping the custom of fasting on Fridays, for forty days before Easter, and for fifteen days before the 15th of August (Virgin Mary's Day) and before Christmas. Sutherland (1992: 32) has observed similar practices among the Gypsies in USA.



therefore are more powerful and suitable for ritual performances<sup>141</sup>. (Campbell 1964: 290; Pitt-Rivers 1971: 89; Cutileiro 1971: 273-8). This distribution of duties between the sexes carries along its significant consequences, especially in the social placing of women<sup>142</sup>. Dubisch (1986c), following Strathern (1980), regards the female body as a kind of language through which the case of social order is framed metaphorically. The wider conceptions for the 'impurity' of female functions, are at the same time views and ideas for the role of the females in the control of 'impurity' and the maintenance of the social boundaries particularly those of the domestic sphere<sup>143</sup>. They refer to a world of order which is sustained to females. The femininity is a metaphor of order. Thus, women, who are apparently inferior in the hierarchy of society, because of their defilement which has been legislated by men, simultaneously obtain power because of their competencies.

### Shame and purity

Sutherland has noted that for Gypsy groups she observed, the 'pollution status' is associated with the concept of shame (*lashav*), "which is very like the Mediterranean idea of shame in that it is associated primarily with sexual morality, but not a concept restricted solely in women" (Sutherland, 19: 381). Stewart (1997: 210) argues as well that "although much of the academic discussion of Gypsy morality has been cast in terms of purity and impurity, . . . this ethic shaded into a concern with shame and honour, idioms that will be recognized by anyone familiar with the ethnographic literature on southern Europe"<sup>144</sup>. Both honour and shame are qualities which are thought to be possessed naturally (although they may be lost) by both sexes, since to have a sense of shame is to be aware of the significance of honourable and dishonourable actions, and prefer the former<sup>145</sup>. To have shame and honour is to be an "*ánthropos*", a "human being", to

<sup>141</sup>. See also Campbell (1964: 290); Pitt-Rivers (1971: 89); Cutileiro (1971: 273-78); Caraveli (1986: 170).

After menopause and in old age, women may be regarded as sexless, as a kind of human *prima materia* (Turner [1967] 1989: 98). It was perhaps from the rites of the Hellenic mystery religions that Plato derived his notion expressed in his *Symposium* that the first human beings were androgynes.

<sup>142</sup>. In traditional societies, identities are received automatically through ritual practices which connected people and their bodies to the reproduction of long established social positions (Shilling, 1993: 181)

<sup>143</sup>. Yalman (1963: 43) notes that "it is through women (and not men) that the 'purity' of the caste-community is ensured and preserved".

<sup>144</sup>. Alison Lever (1986) has contested the idea that honor as a moral attribute is in any way unique to the Mediterranean society. Miller (1975: 44,f) citing Eugene Hammel, notes that "the modesty of women, is pervasive to areas around Mediterranean".

<sup>145</sup>. The bodily processes of both sexes are a potential source of danger, and male as well as female sexuality can be viewed as potentially destructive. Although shame and honour are not limited to sexuality, at puberty, boys and girls are introduced to the idea of personal shame. Now on both their bodies and actions will be judged in terms of control over their own polluting

do the "right thing" as the occasion demands, in other words, to meet social expectations<sup>146</sup> (Herzfeld 1987b). Not doing the right thing, on the other hand, is a "shame" (*dropí*). To be ascribed shame means that s/he lacks honour, s/he is "afilotimos" (without honour), "xediandropos" (unshameful)<sup>147</sup>, "xetsipotos" (skinless)<sup>148</sup>.

*"Don't ask him for anything. He doesn't care. He is worthless, he is 'afilotimos' "*

In my informants view, this man was an unreliable source, a man whose views should not be taken seriously. The same man was also thought as "grousouzis", ill-omened, a bringer of misfortune<sup>149</sup>

Whenever I had discussions with my informers about their differences with non-Gypsies, the specific distinction which was always coming out was the "*lashipé*" (shame). Non-Gypsies (*Balamé*) are shameless and with no morals.

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secretions (menstrual blood) and of "shameful" and polluting actions (sexual contact). Particularly, when a girl first menstruates she is introduced to shame and must observe the washing, dressing, cooking, eating, and behavioural rules of adult women, partly for her own protection and partly for the protection of the whole family.

<sup>146</sup>. "Anthropià" (humanity) is contrasted to "poustià" (passive homosexuality). "Poustides", passive homosexuals, are regarded as the antipode of "athropi". They rely on other men for sexual satisfaction and adopt a feminine posture which they convey to the male world. They are a major threat to masculinity and male decency. They don't belong to male neither to female world, they are "matter out of place", moral outcasts bringing misfortune and disorder. Even their families are not tolerated by the community. The term of "Poustia", although is referred to male passive homosexuals, as a contrast to "Anthropia" and rightness has a broader meaning including both sexes behaviour.

Searching the council archives about births and deaths in Kato Achaia, I found a mysterious woman's death from suicide. Nobody was talking about what happened to her. Some days later, continuing the archival research, I found that her husband died two months later from AIDS. This matter disclosed the connection of the two deaths and the ostracization of two whole families (a total of 42 people) from Kato Achaia, which were expulsed from the rest of the community.

*"As you understand nobody speaks about it. This matter was a great shame for all of us here. He brought the disorder and the dirtiness among us. Nobody knows what happened to his wife. They tried to keep it secret for a while but when he died it wasn't so easy anymore. They moved from here, all the family, we don't know where they went, nobody here likes to have any relations with them. Even the family of her wife left, they live in Crete, although they didn't have responsibility for what happened. However, it happened inside their family too, the shame is unbearable for them".*

<sup>147</sup>. Female "outsiders" are by definition thought as lacking shame and often classified as "xediandropes". Dubisch (1986: 25) notes that "xenes" (foreigner wives) are considered as women of a weaker or of questionable character. Okely (1996: 86-90, 99) notes that for Gypsies the gorgio women are considered to be sexually uncontrolled

<sup>148</sup>. The skin, as the outer physical protection of human body, in this case has a symbolic meaning. Shame and honour, is a protection, such as the skin, for both individual and society against "pollution".

<sup>149</sup>. The word "grousouzia", which is of a Turkish origin, is strongly connected with bad-luck and "miasma", expressing ritual, social and material pollution. It is often used as an expression of the "evil-eye" (Herzfeld [1987] 1998: 149).

*"Sorry, but compare our girls with their girls. Their girls don't have any sense of modesty".*

*"We settled in Kato Achaia instead of Athens thirty years ago because we like to keep our principles. See how are the Tsingani in Agia Varvara, they are now shameless like the Gajé. We don't like to have close relations with them anymore"*

Shame (*lashipé*) is a core principle of the Roma community in Kato Achaia that pervades every part of their life. For the Roma, honour and shame are of peculiar importance because they take the place of property and possessions as items of inheritance. They are a kind of "symbolic capital" (Bourdieu 1972: 171-183).

## CHAPTER 6

### CONCLUSION

We have seen that discourses about health have emerged as an important feature of contemporary societies. Perceptions and beliefs about health and disease -and their associated practices are socially constructed with reference to a biological base, and thus related to the social, cultural, biographical and economic context within which individuals are located. As I have also argued in this study, beliefs and perceptions about health and illness, are "syncretic in origin" (Fitzpatrick 1984: 18) in that they derive from disparate and distinct sources, and formulate as social products which develop and change over time - and between different societies- as a result of negotiation or conflict between the different groups in society.

To understand people's health perspectives and how symptoms of illness acquire meaning, we must first understand normative conceptions of the body in relation to the self and the world. These integral aspects of local or wider social systems inform how we feel, how we perceive mundane bodily processes, and how we interpret those feelings and processes.

We perceive our bodies as if looking into a mirror whose reflections are framed in terms of society's views and prejudices (Goffman 1968). Therefore, disorder/ misfortune/ illness, and order/ fortune/ health often share the psychological, moral and social dimensions associated with other forms of adversity within a particular culture. An individual's body is never 'fully finished' (Bourdieu, 1985), it is always "culturally mapped; it never exists in a pure or uncoded state" (Fuss 1990: 6).

Rituals have a distinctive position in the variety of symbolic practices, they are culturally standardized "representations" (Ortner 1977: 1) through which people incorporate the essence of their culture by dramatising the myths of reality, the values and the morals which sustain their world, by means of which the "boundaries of the community" are verified and reinforced (Cohen 1985: 50). Rituals have the important function of storing and transmitting information about society; each ritual is an "aggregation of symbols", and acts as a "storehouse of traditional knowledge". Moreover, ritual symbols are "multi-vocal", that is they represent many things at the same time. (Turner, 1969). The ritual symbol acts as a 'bridge' linking the physiological and social aspects of human life. Turner (1969) points out an attribute of ritual symbols as "polarization of meaning". This refers to the 'clustering' of the associations of a particular multi-vocal symbol around two opposite poles. At one pole the symbol is associated with 'social and moral

facts', at the other with 'physiological facts'. This is seen in both healing rituals and in the 'rites of passage'.

This study has mainly focused on the beliefs and practices concerned with birth and death which, being the most important moments in human life, link to symbols that express the core life values sacred to the society at hand. Drawing on the particular forms that Roma' beliefs and practices have taken, it is manifested that the Roma' birth and death rites have been influenced by the predominant beliefs and customs spread for centuries over the wider Greek areas. These symbols, beliefs and practices, have been used in the Southern-East European area from the earlier Homeric era until nowadays. In these symbols and practices, one finds the survival of the very early cosmologies of humanity that branded the civilizations of the area and survived through folk traditions, not only in Greece but in the whole of Europe<sup>150</sup>. These beliefs and practices are not simply an aggregate of superstitions or some 'traditional' folklore that keeps alive a memory of a past way of life, but function as a practical cultural heritage of people who even if protesting that they don't believe in them, yet, they use them in moments of crisis in their lives<sup>151</sup>.

Which is the core idea that defines the Roma' practices for the attainment of health (*Sastipe*) and good luck (*Baxt*)? Both Roma and non-Gypsies in Kato Achaia use means whose effectiveness they do not doubt, means that are not based on rationalism but on fate<sup>152</sup>. The ones who do apply or believe in such practices do not ask themselves questions. When someone asks people in Kato Achaia about these beliefs and practices they content themselves in answering that:

*"it is our custom", "it is good for the health",*  
*"it protects you", "it is for good luck".*

Although, non-Gypsies and Roma in Kato Achaia perceive each other as a strong antithesis to oneself, however, they both share similar concepts and symbolism of "purity", and of social order<sup>153</sup>,

If the Roma have lived (and still do) in the same natural and cultural environment of the wider Greek area that other people have also shared, why

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<sup>150</sup>. The values and customs associated with-health are part of the wider culture, and cannot really be studied in isolation from it.(Helman, 1984: 7)

<sup>151</sup>. As Stratherm (1992: 29) argues, if the tradition is a way of life of the past, the way of life is the tradition in the present.

<sup>152</sup>. The belief that faith places one under divine protection is very strong for a lot of people in Greece (Stewart 1991).

<sup>153</sup>. Douglas (1966: 2) argues that concepts and symbolism of "purity" are "a positive effort to organize the environment"

should we conclude that these practices and beliefs, which are same or similar, have a completely different meaning for the Roma concerned?

Almost all Gypsy groups found in Europe and the U.S.A have emigrated from Southern East Europe and Balkan areas<sup>154</sup>. These Gypsy groups, the sons of 'Little Egypt' (de Vaux de Foletier 1970: 20-1; Vesey-Fitzgerald 1973: 13, 21; and others), were faced with people who, in their vast majority, were completely unfamiliar and doubtful of the beliefs and customs common to groups of people in the Southern- East Europe and Balkan regions. This strange and hostile world was a new reality for the Roma, both on a level of existence and on a symbolic level, which has created a strong communal spirit, a feeling of a common destiny and common belonging, that corresponded to the particular morals and customs that governed their social life. Cohen (1989: 199) argues that people become conscious of their particular culture, when they confront its boundaries - when facing people of a different culture. The sense of being surrounded by a more powerful and often hostile population gives rise among Roma to a sense of living in a "state of siege" (De Heusch 1966: 34-49). The community becomes the only reality both on a level of existence and consciousness through life experience and through adhesion to common symbols, a process that imposes and maintains strong and sharp boundaries between "our own" people and the "Other", between "inside" and "outside", between "pure" and "impure". (Cohen 1985: 16) Thus, a strategy of encapsulation imposed by outside hostility and the tactic of 'sticking together' became an important tool for Roma' survival (Ahmad 1998: 220).

When the particular 'fara' of the Roma now living in Kato Achaia, as well as other 'faras', came in Greece from East Thrace after 1923, they felt they had a different identity from the indigenous Greek people even though they had a lot common beliefs with them<sup>155</sup>. Hirschon (1989: 4-5, 45) notes that all refugee communities which came after 1923 in Greece were settled, as a kind of minority in the Greek society and kept (a lot of them still do) a feeling of a different

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<sup>154</sup>. William Lockwood (1985), has noted that it is in some ways appropriate to refer to the Balkans as the "fatherland of the Gypsies" because the earliest reports of Gypsies in Europe come from the Balkans. Balkans still remain the region with the largest concentrations of Gypsies in world. Both the 1.st (early 15th century) and the 2.d (after the mid of 19th century) emigration waves of Gypsies to European countries and later to USA, were originated from the Balkan countries (Marchbin 1934: 135; Gropper 1967: 1051, 1975; Miller 1975: 44; Lauwagie 1979: 319, 326; Hancock 1987: 37, 105-114; Bernal 1991: 1-3). In the later of the 19th century, many more Gypsies mostly from Balkan countries were to arrive in USA.. In 1886, some Gypsy groups arrived in Liverpool on their way to USA, which they had come from all parts of Greece and European Turkey (Calahane 1904: 326-7; cited in Hancock 1987: 108). Nowadays, a new Gypsy groups, following the huge emigration wave from the ex-socialist Balkan and Central European countries, reach the West European countries, USA and Canada.

<sup>155</sup>. According to Barth (1969), an ethnic boundary exists if a group maintain its social identity when its members interact with non-members. The boundary entails criteria for determining and signalling membership and "canalizes" social life. An ethnic group is defined by this social boundary rather than by its culture.

identity based on their similarity. They formed a distinguishable group with established boundaries set between them and the indigenous Greek people. "Besides those differences due to isolation, there are those due to proximity, that is, the desire to differ to stand out, to be oneself . . Diversity, is less a function of the isolation of groups than of the relationships that unite them". (Levi-Strauss 1977: 327-8). Roma defined and separated themselves morally from those who surrounded or dominated them (*Gajé / Balamé* ). The same patterns were reversed, with "pure", "clean", "shameful" and "honourable" defining the Roma, and "dirty", "impure" and "shameless" being attached to the non-Gypsies or to other Gypsy "*faras* ".

The particular pollution concepts found in the communities of Kato Achaia, are related to beliefs about order and disorder, fortune and misfortune, health and illness and the world of supernatural, and the practices connected to them predominantly derive from the primary distinctions of: inside/ outside, above/ below, and right/ left which constitute a cosmology for both Roma and the non-Gypsies. On the above archetypal and primary concepts relies the cultural mapping of the human body, the social relations of individuals, and of wider social units such as the '*Fara*' and '*soia*' with the supernatural world. Paraphrasing Sutherland's (1975: 289) suggestion, I've proposed that this kind of concepts are "key concepts" for translating structure into practice and for understanding the way practice relates to structure. Moreover, I have suggested that for the Roma and the non-Gypsies in Kato Achaia, as well as in other Greek villages, house/family/*fara* and the human body represent both each other and the social order, and concerns pertaining both each other and the controls placed on them reflect certain important concerns of the social system as whole.

In addition, I have attempted to show the ways in which health, illness and disease, far from being objective, scientific certainties, are inextricably embedded in the history, culture and social structure of the Roma community and connect to other aspects of their cosmology. The perspectives presented in this study have intended to provide health professionals with an introduction to health, illness and disease in the social context of Roma people, and are likely to have an impact on the provision of care, both formal and informal. Knowledge of people's cultural context, health beliefs, and behaviour, is crucial to the effectiveness of health education and health promotion judgements and decisions. The findings can contribute to a better understanding of professional - patient interactions in that they can provide an insight into Roma and lay people conceptualizations that might otherwise be treated by health professionals as simply being "incorrect" knowledge. Consequently, cultural knowledge may help medical professionals

develop a sensitivity towards the Roma groups and recognise and intervene in areas of potential stress, misunderstanding, or incongruence for both their patients and themselves.



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## **APPENDIXES**

## Appendix 1

### **Gypsies in Balkans**

The earliest, reference to the presence of 'Atsincani' in Constantinople and the Byzantine Empire in general comes from a Georgian hagiographical text - the Life of Saint George the Athonite which composed at the Monastery of Iberon on Mount Athos around 1068 AC. We read in this text that in the year 1050 the Emperor Constantine Monomachus who wished to exterminate the wild animals in the imperial park of Constantinople, called upon " Sarmatian people, descendants of Simon the Magician, named Adsincani" Soulis (1961: 145). The name 'Adsincani' which is used in the Georgian text to designate the Gypsies is supposedly the Georgian form of the Greek "Ατσίγγανοι" or "Ατζίγγανοι. Is supposed that it was a corrupt form of the name of the heretical sect of the "Athingani" applied to the Gypsies because both groups enjoyed similar reputation for magic, fortune telling and sorcery. The word literary means "untouchables" Is supposed also that the German *Zigeuner*, French *Tsiganes*, Italian *Zingari*, Hungarian *Czigányok* is derived from the Byzantine name. L. Wiener (1909) suggests that is originated from an Indian or Persian name which the Gypsies brought with them. Yet, the change of "Αθίγγανοι" to "Ατσίγγανοι" does not appear in the historical development of the Greek language, thus the derivation of "Ατσίγγανοι"ς from "Αθίγγανος" becomes improbable (See A. Mirambel, "Le group *ts* en grec moderne", Bulletin de la Socio-Linguistic de Paris, 42 (1942-5), 89-102, and "l'opposition de *ts* et *dz* en grec moderne", *ibid*, 46(1950), 58-68. (cited by Soulis 1961: 146) The next reference of the "Athingani" in Byzantium is from 1204, and describes them as animal handlers, fortune-tellers and magicians. (Soulis, 1961: 146). A Georgian monk of Mt. Athos mentions some magicians and sorcerers by the name Atsincani or Athingani in 1068. (Sampson, 1923: 167; Fraser, 1992: 46) References about "Athinganoi" are also found in Byzantine's canons of the 12th - 15th century (Fraser 1992: 46-7; Soulis 1961: 146-7). In a fifteenth-century Byzantine nomocanon, the name of the Gypsy women is written as *Αιγυπτίσσας*. It is very interesting that the Byzantines' used the term of Egyptians (*Αιγύπτιοι*) instead of Gypsies. The common Greek name for the Gypsies *Γύφτοι* (Yifti) derives from Egyptians. This possibly indicates that the opinion of their Egyptian origin was already known in Byzantium and did not originate later in Europe, as often believed (Soulis 1961: 148). In 1323 a Minonite friar by the name Simeon Symeonis recorded some people, supposedly Gypsies, outside the city of Candia in Crete. Symeon Symeonis notes: "There also saw a race outside the city, following the Greeks' rites, and asserting themselves to be of the family of Chaym." (The underlining is made by the author of this

study) (Fraser, 1992: 50) In 1397 the Venetian governor of Nauplion, on the Eastern coast of the Peloponnese, granted privileges to a group of "Acingani". In the *Sojourn of Mazaris in Hades*, dated September 21, 1415, we read that the population of Peloponnesus was composed by: Lacedaemonians, Italians, Peloponnesians, Slavs, Illyrians, Egyptians and Jews. Mazaris' Egyptians is supposed by some scholars that they were Gypsies. Lionardo di Niccolo Frescobaldi reports in 1384 a number of *Romiti* outside Modon (*Methone*). A century after Germans and Swiss pilgrims reported "Gypsies" in the area of Modon (Winstedt 1909: 57-69). In 1486, Konrad Grünemberg suggested that all "Gypsies" had "their origin thence, and their name there" (Soulis 1961: 154). Alexander, Count Palatine by Rhine referred to the Gypsies of Modon, writes in 1495, that "some people call this hill (near Modon) and its appurtenances Little Egypt". In 1497, Arnold von Harff writes about the Gypsies of Modon: ". . they are called "Suyginer". . . these people come from a land called Gyppe, which lies about forty miles from the town of Modon. (They) wander about these lands and claim to be from Little Egypt" (Translated from the German of *Die Pilgerfahrt des Ritters Arnold von Harff*, ed. E. von Groote (Cologne 1860), pp. 67-8, quoted in Fraser 1992: 54). Harff has referred to the names "Gyppe" and "Little Egypt", which were claimed by the 15th century Gypsy 'invaders' of western Europe as their original habitat (Fraser 1992: 54). " In Florio Bustron's "Chronique de Chypre"(1468), there is a recorded confirmation of these people at Nauplion in northern Peloponnesus. (Bataillard, 1889-1890: 187; Fraser, 1992: 52, Soulis 1961 : 164). On the island of Zante, Jacques Le Saige in 1518 describes smiths similar to "Gypsy" smiths on the mainland suggesting emigration from Peloponnesus (J. L. Saige, *Voyage de J. Le Saige de Douai a Rome, Venise, Jerusalem, et autres saints lieux* (Douai, 1851), p. 74, quoted in Soulis 1961: 156; Frazer 1992: 50) Another name given to Gypsies in Ionian islands and Peloponnesus was "Σέμπροι" (Sebri) which means serfs attached to the soil, which was probably the status of most of the "Gypsies" at the past. (see also Soulis,1961:159). By the end of 14th century in Corfu there was the "Feudum Acinganorum" (Fraser, 1992: 50-1; McRitchie, 1909). Stewart (1987: 351) argues that it was "a period of European history in which "Gypsiness" is continually made possible by the nature of our societies in which some people may be peripheralised by removing their ability to determine their lives through control of their means of reproduction." . "The word "gypsy" is often applied to any people who conform to the perceived image, whether they are ethnic Romanies or not." (Hancock 1987: 132).

## Appendix 2

### **Differentiations of Gypsy groups in Greece**

The Gypsies found in Greece can be distinguished according to the following criteria:

1. Ancestry origin: Ametides, Dalipeoi, Kampereoi, etc.
2. Professional occupation: Kazantzides (coppersmiths), Demerntzides (millers), Tzampasides (animal traders), etc.
3. Degree of residence: sedentary, semi-sedentary, nomads (peripatetic).
4. Degree of accession (incorporation) into the surrounding societies: Erlides (locals, mainly incorporated to rural areas), Fitziria (nomads).
5. Religion: Christians, Moslems.
6. Place of origin: Turkish-Gypsies, Romanian-Gypsies, Albanian-Gypsies, Roumelia, etc.
7. Language: VLACH-Romani, which is spoken by Roumelia, Filipitzia, Kalpazan, etc. NON-VLACH Romani, spoken by Erlides, Fitziria. (it must be noted that a lot of people who are determined as Gypsies in Greece don't speak any Gypsy dialect).

Yet, the above classification can be applied in a similar way to a lot of people in Greece.

It is not possible to differentiate among various Gypsy groups only according to their religion, occupations, lifestyle, or their languages, since there are many groups who share the same language, religion, occupation and lifestyle, all of which are a subject of constant change <sup>156</sup>. The problems of the boundaries of ethnic groups are discussed from a theoretical point of view in the work of F. Barth (1969). According to Barth: "The critical focus of investigation. . . becomes the ethnic boundary that defines the group, not the cultural stuff it encloses" (1969: 15). "Divisions may also develop - particularly over the last few years - based on differences of standard of living/economic prosperity, giving rise to socio-economically defined identity groups of a new, transversal type, separating rich from poor. This phenomenon is becoming increasingly obvious in every country." (Liegeois 1994: 68).

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<sup>156</sup> As Gilliat-Smith says: "I cannot claim to have discovered all the tribes. New subdivisions are for ever cropping up when one hopes one has come to the end of the subject" (1915-16: 4)

### **Appendix 3**

#### **Family, kinship and group relations.**

The Gypsy society belongs to the 'segmentary societies' (Liegeois 1976: 206; Liegeois 1983: 66; Okely 1983: 170) .

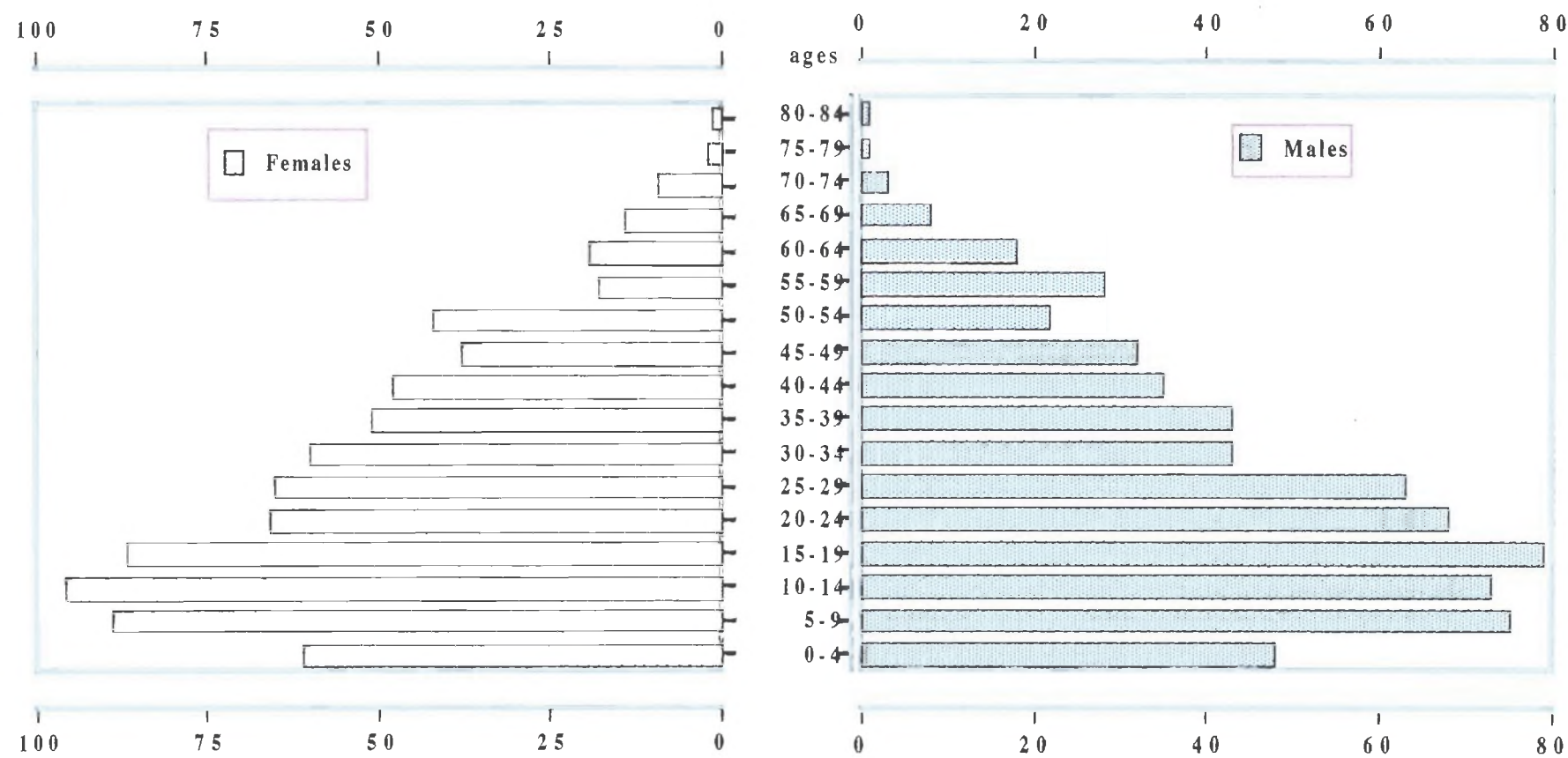
Specifically the structure of the society of the Gypsies in Greece is the following:

1. Extended family: the typical Gypsy household consisted by the parents, their unmarried children, married sons with their families, and sometimes adult sons or daughters with children but without a spouse (divorced or walked out on).
2. 'Soi': a group composed by family members having the surname of a common ancestor who is usually a male .
3. 'Fara': that combines the whole of the descents who live together in a country for a long period of time and have build relative relations.
4. Sub-group: groups with particular social or cultural relationships capable of distinguishing from other sub-groups.
5. Group: where the sub-groups with the large fares and extended families belong.

The above structure also characterizes the Roma (C.2) in Kato Achaia. Yet, until three decades ago the above structure was characteristic of all rural Greek societies.

In the society of the Gypsies, relation by blood or by affinity is the base of the social structure, the principle of the social coiling and cooperation (Tsaousis 1985: 145), of the formed social life (Lienhard 1985: 147), of reciprocity and exchange (Lienhard 1985: 148). It is the social institution connecting members of most of the families having the same origin or connecting people through marriage which organizes the collective life through biological reproduction (Liegeois 1985: 59). Family relations are the base of the whole social life (Fox 1967: 27). Social structure is a relatively stable whole of functional relations amongst its members - individuals or groups (Liegeois 1983: 90). It passes through the 'fares', 'soia', and communities that compose the society.

**Appendix 4**  
**Roma population per sex and age group**



## Appendix 5

### Population of Greece by sex and age groups

Table 6

Age Groups	Total	Males	Females
	10.259.900	5.055.408	5.204.492
0-4 years	556.987	286.143	270.844
5-9 years	663.434	341.078	322.356
10-14 years	754.446	387.720	366.726
15-19 years	766.605	394.647	371.958
20-24 years	791.412	399.821	391.591
25-29 years	721.751	359.353	362.398
30-34 years	728.940	361.163	367.777
35-39 years	681.316	342.078	339.238
40-44 years	673.251	336.449	336.802
45-49 years	559.963	278.589	281.374
50-54 years	657.315	319.255	338.060
55-59 years	655.264	322.616	332.648
60-64 years	644.864	308.493	336.371
65-69 years	453.855	210.148	243.707
70-74 years	344.023	150.627	193.396
75-79 years	296.152	129.403	166.749
80-84 years	192.057	81.436	110.621
85-89 years	85.872	34.977	50.895
90-94 years	26.225	9.378	16.847
95-99 years	4.451	1.523	2.928
100 years and over	1.717	511	1.206

Births per 1,000 population	10 8
Deaths per 1,000 population	9 11
Rate of natural increase (percent)	0.0 -0.2
Annual rate of growth (percent)	0.4 0.0
Life expectancy at birth (years)	78.4 79.7
Infant deaths per 1,000 live births	7 6
Total fertility rate (per woman)	1.3 1.3

## Appendix 6

### Statistical Analysis of Quantitative Data (S.P.S.S output)

t-tests for Independent Samples of TOTALDEA

Variable	Number of Cases	Mean	SD	SE of Mean
<hr/>				
ALDEATH All causes of death				
Non-	175	74.2343	15.171	1.147
Roma	60	65.7500	16.874	2.178
<hr/>				

Mean Difference = 8.4843

Levene's Test for Equality of Variances: F= 4.250 P= .040

t-test for Equality of Means					95%
Variances	t-value	df	2-Tail Sig	SE of Diff	CI for Diff
<hr/>					
Equal	3.63	233	.000	2.337	(3.880, 13.088)
Unequal	3.45	93.79	.001	2.462	(3.596, 13.372)
<hr/>					

t-tests for Independent Samples of CARDVAS

Variable	Number of Cases	Mean	SD	SE of Mean
<hr/>				
CVA Cardiovascular				
Non-	96	78.3542	10.000	1.021
Roma	35	66.2286	14.080	2.380
<hr/>				

Mean Difference = 12.1256

Levene's Test for Equality of Variances: F= 11.755 P= .001

t-test for Equality of Means					95%
Variances	t-value	df	2-Tail Sig	SE of Diff	CI for Diff
<hr/>					
Equal	5.47	129	.000	2.215	(7.742, 16.509)
Unequal	4.68	47.09	.000	2.590	(6.916, 17.335)
<hr/>					



t-tests for Independent Samples of RESPIRAT

Variable	Number of Cases	Mean	SD	SE of Mean
RSPR Respiratory				
Roma	4	84.0000	9.201	4.601
Non-Gypsies	15	71.0667	21.529	5.559

Mean Difference = 12.9333

Levene's Test for Equality of Variances: F= .316 P= .582

t-test for Equality of Means					95%
Variances	t-value	df	2-Tail Sig	SE of Diff	CI for Diff
Equal	1.15	17	.264	11.207	(-10.712, 36.579)
Unequal	1.79	12.46	.097	7.216	(-2.724, 28.591)

t-tests for Independent Samples of CANCER

Variable	Number of Cases	Mean	SD	SE of Mean
CA All cancers				
Non-	32	70.3125	11.457	2.025
Roma	11	64.7273	11.577	3.490

Mean Difference = 5.5852

Levene's Test for Equality of Variances: F= .058 P= .810

t-test for Equality of Means					95%
Variances	t-value	df	2-Tail Sig	SE of Diff	CI for Diff
Equal	1.39	41	.172	4.015	(-2.522, 13.693)
Unequal	1.38	17.24	.184	4.035	(-2.920, 14.090)

t-tests for Independent Samples of ACCIDENT

Variable	Number of Cases	Mean	SD	SE of Mean
ACC accidents/injuries				
Roma	4	40.7500	30.071	15.035
Non-Gypsies	7	35.2857	15.521	5.866

Mean Difference = 5.4643

Levene's Test for Equality of Variances: F= 2.339 P= .161

t-test for Equality of Means					95%
Variances	t-value	df	2-Tail Sig	SE of Diff	CI for Diff
Equal	.41	9	.695	13.472	(-25.013, 35.941)
Unequal	.34	3.94	.752	16.139	(-39.628, 50.557)

t-tests for Independent Samples of OTHERCAU

Variable	Number of Cases	Mean	SD	SE of Mean
OTHRC other causes				
Non-	23	75.5652	15.591	3.251
Roma	5	74.4000	16.227	7.257

Mean Difference = 1.1652

Levene's Test for Equality of Variances: F= .004 P= .949

t-test for Equality of Means					95%
Variances	t-value	df	2-Tail Sig	SE of Diff	CI for Diff
Equal	.15	26	.882	7.742	(-14.749, 17.079)
Unequal	.15	5.72	.889	7.952	(-18.521, 20.851)

ΠΑΝΤΕΙΟ  
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