

# MENTAL HEALTH OF SAMI YOUTH

## ABSTRACT

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Sami children and adolescents are the indigenous youngsters in Norway, mainly resided in the arctic part of the country. While disadvantaged living conditions, risk behavior and psychosocial health problems has been shown for children and youth from many indigenous groups worldwide, the research among Sami youngsters is sparse. However, recent research show that compared to the Norwegian majority group, Sami children and adolescents have just as good mental health as their majority peers. They also show less risk taking behavior as substance and drug use, have less eating problems and have a stronger body satisfaction. However, the smoking rates are high as for their Norwegian counterparts. Intragroup studies show that Sami adolescents grown up in Sami dominated areas, have a strong bicultural identification, are practicing more Sami cultural behavior and have a better mental health compared to Sami peers in marginal Sami areas. Ethnocultural factors have only a slight impact on behavior problems among young Sami and particularly among boys in the marginal Sami areas. (*Int J Circumpolar Health* 2004;63(3):221-234)

**Keywords:** Indigenous, Sami, adolescents, mental health, well-being.

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## INTRODUCTION

Sami children and adolescents are the indigenous youngsters of Norway and Scandinavia. As members of an ethnic minority, they have to face being a part of at least two worlds and cultures, the dominant one and their own Sami environment. Occasionally, these cultures do not match and cultural clashes might result in extra challenges to their lives. Disadvantaged socio-economic positions, such as poverty, discrimination and racism, all consequences of a past colonization and forced assimilation, have often been related to indigenous membership. In spite of this historical heritage, an important issue is how Sami youngsters today manage their lives as members of a modern and globalized world. Are they mirroring their forefathers' loss and trauma, or are they approaching the future in a healthier way with better premises? Further, is their position in the Norwegian society different from that of their majority peers and their indigenous peers elsewhere?

To answer these questions, knowledge about the young Sami generation is needed. Until now, the Sami people have officially been considered and recorded as Norwegian citizens and, therefore, available data and knowledge from research is sparse and, to a great extent, lacking. Over the last decade, however, a few studies have been conducted among Sami children and adolescents, focusing on living conditions, psychological and emotional well-being and child up-bringing.

### **The Sami people- population characteristics**

The Sami are the indigenous people of the arctic area of Scandinavia and the Russian Peninsula, with their own culture and language. The number of Sami is estimated at about 100,000, with the largest proportion living in Norway. Most of the Sami live in rural and semirural areas, which are sparsely populated. Through the centuries, and like other indigenous groups, the Sami people, who historically inhabited large parts of northern Scandinavia called Sàpmi, has been under heavy pressure to assimilate. This resulted in a break of continuity in ethnic language, culture, religion and identity, but also in disadvantaged socio-economic status, discrimination and prejudice (13). There is very sparse socio-demographic data of the Sami population in Norway and all existing da-

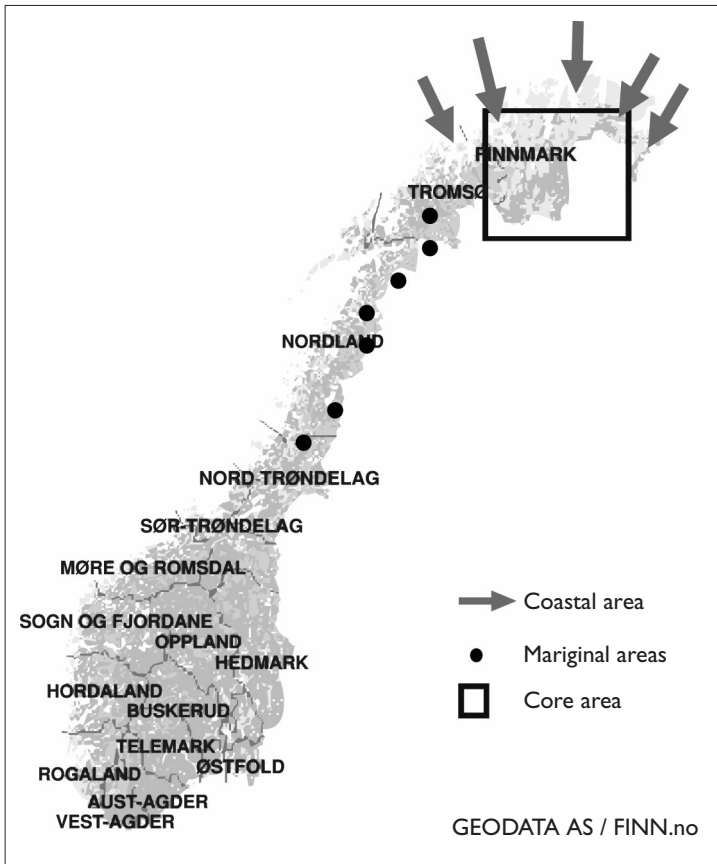


Figure 1. Sami areas in Norway.

ta are based on the total population living in areas categorized as Sami.

The highest density of Sami people is in the Sami core area, where about 90 % of the population is Sami and speaks the Sami language. A multi-ethnic mixture of Sami, Norwegian and Finnish people, however, characterizes the coastal area. In this particular area, the assimilation process has been historically harsh, as it has been in the southern Sami areas, where the Sami live in small enclaves and occupy marginal minority positions. In the core area, the use of the Sami language is widespread, but in the other two contexts it has become rather obliterated. During the last three to four decades, however, a political, linguistic and cultural revival has taken place all over the Sàpmi, with its strongest impact in the core area (13,19).

Compared to other geographical areas, the living standards in most Sami areas are at the lowest national level with regard to income, educational level and employment. Generally, there is more use of social well-fare and disability benefits, more single-parent families, and a higher rate of people belonging to primary industries like fishing and reindeer herding than elsewhere. The Sami areas are also characterized by a younger population, with approximately 60 % of the population being younger than 39 years of age (20).

However, the picture of Sapmi is not a one-sided negative one. Sami communities show great diversity and sustainable development with several positive trends is seen in several communities, which also have a stable population. The Sami core area has several institutions, such as the Sami parliament, college, research centers etc. The education and teaching, from compulsory school to college level, is given in the Sami language. There is a well organized Sami-focused health service of a high professional level run by Sami-speaking doctors, nurses, psychologists, social workers etc. There are fewer school dropouts than for the majority population in the same area and we find the highest proportion of university- and college-educated females compared to other municipalities in Norway. There has never been so many young Sami speaking, reading and writing in their ethnic language as nowadays. However, the statistics also report that most of the positive trends are present in the Sami core area, while the coastal and southern areas are characterized by more negative trends, but indeed with growing positive changes.

### **Research on Sami children and adolescents**

As far as is known, only four surveys focusing on health issues and well-being have been conducted among Sami children and adolescents and their parents. One of these was conducted among Sami children in northern Finland in the late sixties (3), while three surveys were carried out among Sami children and adolescents in Norway in the nineties (6, 7, 9, 10).

The North Norwegian Youth Study (6, 10) is the only survey, which collected data from Sami adolescents living in different areas of the arctic part of Norway. The data presented in this paper are based on this survey, which was conducted among approximately

3,200 high-school students aged between 15 and 21 years in most Sami areas in Norway.

### **Socio-demographic characteristics of Sami adolescents**

Most Sami adolescents and their parents belong to the working and lower-middle classes. They do not differ from their Norwegian peers, except in the fact that more Sami belong to the primary industries like reindeer herding. One-third of the adolescents live in single-parent homes. Most of the Sami adolescents are living in areas characterized as the Sami core area. While 74 % of the Sami females are choosing general theoretical education in high-school, only half of the males do so. Sami males are more into vocational training than the females. With regard to this choice, however, Sami adolescents do not differ from their Norwegian peers. One-third of the students have learned their ethnic language at home, either as monolingual Sami speakers, or as bilinguals. Adolescents growing up in the Sami core area are more exposed to Sami being spoken at home, as 75 % learned Sami at home.

### **Education**

Although the majority of Sami youngsters feel comfortable with their life at school, Sami adolescents, particularly those living in the more traditional Sami-dominated areas and in the most marginal ones, thrive less than their Norwegian peers. Sami parents seem to be less interested and engaged in their childrens' schoolwork than Norwegian parents do. This is particularly the case in areas where the dominant language is Sami. However, when controlled for other factors, this is not a matter of ethnic group membership, but varies with the educational level of the parents, with higher educated parents being more interested in their off-springs life at school.

Learning the Sami language seems to be a specific challenge for Sami students. Sami-speaking students spend more time with their homework than Norwegian-speaking students do. The Sami students also have higher rates of irregular absence from school and more conflicts with their teachers. However, their professional aspirations are mainly the same as their majority peers. As for non-indigenous Sami students, schooling and related topics

seem to be important. Previous studies of Sami junior high-school students show that those who were optimistic about their future educational career, displayed less suicidal behavior than those who were not (8).

**Identity and ethnic group attachment**

In minority adolescents, a secure and strong attachment to the ethnic culture is considered to be of strong importance to their well-being and mental health. Several studies of immigrant adolescents, but also of Native American adolescents, have shown that not only a strong ethnic identity, but also a strong identification with the mainstream society, act as protective factors for a good self-esteem and for mental problems, such as depression, behavioral problems and substance abuse (4, 14-16). Few studies have explored this topic among indigenous adolescents.

The North Norwegian Youth Study shows that, in accordance with several other studies on ethnic minority groups (1, 2), a large proportion (53 %) of the Sami youngsters identify themselves ethnically outside of the Sami group (Figure 2).

In spite of this, Sami adolescents show a rather strong affiliation to their ethnic group (Table II) compared to other minority adolescents like the Kvens, who are descendents of earlier Finnish-speaking immigrants and a national minority in northern Norway.

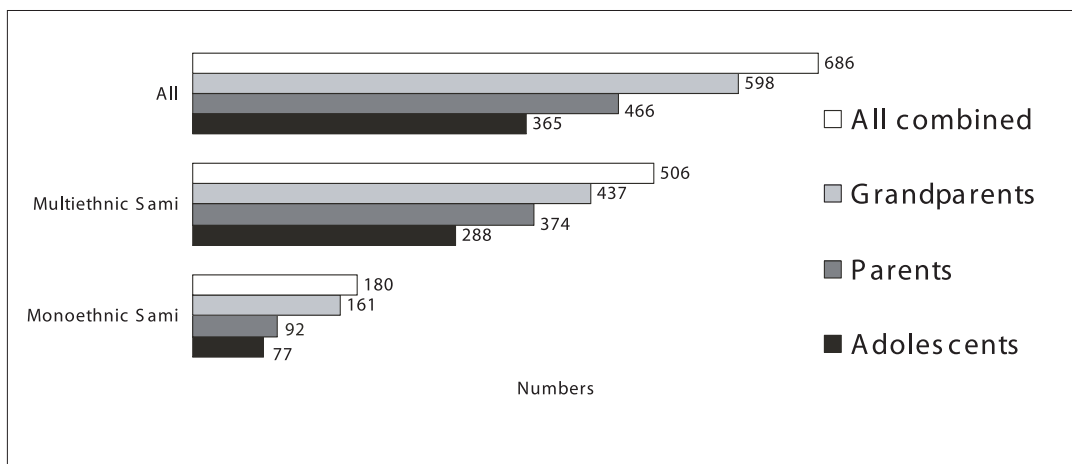


Figure 2. Sami ethnicity for grandparents, parents and themselves reported by Sami adolescents; The North Norwegian Youth Study.

**Table 1.** Ethnic identification among Sami and Kven adolescents (%).

Ethnic identification	Sami	Kven
Strong	33 %	4 %
Unsure	27 %	14 %
Weak	40 %	82 %

However, although about one-third reports a strong Sami identity, almost as many feel insecure about their identity and 40 % do not feel attached to their ethnic group at all. However, this pattern varies with gender and ethnic context. Sami girls are more attached to their original culture than boys, while adolescents in the Sami core area have the strongest Sami identity compared to their peers in the other two contexts. In all three contexts, Sami adolescents are strongly identified with the Norwegian culture, but less in the Sami dominated areas.

Loss of ethnic identity has often been claimed to be associated with more mental health problems and dysfunctional behavior (4). It can be reasonably asked whether this ethnical flow away from the original heritage acts as a risk factor for young Sami people. Regarding this issue, our findings among Sami adolescents do not support earlier findings from other ethnic minorities. A strong ethnic identity is, in fact, associated with more behavioral problems (11). As observed

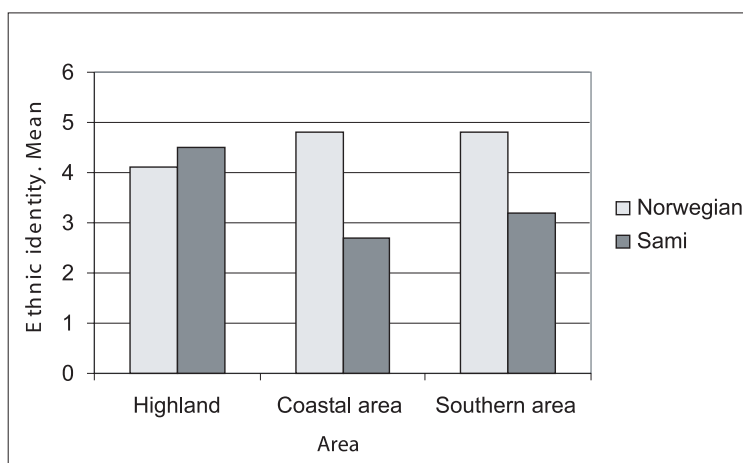


Figure 3. Ethnic and national Norwegian identity in Sami adolescents by ethnic context.

in other studies, a strong national or Norwegian identity seemed to protect against behavioral problems, such as depression and anxiety. The effect of identity issues has its strongest impact among Sami males.

### Sexual behavior

Early sexual debut is considered to be a risk factor for deviant behavior. The age for sexual debut is younger and the number of partners is, according to earlier research, higher in North Norway than in the rest of the country (12).

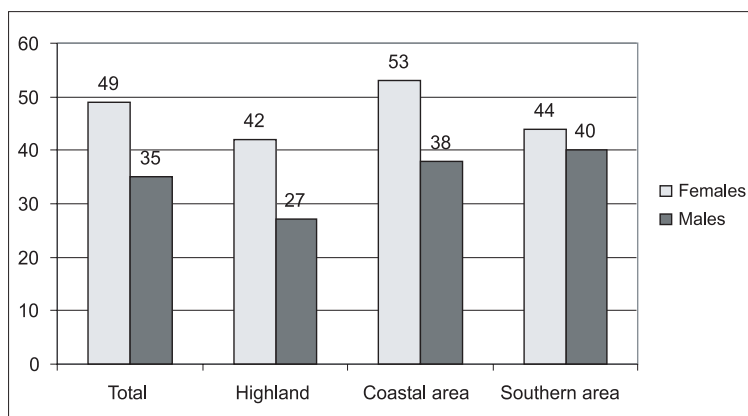


Figure 4. Sexual debut among 15-16 year Sami old adolescents (%).

Approximately 50 % of females and one third of males have their sexual debut at the age of 15 to 16 years. However, there is no statistical evidence that Sami adolescents are at higher risk for early sexual behavior than their Norwegian peers. The median age of sexual debut is 16 years for both sexes in both ethnic groups.

### Body attitudes and eating problems

The North Norwegian Youth Study shows that Sami females are more satisfied with their body than their non-Sami counterparts. This finding is possibly due to different norms, values and ideals about body ideals in the Sami culture compared to the more westernized Norwegian culture. The same study also confirms that Sami females report fewer eating problems, particularly bulimic ones, than majority females. Approximately 1.5 % of Sami female report either bulimic, or anorexic eating problems. The Sami males, however, seem

to report more eating problems, both bulimic (4.8 %) and anorexic ones (2.6 %), than Sami females and their Norwegian counterparts.

### Substance abuse and smoking

Several myths and stereotypes have persisted about the drunken Sami in the way as they have for the "drunken Indian". One of these myths indicates that Sami are more addicted to alcohol than non-Sami. At the age of 18 to 19, nearly 60 % of all adolescents have been drinking alcohol during the last month, compared to 46 % of their peers of 17 years and almost 32 % of those aged 15-16. These numbers are not surprising. Findings from the the North Norwegian Youth Study show that there is less alcohol use among indigenous Sami adolescents and their parents than among their non-indigenous counterparts. These two findings contrast with findings from several other indigenous groups. We find that being brought up in Sami-dominated areas or contexts, and having close ties to the Sami Christian movement (Laestadianism) with its strong anti-stance attitudes, protect against substance abuse. Sami adolescents who are brought up in Norwegian-dominated areas with strong assimilation attitudes are more likely to abuse alcohol, which can indicate that they have been acculturated into the majority culture and are adapting to Norwegian norms and values.

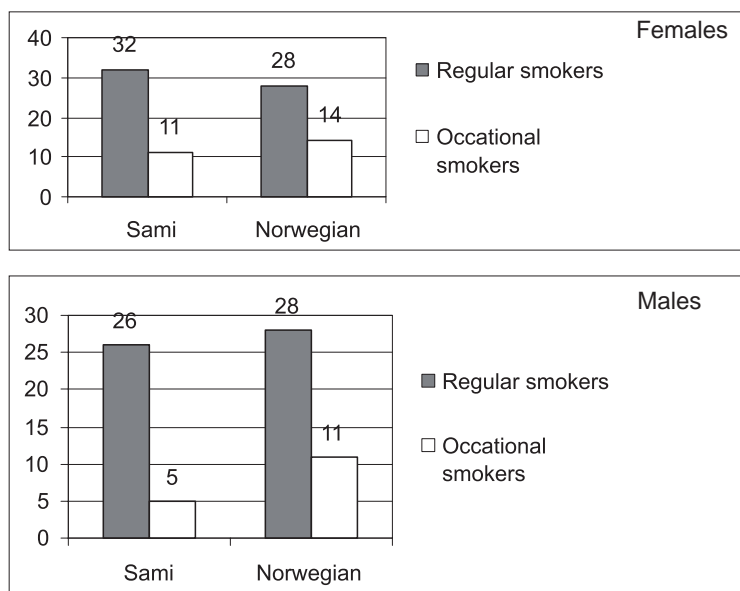


Figure 5. Smoking rates among Sami adolescents (%).

The smoking rate among the adolescent population in the arctic part of Norway is high compared to rest of the country (17, 18). In our study, one-third of all adolescents report being current smokers, with no difference between the Sami and non-Sami populations. For both ethnic groups, females are more into smoking than their male counterparts. Smoking among Sami youth is strongly interrelated and positively linked to anti-social and sexual behavior (17, 18).

**Mental health and well-being**

The prevalence of behavioral and emotional problems is somewhat higher, but not significant, for Sami adolescents than for Norwegians, with approximately 10 % being in the clinical range, which means need for professional help (5). The prevalence of behavioral problems among Sami pre-schoolers also did not exceed that of their Norwegian peers (6).

As seen in Table II, females generally report more mental health problems than males.

Although there are few and slight differences between the majority and Sami adolescent populations, there are significant intra-group

**Table II.** Prevalence of behavioral/emotional problems in adolescents in North Norway by ethnicity and gender measured by clinical range of Youth Self Report.

	Sami	Norwegian	Kven
Total	9,7 %	7,1 %	8,4 %
Females	10,9 %	7,9 %	7,6 %
Males	8,2 %	6,2 %	9,2 %

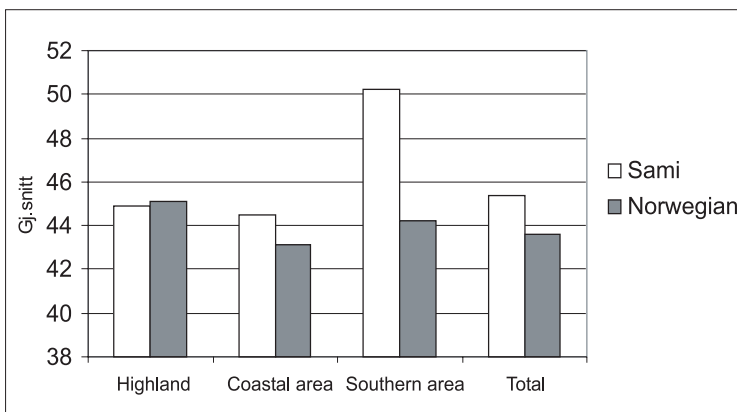


Figure 6. Behavioral/emotional problems in Sami adolescents by ethnic context (geographic area).

differences among the Sami. For both genders, adolescents living in marginal areas of Sapmi seem to have the highest rates of problems.

It has been shown elsewhere that ethno-cultural factors, such as ethnic and mainstream identity, acculturation strategies and ethnic context, are related to mental health problems and distress. In the North Norwegian Youth Study, females' emotional problems seem to be associated less with ethno-cultural factors than for their male counterparts. This weak association is also observed for Sami adolescents living in the Sami-dominated core area compared to same ethnic peers in more Norwegian-dominated ethnic contexts. In general, males seem to be protected by a strong national identity, integration attitudes and being brought up in areas with a high density of Sami and culturally safe environments. However, marginalization and assimilation, as well as a strong ethnic identity, did exhibit a negative impact on their mental status.

For females, ethnic and cultural isolation through strong separation attitudes negatively affect their emotional health. Surprisingly, there are no ethno-cultural factors acting as protective factors (11).

For both genders, internalizing problems such as anxiety and depression seems to promote most vulnerability to ethno-cultural influence (11).

**Table III.** Use of health services among Sami and non-Sami adolescents in North Norway.

	Sami		Non-Sami	
	Clinical range	Non- Clinical	Clinical range	Non-clinical
Psychiatric services	5.9	3.8	9.9	3.2*
Psychologist	2.9	0.7	2.8	2.0
Family physician	75.0	62.3	79.3	67.5*

The differences in mental health problems and the great regional variation among the Sami adolescents might be due to differences in the use of health services. As we see here, Sami adolescents are using psychiatric services less than the majority population. This finding also displays great regional variation.

### Suicide

The rate of suicides in the Sami population has, until now, been unknown. However, as for other indigenous groups, certain areas have experienced tremendously high rates of suicide, particularly among young males, while other areas have no higher risk. In certain municipalities, such as the Sami core area, the suicide rate has been extremely high.

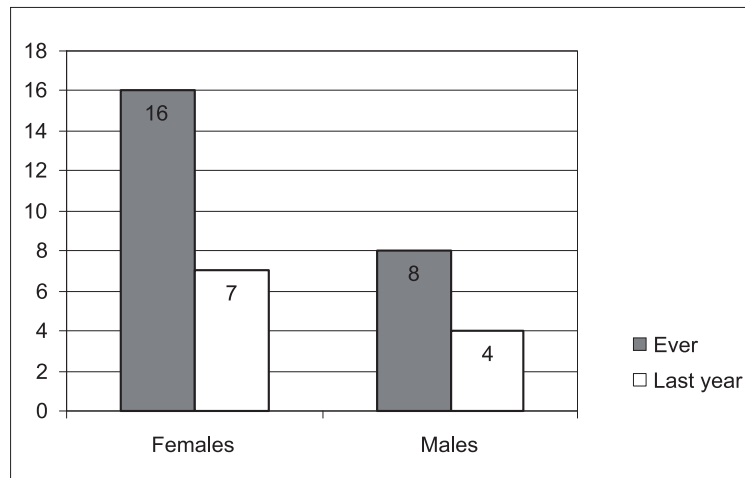


Figure 7. Suicide attempts in Sami adolescents (%).

The rate of suicide attempts does not differ significantly between Sami adolescents and their majority peers, although they seem to be somewhat higher among Sami females, but not among males. Like the trend for all adolescents, the female population has the highest rates. In a study of younger Sami adolescents, ethno-cultural factors did not seem to affect suicidal behavior, but general risk factors such as depression and conduct problems (8).

## CONCLUSION

In conclusion, the most important trends of the mental health situation of young Sami in Norway can be summarized as follows:

1. In general there are small, or no differences between the majority and Sami adolescents' mental health. This contrasts with several other indigenous groups. We can therefore conclude that belonging to the Sami group does not represent any risk factor per se.
2. However, interethnic group comparisons is not a reliable measure of the health conditions within the Sami adolescent population. As for many other indigenous groups, the regional and gender variability in rates of problems is striking and illustrates at least that the ethnic context dominated by outspoken indigenous norms and values seems to be important. Culturally secure

and supportive contexts of upbringing comprise an important political, as well as societal, aspect to be considered in relation to health issues.

3. Ethno-cultural factors have an impact on the mental health status of Sami youth, but vary with contexts and gender. Therefore, the focus on prevention has to be sensitive and diverse, depending on which groups we are interfering with.

4. Competence in, and positive attitudes towards, both ones' original culture and the dominant culture are important. Bi-cultural competence must be provided for both indigenous youngsters and for the dominant ones.

5. Finally, for the Sami society, our young people seem to constitute a sustainable force in the future and will bring new solutions to their participation in a multi-cultural world.

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