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Role Models and Health of Serbian Roma Women

We examine role model choice among Serbian Roma women and describe the relationships found among preferred role model type and socio-economic and health variables. Data were collected in 2015-2016 from 274 Roma women, averaging 55 years of age. Most often, Roma women chose female family members as role models, but some women also chose role models outside their ethnic group. We discuss how the values of the two disparate role model choices, i.e., kin and non-kin, each with associated differences in underlying behavior, may be a critical component of influence on the Roma girls' outcomes. Role models can have an effect on health, and in the case of Roma women, this effect is found in differential level of stress.

Key words: Serbian Roma women, role models, stress, health, popular culture, traditions

Узори у детињству и здравље ромских жена у Србији

У овом раду испитујемо узоре у детињству и током одрастања у популацији ромских жена и њихов утицај на каснији здравствени статус и социоекономске прилике. Током 2015. и 2016. године прикупљени су подаци од 274 жене, са просеком година 55. Као узор најчешће се бирају женски чланови уже и шире породице, али и жене ван сопствене етничке групе. У раду се разматра како вредности повезане са два различита избора узора, сродничког и несродничког, могу бити битна компонента која утиче на животне исходе ромских девојака. Узори су важни за развој личности и могу имати утицаја на здравље, а у случају ромских жена, могу утицати и на ниво стреса.

Кључне речи: Роми, жене, узори, стрес, здравље, популарна култура, традиција

Introduction

In this paper we examine role model choice among Serbian Roma/Gypsy women and describe the relationships found among preferred role model type and socio-economic and general health variables. We used face to face interviews to collect both qualitative and quantitative data from 274 Roma women, averaging 55 years of age, who were living in semi-urban settlements in Serbia. In addition to demographic data (e.g., age, educational level, marital and reproductive histories, levels of socioeconomic status, residence pattern), data on self-reported health and role models were also collected. We used a multi-method design that integrated both qualitative and quantitative methods.

In spite of living in Serbia for centuries, Roma socio-cultural integration into mainstream society has been poor. Serbian Roma live in highly endogamous communities, where children are traditionally educated amongst their extended families (Čvorović 2014).

A growing body of literature on Roma health suggests that all major physical health indicators – perinatal death, infant mortality, morbidity, life expectancy -- are substantially worse for Roma than for majority populations in Europe (Ádány 2014; Parekh & Rose 2011). Further, Roma women may experience higher levels of anxiety and depression (Chen & Miller 2012; Glanz et al. 2008; Goward et al. 2006). Research on role models among Roma and their potential effects on health has received no attention at all. One focus of our research on the health of Roma women is what, if any effect, do Serbian Roma role models have on a woman's health?

It is widely accepted that role models do have an effect, negative or positive, on behavior and on health (Rosenthal et al. 2013; Lockwood et al. 2002). Role models can influence behavior and health indirectly, through their effect on physiological drives that activate behavior, or directly, by providing role models and the opportunity for observational learning (Young et al. 2013; Rosenstok et al. 1988; Carrington et al. 2008). In the case of disadvantaged ethnic minority women, role models may have a particularly important effect (Mushtaq 2010; Gibson et al. 1999) as they can help moderate the effects of racial and ethnic exclusion, economic disadvantage, and institutionalized discrimination (Stanton-Salazar & Spina 2003; Sánchez et al. 2008). Role models, in the case of minority women, are said to increase rates of breast and cervical cancer screening (Brownstein et al. 1992), increase the number of women engaging in physical activity (Keller et al., 2008), decrease the number of women engaging in risky sexual behavior (Shain et al. 1999), and improve control of hypertension (Balcazar et al. 2009). On the other hand, role models can promote risk for disordered eating (Becker et al. 2002), increase the frequency of violent behavior (Hurd et al. 2010), and increase the chances that one will abuse one's own children through the intergeneration transmission of such abuse (Widom et al. 2015). Although role model selection might have multiple impacts, this topic has received little research attention. Further, despite a lengthy review of the literature, no studies could be found on what happens when a girl selects and names a role model, but due to cultural factors does not or cannot copy

that role model's behavior. To our knowledge, this is the first study on role models among Roma. The purpose of the present study is to gain a better understanding of what kinds of role models are important to the Serbian Roma women and how the presence, type or absence of these role models may be associated with socio-economic and health variables.

What are role models?

A role model is a person whose behavior can be copied by others, especially the young; a role model can be a person who is known or someone a person is exposed to in the media (Becker 2004). Community health outreach workers, a health promotion strategy that builds upon assumptions of the importance of role models, is a common public health practice around the world. In this strategy, role models are locally provided; the traditional way, however, was to individually select your own role models based on certain characteristics they possessed.

How common are role models and who are they?

Across cultures, individuals typically select role models who are members of their same group (e.g., family members or members of their ethnic group). In the case of ethnic minorities, this may be particularly true (Yancey et al. 2011; Yancey et al. 2002). Among traditional people parents have often been selected as role models; and in that role parents can teach and promote healthy behaviors (Coe & Keller 1996). They also can promote ethnic pride and commitment, school achievement, and self-development (Bowman & Howard 1985; O'Connor 1997). Following from this, the selection of a role model is revealing, offering important clues about social and cultural functioning – values, ethnic identity -- as well as self-perception (Bryant & Zimmerman 2003; Yancey et al. 2002; Hurd et al. 2009).

Method

The data used for this study were collected as part of a larger, multi-method study of the health and health risk and health seeking behaviors, and social networks of Serbian Roma women (Coe & Čvorović 2017; Čvorović & Coe 2017). Fieldwork was conducted in 2015-2016, in five distinct, mostly rural Roma settlements in central Serbia. All five settlements are characterized by poverty, unemployment, low levels of education, poor quality housing, and relative segregation, although there are some variations within settlements. In all settlements, extended family remains the most important social unit while a high level of endogamy is maintained by an extended kinship network in their settlements. Concerning marriage, typically, Roma girls are married early and large number of children is expected. Many Roma live in informal unions arranged by parents and kin groups and practice bride price.

Two hundred and seventy four married Roma women were interviewed face-to-face in their home or that of a neighbor in Serbian language. Participants were recruited through personal contacts and local Roma organizations. Informed

consent was obtained from all individual participants included in the study. The study observed appropriate ethical guidelines and legislation in conducting the research, while human subjects' approval was granted by Indiana University Institutional Review Board and Institute of Ethnography SASA research committee.

A questionnaire was developed that allowed for the assessment of demographic information (e.g., age, educational level, welfare, level of socioeconomic status and residence pattern) and for the collection of data on health status and daily level of stress. In addition, we also collected data on marital (age at first marriage, type of marriage, i.e., arranged vs. free choice marriage, number of marriages) and reproductive histories (age at first reproduction, age at last reproduction, number of children), as these variables are culturally prescribed and may have been in turn, influenced by role models. In regard to role models, participants were asked who their role models were, why that particular role model was chosen, what they learned from the role models (e.g., which behaviors did they copy) and the participants' perception of an ideal Roma woman, one whose behavior it is important to teach to one's children. These interactions were addressed through a semi-structured questionnaire, with both fixed and open-ended questions.

Health status of self was assessed with a question "how is your health in general", with responses ranging from "very good" to "good-average" and "poor" (1—3) (Schnittker & Bacak 2014; Liu et al. 2016). We also asked study participants to rate their daily level of stress (low=1, high=5), assuming that daily stress exposure may have a negative impact on the individual psychological and physical health (Brose et al. 2017; Falconier et al. 2015). We used inductive content analysis (Elo & Kyngäs 2008; Östlund et al. 2011) in addition to descriptive statistics, ANOVA and chi-square tests.

Results

Overview of the sample

The socio-demographic characteristics, health and reproductive variables of the participants in the study are summarized in Table 1. Roma women were middle aged, ranged in age from 16-80 years, with a median of 55 years. Most had received little schooling. Some women, especially the older ones, but some very young ones, were illiterate or functionally illiterate; 24.1% received no schooling at all.

Table 1. Descriptive of the sample

How many years of school, (mean± SD)	4,94±3,59
Members per household, (mean± SD)	6,27±2,23
Social help, n (%)	
No	86(31,4)
Yes	188(68,6)

SES, n (%)	
very poor	92(33,6)
average	155(56,6)
above average	27(9,9)
Health ID, n (%)	
Yes	268(97,8)
No	6(2,2)
Age at 1st marriage, n (%)	
12 - 15	95(34,7)
16 - 17	126(46,0)
≥18	53(19)
Marriage a free choice, n (%)	
Yes	84(30,7)
No	190(69,3)
Number of marriages, (mean± SD)	1,22±0,46
Age at 1st reproduction, (mean± SD)	17,67±2,59
Age at last reproduction, (mean± SD)	26,66±5,5
No of children (mean± SD)	3,61±1,96
SRH n (%)	
Good	72(26)
average	95 (35)
Poor	107(39)
Daily level of stress	3.00 (1,98)

When asked about health, almost 40% of Roma women (107) reported poor health, with the most common complaints being hypertension and diabetes. Reported average level of daily stress was 3, and the most common stressor was –life.

All women reported that they have ID cards, which give them access to free health care, although six of them reported their cards had expired. The majority of participants report that they regularly use health care, but only 1.1% said it is important to do things, such as quitting smoking, to improve their health.

The majority rated their family socio-economic status as “average-poor”, approximately one third said their status is “very poor”, while only 27 women said their status is above average, meaning that at least one person in the family (usually a husband) had a steady job. Employment opportunities were limited for both men and women; most participants reported they were supported by social welfare and

child allowances and only a few reported that they occasionally work part-time (mostly as house cleaners). Roma men worked in the informal sector selling scrap metal, petty trade and smuggling, and occasionally, they did part-time seasonal work in Serbian fields.

When asked if they could think of anything they might do to increase the family income almost half of participants (49.6%) said they could not think of anything (“nothing”); 15% said they did not know, while 27.8% said they are thinking of having an additional child in order to get on welfare or receive more welfare funding. Only 9.9% said that having a job would improve their situation; none of the women were actively looking for a job at the time of the fieldwork. Others thought that moving away from Serbia and Roma settlement would improve their lives.

Role Models

When asked about a role model, 45% (124) of the women reported having no role models or if they did report having a role model, rated their models as “not all that important” or “not that special”. These women reported that most of the time they just did what their mothers, fathers and families told them to do, but that they didn’t “look up” to anyone in particular. As one young woman explained:

„I was obedient, to my family, but most things I learned by myself, by observing other people, not just in my family, but my neighbors too and others in school (the Serbs). I only ‘look up’ to the people working at the Center for Social Work [as they] give me money every month and that’s more important to survive in this poverty than anything else.“

In contrast, 150 participants reported having an important figure during their childhood and adolescent years. Two types of role models emerged in the interviews: immediate family members, including mothers (25.9%), grandmothers (4.4%), both parents (2.9%), or a female family member such as an aunt (10.6%). Only 10.9% of those naming a role model identified one from outside their family; these role models are exclusively represented by several popular Serbian female folk singers known only through the media. All of the role models were identified as symbolizing particular qualities and aspirations that the Roma women believed to be of value and worthy of imitation (see Table 2).

Table 2: Basic dichotomies: two types of role models

<i>Unselfish Role Models</i>	<i>Self-interested Role Models</i>
Activities are focused on children and extended family	Activities involve working outside the home as singers
Behaviors are traditional, meaning they follow the behaviors often learned from their parents and grandparents in their natal home.	Independence and individualism; rejection of traditional constraints

Behavior is considered to be appropriate or proper, meaning it is influenced by the response, negative or positive, of others, especially those in their family	Behavior is considered to be free from constraints, doing as one wants. One does not have to care about what others think or how they judge.
Behavior is characterized by sacrifice and service, meaning it is not self-interested but is directed toward serving one's own children and family.	Behavior is characterized by self-interest -- attempts to stay youthful and be sexually attractive to men and considered to be beautiful so one can serve one's own interests to the greatest degree possible.
Behavior is characterized by endurance, putting up with constraints and the status quo	Behavior is characterized by a rejection of constraints and adoption of the values that one should be free to change and do what one wants.

Selfless Role Models

When participants were asked to describe which characteristics of their role models that they considered to be important, those choosing family members as role models typically chose female kin who were generous hostesses, unselfish in sharing scarce resources with kin and characterized by endurance, an ability to endure life troubles and to manage life in poverty. The ideal woman is chaste, which was necessary if she wished to marry well – meaning into a family with a good reputation. She must be married and she must have children. An ideal female, in other words, is a mother. The ideal mother was one who, without thoughts of the personal costs, sacrificed her time and resources for her family and devoted considerable efforts toward keeping the family together. The primary role of this ideal mother was to raise her children in the proper way – the traditional Roma way -- so that they would obey their parents, be caring adults, and especially important for female children, grew up to be good mothers and good wives, and a good kinswoman. As an older Roma woman (age 63), who is a mother of five, explained:

„My mother influenced me the most. It's not that others (other members of the family) were not important, but what I've learned, I learned from her -- important things, how to behave, not to wander around, where to marry (into which family), and to have children, because children make a woman what she really is. I taught the same things to my daughters, and to my granddaughters.“

Mothers, participants reported, taught them very practical skills: to work from an early age around the house, to cook and babysit younger siblings or relatives. “It was a very practical learning course”, explains a woman with four children, “how to cook from nothing, from scratch, in those days we had nothing, not as like it is today”. Many women praised the ability of their mothers to feed their children in spite of scarcity, emphasizing the mother's willingness to sacrifice for her children and family.

Other female kin, such as older sisters, aunts but especially grandmothers also have significant impact in modeling appropriate behaviors. While the role of an

ideal grandmother was similar to that of a mother, it differed in that grandmothers were also seen as strong, loyal and unifying, and as providing supplemental care to their grandchildren and serving as a good example for them. One 69 year old woman with 6 children reported that “Both of my grandmothers looked after me when I was growing up; they taught me how to live through poverty and how to accept (things, life). I learned to be obedient and respectful, and how to raise children, how to be a good wife and good mother”.

Many said they accept and endure life troubles and adapt to the circumstances with strength by holding on to meaning and perceptions they acquired from their role models. For example, one woman reported: “My grandmother used to say: it is good to do this this way, because our old people did it the same”, argued an elderly informant. She was referring to the custom of marrying Roma girls when they are young, so that they “don’t fall” along the way.

Fathers, grandfathers, older brothers and other male kin were almost never named as role models. Only eight women (2.9%) said both parents were role models. Most women stated that, for the most part, they respected their fathers, but some reported they feared the fathers more than their mothers.

To those who had a family member living abroad as their role model, lifestyle appeared as the most important: the lifestyle here corresponded to a generally accepted view that “moving away” from Serbia implied better economic standings.

Self-Interested Role Models

Around 10% of the Gypsy women, all of them among the younger women, identified their role models among women who were not in their immediate or extended family. In all these cases, the role model was a famous person, Serbian celebrity singers from outside their ethnic group. For these women, female folk singers represented the ideal women. Aside from the selecting the role model for her voice and the particular songs she sang, they were chosen for their nontraditional lifestyles: personal freedom to choose husbands, have many boyfriends, plastic surgeries that enhance female attributes and fewer children than an average Roma woman has. Our data suggest that this type of role model combines certain non-traditional and self-interested characteristics (e.g., have an attitude, be brave and different a truly unique individual), feminine skills (e.g., how to fix one’s hair or apply makeup) and an idealized image of celebrity lifestyle (e.g., nice clothes, fancy cars, etc.). Many of these younger women argued that they have developed “a hidden identity”: “When I am by myself, I watch television, and my favorite singers”, a young woman explains, “and then I daydream of how my life would have been different if I were one of them”.

All women who favored this type role model reported that they learned how to sing, dance and apply a makeup by watching recorded performances of their favorite singers. This selection of a singer is not surprising, as singing is highly valued by the Roma. Among the younger generations, the ability to imitate the song and dance of popular singers was highly praised.

For instance, a 30 year old woman, with elementary school education and four children, stated: “I learned from her [the particular singer] how to dress and fix my hair, to be clean (wash frequently), and how to make myself pretty (with makeup). What I like the most, is that she has money, a car, house, husbands as many as she likes, and not so many kids, perhaps two”. Another woman emphasized not only luxury life, but the seeming freedom that singers reflect: “I like that she [the particular singer] has her own money, her own life and principles, she is her own boss, independent and free to do whatever she pleases. If I could, I would go for silicone (lips and breast enlargement), just to show everybody that I can do it”. Still, the majority in this group emphasized “the luxury life” portrayed in videos and songs, as one woman puts it: “We are all beggars here, the Roma, we beg every day on the streets, from people and from the Centre (for social work), what kind of life is that? They (the singers) shake their butt and open their mouth (sing) and have everything on buttons”.

Others praised the success achieved. A Roma woman, 37 years old, with four children, explained:

“I like her (the particular singer) because she is independent, and she never had to work hard in her life; I always dreamed to be like her, so what if she was involved in murky things (referring to the singer’s marriage to an indicted war criminal and mafia boss, tax evasion, convictions, and arrests for political conspiracy), who cares, she still has everything a woman could want”.

All Roma women who named folk singers as their role model listed their physical appearance/good looks as the main reason why they selected that particular role model. The majority of participants also reported that they liked the singers’ lifestyle although less than one third specified a certain behavior that they found attractive.

As far as influencing one’s own children, most of the Roma women reported that they have tried to teach their children proper Roma behavior (46.7%); however, over one third (37.6%) complained that they failed to teach their children because the children did not want to learn. Twenty one women (7.7%) said they told their children to finish school in order to raise above the poverty that is associated with “Roma status”.

Role models, demographic, socio-economic variables and health

In Table 3, we present statistically significant associations of role models, demographic, socio-economic and health variables.

Table 3. Role models, socio-economic variables and health

		Mother	Parents	Family member	Grandmother	Folk singer	No one	Sig
Age, M(SD)		50.50 (15.51)	43.66 (13.66)	44.96 (14.30)	58.16 (12.56)	34.80 (12.17)	44.39 (13.51)	$F=5.85^{**}$
Education, M(SD)		4.80 (3.32)	5.13 (3.52)	3.76 (3.32)	2.33 (3.08)	5.13 (2.96)	5.49 (3.86)	$F=2.59^{*}$
Age at 1st marriage, M(SD)		15.94 (1.56)	15.63 (1.84)	16.24 (1.2)	14.75 (.96)	15.37 (1.35)	16.77 (2.19)	$F=5.66^{**}$
Stress, M (SD)		2.86 (1.21)	3.29 (1.31)	2.93 (0.90)	2.75 (1.42)	4.08 (1.27)	3.36 (1.17)	$F=4.45^{**}$
Number of children, M (SD)		3.72 (1.70)	3.52 (2.01)	3.60 (2.16)	4.62 (1.73)	3.52 (1.94)	3.13 (1.72)	$F=4.72^{**}$
Social help, f(%)	no	19 (22.1%)	2 (2.3%)	8 (9.3%)	1 (1.2%)	3 (3.5%)	53 (61.6%)	$\chi^2=17.80^{*}$
	yes	52 (27.7%)	6 (3.2%)	21 (11.2%)	11 (5.9%)	27 (14.4%)	71 (37.8%)	
Marriage free choice, f(%)	no	50 (26.3%)	7 (3.7%)	18 (9.5%)	12 (6.3%)	19 (10%)	84 (44.2%)	$\chi^2=21.90^{*}$
	yes	21 (25%)	1 (1.2%)	11 (15.1%)	0 (0%)	11 (13.1%)	40 (47.6%)	

* Signification at the 0.05 level (2-tailed).

** Signification at the 0.01 level (2-tailed).

Age, years of attending school, age at first marriage, number of children, type of marriage (arranged vs, free marriage choice), social help and level of daily stress significantly influenced the selection and presence of role model.

The oldest women surveyed named grandmothers as their role model, they were less educated, were married at the youngest ages, were likely to have had an arranged marriage, and had the largest number of children. Those without a specific role model, and those with a celebrity singer as one, attended elementary school for a longer period of time. In regard to the use of social assistance, most of the women reporting that they did receive help named no role model; they were followed by those who named their mother as their role model.

We found no relationship between the role model selection and the self-reported socio-economic position, age at first and last reproduction, or self-reported health), but the reported daily stress was highest in young women who named singers as role models and lowest in the oldest women whose role model was a grandmother.

Discussion

The purpose of the present study is to gain a better understanding of who the Serbian Roma women name as role models and how the presence, type or absence of these role models may be associated with socio-economic and health variables. The majority of participants (55%) named an individual who served as a role model. All women chose their role models based on certain behaviors, characteristics or pure admiration for a particular lifestyle.

Although the great majority of the role models were females, two different types of female role models emerged in the interviews: those whose behavior was traditional and likely to be selfless, a good mother and kinsperson, and those whose behavior was largely anti-tradition and likely to be more self-interested and said to be “free”, meaning ignoring traditional female gender roles.

The selfless role models were all kin. The fact that Roma mothers, in many cases, serve as the primary role models for their daughters, implies a strong and close relationship between them. Mothers socialize young girls and teach them proper social behavior. This choice of a role model corresponds with the image of an ideal Roma woman, one who is a mother/housewife. The stereotype of an ideal woman, participants reported, is a woman who married well, has many children and is skilled around her home -- knows how to cook and clean and attend to her children’s needs. She is capable of making great sacrifice to keep her family healthy and together and she endures all sorts of life troubles to achieve this end. They diligently perform tasks and gladly sacrifice because they are females and doing so makes them feel fulfilled.

The more self-interested role models are represented by a single category: Serbian female celebrity singers known solely through the media. It is interesting that although there are many well-known Roma female entertainers and musicians, the Roma women who selected a singer role model chose one outside their ethnic group. For example, a world famous singer known as the “Gypsy Queen” was born in the former Yugoslavia and her music combines traditional Roma music with pop music. The Gypsy Queen, who adopted 47 Roma children and provided them with a home and education, was recognized as a great humanitarian (www.esma.com.mk). All participants had heard of the “Gypsy Queen” and knew about her humanitarian activities; however, the younger participants dismissed her as a role model saying that she was “old fashioned”, a person with whom they do not identify. Instead, the folk singers these Roma women want to emulate are representatives of the so-called Turbo folk music, a style that was widely popular during the 1990s while wars were ongoing in the former Yugoslavia (Kronja 2001). This type of music, in which both the lyrics and the voice are unimportant, found its main manifestation in video spots and on stage spectacles. One particular singer, widely popular throughout the Balkans, is the most admired because, as many Roma women argued, she rose to stardom from poverty and from being “really no one” and became famous, rich and free to live her life as she pleases. Many of her songs, including those the Roma women liked so much, tell of the enjoyment of suffering, self-pity, and refusal to accept responsibility for her own life. While her songs, lifestyle, sparkling kitsch outfits and

silicon breast augmentation has been criticized as promoting the commodification of women (Kronja 2001), Roma women remain unfazed by these criticisms, because, they said, the singer's songs "touched" their hearts.

While the younger Roma participants admired these singers, they copied few of their behaviors. With an average of four children, and little time or money, their imitation of their favorite singers is usually limited to a new hairstyle or make up. By choosing role models outside their ethnic group, a role model whose behavior is in total opposition to the traditional Roma culture, these Roma women are indicating that they not only wished to distance themselves from Roma stereotypes, but from the Roma traditional female roles.

In contrast to other studies in developed countries (Young et al. 2013; Meltzer et al. 2016), we found that the women who reported that they had no role models had attended school for more years than the rest in the sample. This is not surprising given that Roma culture is, in many respects, completely different than Western culture, and cultural background factors may influence school achievement among ethnic groups (Weisner 2015).

As we have seen, education is not traditionally encouraged among Roma, as schooling involves time spent socializing with members of other ethnic groups. For many Roma, formal education is the first and most direct encounter with the outside world of non-Roma, and many parents may be protective and reluctant to send their children to school – out of their family and community – and fear assimilation (Čvorović 2014). Roma parents' attitudes to non-Roma education are further complicated by the requirement of their children to learn skills (such as reading and writing), which are of little importance to their own community. Also, because of low ages of marriage and early childbirth among Roma in general, girls face additional challenges of attending and staying in school. In our sample, many of the more educated women said they had to rely on themselves in regard to learning, and many chose to copy the behavior of non-Roma (such as attending school). Interestingly, despite that they have received the most education compared to all other women in the sample, they relied the most on social welfare.

Furthermore, there were important distinctions between those selecting kin versus non-kin role models. Those selecting the celebrity singer were among the youngest participants, while those selecting a grandmother were the oldest participants. This implies that Roma traditions are not immune to change and that the younger generations of Roma women desire more from life, a different option, than their mothers and grandmothers. In contrast, the oldest women who chose the grandmother as a role model were the most traditional, as they had followed devotedly Roma cultural behaviors regarding gender roles and expectations, which included higher fertility. Unlike their younger counterparts who were influenced by popular, non-Roma culture, these older Roma women received their "socialization" into their own little Roma community from their close kin, particularly grandmothers, who served as the primary socializing agents of Roma girls.

Interestingly, these older Roma women experienced low levels of daily stress in their lives, lower levels than reported by younger cohorts. In fact, all Roma

women who named a kin as a role model had lower stress levels compared to women without role models and those who named singers as their role models. In this case, it was guidance and social supports provided by kin that facilitated Roma women everyday functioning and promoted resilience in spite of poverty and life obstacles (Johnson-Garner & Meyers 2003; Taylor 2010). These traditionally promoted behaviors encouraged cultural wellbeing in Roma girls in order to facilitate their participation in the activities considered desirable by Roma community.

In contrast, but in line with other studies (Eisenberg and Resnick 2006), we found that the women with a celebrity singer as a role model reported having the highest amount of stress. Ethnic and other minorities with inaccessible role models tend to show increased psychological distress (Grossman & D'Aguelli 2004). Thus, having inaccessible role models may be associated with negative mental health outcomes for many reasons, including that these types of role models cannot assist the youth in managing difficult life choices or provide advice, comfort, or a safe space (Bird et al. 2012). Consequently, the younger Roma women were struggling more than their mothers and grandmothers in spite of the similar lifestyle, since the values and models of the disparate cultures -- one highly traditional, and the other anti-traditional -- place a strain on these women because the two cultures are often in conflict. This may be the reason these women, when compared with the other women in the sample, rated their daily stress the highest.

Conclusion

The majority of Roma women report female kin as their role models: mothers, grandmothers and other women from one's family. These role models were said to be worthy of admiration and imitation because of the support and sacrifices they had made and for their proper behavior and sacrifice as important criteria. This is behavior that is not simply a matter of individual choices, but is culturally encouraged. These culturally acquired behaviors have been used by Roma women, generation after generation, to navigate within their social network of family and kin. This female, domestic kin centered culture is ancient and offers benefits not only mothers and daughters, but to other kin as well. Young Roma girls are provided with role models and a blue print for how to behave, thus reducing stress of going against the desires of culture and kin. As the girls gain knowledge and practice, they become more skillful in what are socially accepted as gender appropriate competencies, with the result that learning interactions come to be seen as rewarding activities (Edwards 1993).

Behaviors learned from singers are very different than those learned from the other role models. All women with singer role models said that the two most important things they learned from them are a make-over (how to put on make-up and style their hair like their favorite singer) and how to sing and dance to their favorite songs. In contrast, those whose role models came from family and close kin, learned what they referred to as proper kin behavior and stressed the importance of learning traditions and teaching them to one's children.

The women who selected kin as role models criticized those who admired selfless behavior and mourned the loss of such a model of behavior. One reported, "My mother, she had 13 kids and she put up with a lot of things in her life just to raise us in the proper way, and to feed us", stated a 64 year old woman with 10 children herself. "...[t]hese young women today, they do not do it in the proper way anymore", she continues, "for they don't even teach their children Romani, their children speak only Serbian, and they (the young mothers) do nothing about it, their children don't even know that they are Roma".

The participants who named non-kin role models claimed that they acquired skills from them that helped them to become more feminine. However, at the same time, the lifestyle and behavior of the celebrities is seen as unattainable freedom. The Roma women who had no specific role models, attended school for more years and had fewer children than did the women influenced by the Roma traditions. Although fertility is valued in the Roma culture, and women, traditionally, are encouraged to marry and start reproduction early (Čvorović 2014), it is obvious that some Roma women resort to rational calculation in order to control the number of births. Even though the age at first marriage and age at first reproduction is much earlier when compared to the majority population, the number of births for younger women in our sample is smaller compared with the members of the older generations.

We found no direct relationship between the role model selected and self-reported health, although one interesting finding, one that can impact health, was that the level of daily stress appears the lowest among the older, more traditional women whose role models were their grandmothers and mothers. In contrast, the highest level of stress is expressed by younger women whose role models are folk singers. In modern life, most stresses arise from a tendency to set goals that are too many or too high; when these goals cannot be attained, the stress reaction is expressed. Much stress arises from a gap between what we wish and what we can have (Nesse et al., 2007). In regard to the women in our sample, one possible explanation for this is that older adults are less reactive to stress than younger ones: they display greater impulse control than young people when dealing with stressors. This implies that as we age, we may cope with stress better and perhaps even become less reactive to stress (Mroczek & Almeida 2004). The better regulation of emotion among older people suggests that this is an important aspect of optimal aging. Still, the older women in our sample, with the traditional role models (mothers and grandmothers) for the most part, have fulfilled their own expectations and teachings of the role models.

Like all traits, stress-related mechanisms have costs as well as benefits (Nesse et al. 2007; Belsky & Pluess 2013).. The utility of stress has often been ignored, because the stress response is frequently associated with negative events. Our study can serve as starting point for understanding role models selection and its influence on behavior of Roma girls' and the way those choices may affect future social development and integration. Future research should be conducted to determine and assess different behavioral strategies for coping with stress among Roma and how such strategies may influence their health.

Limitations

Given the fieldwork concentration in one geographical area, we are unable to generalize our findings to other Roma, especially those in urban areas, with possibly different integration levels, economic and social features, and health. Furthermore, as this was a volunteer sample, it may have been subject to some self-selection. Lastly, as we relied on self-report, the data on the health status may reflect only what the respondents think and say about their health, and should not be confused with actual health condition. In spite of these limitations, our study has implications for future research.

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