

# «In the mountains one feels like a dog off the leash» – Sámi perceptions of welfare and its influencing factors

Hellevi Tervo RN, MNSc, doctoral student – Merja Nikkonen PhD, Docent

## ABSTRACT

The Sámi in Finland have statutory rights that recognize their cultural needs in customer service situations within social and health care. The aim of this study is to describe and understand Sámi's perception of their welfare and its influencing factors. The study is part of an ethnographic research project aiming to examine Sámi health as a cultural phenomenon. The study was carried out using ethnographic fieldwork method in the Sámi area of Finland. The data was gathered by interviews, observation and informal discussion. According to the findings the Sámi who took part in this study have a holistic health view prevalent among indigenous peoples. Nature and environment formed the basis of well-being for the Sámi and their well-being is also inseparable from traditional Sámi livelihoods, values and philosophy.

**KEYWORDS:** Sámi, health, well-being, world view

## Introduction

The aim of this study is to describe and understand Sámi people's perception of their welfare and its influencing factors. The study is part of an ethnographic research project aiming to examine Sámi health as a cultural phenomenon. The study was carried out in the Sámi region of Finland between 2000 and 2009. The Sámi is the indigenous people living as a minority in the northernmost part of Europe. Since the late 20<sup>th</sup> century Sámi people have strived to strengthen their rights in several areas including health care within the majority societies they live. One starting point for the study was the Sámi's statutory right to have their special cultural needs recognized in customer service situations within social and health care (1, 2). This study's first objective is to introduce culture-specific features related to Sámi health and welfare. Its findings will be useful in the development of social and health care services tailored for the Sámi population. Another starting point for the study was general globalization, which has resulted in multicultural societies. To ensure high quality services, a culture-sensitive approach is a prerequisite for social care and health personnel. The second objective is to strengthen cultural awareness in the social and in health care education. Furthermore, the study opens up a new perception on health research among the Sámi, as health seen as a part of everyday welfare by the Sámi themselves has never been studied before. Earlier studies concerning the health have for instance been focused on illnesses and their risk factors (3, 4, 5, 6), causes of death (7, 8) or health behaviour of the Sámi (9, 10). The research methods in earlier studies have been mainly quantitative and the results have often been compared with those of the majority culture and/or other cultural minorities living in the area (3-10).

In ethnographic research context or social framework plays a crucial role in determining the research subjects. The context of the phenomenon consists of the physical environment, actions and interpersonal relationships (11-13). The context of this study is everyday life as lived by the Finnish Sámi in a northern environment as well as the values and beliefs typical to the Sámi culture. The northern living environment forms a unique cultural context to the health behaviour observable in the everyday life of the Sámi (14). The physical living environment is characterised by the elements of northern nature as well as the built environment shaped by economic-technological development. Although the natural environment changes with the seasons it stays fairly unchanged over time, while the social environment and the environment touched by modern change like building of roads and buildings, prove to be ever-changing variables in this context. Modernisation has brought about changes in the structure of traditional liv-

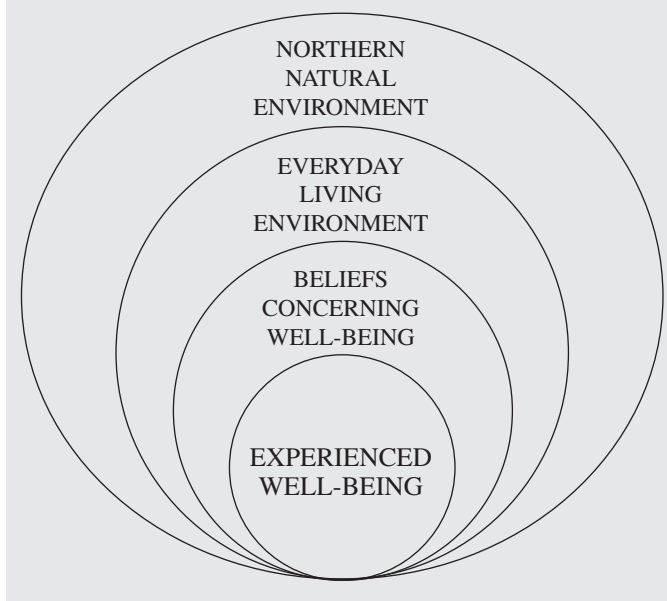
elihoods and their adaptation to governmental regulations. These changes have profoundly shaped the everyday environment and the Sámi way of life particularly in the late 20<sup>th</sup> century (14).

A significant micro-level context of health culture is formed by the values and beliefs of an individual. According to Pentikäinen, a world view is an individual's and the community's 'mirror of the soul', including a person's subconscious and conscious life environment as well as the cohesive consciousness conveyed by people or an ethnic group (15). A person's world view, shaped by values, beliefs and perceptions is manifested in concrete situations in everyday life. Differences in world views may lead to strife and even beliefs about certain groups' supremacy which again may lead to the oppression of another. Awareness of power relations is therefore important to health care professionals working with indigenous peoples (16). The traditional Sámi world view is nature-bound, as is the world view of many other indigenous peoples, where human beings are not viewed as the centre of the universe but a part of nature (15, 17, 18). In the Sámi tradition one strives to keep the balance between humans and nature, as the well-being of both depends upon it. Should the connection between humans and nature be lost and the equilibrium disturbed, human power may be threatened (17). Beautiful, positive thoughts about nature and animals are considered as essential prerequisites for welfare. The nature-bound world view also includes the presence of spirits and deities as invisible forces. The traditional Sámi religion was shamanistic with shamans who believed to have the power to cause illnesses as well as heal the sick (18-20). These pre-Christian elements have persisted until the present day in the Sámi belief system in spite of Christianity gradually having replaced shamanism from the 17<sup>th</sup> century onwards (15). The modern Sámi world view includes traditional elements such as a flexible lifestyle and living in peace with both people and nature (15, 17, 18).

Health as a research target is a vast and complex field. According to Weidman, health as a cultural phenomenon includes both a cognitive dimension which includes concepts, values and beliefs related to health and social structures (21). In this study health is seen as a holistic state of well-being significantly impacted by a person's physical environment and environment for growth. The concept and experience of health is related to the perception of the world in the community, which is handed down from one generation to the next through a continuous learning process (22, 23). Figure 1 presents the theoretical base of the study.

This study is part of a research project observing Sámi health as a cultural phenomenon with the objective to describe well-being as an everyday experience. The research questions are as follows:

**Figure 1. Health as a cultural phenomenon (design by first author).**



1. What effect does the northern natural environment have on the experienced well-being of Sámi?
2. What factors in the social environment influence the experienced well-being of Sámi?
3. What beliefs concerning well-being do the Sámi have?

#### Data and methods

The study was carried out using ethnographic fieldwork method (24, 25) in the Sámi area of Finland. The researcher (first author) aimed to find cultural features in health related issues and to understand health from the Sámi point of view by actively taking part in their everyday life.

#### Informants

There were two basic criteria for the inclusion of interviewees: 1. The person should be a Sámi who permanently lived in the Sámi area and 2. make his/her livelihood totally or partially from reindeer herding. 13 interviewees were included in the study. Of these 13, twelve were interviewed during the main field-work period and one at a later date. The researcher became acquainted with the last interviewee when she was teaching in the Sámi area between 2003 and 2006. Most interviewees were chosen personally by the researcher after making their acquaintance in the early stages of the research project. All but three informants were known to the researcher before the interviews were conducted. These three had been invited to take part in this study by a contact person with whom the researcher stayed during her fieldwork. Six women, seven men, aged 43–84, with a mean age of 58.5 years, were interviewed. Six were or had been reindeer herders, three were self-sufficient farmers and two worked or had worked in the public sector.

#### Data collection

The fieldwork commenced with visits of approximately three days and included long-term stays later. The researcher lived altogether 15 months in the Sámi area, including home stays of three days up to three weeks in four homes. The stays aimed at obtaining a holistic view of the everyday life, functions and lifestyle of the Sámi through personal experience. Multi-phased fieldwork also enabled gradual familiarization with the environment and the interviewees. Also, the researcher strived to understand and even acquire the informants' point of view about the research issues through personal experience (24, 26).

The data was gathered by interviews, observation and informal discussion. The interviews were themed on the basis of literature and the

first fieldwork periods. Themes formulated from the preliminary interview results formed a basis for the final interview, which primarily aimed to ensure the validity and relevance of the interview results (27).

Observation and informal discussions about health and well-being were used as supporting methods for the interviews. During the interviews, observations were made for instance of the way (tone of voice, expressions, gestures) the interviewee talked about personally significant issues. The field notes include a description of a 84-year-old male very emotionally telling about his wife, who was taken in long-term care, and telling how important his family, wife and other people were to his well-being. His tone of voice was noteworthy, as he said: *«It is no good for a human to be alone.»* This observation with notes thereof helped in the analysis phase when family and friends were formulated as one of the factors in everyday well-being. During the interviews, observations were also made of the basic needs of the interviewees; living, nutrition, clothing, exercise and social interaction, for instance. The observations made during interviews were written down as field notes, which were further elaborated into summary notes.

In addition to observation, informal discussions on health and well-being functioned as supporting methods for the interviews. Informal discussions took place during everyday chores (reindeer feeding, lichen collection, ear marking in summer, preparing handicrafts). With 5 informants the informal discussions occurred several (1-10) times. In addition to the interviewees the topic was discussed with altogether six other informants. Furthermore, well-being and related issues were discussed in group situations. For instance, the researcher was invited to take part in an outdoor day for the local association for the retired. There were 12 participants in the event, of which seven were Sámi. Well-being was a topic of discussion, and notes made of the event supported the importance of social interaction, outdoor life and happiness in the experience of well-being.

#### Analysis

Interview data was analysed using ethnographic content analysis (11,27-29). Personal reflection formed the core of the analysis with the main research question «what is health as a phenomenon in Sámi culture?» as a guide. Data gathered with all methods was reflected in relation to the set research questions.

Interviews were listened to and transcribed verbatim as soon as possible afterwards. The average duration of an interview was 1 hour 38 minutes. As some interviews took as long as 4 hours, including private talk, a decision was made not to transcribe private talk. When all interviews were made and transcribed, the tapes were listened to several times to form an idea of the material as a whole. Consequently, the data was reduced, classified and themed. Notes and note summaries from observation and informal discussions supported the analysis of interview data; they were read and contrasted with the interview data in all stages of the analysis. (11,27).

Table 1 presents an example of the progress of analysis.

#### Validity

In the planning stage of the study, the main concern was how to ensure validity. The researcher was entering a strange environment and culture. Furthermore, the issue of majority and minority was present in researcher – interviewee relationships (see 30). Ethnographic fieldwork method was regarded a possibility for obtaining validity data. The crucial element in ensuring validity was thorough preparation for the fieldwork, which included visits to the Sámi area and discussions about the aims and meaning of the study with several representatives of Sámi culture. Preliminary work also included studies of Northern Sámi language and culture to give the researcher background information of the Sámi, their history and culture. In cultural studies it is considered very useful for the researcher to know what historical events lie behind the present day (27). Several field notes prove that this background information helped the researcher in establishing confidential, interactive relationships with the people in the area and the interviewees in particular.

Validity was also ensured by the multi-phased and long-term nature

**Table 1. An example of the progress of analysis**

The study question	Original expressions	Reduced expressions	Subcategory	Main category/ theme
<b>How is daily well-being formed?</b>	I have never been dependent on anyone To be free... independence you can make the way you will... that you can make your own decisions	independence  to be free  independent decision making	autonomy	<b>Beliefs</b>
	I thought then I will get through this...	trust in one's own power	self-confidence	<b>concerning</b>
	All things are left behind when you live along... I thought about other things... I take things as they come...	to give time to things to look forward	keeping balance	<b>well-being</b>
	I have a happy personality have always had... I don't take in the world's worries... To cheer oneself up... To be a bright person...	to keep a happy mind  to live without worrying excessively to cheer oneself up	happy spirits	
	What God does, I will settle for... My mum taught me, and I myself believe that it helps to think that it was meant to be like that. I don't worry about things that I can do nothing about... Faith is important. it gives strength...	settling for God's will a human cannot control everything   faith gives strength	higher force	

of gathering data. Environment was initially observed, followed by making acquaintance with the interviewees and the interviews were made last. The researcher was able to make observations during a substantial time period and repeatedly observe the informants and lead discussions in contexts, due to stays of different lengths during several years. Use of multiple data gathering methods also ensures validity.

Preliminary results were tested and reaffirmed with the help of one additional interview. The findings section includes authentic expressions of the interviewees, which allow the reader to evaluate the conclusions with the original material.

### Ethical considerations

This study was carried out by interviewing and observing Sámi people in their homes, in their everyday living environment. Hence no official ethical board has discussed the research plan. As the target of this study was an indigenous people with a minority status, the research plan was, for ethical considerations, taken to the Finnish Sámi Parliament for a statement. The Sámi Parliament recommended contacting Sámi social and health care association (SámiSosTer), which gave an approval to the research plan.

When a central tool in producing information is the researcher herself, the greatest ethical challenge is the relationship between the researcher and the interviewees (26, 27). An element of minority and majority was present in this study. In the late 1990's, in the planning phase of this study, there was an ongoing scientific debate on who has the right to study Sámi and who may produce reliable data. The researcher met this challenge by discussing with Sámi two researchers and two representatives from health care as well as obtaining a statement concerning the research design from the Sámi social and health care association, which aims to develop Sámi social and health care services. The researcher also had contact and discussions with the board members of this association about the study in later stages of the project. She became aware of the power relations by analysing her own preconceptions of the Sámi and by studying the stereotypes related to Sámi people.

Taking part in the interviews was voluntary. The interviewees were told the subject, aim and data gathering methods of the study. Everyone gave permission to be photographed in their everyday environment. The photographs are not published in this article, but they have been used in the analysis stage. Looking at the photographs brought the atmosphere of the interview situations to mind.

During the fieldwork period, some permanent friendships with the interviewees were created. The quality and significance of these relationships from an ethical viewpoint are discussed in the field diary. New friendships are characteristic to ethnographic research and there is no need to deny them (26, 27). The use of active observation also posed challenges. In some instances the researcher remained unsure of whether the informant was aware that the researcher was taking notes for her study. As the aim of the researcher was to acquire the informants' point of view by being a natural part of the community, the role of the researcher was not emphasized and reminded of in all situations.

### Findings

#### Health as experienced by the Sámi

As a result of the interview analysis, the interviewees' experience of their health and influencing factors were divided into three main categories: 1. the impact of the northern natural environment on the experienced well-being, 2. the everyday living environment as a factor in well-being, and 3. beliefs concerning well-being.

#### 1. The impact of the northern natural environment to the experienced well-being

The natural environment and outdoor living were essential elements in the well-being of the informants – the most important for many. Being outdoors was more natural than being indoors, as one interviewee put it: «*You sort of wake up when you go out and see far away.*»

If a person for some reason had to stay inside for a longer time, for instance sowing reindeer skin shoes, s/he would experience an uncomfortable, fusty feeling. Both men and women gained great pleasure and happiness from working and merely being outdoors. Outside they felt they could breathe more freely and a person would experience a liberating feeling, which resulted in happiness: «*This pine forest is choking me, I need to get up into the mountains.*»

To go into the mountains was experienced as a wholesome change, with freedom as one of the central feelings. Life in the mountains did not have the limitations of the outside world and one could stretch one's limits and put one's personal resources to the test: «*You are in there (the mountains) like a dog off the leash. You kind of make a total u-turn when you get to the mountains ... There you may test yourself, see what you are capable of.*»



Sleeping outside by the fire, in a wooden lean-to shelter, was experienced as total rest. Nature was seen to have a healing effect even when well-being was threatened: «*Looking at the forest lifts your spirits ... I feel at peace in the shelter.*» All senses were open to receive nature's healing power, which can be noticed in the following comments: «*When you look at and experience nature, you experience it with all your senses ... then a person is in the real world ... If I make a sound and nature responds ... the elements of recovery ... My dad and my uncle gave me the advice that if I get sick I should go to the forest.*» In the dark winter period nature was also seen as a source of light.

The interviewees did not find that the changes in the natural conditions as the seasons turned, for instance the changes in the amount of light, had any effect on their well-being: «*You live each season at its time. Spring fatigue is a strange thing ... I have heard some people talk about it.*» In this northern environment people adapt to their natural environment both physically and psychologically. Even the concept of polar night was met with amazement: «*What polar night? That is a Finnish invention.*»

In spite of this some of the older people said that the decrease of light in the autumn and winter seasons had started to have an impact on their mood with age. Some interviewees held that persons with more delicate mental health may have more symptoms when the light diminishes: «*Now that I've become old and lonely, autumn is a hard time for me ... I knew nothing about this earlier ... There are people with depression ... lightness and darkness ... it reinforces the symptoms. When the ice breaks up – you feel bad and you lose your grip.*»

## 2. Everyday living environment as a factor in well-being

Work, family and social interaction were seen as essential building blocks of well-being in everyday life. Work and work-related physical exercise were perceived as basic to well-being: «*One must be active ... There is always something to do. If there's no work, you may really wonder what to do with your time ... If you go and lie down this will shorten your steps.*» Physical exercise produced a feeling of happiness and joy: «*The passion for work and to derive pleasure from work ... the pleasure of doing.*» The work referred to was wage-labour, a part-time job or everyday household chores. The content of a person's work tended to vary with the seasons, and could include fishing, feeding reindeer, hunting willow grouse, maintaining fishing nets, repairing reindeer pasture fences, preparing food, and producing handicrafts. Especially traditional Sámi handicrafts brought happiness. Typically to the area, also older, retired people kept reindeer and were responsible for their feeding. Reindeer feeding formed a meaningful structure to their day. Merely looking at the reindeer out of the living room window brought pleasure and happiness to these elderly people. Only when necessary were tasks done indoors as pleasure and joy came from physical exercise through working outdoors. «*It feels like punishment if you can't do something outside, in the fresh air.*»

Most interviewees gained their livelihood entirely or partly from reindeer herding or self-sufficient farming, which are cyclic in nature. The cyclic nature of the work meant having to adapt to the various seasons, which again had an effect on well-being. As told by one interviewee: «*When one work session ends, you simply have to catch up on your sleep and get going again before the next work session starts.*» The day's work was determined that morning. The content and timing of the work were shaped by the day's weather and the worker's health status. The interviewees had learned that the environmental conditions define both the content and the timing of their work. No one could determine tomorrow's work the day before: «*We live one day at a time... in the morning we'll see what the day's work brings.*»

Older people found it meaningful and important to their well-being to be where others gathered together, even when they did not actually take part in the action – reindeer round-ups, for instance. «*I must get to the reindeer corral.*» Following the ear-marking and being together with the others in one's group at the reindeer corral

brought joy into their lives. One interviewee told about an accident, which caused him to miss ear-marking that year. As a result, the rest of the year did not feel right – something essential for well-being had been missing that year.

In addition to work, family and close relationships contributed to well-being in everyday life: «*Home, work and healthy children ... Family of course, for them to be healthy.*» Well-being meant «*being where the other people are ... you gain strength from people around you.*» The health and well-being of family members was part of one's own well-being. The connectedness between grown-up siblings was very close. One could enter a sibling's home as if it was one's own. When someone entered a house and found the family at dinner, they would naturally join them. The children were brought up to take responsibility for their own actions. «*I let it (the child) bring itself up, I wasn't looked after myself*», one interviewee tells. Parents had received the necessary advice about life through their parents' good example and they expected their own children to learn from their example: «*When she (daughter) sees how I become changed when there (in the mountains), she will learn for herself.*»

## 3. Beliefs concerning well-being

Feelings of freedom and independence formed the basis for well-being. To be able to think and act according to one's own thoughts and feelings without any outsider making decisions for the individual or family was experienced as well-being: «*To be free... independence, in the way that you can make your own decisions... I have never been dependent on anyone.*»

Well-being was seen to be more connected to a state of mind than physical experience. Happy spirits and self-stimulation were well-being at its best: «*When you have a happy mind... To cheer oneself up... I have a happy personality, have always had ... when you don't give in to it (illness) ... To have such a personality ... to be a bright person ... I don't take in the world's worries ... I live for today.*»

Physical well-being included good food and functional capability: «*To eat well and to be able to move.*» Only one informant defined health as being free from all ache and ailment.

The thoughts of an individual and of the community at large held an important role in causing a disease as well as healing it. One interviewee described it as follows: «*Interaction between people might be the most important thing in health ... evaluating and valuing things as nothing creates an atmosphere which makes both community and its individuals ill ... A person never gets ill alone, it is through being with others or by others ... To become ill means denying your health.*»

When circumstances change, for instance when illness or in other crisis situations occur, such as the death of a close person or a divorce, the faith in survival and a higher force gave the strength to maintain well-being: «*I thought then I will get through this ... my Mum has taught me to think that it was meant to be this way ... It is predestined for everyone of us.*»

The attitude towards illness was such that one should not dwell on worries and setbacks but to give them their time and move on: «*All things are left behind when you live along ... I didn't let myself get down, I thought about other things ... I take things as they come ... If I start whining, it will not get better... I don't worry about things that I can do nothing about.*»

Every incident related to well-being was considered to have a deeper meaning. One interviewee told me: «*As my mum taught me, and I myself believe that when there is a setback, it helps to think that it was meant to be like that.*» Although only one interviewee openly told about her relationship with God and the omnipresence of God, most interviewees thought they believed there was a higher force, against which humans cannot fight. «*There must be someone giving us strength – from somewhere higher ... What God does, I will settle for ... Faith is important ... it gives strength ... good spirits.*»

## Discussion

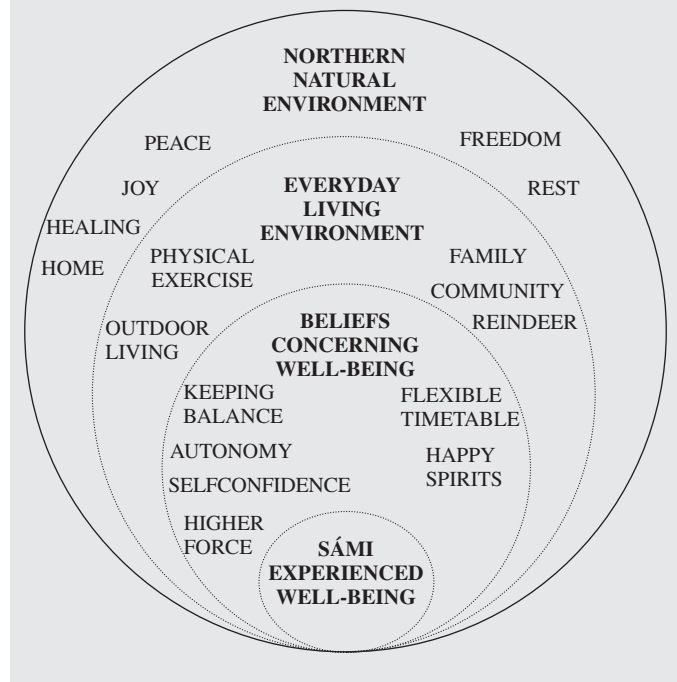
According to Wheatley (31), environment and health are inseparable in the life of indigenous peoples. The findings of this study support this, as nature and the interviewees' everyday living environment formed the basis for their well-being. The northern natural environment meant joy, freedom, healing and rest. Spending time in the nature surrounding them and being in the mountains enabled people to be their true selves. Being in the mountains felt like being liberated from all their chains – including the ones brought on by the Western way of life and being a wage-earner working for someone else.

The natural environment had a special impact on the interviewees' mental well-being. Nature was where they felt at home. The connection between nature and experienced well-being was evident in this data in the same way as described by Johannes Turi and Jelena Sergejeva. Turi wrote about the close relationship between the Sámi and nature in the 1920s: «When a person is in a good mood and things go well, he sees a happy landscape. And when he is miserable and sad, he sees the landscape crying, all its rocks and trees and everything crying like himself» (19). According to Sergejeva, nature may be experienced as power. The well-being of both nature and humans is dependent on their mutual relationship. To the Sámi, nature is much more than a source of livelihood or an object of interest; it is home, lifestyle, ethnic history and future (17, 19). Earlier studies show that the decrease in natural light during autumn and winter in the high north may cause low spirit, fatigue and even depression (32). In this study, however, seasonal changes in the amount of light did not have a significant impact on well-being. The polar night was even described as an invention by outsiders (Finnish people). However, some interviewees had observed seasonal changes in their mood at an older age. The data found in this study is too limited to claim a correlation between age and the impact of the amount of natural light on one's mood.

In addition to the natural environment, this study indicates that the Sámi population's well-being is inseparable from traditional livelihoods and lifestyle based on ecological, organic living. The findings of this study reveal the crucial influence of family, community, physical exercise, outdoor living and flexible schedules on the well-being of Sámi. This is consistent with the findings of Jávo et al. who studied family values and parental practices and suggested that the Sámi have an extended concept of family and that children are raised to be independent and strong, even hardy (33). Studies describing the quality of life of Sámi reindeer herding families (34) and the health concept of Cree and Inuit (35-37) also point to the impact of physical action and activity on experienced well-being. A study of the health status in the Sámi population revealed that diminished physical activity due to technological development has resulted in poorer physical condition and an increase in BMI (body mass index) and blood lipids (38). Based on the findings of this present study the researcher will suggest that it is crucial to the well-being of Sámi living traditional lives to be able to live in the present, without meticulous plans for or worries of the future. Some interviewees were forced to live a planned and scheduled life due to work. For them, opportunities to return to the Sámi rhythm of life brought a special experience of well-being. Perhaps for people living in a multicultural society, one's native culture is crucial to well-being. Reindeer were also an essential part of well-being. Reindeer were highly respected; they were both the content of everyday life and the chance to be in other people's company. Reindeer had a special meaning to the older generation in particular. The feeling of seeing reindeer and following reindeer-related work was described as joy.

According to these findings, the interviewees' experience of health reflect the traditional Sámi values and philosophy, which include the need for autonomy and independence in decision making on one hand, and the limited powers of a human being in health-related matters on the other hand. Well-being was defined as an opportunity and ability to make decisions concerning everyday life. Well-being was experienced as mental rather than physical. This idea is also characteristic to other indigenous peoples (35-37). In illness or other crisis situations

**Figure 2. Sámi people's perception of their welfare and its influencing factors**



humans were regarded as having limited powers and a higher force had the power to make decisions. Becoming ill always carried a meaning in people's minds. A strong faith in survival and maintaining a happy spirit were important means of healing and promotion of health.

## Conclusions

The health concepts of indigenous peoples are different from those of Western biomedicine: health is a holistic and context-bound phenomenon with little attention given to the absence of disease on the individual level (16, 35, 36).

Figure 2 presents the interviewees' perception of their welfare and its influencing factors based on the findings of this study.

As a summary, the Sámi taking part in this study have a holistic health view common among indigenous peoples. Despite the constant changes in the environment and social structures, the perception of health connected to values and living environment, remains virtually unchanged in people's minds.

The main object of the study was to find culture-specific features of the Sámi experience of well-being to use that information in the development of social and health care services. Perhaps even the knowledge of culture-specific issues, such as the sense of community among Sámi or the flexible concept of time could promote understanding in different service situations or even help to make actual changes in practices within the field of health care? One may ask whose values are prioritized when models of practice are created or the content of services is planned. A start for development work could at least be a discussion about how the values and principles of the current service system relate to the results of this study.

The research method and the small number of interviewees from only one Sámi group does not allow generalizations of the whole ethnic group to be made. Despite of this, the chosen method has given a voice to individual Sámi people, which has remained almost unheard in previous studies concerning Sámi health and well-being.

## Acknowledgement

The authors would like to thank Ludger Müller-Wille for editorial assistance and constructive comments while preparing the final manuscript.

Accepted for publication 16.11.2010

Hellevi Tervo, Faculty of Health Sciences, Department of Nursing Science, University of Eastern Finland, Kuopio, Finland.

Merja Nikkonen, Faculty of Health Sciences, Department of Nursing Science, University of Eastern Finland, Kuopio, Finland

Author to whom requests for reprints should be directed: Hellevi Tervo, Perunkajärvi, itäpuoli 801, FIN-96900 Saarenkylä, Finland, Phone: +358 40 7440929, E-mail: hellevi.tervo@lao.fi

## References

- Act 1086/2003 Sámi Language Act.
- Välilä A, Laiti-Hedemäki E. Birge ja Eale Dearvan. Saamelaisten sosiaali- ja terveyspalveluprojektin loppuraportti. Sosiaali- ja terveysministeriön monisteita 1997:25. *The final report of a project concerning Sámi social and health care services*. Publications of Ministry of Social Affairs and Health, Helsinki 1997.
- Ringstad J, Aaseth J, Johnsen K, Utsi E, Thomassen Y. High Serum Selenium. Concentrations in Reindeer breeding Lappish Men. *Arct Med Res* 1991; 50:103–106.
- Näyhä S, Sikkilä K, Hassi J. Cardiovascular Risk Factor Patterns and their Association with Diet in Sámi and Finnish Reindeer Herders. *Arct Med Res* 1994; 53 (2): 301–304.
- Kvernmo S. Mental Health of Sámi Youth. *Int J Circumpolar health* 2004; 63 (3): 221–234.
- Nystad T, Utsi E, Selmer R, Brox J, Melhus M, Lund E. Distribution of apoB/aboA-I ratio and blood lipids in Sámi, Kven and Norwegian populations: the SÁMINOR study. *Int J Circumpolar health* 2008; 67–81.
- Soininen L, Pukkala E. Mortality of the Sámi in Northern Finland 1979–2005. *Int J Circumpolar health* 2008; 67 (1): 43–55.
- Sköld P, Axelsson P. The northern population development; colonization and mortality in Swedish Sámi, 1776–1895. *Int J Circumpolar health* 2008; 67 (1): 27–42.
- Spein AR, Sexton H, Kvernmo S. Predictors of smoking behaviour among indigenous Sámi adolescents and non-indigenous peers in north Norway. *Scand J Public Health*. 2004; 32 (2): 118–29.
- Spein AR. Substance use among young indigenous Sámi – a summary of findings from the north Norwegian youth study. *Int J Circumpolar health* 2008; 67 (1): 122–134.
- Roper JM, Shapira J. *Ethnography in nursing research*. Sage Publications Inc, London 2000.
- Atkinson P, Coffey A. Revisiting the relationship between participant observation and interviewing. In: Holstein, J & Gubrium J. (eds) *Inside interviewing*. New Lenses, New Concerns: 415–428. Sage Publications, London 2003.
- Geertz C. *The Interpretation of Cultures*. Basic Books. New York, 1993.
- Tervo, H, Müller-Wille L, Nikkonen, M. Health Culture within the Context of the Northern Environment. *Int J Circumpolar health* 2003; (62): 167–181.
- Pentikäinen J. *Saamelaiset Pohjoisen kansan mytologia. Sámi people. Mythology of a Northern People*. SKS. Karisto OY:n Kirjapaino, Hämeenlinna 1995.
- Arnold OF, Bruce A. Nursing Practice With Aboriginal Communities: Worldviews. *Nursing Science Quarterly*, 2005;(18 )3: 259–263.
- Sergejeva J. Ihminen ja luonto kolta- ja kuolansaamelaisten maailmankuvassa, *Humans and Nature in Skolt and Kola Sámi Worldviews*. University of Helsinki, Department of Comparative Religion. 1997.
- Helander E. Saamelaisten maailmankuva ja luontosuhde. «*The Sámi Worldview and Relationship with Nature*», In: Seurujärvi-Kari I, ed. *Beaivvi mánát. Saamelaisten juuret ja nykyaika. Sámi past and present*. Helsinki: SKS; 2000;171–182.
- Turi J. *Kertomus saamelaisista*. WSOY, Porvoo 1979. English version: Turi J. *Turi's Book of Lapland*. Harper & Brothers, London 1931.
- Hultkrantz Å. The Shaman and Medical Care: The case of Sámi Noaidi. *Arct Med Res* 1988 (1): 291–295.
- Weidman HH. Research strategies, structural alterations and clinically relevant anthropology. In: Christman NJ, Maretzki TW, eds. *Clinically Applied Anthropology*. D. Reidel Publishing Company, Boston, U.S.A. 1982: 201–204.
- Spector RE. *Cultural Diversity in Health & Illness*. Appleton & Lange. Stamford, ST. 1995.
- Reynolds-Turton CL. Ways of Knowing about Health. An Aboriginal Perspective. *Advances in Nursing Science* 1997; 19 (3): 28–36.
- Davies CA. *Reflexive Ethnography. A guide to researching selves and others*. Routledge, London 2003.
- Bailey CA. *Guide to qualitative field research*. Thousand Oaks, Pine Forge Press, California 2007.
- Lipson JG. The Use of Self in Ethnographic Research. In Morse JM. (ed) *Qualitative Nursing Research: A contemporary Dialogue*, Aspen Publishers, Inc. Rockville, Maryland 1989:61–75.
- Atkinson P, Coffey A, Delamont S, Lofland L & Lofland L. (eds) *Handbook of Ethnography*. Sage Publications, London 2007.
- Leininger M. Ethnography and Ethnonursing. Models and Modes of Qualitative Data Analysis. In: Leininger, M. (ed.) *Qualitative Research Methods in Nursing*. Grune & Stratton, 1985, London.
- Palmu T. Kenttä, kirjoittaminen, analyysi – yhteiskietoutumia. *Fieldwork, writing and analysis intertwined*. In: Lappalainen S, Hynninen P, Kankkunen T, Lahelma E & Tolonen T. (eds) *Etnografia metodologiana. Lähtökohdista koulutuksen tutkimus. Ethnography as a Methodology. Research of Education as a Starting Point*. 137–150. Osuuskunta Vastapaino, Tallinna 2001.
- Tervo H, Nikkonen M, Müller-Wille L. At the interface between two cultures – an analysis of the preparation for and data collection in ethnographic research. *Vård i Norden* 2005; 25(3):24–28.
- Wheatley MA. *Aboriginal Health and Environment*. Arctic Medical research 1994; 53 (2): 265–267.
- Saarijärvi S, Lauerma H, Helenius H, Saarilehto S. Seasonal affective disorders among rural Finns and Lapps. *Acta Psychiatrica Scandinavia* 1999; 99 (2) : 95–101.
- Jávo C, Alapack R, Heyerdahl S, Ronning JA. Parental Values and Ethnic Identity in Indigenous Sámi Families: A Qualitative Study. *Family Process* 2003; 42 (1): 151–164.
- Daerga L, Edin-Liljegren A, Sjölander P. Quality of life in relation to physical, psychosocial and socio-economic conditions among reindeer-herding Sámi. *Int J Circumpolar health* 2008, 67(1): 8–26.
- Shea E. The Concepts of Health of Young Inuit Adolescents. *Circumpolar Health* 90 1990: 309–312.
- Adelson N. «Being alive well»: The praxis of Cree Health. *Circumpolar Health* 90 1990: 230–232.
- Bjerregaard P, Young TK. *The Circumpolar Inuit: health of a population in transition*. Special-Trykkeriet Vibor a-s. Denmark. 1998.
- Edin-Liljegren A, Hassler S, Sjölander P, Daerga L. Risk factors for cardiovascular diseases among Swedish Sami – a controlled cohort study. *Int J Circumpolar health* 2004; 63(2):292–297.