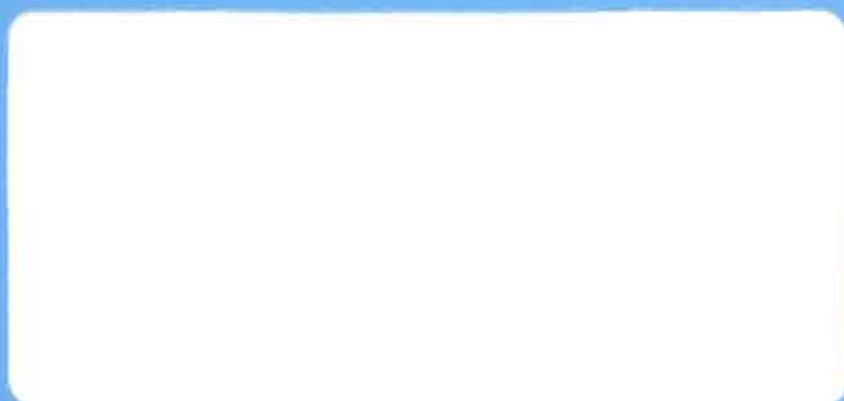




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Innocenti Occasional Papers

INNOCENTI OCCASIONAL PAPERS  
ECONOMIC POLICY SERIES, NUMBER 22

SPECIAL SUBSERIES  
CHILD POVERTY IN INDUSTRIALIZED COUNTRIES

CHILDREN IN THE WELFARE STATE:  
CURRENT PROBLEMS AND PROSPECTS IN SWEDEN

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EPS 22

December 1991

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This paper is part of the background documentation for a forthcoming study on Child Poverty in Industrialized Countries: Trends and Policy Options, edited by Giovanni Andrea Cornia.

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The views expressed in this paper are those of the authors and do not necessarily represent the views of the UNICEF International Child Development Centre.

The authors wish to thank the UNICEF International Child Development Centre, particularly Giovanni Andrea Cornia for his valuable comments and suggestions and Robert Zimmermann for editing and the preparation of the text.



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## EXECUTIVE SUMMARY

Only 100 years ago Sweden was one of the poorest and most backward nations of Europe. In the intervening years the country has experienced swift socioeconomic transformation. Since the 1960s urban affluence has replaced rural poverty as a characteristic feature of Swedish society.

A welfare policy which seeks to protect women and children, foster their rights and meet their essential needs is regarded as fundamental in Sweden. Since World War II a whole range of measures have been undertaken in education, health care, housing and income maintenance. Real public expenditures for family and child welfare, joined with those on education, have doubled over the last 20 years. From 1970 to 1988 public spending on family and child programmes alone more than tripled. Sweden has become the model welfare state, and it now has the lowest infant mortality rate in the world.

Nonetheless, substantial class, gender, age and regional differences still exist and are having an important impact on the distribution of "life chances" among children. Thus, compared to the children of white-collar workers, the children of blue-collar workers exhibit higher mortality rates, suffer from more accidents, tend to be more susceptible to respiratory diseases and congenital malformations, and are at higher risk of poor health. They are even more likely to be shorter. If the mortality rates among children from all segments of society could be reduced to that of the children of white-collar workers, well over 10 percent of all deaths in Sweden each year would be averted.

Recent changes in the distribution of wealth and income have been working to the further disadvantage of low-income groups and their children. Young people dominate among the households experiencing major economic problems, while single individuals dominate among those receiving social assistance. Indeed, the sharp increase in the need for social assistance since 1980 represents a failure of the welfare state.

Sweden in the early 1990s is unique in combining high female labour force participation rates and high fertility rates. This combination is probably a result of economic factors, as well as of the comprehensive welfare policies. Women now represent 48 percent of the total working population.

The evolution of a very large child day-care system has gone hand-in-hand with the rising importance of the "working mother". Already by 1976, the child day-care programme had become the most costly family and child welfare expenditure subitem. Close to 50 percent of all Swedish 0-to-6-year-olds are being cared for during the week in public establishments. While this suggests that children are being exposed to a sort of dual socialization, that of the family and that found in day-care centres, preschools and schools, a number of studies has found that, despite some controversy, the day-care system has had a positive effect on the well-being of children.

"Parental insurance" is another important feature of the welfare state. Today, aside from numerous other benefits, parents can take extensive work leaves in order to care for their children. The basic leave, which is available to one or the other parent without distinction or in combination, is currently one year at nearly full pay.

Although most families still conform to the traditional "model", the changes in the structure, composition and functions of the typical family unit have been substantial and rapid. A low marriage rate, a high percentage of single-person households, a high rate of nonmarital cohabitation, a swelling rate of family dissolution, the extensive flow of mothers into the labour force and the fact that roughly one-half of all children are now being born to unmarried couples are characteristic of this phenomenon.



"Public provision of day care [has] undoubtedly made the Scandinavian state, as Helga Hernes puts it, 'woman friendly'. Whether the new welfare state is 'child friendly' remains undetermined." (Wolfe 1989, page 163)

## I. INTRODUCTION

In the international discussion on welfare, poverty and the quality of life, including child welfare and poverty among children, the Scandinavian experience, and perhaps especially the "road to modernity" in Sweden, is a controversial subject. It is not so much the results in terms of equality and security that are questioned; Sweden, together with neighbouring Denmark, Finland and Norway, stands out as a country where people including children, can expect to live in decency and dignity and free from material want. It is the strategy and the institutions chosen to eliminate poverty and destitution that are hotly debated. Quite often the strategy is either presented by adamant supporters of the free market as an antimarket, even anticapitalist, social-development path which is most harmful to economic growth incentives, individual freedoms and liberty, or applauded by those who fear the triumph of "economic man" and the unrestricted expansion of trade relationships among human beings. For example, in the early 1980s Sweden was characterized by the European mass media as a "children's gulag", a state which "snatched" children. According to a BBC programme (cited in Gould 1988, page 55) Sweden held "the world record for the number, more precisely, the percentage of children taken into custody." According to the *Observer*, a British newspaper (also cited by Gould), "between five and ten times as many children are taken from families by the Swedish state than [are taken by] any other comparable country", which meant that every third child born in Sweden could be expected to become the focus of interest by Swedish social workers. Of course, this is a fairy tale, and one of those responsible for the story eventually published a retraction, although the impact was marginal (see Olsson 1990a). In contrast, Scandinavia is often portrayed by other observers as a heaven on earth or an island of justice in a world of injustice. (See Heckscher 1984 and Marklund 1988 for a discussion of the "middle way".)

Here, it is necessary to emphasize that children and childhood have thus far been looked upon in modern Western societies mainly either from a strictly individualistic and psychological perspective, the "unique" child or as a conceptually broad unity within the family, the school system, or other adult-centred institutions. In the social sciences children have been viewed as peripheral or, quite simply, as future adults. "Children" and "childhood"

as collective social categories need to be refocused according to the perspective of children, a task which is only slowly being recognized. In particular, children are definitely a minority in modern Western countries, in which the elderly represent a growing proportion of the population and in which society is dominated by adult interests and adult structures (see Qvortrup 1990a, 1990b, Alanen 1988, Aronsson 1990). It is thus a great task, not least for social scientists, to view from the proper angle the concept of children as collective social agents and the social activities of children.

In the past, children were considered "insurance" for the time when their parents had become old and required care (see Ariés 1962). Today it seems clear that children in advanced postindustrial society are no longer an economic asset needed to help ensure family security. In fact, the cost of raising children surely outweighs the financial contribution of children to the family economy even when various public income-support packages are taken into account. Children are often even seen as career impediments in an age when economic pressures, role redefinitions and gender breakthroughs are creating dislocations in the family, home and society. They are frequently treated more like pets than as young human beings. Some people talk about the disappearance of childhood because children are growing up too quickly in an environment of sexual permissiveness and drugs. There is no place for the "innocence of childhood". Children are an inconvenience in societies which stress efficiency and productivity. Why compensate families for children through social policy measures if children are more of a burden than an asset?

On the other hand, a fundamental change in awareness regarding the status and interests of children also seems to have occurred. A clinical-psychological view of early childhood as a key period in determining the "fate" of an individual has recently become more widely accepted (Dencik 1989). Nonetheless, a great deal of uncertainty and doubt still surrounds the role of early experiences in shaping later development and the relative importance of childhood in the life of the individual.

In any case, children must be recognized and acknowledged by society in general, not least as autonomous actors in the distribution of welfare benefits. Hence, it is not wholly unlikely that the next ten years will witness the emergence of "child" or "childhood" policy as an entity distinct from family policy. Thus, in 1990 the Norwegian Ministry of Consumer and Family Affairs was renamed the Ministry of Child and Family Affairs, and the new ministry assumed responsibility for youth (ONCM 1991). A similar move is under consideration in Sweden.

However, the scope of this paper is slightly more narrow. The focus will be on recent developments in Sweden, where a welfare policy which protects children and their rights is regarded as very important. This paper will examine the following questions.

- Was the progress in child welfare between 1970 and 1990 as significant as that achieved during the initial postwar period?

- Did social and economic child-welfare differentials (by class, gender, region and so on) in health, education and other important areas decline from 1970 to 1990?

- Does social policy favour the elderly or any other social group to the detriment of children and adolescents?

- Have new problems, such as environmentally induced diseases, child abuse and television and "video" dependence, emerged during the last 15 years or so?

## II. HISTORICAL BACKGROUND: FROM POVERTY TO AFFLUENCE

At least in one sense, Sweden is exceptional: in contrast even with Denmark and Norway, which were occupied by Nazi-Germany during World War II, and Finland, which during this century has been ravaged by civil war (1918) and by armed conflict with its great and powerful neighbour, the Soviet Union (1939-40 and 1941-5), Sweden and its people have lived in peace for nearly 200 years (Scott 1977, Allardt et al. 1981).

On the other hand, only 100 years ago Sweden was one of the poorest and most backward nations of Europe. During the half century prior to World War I, one-fifth of the country's population, mainly the young and healthy, emigrated to North America. Nevertheless, already by the mid-19th century living conditions in Sweden were, according to at least one frequently used social indicator, the infant mortality rate (Table 1), relatively good and on a par with those in more advanced European nations like Belgium and the U.K. (Mitchell 1975, Therborn et al. 1978) One hypothesis is that, similar to the clergy in the spread of literacy, the Lutheran State Church had managed quite early to reach the lower levels of society with preventive health-care information.

A major long-term demographic transition had already started in Sweden in the first part of the 19th century with a drop in mortality rates, followed by a decline in birth rates from the 1870s onward. The wave of overseas emigration began at that time and continued until the 1920s. By the 1930s the country had one of the lowest levels of population growth

Table 1: DEATHS OF UNDER-1-YEAR-OLDS  
(Per 1,000 Live Births, 1840-1990)

| Country        | 1840s | 1880s | 1920s | Early 1950s | Early 1990s |
|----------------|-------|-------|-------|-------------|-------------|
| Belgium        | 155   | 161   | 105   | 45          | 8           |
| Denmark        | 144   | 137   | 83    | 28          | 9           |
| Finland        | --    | --    | 94    | 34          | 6           |
| Germany        | --    | 228   | 112   | 48          | 8           |
| Norway         | 119   | 98    | 52    | 23          | 8           |
| United Kingdom | 153   | 142   | 72    | 28          | 8           |
| Sweden         | 154   | 112   | 60    | 20          | 6           |

Sources: Mitchell (1975), UN (1989), UNICEF (1991).

in Europe. The growth in population has been very slow during the intervening decades, and since the 1960s it has been due largely to immigration, particularly from Finland but also from Southern Europe. Moreover, following the baby-boom of the 1940s, fertility declined in the 1950s (Guteland et al 1974). Reproduction rates showed a minor upturn in the 1960s, but in the early 1980s they fell back to the levels of the 1930s. In the late 1980s, there was another unexpected upturn. As a consequence of these various fluctuations, the age structure of the population has changed. The share of the population under 16 diminished from 23.4 percent in 1950 to 19.1 percent in 1990. This was accompanied by an increase in the over-65 age group from 10.3 to 17.8 percent.

Sweden has also experienced swift socioeconomic transformation. The country began industrializing in the last quarter of the 19th century, and economic growth was exceptionally rapid up to the 1970s (Jörberg 1982). Partly because poverty was fairly widespread throughout the population in historical times, the distribution of the newly won material resources has been more egalitarian in Sweden than it has been in most European nations. At the time of the outbreak of World War II, Sweden vied with Switzerland and the U.K. for the highest per capita income in Europe. Furthermore, especially since the war, urbanization has accelerated, and Sweden is no longer a predominantly rural country. Since the 1960s, urban affluence has replaced rural poverty as a characteristic feature of everyday life.

Stability is also a typical feature of political life and industrial relations. In the aftermath of the turmoil at the end of World War I, the monarchy and the ruling conservative

aristocratic circles in Sweden accepted the demands for parliamentary democracy from the left, which included popular movements, teetotallers, religious "free thinkers", the Liberal Party and the Labour Movement. In 1920 the first Social Democratic Labour Cabinet was installed, although it was shortlived. Then between 1932 and 1976 the Social Democrats became the ruling political force in the country, either alone or in coalition, but most often with the support of the Agrarian Party to the right or the Communists to the left. On the labour market, an agreement between employers and employees in 1938 was an important step in achieving the peaceful industrial relations which reigned up to the 1970s (Korpi 1978, Therborn 1985). However, private business has continued to dominate the economy, and the nationalization of basic industries has more or less disappeared as a Labour demand since the 1930s. A more recent exception to this pattern is the union proposal, in the aftermath of the radical upswing of the late 1960s and early 1970s, to introduce so-called "wage earner funds" (see Pontusson 1987, Rehn 1983).

Of course, social policy had existed in Sweden before the Social Democrats discovered it. Legislative attempts at "child policy" reform were initiated in 1881 with the prohibition of child labour. In 1902 the Child Care Act was passed; the act was revised and expanded in 1917 and 1924. In 1910 maternity support was included in health insurance (Höijer 1952, Abukhanfusa 1987). Nonetheless, until the 1930s Denmark was the most advanced welfare state in Scandinavia (Olsson 1990b, see also Olofsson 1988).

A major impetus to family-policy reform was the publication in 1934 of the book *Kris i befolkningsfrågan* ("Crisis in the Population Question") by the young and radical social scientists Alva and Gunnar Myrdal (Myrdal and Myrdal 1934, see also Myrdal 1941). The book still arouses considerable attention (see Olsson 1991, Vennemo 1991, Carlson 1990, Popenoe 1988). Up to then family policy had been basically a concern of conservatives, although radical women had been active in the field for quite some time and most groups had supported maternity benefits as part of voluntary state-supported health insurance. The Myrdals managed all of a sudden to give the subject a definite leftist twist. Thus, their solutions were framed in such a way that they mirrored the change in the Scandinavian political landscape of the 1930s, particularly the newly adopted welfare measures of the 1932 Social Democratic Government in Sweden (see Seip 1987, Seip and Ibsen 1989).

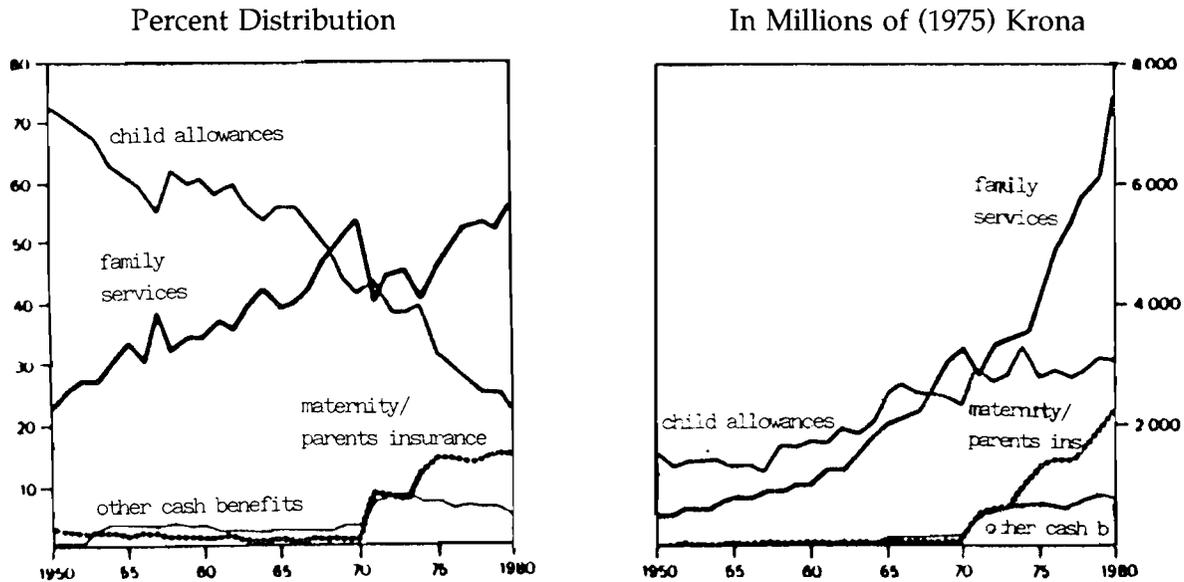
In family policy, it is often difficult to make a distinction between measures intended for adults and those intended for children or other dependents. Furthermore, this is an area of the public sphere that is heavily laden with hidden gender-specific assumptions about

women, femininity and maternity (Ungerson 1990, Fraser 1990, Abukhanfusa 1987, Jenson 1986, Showstack-Sassoon 1985). Although the Myrdals were unconventional in their approach and had a fairly broad view of social and population policy, these salient problems were not absent from their book (see Myrdal and Klein 1957). Nonetheless, children were in many senses at the heart of their proposals, and the publication of the book set in motion an investigatory process in Sweden that led to policy recommendations which were supported by a wide political spectrum (Hatje 1974). However, only a handful of the recommendations were enacted before World War II. From the "child" perspective, the most important of these was the creation of free care for women in labour and of other childbirth services such as medical checkups and maternity benefits for the great majority of new mothers. Single mothers were also given the right to receive advance child maintenance payments. Another significant step taken at the time was the introduction of state loans for newly married couples and of a housing subsidy programme for families with many children. Employers were no longer permitted to fire women because of marriage or pregnancy, and Government employees were given the right to take leave with sick pay in connection with childbirth.

During the early 1940s, when the great majority of young men were obliged to be absent from home for defence purposes because of the war in Europe, temporary state support for families with children was instituted (Abukhanfusa 1975). The investigatory process also continued, and when the war ended all political parties were prepared to embark on costly social programmes. Favourable economic growth, the public resources accumulated during the war and a general ideological reorientation had made this consensus on welfare spending possible. From a child perspective, significant steps were taken in such areas as education, health care, housing and income maintenance. Between 1950 and 1970, public expenditures on family and child welfare services increased sixfold (at fixed prices); those on education and general public health care quintupled, and housing allowances quadrupled. Meanwhile, general child allowances and state loans for new housing starts doubled (see Olsson 1986, 1987). The development over time of some of the most important public child- and family related outlays is shown in Figure 1.

In the early postwar years the housing stock in Sweden was generally in poor condition, and overcrowding was a common problem (Soidre-Brink 1991, Nyström 1989, see also Franzén and Sandstedt 1981). Despite ambitious efforts by the Government to increase the number of housing starts and improve the overall standard of housing through various subsidies, the problem was still a burning one in the late 1960s, especially for young couples.

Figure 1: PUBLIC EXPENDITURE ON FAMILIES AND CHILDREN  
(1950-80)



Source: Olsson (1990b), Graphs 19-20.

Finally, Parliament approved special support for the construction of one million new apartments within ten years. This goal was achieved and for a while even led to a housing surplus. For a decade overcrowding more or less disappeared as a major social problem, even among families with children (Frykman 1987, see also Jacobson 1991).

Mid-century Sweden, like other European nations, decided to prolong compulsory schooling, as well as make the school system more comprehensive by integrating academically and vocationally oriented courses. In 1962, after a ten-year "trial period", Parliament passed legislation creating a nine-year compulsory school system. It also initiated a number of changes in higher education. Thus, the free school meals and the free school health care, including dental care, that had been introduced in the late 1940s became available to a larger number of students for a longer period of time. However, the age for school entrance was not changed, and, until the early 1990s, Sweden was one of the few Western countries where children started school at the age of 7.

The country was relatively slow to institute public preschool education. Aside from some state subsidies, few initiatives were taken in the early postwar decades, and the number of places available in public day-care nurseries remained fairly constant until the mid-1960s. During this so-called "epoch of housewives", the upbringing of children of preschool age was

considered a private matter (Axelsson 1987, Ruggie 1984, Therborn 1981). However, because women had begun to enter the workforce, the demand for child care was increasing by the mid-1960s, as were state subsidies to preschools and other types of public child-minding.

Finally, concerning direct cash benefits for children, a general non-means-tested and nontaxed child allowance was instituted in 1948 that, however, covered only a small share of household expenditures per child (as it has done throughout the postwar period). Simultaneously, tax deductions for children were abolished. Moreover, with the introduction of compulsory health insurance in 1955, maternity compensation became pegged to income for female wage earners, while the lump sum paid out to housewives and other nongainfully employed was increased (Lindqvist 1990). In the first half of the 1960s a combined study-loan and educational-allowance system was created with the goal of increasing the possibility for the children of low-income families to continue tertiary schooling. Advance maintenance payments aimed at the heads of single-parent families became indexed and upgraded as well. Otherwise, no major changes in the economic support offered for younger children occurred until the early 1970s. At that time, separate taxation was introduced for husbands and wives, thus rendering the whole concept of "breadwinner" more gender neutral as part of a policy of equality between the sexes (Leijon 1968, Myrdal 1969).

By the 1960s Sweden had replaced ailing Britain as the model welfare state and was widely regarded in left-of-centre circles throughout the world as the prototype of modern society (Anderson 1961, Tomason 1970). Even among leading Social Democrats at home, an atmosphere of satisfaction flourished, while nonsocialists warned of increased 'nivellement'. However, within the working class movement, particularly among trade unions, the demand for radical reforms, equality and an evaluation of what had been achieved thus far grew in strength. In this context, the Royal Low Income Commission was established in the mid-1960s and eventually undertook a "level-of-living" investigation, which included the characteristic Titmussian "command over resources" approach (Johansson 1973). The subsequent survey discovered substantial class, gender, age and regional differences which had important implications in such areas as housing, education, health, and economic resources on the distribution of "life chances" among children born to families of varying social origins.

Table 1 (page 4) outlines changes in infant mortality rates over a 150-year period. Of course, there has been considerable improvement over time, and by the early 1970s Sweden had the lowest infant mortality rate in the world (Cornia 1990, Table I). Hence, that early child deaths in Sweden are said not to exhibit trends in line with social-class distinctions is

no coincidence. However, a recently published study (Vågerö and Östberg 1989, see the box below) shows that there were still large variations in mortality rates among children from different social groups in Sweden between 1960 and 1979. The children of blue-collar families or of self-employed parents were at significantly higher risk than were those of white-collar families. This tendency diminished with age among girls but not among boys.

A comparison, which is based on the study, between the risk of mortality of the sons and daughters of white-collar workers and that of the sons and daughters of blue-collar workers is presented in Figure 2. The mortality risk for the children of white-collar workers is fixed at 1.0, and the curves in the two parts of the Figure therefore describe the relationship between the mortality rate among the children of blue-collar workers and that among the children of white-collar workers. The lines in the Figure are regression lines and indicate that, during the period of the study, there was a 60 percent excess risk for the male 1-year-old children of blue-collar workers and a 30 percent excess risk for the male 19-year-old children of blue-collar workers. Among females, the excess risk for the children of blue-collar workers was smaller but still statistically significant, around 15 percent for all ages 1 to 19.

The study also lists various major causes of death. It reports the following causes to be of special interest: accidents and (food and toxic) poisoning, violence, neoplasms, leukaemia, infectious and parasitic diseases, diseases of the circulatory system, diseases of the respiratory system, diseases of the digestive system, and congenital malformations. Accidents, poisoning and violence were the

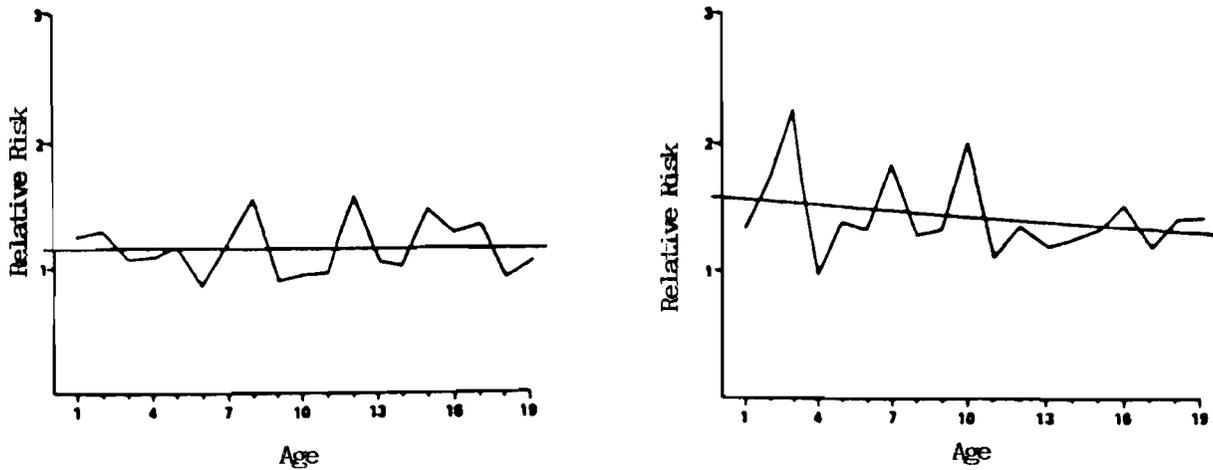
#### THE VÅGERÖ-ÖSTBERG STUDY

The Vågerö-Östberg study was based on data on all children under 15 who were enumerated in the 1960 Swedish population census: 809,000 boys and 769,000 girls. This census group was followed from 1961 to 1979, that is, until the youngest 1960 cohort had reached the age of 19. One consequence of this method was that the observations made on the older teenagers were much greater in number than were those made on the youngest age-cohorts. The classification by socioeconomic group followed the classifications used in the 1960 census (self-employed, blue-collar workers and white-collar workers) and usually depended on the occupation of the father. The self-employed group turned out to be very heterogeneous, and the results for the children of blue-collar and white-collar workers are probably much more reliable. The blue-collar group represented 49 percent of the total number of children, the white-collar group 29 percent, and the self-employed 22 percent. Of course, significant socioeconomic changes occurred during the 1960-79 period of the study. Individuals switched jobs and, thus, socioeconomic group. Moreover, there was a clear shift from blue-collar to white-collar occupations and a drop in the number of farmers. Age-specific relative risks were calculated using single-year subgroups within each of the three socioeconomic groups. The height conclusions of the researchers were based on responses in interviews with a representative sample of the population aged 16-74 in 1980. Thus, the youngest person had been born in 1963 and the oldest in 1896.

Figure 2: THE RELATIVE MORTALITY RISK OF CHILDREN BY AGE

Girls: Blue-collar/White-collar Families

Boys: Blue-collar/White-collar Families



Source: Vågerö and Östberg (1989).

dominant causes of death among children during the period of the study and were found to be responsible for around one-half of all child deaths among the socioeconomic groups examined. The study reveals that the greatest statistical differences among the groups existed in the accident category. The children of blue-collar workers were subject to a 51 percent excess risk if they were boys and a 46 percent excess risk if they were girls. Significantly, varying risks were also found for respiratory diseases and congenital malformations. The risk differences among the socioeconomic groups persisted among boys, but not among girls, when accidents were excluded. However, among boys in the 15-19 age group, the difference was in fact less than 10 percent. The risk difference for the children of blue-collar families relative to the children of white-collar families was smaller among girls, and there is no evidence that age modified that relative risk.

The study points out that even a comparatively small excess risk corresponds to a large number of deaths. If the mortality among children and young persons in general could be reduced to that of the children of white-collar workers, an estimated 150 of every 1,000 deaths in Sweden each year could be prevented. Whether such a decrease occurred in the 1980s, following the period examined in the Vågerö and Östberg study, will be discussed later in this paper.

The study also indicates that social environment, particularly social class, has long-

term consequences in another sense: children born in the lower social classes tend to be shorter than those born to higher-income parents. By examining adult body height in relation to the socioeconomic group of the father, the researchers found considerable differences in height among the members of various social classes. Men whose fathers had been senior white-collar employees were, as a rule, significantly taller than all other men. (The findings were similar, though to a lesser degree, among women.) The mean difference between the height of the sons of senior salaried employees and that of the sons of unskilled workers was well above two centimetres. On the other hand, among those born in 1959 or later, no clear relative height differences were found. However, this may be due to the fact that the members of this subsample had not yet fully grown. In a sequel to the study the researchers discovered that among both men and women the number of individuals in poor general health or who had died was larger than expected in the shorter height group (Nyström Peck and Vågerö 1989). Thus, social and economic conditions during childhood may cause individuals to be more exposed to those factors which cause morbidity and mortality: of the 52,000 deaths occurring among the 20-79 age group in Sweden in 1984, roughly 3,000 to 4,000 may have been related to risk factors rooted in the childhood environment.

### III. FROM THE EARLY 1970s TO THE EARLY 1990s

#### Macroeconomic Developments

Since the early 1970s the changes in the Swedish economy have been striking, especially when they are compared to the relatively harmonious growth of the 1950s and 1960s (Table 2). The first oil crisis in 1973-4 led to huge price increases, just as it did in all other industrialized countries. Meanwhile unemployment remained fairly low in Sweden because of active labour market policy measures. However, some sectors of Swedish industry became uncompetitive on world markets. In the late 1970s and early 1980s, when Sweden was governed by a nonsocialist cabinet for the first time in a half century, industry underwent a rapid but forced structural transformation. This was a strong impediment to the needed establishment of new businesses and increased the failure rate among enterprises which had, nevertheless, begun operations. A number of companies which might have survived under "normal" circumstances was forced into the grave, with a major negative impact on segments

Table 2: SELECTED MACROECONOMIC INDICATORS  
(As A Percentage Of GDP Or In Average Annual Percentage Changes, 1960-89)

|                          | 1960-7 | 1968-73 | 1974-9 | 1980-8 | 1989 |
|--------------------------|--------|---------|--------|--------|------|
| Gross domestic product   | 4.4    | 3.7     | 1.8    | 2.1    | 2.1  |
| Consumer price index     | 3.4    | 5.6     | 4.0    | 3.3    | 6.5  |
| Total Government outlays | 34.8   | 44.3    | 54.4   | 56.5   | 59.0 |
| Net lending              | 3.3    | 4.4     | 1.3    | (1.8)  | 5.8  |
| Unemployment             | 1.6    | 2.2     | 1.9    | 2.6    | 1.3  |

Source: *Historical Statistics* (various).

of the workforce. An annual average of 1.9 percent of all industrial employees experienced company closures between 1970 and 1987, going from a low of 1 percent during the boom year of 1975 and a high of 2.5 to 3 percent during the most difficult period of structural transformation in the late 1970s. Entrepreneurs lost faith in the future, and capital spending dropped to a point where no net investments occurred, thus diminishing Sweden's fixed assets in the form of buildings and machinery. In the 1950s and 1960s the industrial capital stock had registered an average annual growth of 4 to 5 percent. During the late 1970s and early 1980s this growth rate fell considerably and by 1982 had touched bottom (-0.5 percent).

As a result of this process, Sweden had to deal with deficits in the balance of payments on the current account. Between 1968 and 1973 there had been an average annual surplus of 0.5 percent of GDP, but in the late 1970s and early 1980s the balance of payments on the current account deteriorated significantly. In 1982 the deficit reached 3.6 percent of GDP. This created a huge foreign debt. When the country was finally compelled to undertake major devaluations in 1981-2, the debt climbed drastically in krona terms. When the Social Democrats regained power in the fall of 1982, the Government budget deficit was no less than 12 percent of GDP, while the aggregate deficit of the public sector as a whole was more than 6 percent of GDP. Moreover, the economy was characterized by weak international competitiveness, falling industrial investments and a shrinking industrial base, as well as a large deficit in its payments to other countries, a very sizeable official debt abroad and rising unemployment. Combined with spiralling tax deductions by individuals who had set up private pension plans through insurance companies, poor growth in the tax base due to recession and an explosion of Government subsidies to ailing industries such as shipbuilding

and steel, this helped to push the once balanced budget into dramatic deficits. This "crash" of the public budget seriously threatened the foundations of the welfare state.

The first step taken by the new Social Democratic Government in the fall of 1982 was a 16 percent devaluation of the krona that was aimed at rendering Swedish companies so internationally competitive that they could regain lost market shares and take advantage of spare capacity. Meanwhile, the huge industrial subsidies of the previous Administration were quickly phased out. The trade unions regarded the devaluation as a necessity and even assured the Government that they would not diminish the impact of this step by demanding wage and salary increases to compensate for the inflationary effects. In a similar vein, the "collective" of pensioners rather reluctantly agreed to postpone compensatory demands until a more balanced economy was in sight.

Both before and long after the return of the Social Democrats to power, there was intense debate concerning the economic policies the Government should pursue. One faction wanted to continue the austerity policies which the nonsocialists had introduced and regarded a sharp rise in unemployment as unavoidable. This faction included virtually all academic economists who had openly stated a position, economists employed by banks and employer organizations, and the new political opposition.

The major weakness of the economic policy of the Social Democratic Government was the fact that austerity was overemphasized in 1983-5; capital spending suffered, and at the end of the 1980s Sweden was harvesting the fruits of this policy in the form of a housing shortage, an industrial base which was too small, and anaemic growth in productivity. Interest rates rose far too high, and the redistribution policy seemed to have gone awry.

One effect of the economic crisis was an increase in unemployment and a slowdown in employment growth. Previously, the rate of unemployment had been in the range of 1.0 to 1.5 percent, but it had begun to rise in 1977 and had reached 2 percent in 1978. During the following economic upswing it had fallen back to 1.5 percent (in 1980), which was still much higher than it had been during earlier economic booms. This had been viewed as an indication of a long-term trend toward higher unemployment. The subsequent economic downturn seemed to confirm this observation: during the period 1981-3 the unemployment rate rose to levels not seen in Sweden for decades, with a peak in 1983 exceeding 3.5 percent. The groups hardest hit were new entrants to the labour market such as former housewives and young persons looking for their first jobs. The elderly were also affected: many became long-term unemployed or had to accept early retirement. However, the situation changed

during the course of 1983, and unemployment started to fall drastically from 1984 onward. One reason was the introduction of special youth employment schemes designed to keep 16-to-17-year-olds out of unemployment and increase the role of schools in the sensitive transition from adolescence to adult working life.

Since 1983 the unemployment rate has decreased year by year, and vacancy rates have been increasing. The economy has been moving from deep recession and has clearly become overheated. By the beginning of 1990 the unemployment rate was down to 1.4 percent, while the labour force participation rate among men had climbed to 87.1 percent from 82.4 percent ten years earlier and that among women to 87.5 percent from 74 percent. In a few more years the participation rate of women will likely exceed that of men.

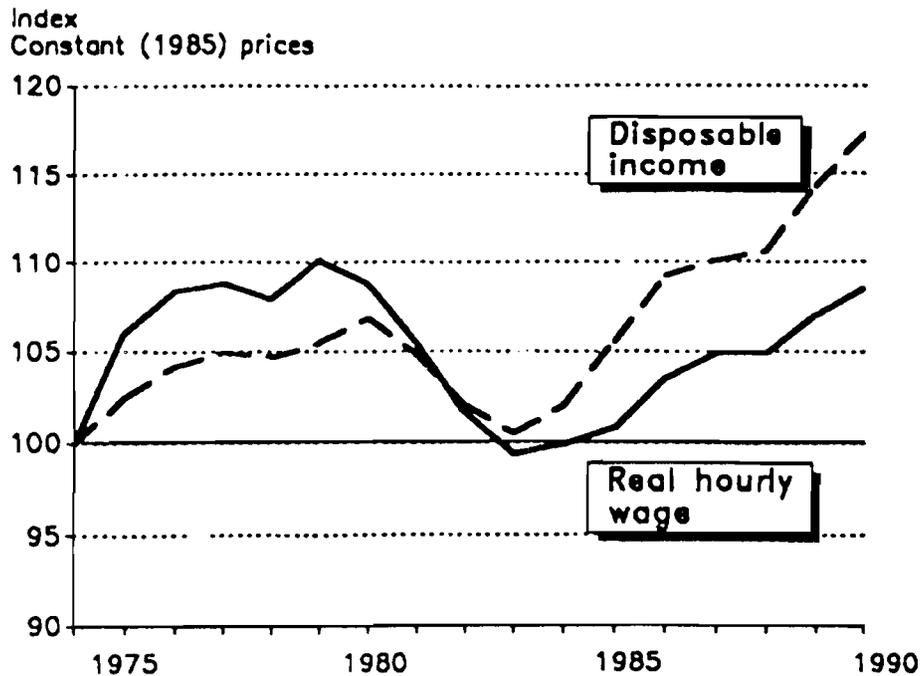
### **Income Distribution**

By the late 1970s the earlier postwar trend toward the more uniform distribution of income and wealth in Sweden had come to a halt. Thus, the nonsocialist cabinet devised a series of programmes that particularly benefited stockholders, although large segments of the population were living under increasingly tough economic conditions. One consequence was that an ever larger number of people needed means-tested social assistance payments (see later). Economic gaps widened as growth stagnated.

Such economic problems dominated the period following the first oil crisis in 1973. The structure of the Swedish economy was especially sensitive to this type of crisis. The manufacturing sector was biased toward highly energy-dependent industries like steel and paper-pulp. The big shipyards were also hard hit. The economy had to adapt to significant structural changes. The low economic growth and falling real incomes meant weak advances in overall disposable incomes (Figure 3), despite rising transfer payments (pensions benefiting the elderly). On the other hand, the labour force participation rate among women accelerated, and the newcomers were to a large extent absorbed by a rapidly expanding public sector. This explains the slower decline (or faster growth after 1984) of disposable income relative to the wage rate.

High inflation was another serious symptom of the crisis and a cause of change in the trend in income distribution. Over a number of years, prices climbed at a pace which the country had never before witnessed in peacetime. Combined with low interest rates, 100-percent deductions on interest expenses and full taxation of interest income, inflation led to

Figure 3: REAL HOURLY POSTTAX WAGES AND REAL DISPOSABLE HOUSEHOLD INCOMES (1974-90)

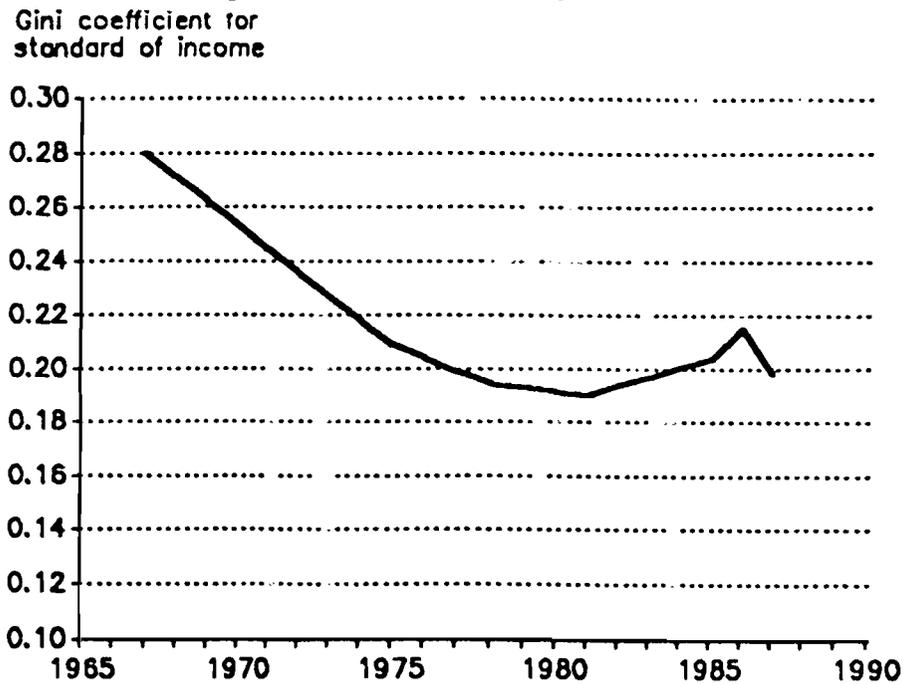


Source: SOU (1990a).

an enormous redistribution of wealth from savers to borrowers. This meant a redistribution from economically weaker groups such as retired people and people living in rented apartments to stronger groups who could finance their purchases of single-family homes, apartment buildings and companies with borrowed funds. Over a ten-year period 200 billion krona (\$33 billion at the 1990 exchange rate) were redistributed in this way, mainly from the financially weak to the financially strong. Furthermore, during the 1980s Sweden followed the international tax reform trend, so that marginal tax rates were decreased and the progressive element in income taxation was reduced.

In this environment of economic crisis, a gigantic redistribution of wealth from savers to borrowers, a less progressive tax system and several currency devaluations, it is hardly surprising that the earlier postwar trend toward a more uniform distribution of income and wealth had come to a halt by the late 1970s (Figure 4, Table 3). This has serious implications for the well-being of children. A recent survey indicates that severe gaps are developing between families living in downtown Stockholm and those outside the city (SOU 1990b). Thus, differences in wealth, health, the need for social assistance, and ethnic background are growing among geographical areas. In short, Sweden is becoming more "Americanized".

Figure 4: INEQUALITY IN INCOME DISTRIBUTION\*  
(Population 0-74 Years Of Age, 1967-87)



Source: SOU (1990a).

\* Measured for 1967, 1975, 1978 and 1980-7. The Gini coefficient ranges from 0 to 1, where 0 denotes perfect equality.

It is possible to analyse the distribution of wealth in Sweden since 1920 (Spånt 1974). Over a period of roughly six decades this distribution became increasingly more uniform. Between 1920 and the mid-1970s the share held by the richest 1 percent of the population of the total net wealth of the country dropped from 50 percent to about 16 percent, which is still a very lopsided proportion. Then between 1975 and the mid-1980s the share (temporarily?) wavered at around 16 percent (Table 3). Overall, this wavering has been very sensitive to changes on the stockmarket and in housing prices. That many extremely rich Swedes have emigrated to "tax havens" has also had an impact on the actual distribution.

Figures from an official investigation (SCB 1989) in the mid-1980s reveal that the proportion of children with personal assets increased between 1978 and 1986. Only 16 percent of all children had some savings in 1978, compared to 25 percent eight years later. In most cases these were children in white collar families. Roughly 50 percent of the children of parents in the top 20 percent of the adult wealth pyramid had a net worth of their own.

Income distribution became less unequal especially during the 1960s and 1970s; low-

Table 3: THE VERTICAL DISTRIBUTION OF WEALTH\*  
(1975-87)

| 1975 | 1978 | 1983 | 1984 | 1985 | 1986 | 1987 |
|------|------|------|------|------|------|------|
| 16.2 | 15.6 | 16.9 | 15.4 | 15.8 | 17.1 | 16.1 |

Source: SOU (1990a), Annex 19: "Inkomst- och förmögenhetsfördelningen 1967-1987".

\* The share (%) held by the richest 1 percent of households of the total taxed net wealth in the country.

income groups gained, and high-income groups lost ground. In the 1980s the high-income groups benefited the most. The top 1 percent of all households received 3.7 percent of the total income in 1967 and 2.4 percent in 1981, but the figure had rebounded to 3.1 percent by 1987. No data are yet available that can shed light on the extent to which this new trend has had an impact on children. The hypothesis of this paper is that families with and families without children have been affected in rather a similar way. The new tendency toward greater gaps in income and wealth would therefore mean ever larger contrasts among children of different social backgrounds.

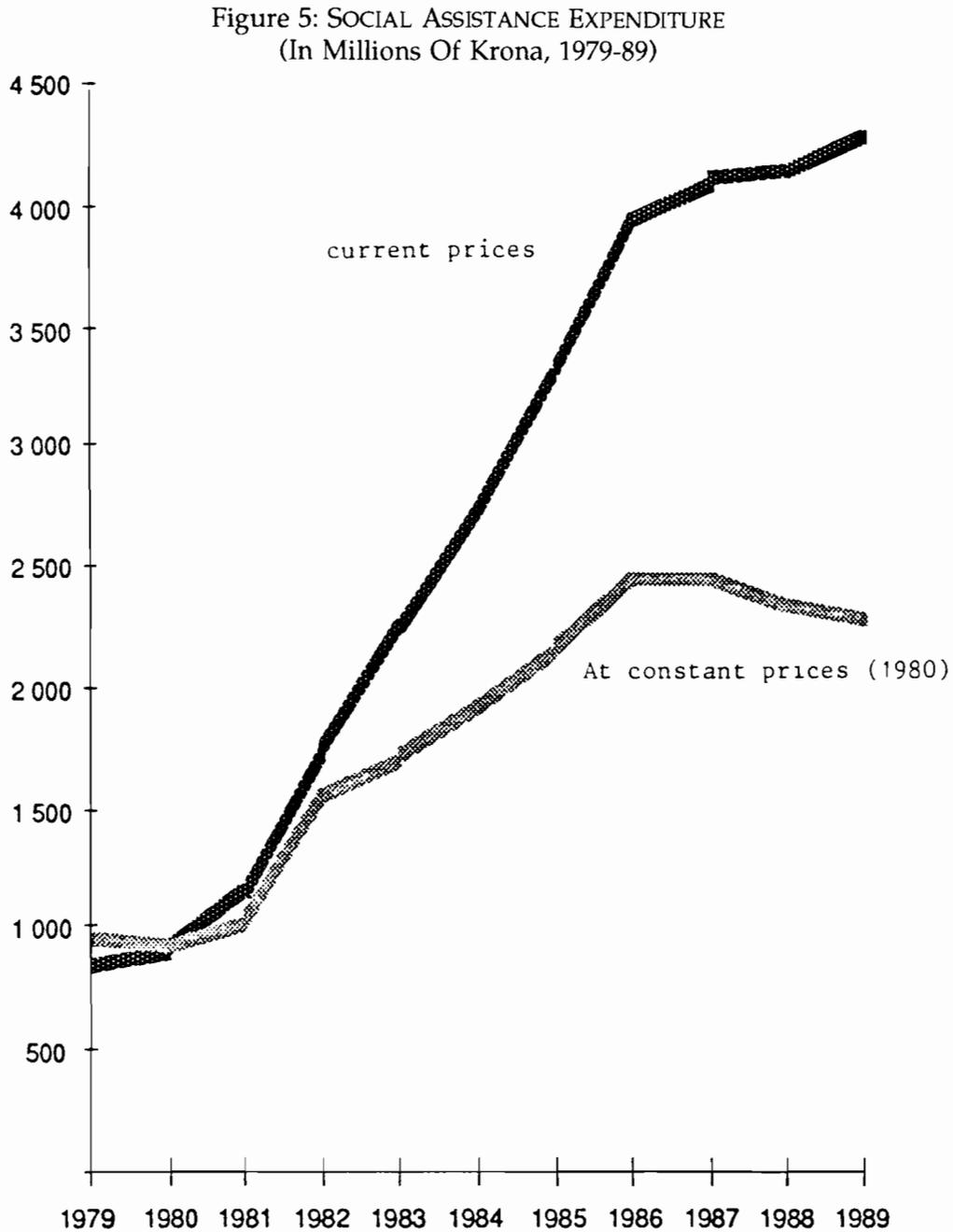
### Poverty and Social Assistance

Poverty is a highly complex phenomenon with many ramifications. The aim of a general welfare system is to provide a safety net against the causes of poverty: the income losses created by unemployment, sickness, old-age and handicap. Thus, means-tested transfers are avoided as much as possible in a comprehensive welfare strategy in favour of a full-employment policy, and social assistance should be furnished only as a last resort (Mishra 1977, 1990, Korpi 1989).

No official estimates of poverty rates or the evolution of poverty rates in Sweden exist (see Korpi 1975, 1980, Szulkin 1981, B. Gustafsson 1984, Halleröd 1991). The economic crisis of the 1980s clearly demonstrated, however, that the holes in the general safety net are still too large. The number of individuals and households forced to rely on social assistance has increased drastically and unacceptably over the last ten years. Equally alarming is the fact that the need for social aid did not decrease after 1983, when the unemployment level began to fall and the employment situation improved considerably. This was a completely new

phenomenon and a break in a trend which had prevailed since the beginning of the 1920s. Previously, the correlation between unemployment and poverty (the need for social aid) had been strong during both economic upturns and economic downturns.

Figure 5 illustrates the annual sums paid out during the 1980s in social assistance both in current prices and in real (1980) prices. In real terms outlays dropped between 1978 and



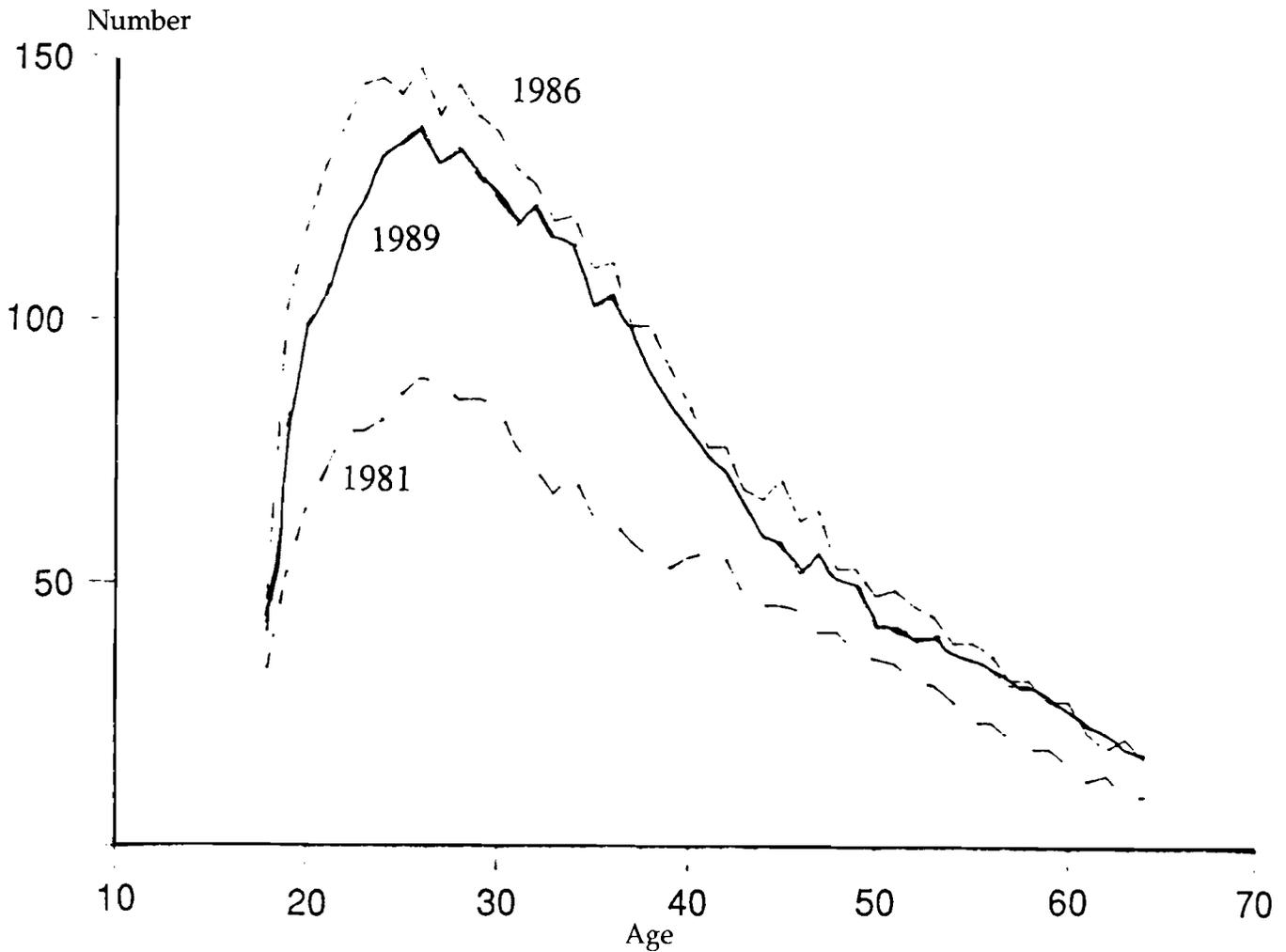
Source: Compiled from reports published by the Central Statistics Office.

1981. Thereafter, a sharp increase occurred in both nominal and real terms. The worst year was 1986. Meanwhile, the situation on the labour market had deteriorated during the period 1981-3. Then, in late 1983 conditions started to improve, and during the rest of the decade the labour market gradually moved from significant underemployment to extremely low unemployment and to high vacancy rates and high wage-drift as the economy overheated (see earlier). However, this change in the economic climate was not directly reflected in the need for social assistance as measured by social assistance expenditure. In real prices the total cost of social aid jumped 150 percent during the decade. In 1989, 270,000 Swedish households received social aid, compared to only 185,000 ten years earlier. In relation to the total number of households in the country, 3.3 million, this meant a climb from below 6 percent to above 8 percent. After a certain time lag, this upward trend finally levelled off (see Halleröd 1991).

Households with major economic problems exhibit a number of characteristics in age and composition. The age profile is illustrated in Figure 6. Young people clearly dominant, and this phenomenon has been accentuated since the war. The elderly do not seem to have been hit by the economic crisis as much as have the young. This represents a clean break from the trend a half century ago, when scanty pensions rendered the elderly extremely vulnerable. One conclusion is therefore that pension reforms since 1945 have more or less wiped out poverty among the elderly. Economic problems are instead concentrated in the younger age brackets, predominantly among individuals between 20 and 40 years of age. As Figure 6 reveals, the increase in poverty has been greatest among such individuals.

From 1979 to 1989 single men without children made up around 40 percent of all households receiving social aid (Figure 7). Single women without children represented the second largest group, almost 25 percent in 1989. Families without children thus quite clearly dominated the recipient group, while families with children were in a minority. Only 4,100 single men with children or 15 percent of all households of this type, benefited from social assistance. Among single women with children, 47,000, or 35 percent of such households, had to rely on social assistance. Finally, 41,000 married couples with children, or 4 percent of all households of this type, depended on social assistance. In 1988 a total of 92,000 families with children were living under such strained economic circumstances that they had to obtain social assistance. This corresponded to almost 9 percent of all families with children. The main risk groups were therefore families with only one breadwinner: more than one third of all single-woman families and one-seventh of all single-man families had to apply for social assistance, while only 4 percent of all married couples with children had to do so.

Figure 6: SOCIAL ASSISTANCE TO HOUSEHOLDS BY AGE PROFILE\*  
(Number Of Recipient Households Per 1,000 Households, 1981, 1986 And 1989)



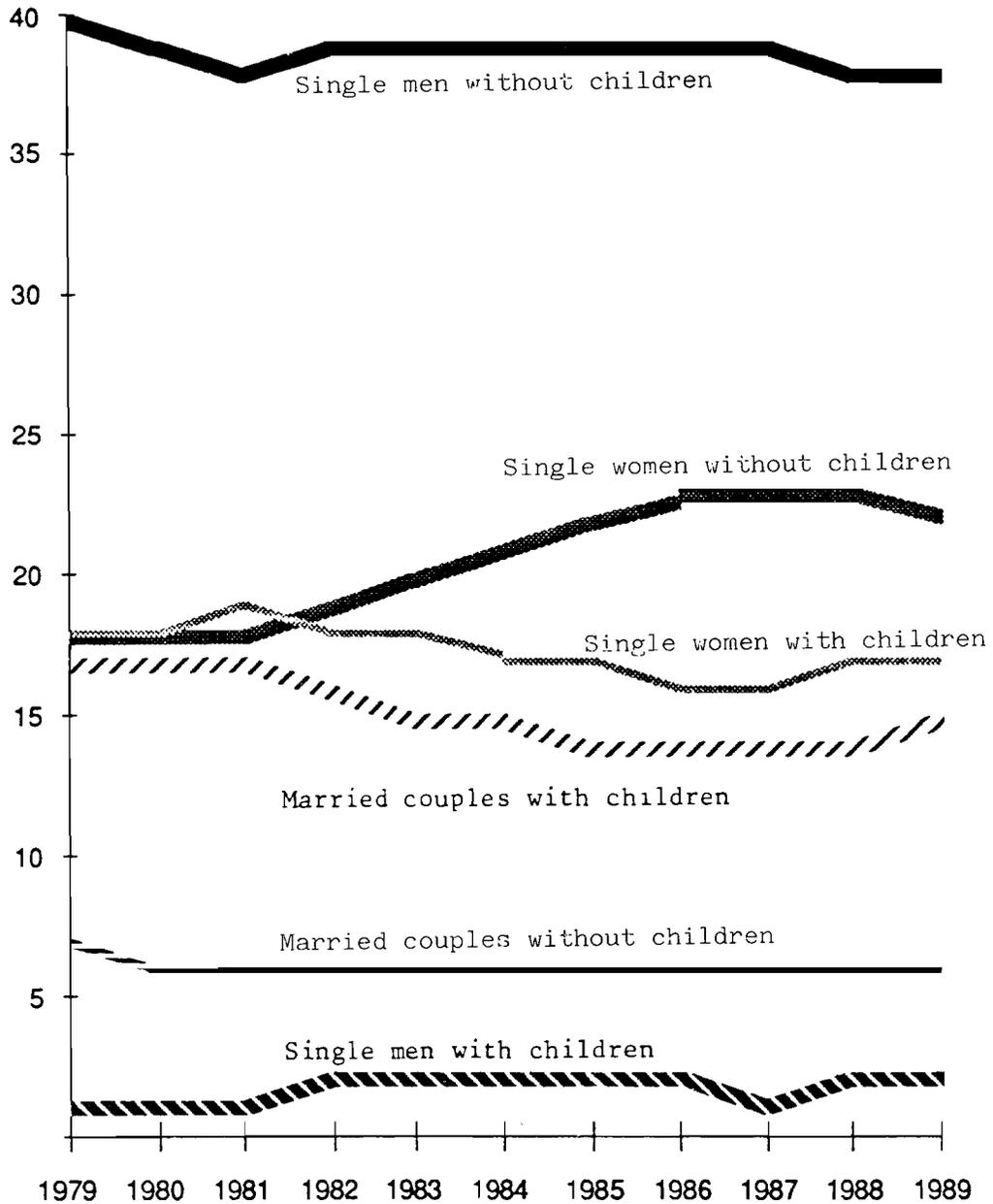
Source: Compiled from reports published by the Central Statistics Office.

\* Based on the ages of all individuals between 18 and 64 registered for social assistance.

The very sharp increase in the need for social assistance since 1980 has of course represented a failure of the economic and social policies pursued in Sweden. A number of studies have attempted to explain this negative phenomenon, and others have proposed various remedies. Nonetheless, no credible interpretation has been forthcoming. One explanation is that changes in administrative procedures have made it easier to receive social assistance. While this explanation has some validity, it is not sufficient. The increase in the need for social assistance reflects real economic problems.

Another explanation focuses on the substantial influx of refugees and immigrants to

Figure 7: SOCIAL ASSISTANCE BY HOUSEHOLD TYPE  
(Percentages, 1979-89)



Source: Compiled from reports published by the Central Statistics Office.

Sweden in recent years Relatively speaking, Sweden welcomes a very high number of immigrants, currently around 40,000 per year, or 0.5 percent of the population. In 1988 almost 22 percent of the families receiving social assistance were foreign citizens, and they accounted for as much as 40 percent of the total social assistance paid out. For a rather long period after

their arrival in Sweden, these immigrants must rely on some social assistance since they are not yet able to enter the labour market. Normally, Swedish families obtain social assistance only when they are experiencing economic distress and, then, as a complement to regular income or transfer payments. On the other hand, immigrants often run the risk of falling into chronic dependance on social assistance. The period between the arrival of immigrants in Sweden and their entry on the labour market must therefore be shortened sharply in the interest of these people and of society. Otherwise, their dependance on social assistance may lead to long-term repercussions for the immigrants, both adults and children, that will show up in the future in the form of labour market and social problems.

### **Demographic Changes**

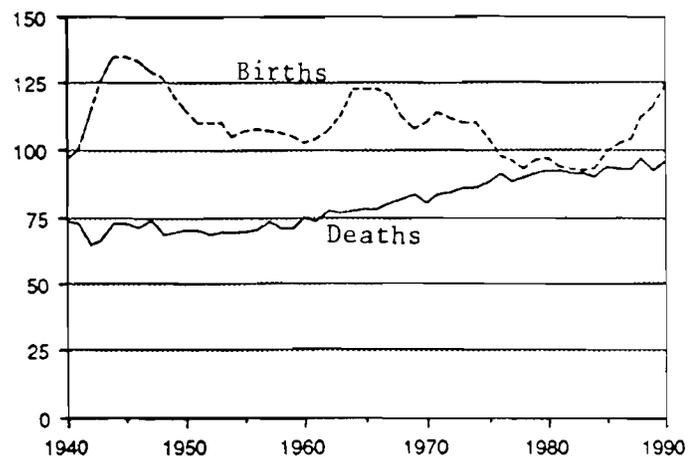
The total population of Sweden is approximately 8.5 million. This figure is expected to remain fairly constant in the years ahead. In 1990 there were 761,000 individuals in the preschool age group (0-6-year-olds), 885,000 in the 7-15 age group, and 455,000 in the 16-19 age group. Of this more than two-million-strong child and youth population, roughly 350,000 individuals were of foreign "origin", although less than 100,000 had actually been born outside Sweden. Of those who had been born elsewhere, some 25,000 had been adopted. Of the total under-20 population, around 13 percent were so-called "second generation" immigrants; that is, they had been born in Sweden but at least one of their parents had been born abroad. The majority of this last subgroup were Swedish citizens.

As late as 1983 the number of births was exceptionally low (92,000); more recently, Sweden has witnessed a baby-boom (Figure 8). In 1990 the number of newborns was 124,000, representing an increase of about 35 percent over the annual figures in the early 1980s. Thus, the number of births relative to the number of deaths has increased considerably, and the reproduction rate is now frequently close to or exceeds the natural replacement level (2.1). In Western Europe only Iceland currently has a higher reproduction rate. However, in absolute terms, the rates in the "peak" years of the mid-1940s are still above those of today.

But in the early 1980s, because of the low reproduction rate and the influx of immigrants, there was a resurgence of the "population question" in Sweden and concern about the future of family, culture and society. People began to suspect that Government policies designed to increase the number of births might be inadequate or even harmful. At the time, the Government initiatives ranged from sponsorship for conferences organized by

Astrid Lindgren (creator of Pippi Longstocking and author of many children's books) to economic incentives for larger families such as, for the third child in a family, an additional one-half of the normal child allowance and, for four or more children, an additional full allowance for each of these children. However, the concerns faded when fertility began to increase once more at the end of the decade.

Figure 8: BIRTHS AND DEATHS  
(In Thousands, 1940-90)



Source: Compiled from reports published by the Central Statistics Office.

Sweden in the early 1990s is unique in combining high female labour force participation rates and high fertility rates. This combination is probably a result of the economic boom, as well as of a comprehensive welfare policy which facilitates a new blend of work and family life. Thus, while not its explicit aim, parental insurance (see below) seems to be fostering demographic growth through higher birth rates. The regulations for parental insurance particularly, but also to some degree those for municipal child day care, encourage a short time span between births. Yet, though the female labour force participation rates in neighbouring Denmark and Norway are almost as high and child day care is fairly extensive, at least in Denmark, the fertility rate in Sweden is much higher. The differences with these countries are more likely associated with the less generous direct cash benefits in Denmark and Norway for parents with newborn children (see Hoem and Hoem 1988).

In the late 1980s the number of abortions (38,000 in 1988, or 335 per 1,000 live births) equalled roughly 40 percent of the number of all newborns. Since the mid-1970s abortions among teenagers had been declining, but in the late 1980s this trend was broken, which quite rightly caused some alarm. Actually, the increase in teenage abortions occurred concurrently with a decrease in Government grants for sex education and subsidized contraceptives to eight county councils with special abortion prevention programmes (Socialstyrelsen 1990a).

Abortion has been legal in Sweden since the 1940s. However, until 1974, when a new law was enacted, a woman wishing to have an abortion needed to obtain a certificate signed by two physicians. Since the end of the 1960s illegal abortion has been virtually nonexistent.

As part of the mid-20th century secularization process and without too much public outcry, abortion has gradually become "socially acceptable". There are those who argue that it is now too easy to have an abortion, but antiabortion or "pro-life" activists have not been particularly successful in Sweden, where both consultative and surgical abortion clinics are part of the regular public health-care system. Thus, Sweden has been viewed as a "permissive" country by critical observers, while others have ranked it very high indeed in the degree of "self-determination" available to women (Ketting and Van Praag 1986).

From a widely held Swedish perspective, there is nothing so invasive and destructive of a woman's life as an unwanted child, and a child entering the world unwanted is handicapped and at a tremendous disadvantage. This is not to say that there is no moral dilemma in Sweden; indeed, the debate has become more heated since recent medical and technological advances have made foetal diagnostic tests accessible to all women. Under Swedish law the foetus does not enjoy any independent right to life; it is first of all part of the mother's body, and the wishes of the woman take precedence over any rights of the foetus. All pregnant women over 37 or those who have already had children with congenital deformities are offered biochemical or genetic tests to determine the health of the foetuses they are carrying. Roughly one-half of the abortions performed after the 18th week of pregnancy are desired because of the congenital deformities discovered through such tests.

Hence, foetal diagnostics has created new, unforeseen options; for instance, a pregnancy can be selectively terminated because the mother, perhaps under pressure from her partner, considers the foetus to be the wrong sex. Furthermore, it will be possible in the near future to perform more reliable DNA-diagnoses which will detect many more diseases than can those today, and a Government commission in 1989 suggested that all pregnant women who want them should be offered foetal tests (SOU 1989a). If the foetus turns out to exhibit serious genetic malformation, then abortion is regarded as a difficult but appropriate alternative. Critics of this position have argued that the approach is unethical and would lead to an elitist society which would feel free to weed out the disabled and the handicapped.

### **Children and Family Life**

In recent decades the modifications in the structure, composition, functions and roles of the typical family unit have been significant and rapid. A specific feature of the period just after the war (see earlier), the 'epoch of housewives' was actually a sign of affluence in working

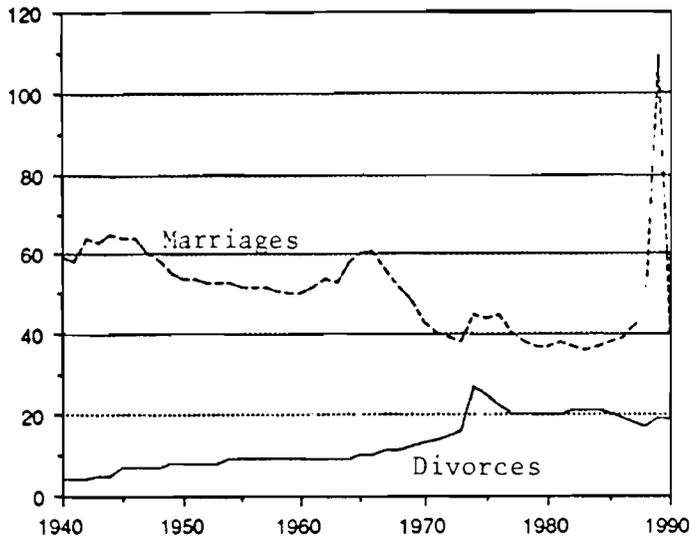
class communities. This is not to deny that in the early postwar period many working class housewives took unregistered jobs outside the established labour market to augment the family income. Although most families still conform to the "traditional" model of the family unit, with the husband as the principal breadwinner, a broad and diverse range of family life styles has appeared since the mid-1960s.

According to one expert (Popenoe 1988), the typical family in Sweden has become less like the "bourgeois" nuclear family than has the typical family in any other nation in the world, with the possible exception of Denmark. A low marriage rate, a high percentage of single-person households, a high rate of nonmarital cohabitation, a swelling rate of family dissolution and the extensive flow of mothers into the labour force are the five indicators used to show that Sweden has the world's lowest "index" of family stability. However, this position has been challenged especially by feminists and female scholars as unscientific, severely value-laden, gender (male) oriented and blind to the unequal dependency within the traditional family unit (Hobson 1990a, 1990b, Hojgaard 1990). It does not take into account the desire to escape dependency and distributional conflict as an important motive for women to seek employment regardless of the earnings of their husbands.

In contrast, marriage, combined with unpaid work at home, has been characterized as a power relationship between two unequal adult partners and as an alternative "career" for women in cases where the possibilities are limited, particularly on the labour market. Hence, when employment opportunities are open to females and the economic dependency on a male breadwinner can therefore be diminished, marriage, even for a woman whose companion voluntarily hands over his paycheck to her, most likely becomes a less attractive alternative for women. Females become more powerful and stronger outside the traditional family unit. In such a perspective it is quite natural that the annual number of marriages in Sweden dropped, as it did between 1950 and 1980 (Figure 9), from above nine to below five per 1,000 persons. In the second half of the 1980s the number of marriages increased somewhat but was still fairly low, with 1989 as an exceptional peak due to the enactment of a new pension system for widows and widowers. The average age for first marriages rose from the late 1960s to the early 1980s (to 23 for women, 26 for men), as did the average age for women giving birth to their first child.

In 1990 around one-half of all births represented babies born "out of wedlock". Although startling, this does not indicate extreme promiscuity, nor does it reflect a pattern similar to the North American poor black family "syndrome". Over a long period the

Figure 9: MARRIAGES AND DIVORCES\*  
(In Thousands, 1940-90)



Source: Compiled from reports published by the Central Statistics Office.

\* The curves show the effects of major legislative changes in 1974 and 1989.

unmarried (and, conversely, about 80 percent of all cohabiting couples are married). Unmarried couples under 30 represent a majority of all those couples cohabiting, and "illegitimate" children are thus most common among young mothers. Most women giving birth in Sweden are between the ages of 25 and 29.

A low birth rate such as that prevalent in Sweden for most of the postwar period does not automatically imply an increase in the proportion of one-child families. According to a study from 1980 (SCB 1981), only 14 percent of all 7 year-olds were without siblings. More than one-half of all 7-year-olds had one sibling, which means that two-children families were almost as common as those with only one child. Families with four or five children were rare, representing less than 5 percent of all families with children.

The great majority of children under 18 were living in a traditional family unit with both parents alive and perhaps with one or more other children. However, 10 percent of all pre-school children and 17 percent of all 13-to-18-year-olds were living with only one parent, generally the mother. Among the younger group the proportion in lone-parent families had doubled since 1960.

According to a more recent study (SCB 1989), 12 percent of all children live with a noncohabiting parent, generally the mother. Another 8 percent live with the mother and a

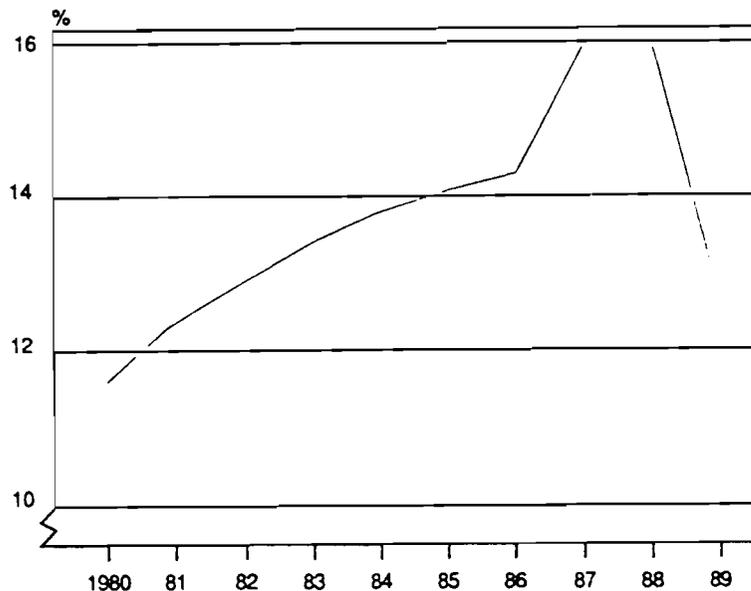
tendency in Sweden has been for a growing number of men and women to live together in circumstances resembling marriage but without formal marriage contracts. These relationships are less stable than are traditional marriages, particularly because the partners are usually younger. However, stable couples living together in this fashion quite often marry after a few years, although the statistical probability that these relationships will lead to marriage does not increase over time. Overall, roughly one-fifth of all cohabiting couples in Sweden

"stepfather", and 3 percent with the father and a "stepmother", although the "new parents" are not necessarily married to each other. Nearly one-half of the children in the latter two groups also live with "new siblings", these children represent 5 percent of all children. One percent of all children live in households in which the parents are married to each other have both been married before and have both brought to the "new" family children from the previous marriages. Even fewer children live in a recomposed family unit with "my", "your" and "our" children.

Divorce is thus another important factor in the contemporary pattern of family life. The increase in the divorce rate reached a peak with the introduction of new legislation in the mid-1970s (see Figure 9). Since then the rate has remained at a high but fairly stable level (17,000 marriages ended in divorce in 1988). Actually, the rate has fallen somewhat in the last few years mainly due to the fact that more couples in their 20's are cohabiting but not marrying; thus, if they separate, no formal divorce is registered. The number of children involved in such early "family" breakups is unknown. The right of children to have access to both their parents is recognized by law, but, as always, enforcement is a much more difficult affair. Organizations, such as Sunday Parents, that defend the right of fathers to be together with their children have appeared.

Another indicator of the number of children living with only one parent is the rise in the percentage of children for whom advance maintenance payments were received by households: from 2 percent in 1950 to 16 percent in 1987. The peak year was 1988. In 1989 the curve plummeted (Figure 10). Whether this was just a temporary break remains to be seen. In any case, the social expenditure on advance maintenance payments

Figure 10: CHILDREN BENEFITING FROM ADVANCE MAINTENANCE PAYMENTS (As A Percent Of All Children Aged 0-17, 1980-9)



Source: RFV (1990).

jumped by more than twentyfold (in constant prices) between 1950 and 1990 (RFV 1990). Roughly one-third of this spending was financed by repayments from noncustodial parents.

It is quite apparent that major changes have taken place in the structure of the typical household and the typical family. The growth in the number of "recomposed" households, whether or not bound by marriage, is rendering variations on "normal" relationships such as half-brothers and half-sisters more common in family units. This has had a profound effect on family culture. Even the old notions of "stepfather" and "stepmother" are no longer used in everyday language; they have been replaced by new terms (sometimes regarded as "softer") such as "pretend" or "plastic" mother and father. This is not to diminish the hardship of family conflicts and the severity, especially for children, of family breakups. Indeed, family contacts are intense in Sweden, and there seems to be no tendency toward increased social isolation and loneliness (Axelsson 1987, see also Vogel et al. 1988). The solidarity among modern "clan" members should not be exaggerated; individuals are born into families but are free to choose their playmates, friends and partners. In any case loyalty is not dependent on formalized contracts among adults.

The traditional parental socialization model has thus become somewhat obsolete. Few parents can still apply the experience of their upbringing in the early postwar decades as a model for the socialization of their fin-de-siècle children. Instead, new ideals and strategies ("projects") focusing on the personal well-being of children have emerged in everyday life in Sweden (Björnberg 1990). The current generation of parents is being forced to adapt continuously to the drastic changes taking place in practically all spheres of life; most likely the rate of change will be even more rapid in the years to come. The speed of social development in modern society is making it more difficult for parents to know how to prepare their children adequately for later life as citizens, close companions and working adults (Dencik 1989). Under such conditions, the ideals of togetherness and of the family as an arena in which people, not least children and adolescents, have the possibility to evolve their individuality become more meaningful. However, it has also become the responsibility of new welfare professions to identify and apply the necessary competence and skills.

### **Working Parents and the Working Life**

The emphasis in this paper is on society's youngest. However, "children" and "childhood" are concepts which have never been fixed, rather they have been constantly in flux. To date, the

concept of "children" has usually been defined in terms of the "family", and the definitions have been intimately linked to the theories and social stratification prevalent in each epoch. Before the advent of industrial society, the concept was also defined in terms of the school, the institutional correlate of the family, and in terms of the ambition of the state to "civilize" the lower social classes by controlling the socialization of their offspring (Sandin 1986).

With industrialization, the contribution of children to the family economy through wage labour soon became a controversial subject, and during this century child labour has come to be considered a moral evil (Olsson 1980, see also Bolin Hort 1989). In Sweden the legal age-barrier for factory work had risen from 12 early this century to 15 by 1949. In 1977 the law made entry into the labour market conditional upon full school termination, which for most youngsters occurs when they are already one or two years past the legal age-barrier for factory work (in the meantime raised to 16). The apprentice system has more or less disappeared as the number of years of compulsory schooling has been extended, but new forms of transition from school to work have evolved. For instance, pupils in the final year of compulsory education spend two weeks as trainees at workplaces of their own choosing (within the limits imposed by local economies). However, none can legally become an unskilled blue-collar worker before his or her late teens.

Furthermore, the definition of children and childhood has become a correlate not only of socioeconomic developments but also of sociopolitical change since the end of compulsory schooling now usually coincides more or less with the minimum voting age of 18; equally significant is the slightly higher age-barrier of the right to buy liquor in Sweden: 21.

In Western societies "industrial capitalism" has been replaced by 'consumer capitalism', and most children are no longer workers at 15 as they were early this century. Today individuals remain "children" longer, and "childhood" represents a more extended period in life. This has made possible the division of "childhood" into more specific age groups. Thus, "adolescence", which as a distinct term was once associated solely with the upper classes, is now a much more important designation, and "youth" has even been considered an autonomous social class (Rowntree and Rowntree 1968, Sunesson 1968).

Generational conflicts have become more pronounced in the postwar period's specific youth "cultures" have challenged the norms and standards of adult society (see Bjurström 1980, Olsson 1981, Bjurström and Fornäs 1988). Nonetheless, the bonds among the generations are strong. Despite some opportunities to earn their own money, adolescents are in most cases still dependent on their parents and sometimes even their grandparents. In

affluent societies adolescents have become "expensive" family members as consumers especially of cultural-symbolic goods like clothes and music and video products. The development of an adolescent culture and market is an important part of today's consumer capitalism, and this market is reaching ever younger age-cohorts. The free market is emancipating the 'child'.

A visible feature of the new cultural autonomy of children and adolescents is the growth of leisure time activities which are oriented more and more toward young people. In particular, through the sports and entertainment industries youngsters get the opportunity to express themselves beyond the institutional barriers of compulsory schooling. Though few reach the top of these industries, many are inspired by those who do so. Here, types of competition flourish that are not tolerated in the education system, where cooperation is usually the rule.

The new forms of family structure and the emergence of the consumer society are not the only important elements in the transformation of the child environment in Sweden. Just as important has been the enormous change in female labour force participation that has occurred since the mid-1960s. Today the number of women who are economically active (well over two million individuals) is approaching the 2.3-million strong male labour force in size. Women represent 48 percent of the total working population. In 1988, 0.9 million women were working less than 35 hours per week, while 1.2 million were employed full time. In that same year 2.1 million men were working full time.

Nearly all working women carry on with their jobs until their first child is born, and more and more women are returning to work within a year of the delivery of a child. Many women switch to part-time work (less than 35 hours per week) when parental leave has elapsed. By the late 1980s over 85 percent of all mothers of preschool children and well above 90 percent of all mothers with children aged 11-16 were gainfully employed (Table 4). Although many of these women work part time, since the mid-1980s there has been a clear shift toward longer working hours among women (above 20 hours per week).

A remarkable change in the work-family relationship in Swedish families with young children has come about. During the initial postwar period, the "epoch of housewives", the role of the working woman was considered to be particularly detrimental for children and at odds with the role of the woman as family member. According to this view, when a woman worked, she was selling part of the time and labour which she would otherwise use to offer love and devotion to her family. As an alternative to the choice between dependency

Table 4: WORKING WOMEN AS A PERCENTAGE OF ALL WOMEN AGED 16-74  
(1970, 1980 And 1985)

|                               | 1970 | 1980 | 1985 |
|-------------------------------|------|------|------|
| All working women             | 52.8 | 64.6 | 68.1 |
| Women with children under 7   | 49.7 | 75.4 | 84.0 |
| Women with children aged 7-16 | 68.1 | 85.4 | 91.0 |

Source. Andersen (1990).

on paid employment and dependency on a male breadwinner, some feminists in the early 1960s suggested that housewives ought to be paid a wage out of public funds. However, to be sufficient to support a family, such a wage would have to be close to the wage of an average industrial worker. Apart from the criticism that this "housewife wage" would further bind women to the home, this idea was considered a waste of scarce public resources.

Then in the mid-1960s, because of a considerable expansion of public day-care services, the separate taxation of spouses and a number of policy measures based on the egalitarian principle that every adult should be financially independent, full employment on the open labour market became more feasible for mothers. The traditional full-time housewife has since more or less disappeared as a 'type' in Sweden. However, this suggests that children are now being exposed to a sort of dual socialization: that of the family and that which is found to an increasing degree in public institutions such as nurseries and schools.

"Public-sector housewives" have grown in importance as the proportion of women in the labour force has climbed. Between 1960 and 1990 the Government share of the labour force almost doubled, from below 20 percent to nearly 40 percent (Table 5). The expansion in employment occurred mainly in the welfare sector (education, health care and personal social services), where more than every second employee is a female. Men have preferred to remain in the private sector. An extremely gender-segregated labour market has thus arisen (Gustafsson and Lantz 1985, S. Gustafsson 1984). Many of the new welfare professions, such as psychology and preschool teaching, are just as female dominated as were traditional ones such as nursing and midwifery. Nevertheless, some of these new groups, the preschool teachers for instance, have consciously stressed their career ambitions and are considered to have increased their relative power position within the institutions of the welfare state, while the position of others such as upper secondary school teachers, is much more uncertain.

Table 5: PUBLIC-SECTOR EMPLOYMENT  
(In Thousands, 1960-90)

|  | 1960  | 1970  | 1975  | 1980  | 1985  | 1990 <sup>a</sup> |
|--|-------|-------|-------|-------|-------|-------------------|
| Central Government                       | 316   | 296   | 406   | 438   | 424   | 390               |
| State-subsidized activities <sup>b</sup> | 62    | 117   | 137   | 173   | 172   | 170               |
| County councils                          | --    | 171   | 257   | 353   | 411   | 424               |
| Municipalities                           | --    | 302   | 396   | 488   | 525   | 552               |
| Education                                | 124   | 209   | 265   | 278   | 284   | 285               |
| Health care                              | 137   | 243   | 329   | 355   | 397   | 409               |
| Social services                          | 51    | 162   | 233   | 298   | 329   | 362               |
| A. Total public sector <sup>c</sup>      | --    | 886   | 1,196 | 1,457 | 1,580 | 1,700             |
| B. Total labour force                    | 3,244 | 3,913 | 4,098 | 4,248 | 4,367 | 4,500             |
| A/B (%)                                  | --    | 22.6  | 29.2  | 34.3  | 36.2  | 37.8              |

Sources: Olsson (1987), SCB (1990) and earlier editions.

<sup>a</sup> Projections based on 1988 figures.

<sup>b</sup> This category is comprised mainly of employees, primarily teachers, in the school system administered by local councils and financed by the central Government and of employees (roughly 20,000 in 1980) in social insurance offices. As of 1991 most teachers are employed by local authorities.

<sup>c</sup> Because some categories overlap, the columns do not sum.

Women have assumed a heavy burden in this process of the transformation of advanced industrial society. In their shift from the home to the public sector, women have basically continued to perform the tasks they previously accomplished at home without a supervisor, such as caring for the young, the old and the sick, but now in most cases they are doing this as low-wage employees paid by local government. As another consequence of the gender-segregated welfare sector, the children in households headed by lone females could conceivably spend their growing years without ever coming under the influence of male role models or authority figures. For boys in such situations, a relatively meaningful encounter with an adult representative of the same sex could theoretically be postponed until military conscription. However, most boys and girls participate in leisure sports activities organized by voluntary associations and generally supervised by middle-aged males (Blomdahl 1989).

Thus, the role of the family and the composition of the social network of children have been altered. For instance, men are encouraged to take paid paternal leave to spend time with their small children, and both employers and labour organizations have thrown

their support behind the 'Daddy, Please Come Home' campaign, the aim of which is to persuade fathers to take greater advantage of paternal leave.

In their everyday lives children thus enter new worlds of experience and develop new types of social competence and new ways of behaviour. The time they spend with playmates and school companions is shared with a "public" life under the supervision of strangers. Of course, some regard this public supervision as an attempt to dissolve the traditional family and an invasion of the private sphere by professional providers of care (see Popenoe 1988). In any case, the borders between "public" and "private" have become blurred, and public institutions have penetrated family life in many different and distinct ways.

However, because traditional gender roles still prevail to a large extent, these changes are putting strains on parents, especially mothers. The workload of women has mounted, and women are now far more prone to experience psychological distress and daily fatigue. On the other hand, since the late 1960s role distinctions between the genders have narrowed somewhat (Moen 1989, see also Tåhlin 1987). While the pattern of change is most evident among younger couples, the differences among age groups are surprisingly small. A man's share in housework typically rises with increased economic activity by his wife. Thus, the share of men in housework nearly doubled between 1974-81 (Tåhlin 1987). However, even in cases where both spouses work full time, women still perform the overwhelming majority of household chores. This distribution will certainly influence the expectations and attitudes of children; boys and girls will continue to look for role models of their own sex. Nevertheless, changes have occurred in the very definition of masculinity and femininity that may in the long run create new gender roles. This is both an official goal within the 'policy of equality' and an announced aim of some of the welfare state professions.

It has been suggested that healthy families, working parents and Government-financed child day care are contradictory targets (Wolfe 1989). However, adults in Scandinavia are well on the way to dealing with a combination of all three. Parents are juggling their responsibilities. So far the potentially negative effects of changes in the family are being counteracted by a package of "women friendly" measures. Most mothers still work only part time, although the trend is toward an increase in the number of hours worked by females. Whether a "child friendly" society will be the outcome of all this remains to be seen.

In any case, the transformation of the typical working life has created a more "public" family. Nowadays parenthood is a public matter, a responsibility divided between individuals and the state, and the socialization of children is shared between parents and the

public sector, particularly municipal child day-care centres and schools. While the state may be becoming officially blind to most distinctions between "male" and "female" parents, public sector professionals are not indifferent to the proper care of children. Parenthood is part of social citizenship; there thus exists a right to be a parent. However, the way this right is exercised is subtly controlled both through direct financial means and through child health-care and child day-care institutions. Divorces occur, and love may come and go, but parenthood lasts forever.

### **Child Welfare Policies**

By the late 1980s real expenditure for all social welfare activities was approximately 2.5 times greater than it had been in 1970. Mainly because of the indexing of pension benefits, social expenditure for the elderly grew more quickly than did that for children and adolescents. However, it is probably also fair to say that this reflected the power balance within the ageing population of a democratic society, where voters count. Although the voting age was lowered by three years (to 18) in 1970 no further change in the minimum voting age is now being considered; meanwhile the number of elderly voters has increased considerably.

The social welfare programmes in Sweden that have a direct impact on children include those in education and those broadly classified as family and child programmes. Table 6 illustrates the evolution of expenditures on education and on the major family and child programmes during the last two decades. Apart from education expenditures (see later), which outdistanced the expenditures on all other items throughout the period, including family and child programme expenditures taken together, the general child allowance was the main expenditure subitem in 1970. In contrast, by the late 1980s the child day-care programme had become the dominant family and child subitem, and the expenditure on parental insurance had almost reached the level of that on the general child allowance.

Real family and child public welfare expenditures combined with those on education have roughly doubled over the last two decades despite the slow growth in spending in the 1980s. The GDP share of these expenditures rose from a most 10 percent in 1970 to 13 percent in 1987. Due to the poor performance of the economy during the early 1980s, real GDP barely changed between 1980 and 1982, and these social expenditures were steady at approximately 71 billion krona (at fixed prices) between 1980 and 1985, though the difference between the spending on education and that on the family and child welfare subitems was significant.

Table 6: REAL EDUCATION AND FAMILY AND CHILD PUBL C WELFARE EXPENDITURES  
(In Millions Of 1980 Krona, 1970-88)

|                                 | 1970   | 1972   | 1974   | 1976   | 1978   | 1980   | 1981   | 1982   | 1983   | 1984   | 1985   | 1986   | 1987   | 1988   |
|---------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Parental insurance              | 0      | 0      | 0      | 2,338  | 2,781  | 3,539  | 3,689  | 3,749  | 3,570  | 3,612  | 3,995  | 4,501  | 4,966  | 6,137  |
| General child allowance         | 3,874  | 4,561  | 5,508  | 4,833  | 4,833  | 4,995  | 4,613  | 4,276  | 4,363  | 4,009  | 5,389  | 5,168  | 6,047  | 5,827  |
| Advance maintenance allowance   | 317    | 677    | 689    | 679    | 800    | 835    | 896    | 884    | 946    | 967    | 1,005  | 1,065  | 1,020  | 1,027  |
| School meals                    | 1,107  | 1,318  | 1,376  | 1,581  | 1,554  | 1,585  | 1,576  | 1,575  | 1,628  | 1,593  | 1,611  | 1,637  | 1,633  | 1,527  |
| Child day care                  | 518    | 2,913  | 3,297  | 5,587  | 7,342  | 8,910  | 9,098  | 8,560  | 9,862  | 10,487 | 10,384 | 11,520 | 11,615 | 11,971 |
| Child pensions                  | 0      | 289    | 380    | 381    | 414    | 398    | 370    | 369    | 437    | 388    | 373    | 371    | 362    | 359    |
| Assistance for education        | 0      | 1,079  | 937    | 973    | 1,013  | 1,200  | 1,310  | 1,207  | 1,261  | 1,244  | 1,202  | 1,592  | 1,949  | 2,309  |
| Housing allowance               | 1,344  | 1,673  | 2,689  | 2,676  | 2,535  | 2,533  | 1,473  | 1,740  | 1,789  | 1,809  | 1,151  | 1,541  | 1,566  | 1,583  |
| Individual and family allowance | 2,717  | 2,104  | 1,011  | 1,025  | 1,106  | 2,728  | 3,043  | 3,287  | 3,732  | 3,887  | 4,053  | 4,107  | 4,199  | 4,267  |
| Other                           | 816    | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      |
| Education                       | 31,719 | 33,244 | 33,300 | 37,170 | 43,150 | 46,177 | 44,822 | 44,133 | 43,397 | 42,896 | 42,83  | 43,477 | 43,892 | 44,351 |
| Total*                          | 42,400 | 47,856 | 50,897 | 57,245 | 65,530 | 72,901 | 70,863 | 69,781 | 70,987 | 70,892 | 71,349 | 74,978 | 77,251 | 79,358 |

Source: SCB (1990) and earlier editions.

\* Some columns may not sum as indicated due to rounding.

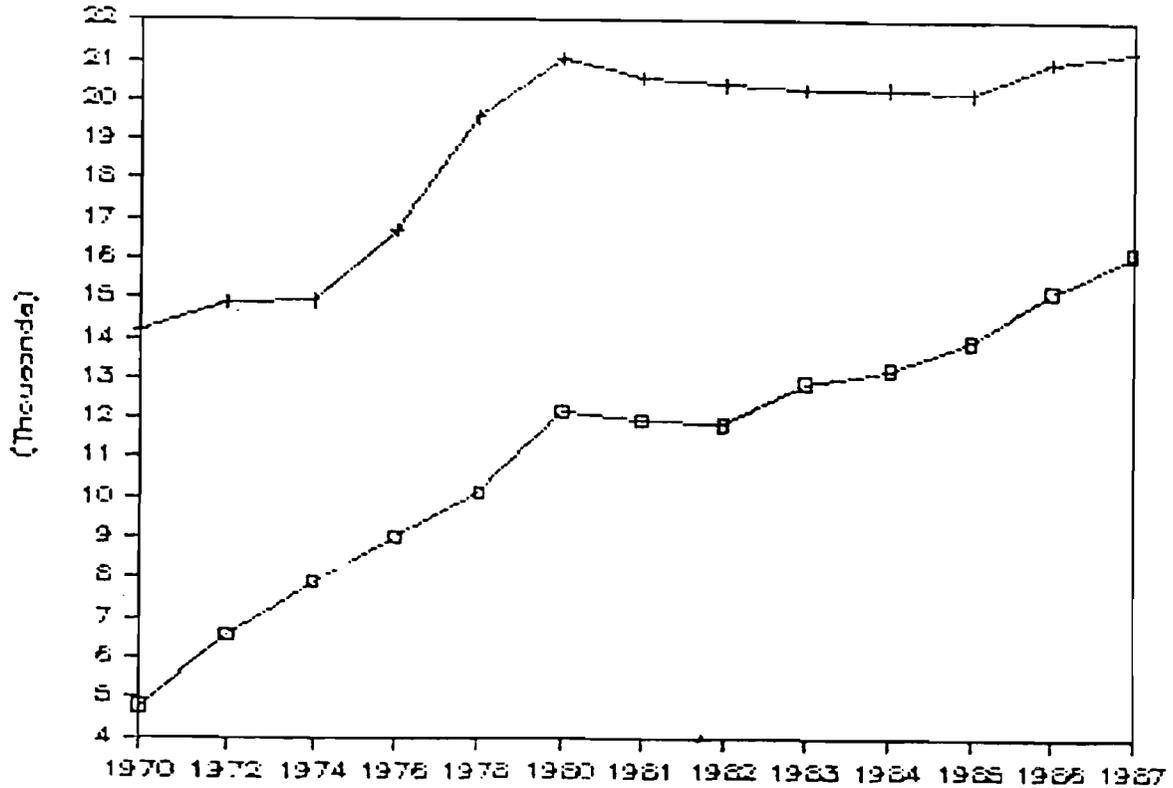
Real expenditure on education peaked at about 46.2 billion krona in 1980, and average annual education expenditure during the period 1980-8 was roughly 44 billion krona, or 7.5 percent of GDP. Education expenditure primarily benefits relatively older children; compulsory education covers children aged 7-17, while secondary schools cover children up to the age of 20. Real education expenditure per child (10-to-20-year-olds) was fairly steady between 1980 and 1988 (Figure 11). During the same period, the shares of the 10-15 and 15-19 age groups increased in the total child population. Thus, while the "need" for education (measured according to the share of the 10-20 age group in the total child population) became relatively greater, education expenditures did not.

Hence, education was not stressed in the 1980s as it had been during the early postwar decades, when the integrated school system was established. Compared to the priority of the financing of family and child benefits, that of education financing was downgraded. It seems unlikely that real education expenditure will change much in the coming years. The 1991/92 budget for the Ministry of Education and Cultural Affairs calls for an increase of just 1 percent in spending; in effect, this represents a drop since inflation will more than absorb the additional allocations.

As of 1991 the responsibility for primary and secondary education resides solely with the municipalities, which are now supposed to implement the recent decision to change the age of school entrance from 7 to 6 and further integrate preschool with primary education. However, financial constraints will severely limit the burdens the municipalities will be able to bear. State grants will most likely be only marginally raised, although the baby boomers of the late 1980s will soon reach school age and the number of school-aged children will therefore be climbing. In any case, the efficiency of the education system is difficult to gauge. Expenditures may or may not reflect the quality or even the quantity of the education supplied. Several authors caution against drawing conclusions on the well-being of various sociodemographic groups from data on the expenditures directed at these groups (for example, see Erikson and Fritzell 1988).

Unlike real expenditures on education, those on family and child programmes began to grow again after 1982. From 1970 to 1988 the latter expenditures (at constant prices) more than tripled, rising from around 10.7 billion krona to 35 billion krona, or from 2.5 percent to about 5.6 percent of GDP. This broad category comprises parental insurance, the general child allowance, the advance maintenance allowance, school meals, child day care, child pensions, assistance for education, the housing allowance and the individual and family allowance.

Figure 11: REAL PUBLIC WELFARE SPENDING PER CHILD\*  
(In Thousands Of 1980 Krona, 1970-87)



Source: SCB (1990) and earlier editions

\* Family and child expenditures = \_\_, education expenditures = +.

A close look reveals some interesting differences among the individual subitems. Two family and child programme expenditure categories are directly related to education: school meals and assistance for education (study allowances for upper secondary school students). Like education expenditures in general, the spending on these subitems was fairly constant in the 1980s, with the partial exception of that on assistance for education toward the end of the decade. Real expenditures for the housing allowance had already peaked in 1974 and then decreased until 1985, when they slowly began to move upward again.

Pegged to earnings and thus more sensitive to inflation, parental insurance replaced the flat-rate general child allowance in 1988 as the second most important family and child welfare subitem in terms of expenditure. Already by 1976, the child day-care programme had become the most expensive subitem (see later). The rise in spending on parental insurance and on child day care has been responsible for much of the growth of real expenditure per child in the family and child welfare programmes since the mid-1970s (Figure 11)

Some social expenditure items which contain a child welfare component are not reflected in the above data. Most important among these are health-care expenditures on children, including free hospital care for women in labour and free maternity and infant medical checkups. At hospitals, paediatricians and other doctors are available, in most cases free of charge, for the treatment of children. Children also receive free access to dentists, including annual checkups. These initiatives are currently the responsibility of the regional county councils and are organized through the general public health-care system

1 **Child day care.** At least initially, more female labour force participation was the focus of the effort to achieve greater socioeconomic equality between the sexes. However, when this effort led to a shift toward the public-sector socialization of preschool children, it became more controversial. During the 1960s and 1970s a sharp debate arose over whether day care at nurseries was good or bad for children. However a number of studies found that the Swedish labour-intensive and rather costly day-care system had positive effects on the well-being of children (Andersson 1986).

Thereafter the public day-care system was expanded on a large scale, but since the system had started practically from scratch the supply of facilities could not meet the demand from parents. During this phase the debate over day care centred on cost and equality questions. It seemed unfair that some parents had access to the significant economic subsidies represented by public day-care services, while others had to manage on their own or wait, sometimes for several years, for openings to become available (Johansson 1980)

During the late 1980s, because of the overheated economy and the unexpected baby-boom, the discussion turned to an election promise the Administration made in 1988 to provide day-care services before the end of 1990 for all applicants above 18 months old. In the fall of 1990 a Government-appointed study group suggested a yearlong postponement of this goal.

The general labour shortage in the economy has affected public services, and several day-care nurseries in the large cities have been closed because of the lack of qualified staff. In fact, many people are leaving employment in child care because of low pay, low status and lack of contact and trust between preschool staff on the one hand and municipal administrations on the other. Many observers doubt whether the expansion project can be completed under such conditions, and a number of proposals for the privatization of the system has been put forward. As a first step, staff cooperatives formed by nurses have

become eligible for state grants. With the change in the Government in late 1991, for-profit child day-care centres have also become eligible for such grants.

In the present system the municipalities offer places either at day-care nurseries or in day-care homes. A normal day-care nursery consists of two or three departments, each of which is composed of a staff of four or five teachers and nursing assistants (some working part time) and looks after approximately 15 children. A department may accept all children from 1 to 6 years of age or it may specialize in a more specific age group. In the day-care homes the groups of children are smaller. Typically, a day-care home belongs to a teacher. Naturally, this alternative is much cheaper than a nursery and is often viewed as a viable, though less ideal, option until enough nurseries are available to fill demand.

In 1972 only 10 percent of all 0-to-6 year olds had access to places in public nurseries and day-care homes. The percentage rose sharply in the 1970s and 1980s (Table 7). In 1980 public nurseries were caring for 121,000 children, while day-care homes accounted for another 93,000. The corresponding figures in 1990 were 217,000 children (almost 30 percent of all 0 to 6-year-olds) and 115,000 children (over 16 percent), respectively, representing over 45 percent of all 0-to-6-year-olds. Meanwhile, the number of children in "part time" preschools was declining (from 105,000 in 1980 to about 70,000 in 1990), as was the number in private day care (from 142,000 to 68,000).

However, a large group of children must still be cared for during the day. In 1980 50 percent of all children were at home, by 1990 the figure was 43 percent. The largest share of this group was composed of children whose parents were actively utilizing parental leaves, worked flexible hours, or were "day parents" for other children as well. Thus, the effective demand for day care clearly does not comprise all children below school age.

Table 7. THE NUMBER OF CHILDREN IN PUBLIC DAY CARE  
(1970-90)

|                          | 1970    | 1975    | 1980    | 1985    | 1990    |
|--------------------------|---------|---------|---------|---------|---------|
| Day-care nurseries       | 33,800  | 66,000  | 121,200 | 184,400 | 217,400 |
| Day-care homes           | 36,600  | 49,800  | 93,200  | 113,500 | 120,000 |
| "Part-time" preschools   | 72,000  | 112,000 | 104,700 | 78,000  | 69,300  |
| All Swedish children 0-6 | 823,000 | 774,000 | 714,000 | 668,000 | 731,000 |

Source: SCB (1990) and earlier editions

This has been confirmed through the extensive surveys of Statistics Sweden on the actual need for public day care. The latest published survey was conducted in January 1989 (SCB 1989); at that time there were 676,000 children between the ages of 4 months and 6 years. The survey found that nurseries represented the most popular form of day care: there were requests for 265,000 places, although only 216,000 children could be accommodated. The second most popular form was day-care homes: there were requests for 123,000 places, but only 115,000 were available. Meanwhile, 225,000 children were being cared for by at least one of their parents during the day. Out of this group, the parents of 160,000 wanted their children to stay at home, the parents of 34,000 wished to benefit from day-care nurseries, and the parents of 14,000 would have preferred their children to be in day-care homes.

Generally speaking, the number of places in nurseries and day-care homes is equivalent to 80 percent of revealed demand. This means that 20 percent of the demand has not been satisfied. Accounting for almost 50,000 children, the largest group unable to take advantage of public day care consists of parents who would like to enter the labour market but must remain at home. Despite its rapid growth, public day care has therefore not yet filled the demand which has evolved over the last 20 years.

2. **Parental insurance.** In 1974, in order to give mothers and fathers equal footing, maternity benefits were replaced by parental insurance. Thereafter, to care for newborn children, parents were able to share a total of six months of work leave at nearly full pay, the benefits being both taxable and pensionable. In the late 1970s this was increased to nine months. Another three months of leave paid at a considerably lower flat rate could be taken at any time until the child entered school. The overall leave could also be extended (without pay, but with a guarantee of being able to return to the same job) to care for a child until the child reached the age of 18 months. In the case of multiple births, parents received six months' extra benefits for each additional child.

Besides the main benefits for the care of newborn children, the parental insurance system has also come to include:

- Since 1980, a ten-day leave for fathers at the birth of a child.
- Occasional leave at nearly full pay to care for a child; in 1974 the total allowable occasional leave was ten days per child per year; by 1990 it had been extended to 60 days.
- Since 1980, pay for women who cannot continue to work due to health problems related to pregnancy or childbirth.

- Since 1986, two days' leave (at nearly full pay) per year per child aged 4-12 for participation in day-care or school activities.

Parents also have the right to work only 75 percent of the full workweek as long as they have a child under 8 years old. Moreover, parents receive tax-free child allowances for each child under 16. Schooling is tuition free. Children who continue their education after age 16 are entitled to study allowances.

An extension of parental leave at nearly full pay from nine to 12 months was the result of a 1988 election promise by the Social Democrats. According to a Government proposal, a total of 18 months of leave at almost full pay were to have been available to parents by 1992. However, a number of politicians, economists and political commentators argued against the measure. They felt that the economy, which was overheated and had been experiencing substantial labour shortages, could not afford the loss in manpower that the measure would represent. Those in favour of the proposal pointed out that it was based on a clear need of parents. It would also ease the pressure on public day-care services, since parents would be able to stay at home during a child's first 18 months rather than send the child to public nurseries. The youngest children are the most in need of labour-intensive care; the costs are therefore high, and the supply of services is very tight. Despite much reluctance, in April 1990 the Social Democratic minority Government gave in to political and economic pressure from the nonsocialist parliamentary opposition, and the extension of parental leave has been postponed indefinitely. Of course, this is a typical example of the way the negative effects of economic problems are put on the shoulders of the weakest in society, the children.

3. **Education.** Schooling is compulsory for children between 7 and 15 years of age, and most youngsters, with financial support from the welfare state, go to upper secondary school for two years. Municipal authorities are responsible for primary and secondary schools, but also for the transition of children from the education system to the working world.

The faith invested in educational reform in the early postwar decades has been somewhat dampened by an awareness that the opportunities offered by the education system are clearly not being seized by the various social classes to the same degree. Admission is selective and related to childhood social environment. The children of higher income families are still in the majority in secondary schools and universities, while the children of blue-collar workers typically enter vocational training. Gender differences are also apparent. For instance, girls predominate in nursing, but mostly boys are found in science and technology.

On the other hand, most children complete compulsory schooling. The dropout phenomenon is not considered a serious problem in Sweden, although it does exist. Most often, a mix of traditional schooling and manual work is chosen as an alternative by pupils unable to keep up with the regular course load. This type of "education" is more common for those above age 16 who do not have the skills necessary for gainful employment. The great majority of students in the 16-19 age bracket take advantage of the general smorgasbord offered through the education system. In addition, several programmes designed to guarantee jobs to young people were implemented in the 1980s. These are considered a last resort for those teenagers who cannot be convinced to complete their normal education or training.

A much more serious problem is the children who more or less permanently live in school day homes (institutions for children who exhibit severe social disorders), although in numerical terms they represent a negligible portion of each cohort and there are no signs that their relative numbers are on the rise. Typically, the parents of these children have had frequent contacts with social authorities even before the children were born. Most of the children were unwanted; almost one-half have been born to teenage mothers. They have seldom lived with both of their parents, and many have never lived with either. They have usually suffered from some kind of psychological or economic hardship since birth. Quite often they have had several "surrogate" fathers, and most of them have been in foster homes (Socialstyrelsen 1990b). Thus, these children are in such a psychological state that the school system cannot or dare not deal with them.

4. **Public institution-building** Already in 1924 a special National Child Welfare Inspector was appointed by the Government in keeping with a new Child Welfare Act. The inspector was a member of the National Board of Health and Social Welfare, a Government agency which has continued to exercise special responsibilities regarding child welfare. Under the auspices of county councils, the board supervises general matters such as preventive health and medical care for children, as well as the planning and pedagogics of child day care in municipalities. It is also in charge of individual child welfare areas like juvenile delinquency, foster care and adoption.

Inspired by the Norwegian example, discussions have been held in Sweden on the creation of the post of national child ombudsman to protect and defend the rights of children. Although the idea is still viewed as rather lofty, it has gained wider acceptance during the last ten years, and Sweden has been actively pursuing it in the global context of the United

Nations Convention on the Rights of the Child. Some voluntary associations at the national level, like Save the Children and the Red Cross, have been energetically backing such a step, and individual M.P.'s have been supporting the issue in Parliament.

In the meantime the National Child Environment Council (Barnmiljörådet), a low-budget public-sector agency spawned by a voluntary national child safety committee, has become an advocate for child rights. It has been joined in this by nonprofit organizations, enterprises and local authorities. The principal day-to-day task of this agency is to further public awareness of child safety and accident prevention.

The Association for Children's Rights in Society, a volunteer association which is also known by its Swedish acronym "BRIS", has been acting as a lobby group on child issues since the early 1970s. It helps and protects children at risk, whether they are in open conflict with their parents or guardians, subject to mental or physical abuse, or in other ways suffer from inadequate support. Frequently, the children with whom BRIS comes in contact face difficult problems but have no one to turn to. BRIS has also become an advisory body to Parliament and the Government concerning child legislation.

### **The Health and Well-being of Children**

1. **Mortality rates.** That the situation of children in Sweden is good relative to what it has been in the past and to what it is in many parts of the world is fairly easy to demonstrate. Mortality is extremely low. Serious infectious diseases, deprivation, neglect and starvation are uncommon. Growth status and nutrition are generally excellent, and deficiency diseases have been eradicated. Dental health has improved considerably, and traditionally dangerous childhood ailments have become more like mere inconveniences in the daily routine. Aside from diseases of the newborn congenital malformations, accidents and cancer, which continue to take their toll, most hospitalizations of children involve respiratory or gastro-intestinal infections. Outpatient treatment is primarily for allergies, psychosomatic disorders and minor injuries and infections (Köhler and Jakobsson 1987).

A close examination of child health indicators confirms the overall picture but reveals more complex relationships. The indicators commonly used in studying a child population are mortality, morbidity, and growth and development.

The infant mortality rate is frequently employed in comparative research. Like birthweight, another widely used health indicator in international comparisons, infant

mortality rates are a sensitive indicator of socioeconomic progress and less partial than, for example, GDP per capita. Like its Nordic neighbours, Sweden stands out in this in a global review, with only six to seven deaths (per 1,000 live births) among under-1-year-olds (Table 8). Until the early 1980s infant mortality decreased markedly, but it has since levelled off. One hypothesis put forward to explain this pattern is that further progress has been impeded because the vaccination for whooping-cough is no longer used. (In April 1990 a Swedish paediatrician (Lagercrantz 1990a, 1990b) accused the National Board of Health and Social Welfare of not taking the pattern seriously.)

The average birthweight in Sweden is 3.5 kilogrammes for boys and 3.4 kilogrammes for girls, and the proportion of infants with low birthweight is not appreciable, less than 5 percent (Köhler and Jakobsson 1987). Still, it is possible to notice differences among children born into different social classes. Although not large, the differences are consistent among both boys and girls. Lower birthweights are found, for example, among infants born into the families of unskilled workers (Vågerö 1991).

Indicators such as the neonatal mortality rate bear witness to a general improvement in early childhood survival. In Sweden the neonatal mortality rate is roughly three per 1,000 live births. Like the infant mortality rate, the child (above 1 year old) mortality rate has diminished considerably since the early postwar period and, compared to that in most other countries, is extremely low. Though the decrease has favoured both sexes and has occurred

Table 8: MORTALITY RATES AMONG UNDER-1-YEAR-OLDS  
(Per 1,000 Live Births, 1980-9)

| Age: | Under 1 Day* |       |         | Under 7 Days |       |       | Under 28 Days |       |       | Under 6 Months |       |       | Under 12 Months |       |       |
|------|--------------|-------|---------|--------------|-------|-------|---------------|-------|-------|----------------|-------|-------|-----------------|-------|-------|
|      | Boys         | Girls | Total** | Boys         | Girls | Total | Boys          | Girls | Total | Boys           | Girls | Total | Boys            | Girls | Total |
| 1980 | 2.3          | 1.2   | 1.8     | 5.3          | 3.1   | 4.2   | 6.0           | 3.8   | 4.9   | 7.7            | 5.3   | 6.5   | 8.1             | 5.7   | 6.9   |
| 1981 | 1.7          | 1.6   | 1.7     | 4.0          | 3.4   | 3.7   | 4.9           | 4.2   | 4.5   | 6.9            | 5.9   | 6.4   | 7.4             | 6.5   | 6.9   |
| 1982 | 1.7          | 1.9   | 1.8     | 3.9          | 3.6   | 3.8   | 4.7           | 4.5   | 4.6   | 6.7            | 6.2   | 6.5   | 7.1             | 6.5   | 6.8   |
| 1983 | 1.6          | 1.2   | 1.4     | 3.9          | 3.2   | 3.6   | 4.9           | 4.2   | 4.5   | 6.7            | 6.5   | 6.6   | 7.0             | 7.0   | 7.0   |
| 1984 | 1.5          | 1.3   | 1.4     | 3.9          | 2.6   | 3.3   | 4.8           | 3.4   | 4.1   | 6.7            | 5.1   | 5.9   | 7.2             | 5.5   | 6.4   |
| 1985 | 1.4          | 1.2   | 1.3     | 3.3          | 3.4   | 3.4   | 4.2           | 4.1   | 4.2   | 6.6            | 5.8   | 6.2   | 7.2             | 5.3   | 6.8   |
| 1986 | 1.6          | 1.2   | 1.4     | 3.6          | 3.1   | 3.4   | 4.4           | 3.5   | 4.0   | 6.2            | 4.8   | 5.5   | 6.6             | 5.2   | 5.9   |
| 1987 | 1.3          | 1.2   | 1.3     | 3.2          | 3.0   | 3.1   | 4.1           | 3.6   | 3.8   | 6.2            | 5.1   | 5.7   | 6.7             | 5.5   | 6.1   |
| 1988 | 1.5          | 1.0   | 1.3     | 3.7          | 2.4   | 3.1   | 4.3           | 3.0   | 3.7   | 6.3            | 4.5   | 5.4   | 6.6             | 5.0   | 5.8   |
| 1989 | 1.5          | 1.1   | 1.3     | 3.5          | 2.2   | 2.9   | 4.3           | 3.0   | 3.7   | 6.2            | 4.4   | 5.3   | 6.6             | 4.9   | 5.8   |

Source: SCB (1990) and earlier editions.

\* Birth and death occurred during the same calendar day.

\*\* Represents the overall mortality rate for the age group.

in each age bracket and across the social spectrum, a recent study covering 1981-6 (Östberg 1991) has shown that an intimate link still exists between socioeconomic group and differences in mortality among children and young people. However, whether the trend is toward a narrowing or toward a widening of that part of the mortality rate attributable to class differences is unclear. Among 1-to-4-year-olds, social class differences as reflected in mortality rates have decreased at least among boys (Table 9). In contrast, in the slightly older 5-9 age group, class differences seem to have widened: the sons of blue-collar workers showed an excess mortality rate of 64 percent during the period 1981-6 compared to about 26 percent during the period 1961-6. Among girls the excess mortality rate was 70 percent during the more recent period compared to around 6 percent during the earlier period. Among the older age brackets the pattern is hard to determine. Thus no clear overall tendency of diminishing class differences could be demonstrated through mortality rates except possibly among the youngest.

Actually, the decline in the mortality rate among the children of blue-collar workers has proceeded more slowly. Figures 12 and 13 present an analysis of the mortality rates among boys and girls, respectively, covering the period 1981-6 and disaggregated according to family social class and cause of death. The mortality rate among the children of "professionals" serves as the reference point. Among boys, death by accident represented 56 percent of all deaths. If accidents are excluded, the class factor seems to diminish but not disappear. Among the sons of unskilled workers, the excess risk was 42 percent. The latter group also showed a higher mortality rate due to congenital malformations (an excess risk of 63 percent) and cancer (an excess risk of 35 percent). Among girls, 44 percent of all deaths were due to accidents, but among the daughters of self-employed individuals and of manual workers the excess risk was 67 percent and 60 percent, respectively. When death by accident is excluded, there is still an excess risk among the young female children of both categories of blue-collar workers (21 percent and 13 percent for skilled and unskilled workers, respectively). While social class differences do not seem to play a significant role in the mortality from cancer among girls, the daughters of self-employed individuals are more at risk of death due to congenital malformations by a factor of nearly three (Östberg 1991).

According to some health experts, mortality rates have become unsatisfactory in Sweden as a measure of the well-being of infants and children, including newborns, because they have fallen so considerably. Statistical indicators and registration methods have not been adapted to the changes which have occurred in the environment of children. Others involved

Table 9: MORALITY AMONG 1-TO-19-YEAR-OLDS BY GENDER, AGE AND SOCIAL CLASS  
(1961-6 And 1981-6)

| Age/<br>Social 'Class' <sup>a</sup> | 1961-6                     |                               |                                   | 1981-6        |                  |                      |
|-------------------------------------|----------------------------|-------------------------------|-----------------------------------|---------------|------------------|----------------------|
|                                     | Death<br>Rate <sup>b</sup> | Relative<br>Risk <sup>c</sup> | Confidence<br>Limits <sup>d</sup> | Death<br>Rate | Relative<br>Risk | Confidence<br>Limits |
| <i>Males</i>                        |                            |                               |                                   |               |                  |                      |
| 1-4                                 |                            |                               |                                   |               |                  |                      |
| All others                          | 75.7                       | 1.00                          |                                   | 31.2          | 1.00             |                      |
| Manual workers                      | 96.7                       | 1.28                          | (1.1-1.6)                         | 28.3          | 0.91             | (0.6-1.3)            |
| 5-9                                 |                            |                               |                                   |               |                  |                      |
| All others                          | 44.3                       | 1.00                          |                                   | 15.4          | 1.00             |                      |
| Manual workers                      | 55.6                       | 1.26                          | (1.1-1.5)                         | 25.3          | 1.64             | (1.3-2.1)            |
| 10-14                               |                            |                               |                                   |               |                  |                      |
| All others                          | 32.2                       | 1.00                          |                                   | 18.3          | 1.00             |                      |
| Manual workers                      | 40.4                       | 1.26                          | (1.1-1.5)                         | 20.0          | 1.10             | (0.9-1.4)            |
| 15-19                               |                            |                               |                                   |               |                  |                      |
| All others                          | 74.9                       | 1.00                          |                                   | 45.8          | 1.00             |                      |
| Manual workers                      | 85.9                       | 1.15                          | (1.0-1.3)                         | 56.6          | 1.24             | (1.1-1.4)            |
| 1-19                                |                            |                               |                                   |               |                  |                      |
| All others                          | 55.9                       | 1.00                          |                                   | 28.1          | 1.00             |                      |
| Manual workers                      | 68.1                       | 1.22                          | (1.1-1.3)                         | 33.7          | 1.20             | (1.1-1.3)            |
| <i>Females</i>                      |                            |                               |                                   |               |                  |                      |
| 1-4                                 |                            |                               |                                   |               |                  |                      |
| All others                          | 61.1                       | 1.00                          |                                   | 21.2          | 1.00             |                      |
| Manual workers                      | 67.1                       | 1.10                          | (0.9-1.4)                         | 23.1          | 1.09             | (0.7-1.7)            |
| 5-9                                 |                            |                               |                                   |               |                  |                      |
| All others                          | 33.1                       | 1.00                          |                                   | 9.0           | 1.00             |                      |
| Manual workers                      | 35.0                       | 1.06                          | (0.9-1.3)                         | 15.3          | 1.70             | (1.2-2.3)            |
| 10-14                               |                            |                               |                                   |               |                  |                      |
| All others                          | 25.5                       | 1.00                          |                                   | 11.8          | 1.00             |                      |
| Manual workers                      | 26.2                       | 1.03                          | (0.8-1.2)                         | 13.6          | 1.15             | (0.9-1.5)            |
| 15-19                               |                            |                               |                                   |               |                  |                      |
| All others                          | 35.9                       | 1.00                          |                                   | 22.8          | 1.00             |                      |
| Manual workers                      | 41.9                       | 1.17                          | (1.0-1.4)                         | 28.3          | 1.24             | (1.0-1.5)            |
| 1-19                                |                            |                               |                                   |               |                  |                      |
| All others                          | 37.1                       | 1.00                          |                                   | 16.1          | 1.00             |                      |
| Manual workers                      | 40.6                       | 1.09                          | (1.0-1.2)                         | 20.1          | 1.25             | (1.1-1.4)            |

Source: Östberg (1991).

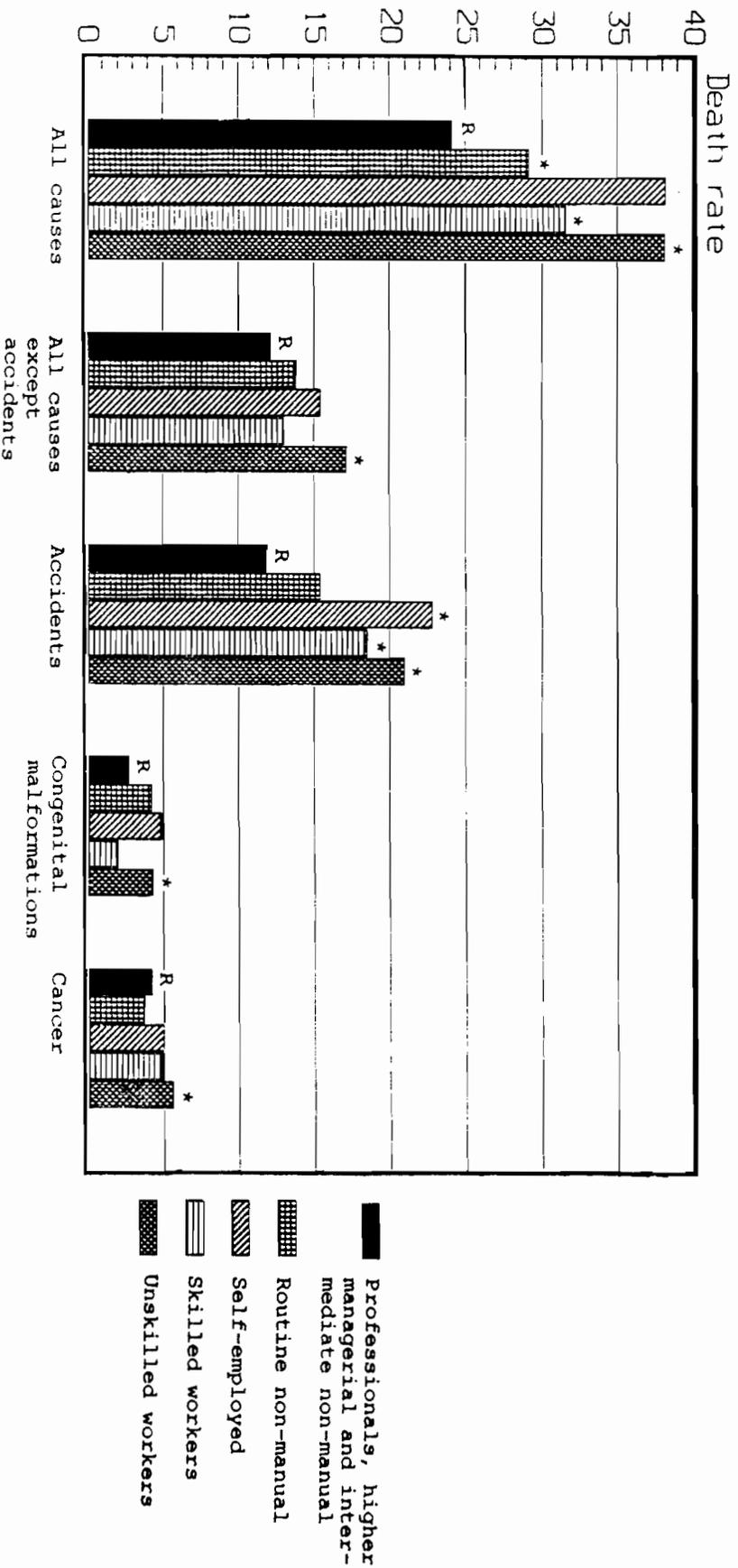
<sup>a</sup> Determined according to the employment of parents, without regard to gender.

<sup>b</sup> Per 100,000 person years at risk", a denominator based on a population-mortality-time matrix.

<sup>c</sup> The reference group (1.00) is "all others", that is, those whose "social class" is not "manual workers".

<sup>d</sup> Approximate 95-percent confidence limits.

Figure 12: MORTALITY AMONG 1-TO-19-YEAR-OLD BOYS BY SOCIAL CLASS AND CAUSE OF DEATH<sup>a</sup>  
(Per 100,000 Person Years At Risk<sup>b</sup>, 1981-6)



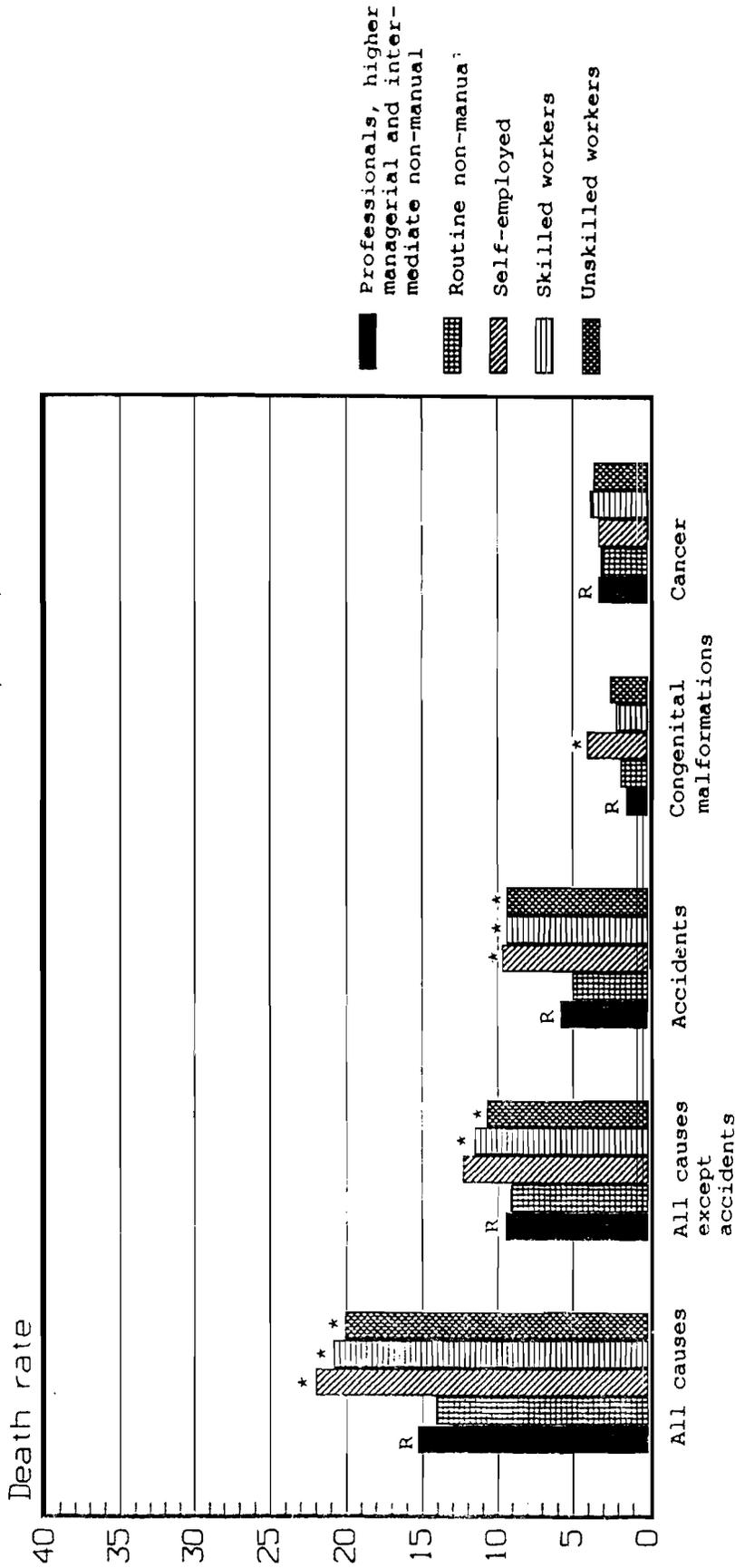
Source: Östberg (1991).

<sup>a</sup> "Social class" is determined according to the employment of parents without regard to gender.

<sup>b</sup> Per 100 000 'person years at risk', a denominator based on a population-mortality-time matrix.

\* The children of professionals, higher level management staff and intermediate nonmanual workers are the reference group. The asterisk indicates that the death rate among a given "Class" is significantly different (5 percent or more) from that of the reference group; however, in some cases the number of individuals in a group may be too small to permit such a determination accurately.

Figure 13: MORTALITY AMONG 1-TO-19-YEAR-OLD GIRLS BY SOCIAL CLASS AND CAUSE OF DEATH<sup>a</sup>  
(Per 100,000 Person Years At Risk<sup>b</sup>, 1981-6)



Source: Östberg (1991).

<sup>a</sup> "Social class" is determined according to the employment of parents, without regard to gender.

<sup>b</sup> Per 100,000 "person years at risk", a denominator based on a population-mortality-time matrix.

\* The children of professionals, higher level management staff and intermediate nonmanual workers are the reference group. The asterisk indicates that the death rate among a given "class" is significantly different (5 percent or more) from that of the reference group; however, in some cases the number of individuals in a group may be too small to permit such a determination accurately.

in this public debate disagree and point to new early childhood problems such as sudden infant death syndrome, which, some say, has been the main cause of postneonatal mortality during the last ten years (Lagercrantz 1990a, 1990b). New statistical tools, such as a sudden infant death syndrome register and a school accident register, have therefore been proposed.

Free school meals and free dental care for school children were among the social reforms of the 1940s. Due to the expansion of the school system, more children were reached for longer periods by these "in-kind" benefits, and progress was believed to be continuous. However, fears are now being voiced that the dental health of children has deteriorated. So far only regional statistics are available: in Norrbotten, the northernmost county of Sweden, the number of pupils with dental problems grew by 10 percent between 1989 and 1990 (Socialstyrelsen 1991). Dentists talk of modifications in consumption patterns over the last ten years, including a tremendous jump in the consumption of candy, ice cream and soda. The diets of Swedish families in general and of children in particular are inadequate according to some health experts. Furthermore, tightening public budgets have led to alarm over a drop in the nutritional standard of school meals; in some municipalities one hot meal per week has been replaced by bread, müsli, or yoghurt or similar milk products. Pupils in secondary schools, especially girls, tend to prefer the low-quality food offered at nonschool outlets. Somewhat related to these trends is the fitness culture and "body awareness" among older children. The problem of anorexia nervosa is a frequent topic of public discussion.

2. **"New" problems.** The economic development of the last 40 years has raised the well-being of children in the industrialized countries. In Sweden economic growth has meant a significantly higher standard of living, greatly improved housing conditions, a reform of the school system, the "revolution" of the day-care system, a shorter workweek and much longer vacations. All these changes have had major and, for the most part, positive effects on the well-being of children. Unfortunately, a number of problems has not been solved by the economic progress since the end of World War II. Problems such as juvenile criminality and drug abuse may have even been aggravated by economic development. Moreover, other problems, some of which have been defined from an "adult" perspective and therefore may merely reflect adult prejudice, have appeared.

Child protection and child abuse have recently become the focus of public attention. During the early 1980s Sweden was characterized as a "children's gulag": the number of children in compulsory custody was considered abnormally high by international standards,

According to pressure groups such as the Family Rights Association and the Family Campaign. However, after a careful investigation of the subject, a foreign scholar has found that, 'the allegations that Sweden takes a disproportionately large number of children into care seem to have been exaggerated' (Gould 1988, page 75).

While social authorities were at first sensitive to the international criticism and the number of children in compulsory care decreased in the mid-1980s, the pendulum now seems to have swung back again, pushed by the media coverage of the tragic death of a 12-year-old boy. Social authorities in the province of Dalecarlia were notified of violence in a local family but did not take any immediate steps. The family moved north, and a month after the notification the boy was found dead. He had been severely beaten (by his mother and foster father). National authorities have investigated the case, and the local social commissioner will be brought before a court. Now, the public is no longer concerned about the "children's gulag" criticism; it wants action by law enforcement officials.

The sexual abuse of children is another theme which has recently come to the fore. To determine whether this reflects an increase in practical magnitude or only more awareness is not possible. One obstacle in dealing with the problem is the attitude of the courts, which seem disinclined to hear the testimony of children in trials against parents. Thus, through a strange twist in the notion of what constitutes an impeachable witness, adults who have abused their children may be protected, while their principal victims are not.

Young people under the age of 20 who seriously endanger their health through the consumption of alcohol or drugs can be held in compulsory custody for six months at a time. Alcohol and drug abuse among children is constantly before the public eye in Sweden, which has a strong and active tradition of temperance. Advertisements for the products of the state liquor monopoly typically include the notice that it is a crime to procure spirits, wine or strong beer for those who are under 20 years old; the punishment includes fines and imprisonment. Furthermore, driving "under the influence" is strictly prohibited, and youngsters who have been in trouble with the authorities because of alcohol consumption face difficulties in obtaining driving permits.

Reliable statistics are hard to obtain, but most indicators show an increase in the use of narcotics in the 1960s and 1970 and then a levelling off in the 1980s. Statistics based on surveys among school children and military conscripts reveal that in the early 1970s around 15 percent of the interviewees had tried illegal drugs like marijuana. The figure dropped to 10 percent toward the end of the decade and then to 5 percent during the 1980s.

The use of tobacco by teenagers is not against the law. As a habit among this group it has tended to become gender neutral. Overall it seems to have decreased, although it is now more common among the children of lower income families. Furthermore, children living with lone mothers are more likely to grow up in an environment in which the head-of-household is a smoker (SCB 1981).

Another new problem which has aroused some attention in recent decades is "video-dependency" among children and, related to this, the frequency of violence and cruel behaviour in movies, television and other visual entertainments. Watching television, listening to music and reading comic books are the highest on the list in all surveys of what children and adolescents do in their spare time. A typical child of school age spends between one and two hours in front of a television set each day. However, the popularity of television has been falling since the late 1970s, especially among younger children, despite the fact that television sets and VCR's have become standard equipment in the average home (Feilitzen et al. 1989). Nonetheless, the concern is widespread that children are often alone when they watch television, and a survey has found that as many as 67 percent of all parents of 3-to-8-year-olds have seen their children become frightened during certain television programmes, many of which had been advertised as "children and family programmes" (Henriksson 1983).

3. **Allergies.** Great strides have been made in medicine since World War II; today more researchers than ever before are looking for cures and effective treatments for diseases, and important breakthroughs have been registered. In Sweden the sharp improvement in housing conditions and nutrition standards would in any case have led to better health status among the country's children. Against this background, it is alarming that the frequency of allergic symptoms, a problem area not often discussed, has not decreased among Swedish children; on the contrary, there are signs that the situation is worsening, and this discouraging development is confirmed by studies among children in the other Nordic countries and in Switzerland, the U.K. and the U.S.

It is now widely accepted that the causes of allergic ailments are rooted in hereditary factors, the environment and an interplay between the two. While allergic ailments are most common among children whose parents have both suffered from them, empirical research in many parts of the industrialized world has more recently been assigning a larger and larger role to the environmental factor. A number of studies indicates that allergic reactions in the respiratory system are growing in importance.

In Sweden military service is compulsory for all males. At the age of 18 all young men must undergo an enlistment procedure, which includes a thorough medical examination. The results of these examinations have been used by researchers to analyse the development of health status over long periods. They can also be employed to determine the frequency of allergic ailments. The findings of one study on asthma, hay fever, atopsic eczema and other eczema are outlined in Table 10 and Figure 14. The study covered the years 1973 to 1984; thus, the young men in the sample had been born between 1955 and 1966. The study revealed that the frequency of asthma had increased from around 2.1 percent (20.7 cases per each 1,000 individuals) in 1973 to 3.3 percent in 1984. Figure 14 shows that the worsening trend was continuing. The frequency of hay fever rose even more rapidly, from 5.5 percent in 1973 to 11 percent in 1984, a jump by a factor of two in only 11 years. The frequency of atopsic eczema climbed more slowly, from 0.8 percent to approximately 1.2 percent, while the frequency of other eczema moved up from 1.7 percent to 2 percent.

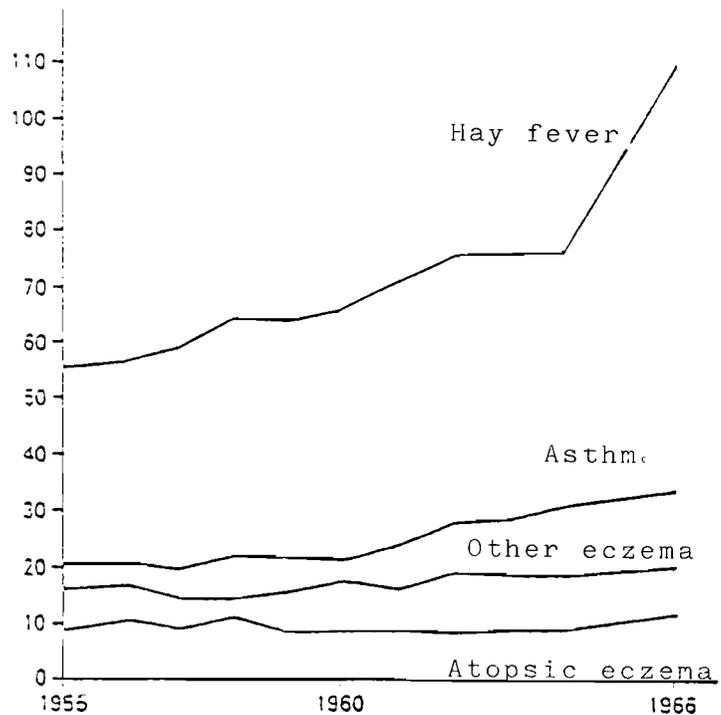
Table 10: THE FREQUENCY OF ALLERGIC REACTIONS AMONG 18-YEAR-OLD MALES  
(Cases Per 1,000 Individuals In 1973-84 By Year Of Birth)

| Year of Survey:       | 1973   | 1974   | 1975   | 1976   | 1977   | 1978   | 1979   | 1980   | 1981   | 1982   | 1984   |
|-----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Year of Birth:        | 1955   | 1956   | 1957   | 1958   | 1959   | 1960   | 1961   | 1962   | 1963   | 1964   | 1966   |
| Total Sample:         | 53,958 | 55,581 | 54,170 | 53,626 | 53,519 | 51,549 | 52,858 | 53,938 | 56,502 | 54,898 | 60,160 |
| <b>Asthma</b>         |        |        |        |        |        |        |        |        |        |        |        |
| Light                 | 10.9   | 10.5   | 10.6   | 11.4   | 11.2   | 11.4   | 13.2   | 16.3   | 17.3   | 20.1   | 20.9   |
| Moderate              | 7.0    | 7.2    | 6.7    | 7.9    | 8.3    | 8.0    | 8.6    | 8.9    | 8.7    | 8.8    | 8.3    |
| Severe                | 2.8    | 2.8    | 2.2    | 2.4    | 1.8    | 2.2    | 2.1    | 2.6    | 2.1    | 1.9    | 3.9    |
| Total                 | 20.7   | 20.5   | 19.5   | 21.7   | 21.3   | 21.6   | 23.9   | 27.8   | 28.1   | 30.8   | 33.1   |
| <b>Hay fever</b>      |        |        |        |        |        |        |        |        |        |        |        |
| Light                 | 45.4   | 46.3   | 49.5   | 55.7   | 56.2   | 59.0   | 64.3   | 68.8   | 70.8   | 71.5   | 105.4  |
| Moderate              | 9.4    | 9.2    | 8.0    | 8.8    | 7.4    | 6.4    | 7.3    | 6.9    | 5.0    | 4.4    | 4.7    |
| Severe                | 0.5    | 0.5    | 0.4    | 0.2    | 0.2    | 0.3    | 0.3    | 0.3    | 0.2    | 0.2    | 0.4    |
| Total                 | 55.3   | 56.0   | 57.9   | 64.7   | 63.8   | 65.7   | 71.9   | 76.0   | 76.0   | 76.1   | 110.5  |
| <b>Atopsic eczema</b> |        |        |        |        |        |        |        |        |        |        |        |
| Light                 | 6.1    | 8.1    | 6.1    | 8.5    | 6.0    | 6.4    | 6.7    | 6.0    | 6.4    | 6.7    | 9.2    |
| Moderate              | 1.8    | 1.9    | 1.6    | 1.9    | 1.8    | 1.3    | 1.4    | 1.7    | 1.8    | 1.4    | 1.8    |
| Severe                | 0.5    | 0.3    | 0.5    | 0.3    | 0.3    | 0.3    | 0.3    | 0.4    | 0.3    | 0.4    | 0.8    |
| Total                 | 8.4    | 10.3   | 8.2    | 10.7   | 8.1    | 8.0    | 8.4    | 8.1    | 8.5    | 8.5    | 11.8   |
| <b>Other eczema</b>   |        |        |        |        |        |        |        |        |        |        |        |
| Light                 | 15.2   | 15.8   | 13.6   | 13.5   | 13.5   | 15.3   | 13.9   | 17.9   | 17.9   | 17.6   | 18.8   |
| Moderate              | 1.4    | 1.3    | 1.1    | 1.0    | 1.6    | 1.5    | 1.1    | 1.6    | 1.5    | 1.3    | 0.9    |
| Severe                | 0.2    | 0.2    | 0.1    | 0.1    | 0.1    | 0.2    | 0.1    | 0.1    | 0.1    | 0.1    | 0.3    |
| Total                 | 16.8   | 17.3   | 14.8   | 14.6   | 15.2   | 17.0   | 15.1   | 19.6   | 19.5   | 19.0   | 20.0   |

Source: SOU (1989b).

These findings represent a serious warning. The allergies of an 18-year-old can be looked upon as the cumulative effect of heredity and of the environment during all the years of childhood. The heredity factor cannot possibly have changed enough in so short a time as to produce the spiralling trends revealed by the study. A careful examination of the methods employed by the researchers shows that statistical errors have not played a role. Therefore, the only answer is that the environment is basically responsible for the increase in allergic reactions among young

Figure 14: THE FREQUENCY OF ALLERGIC REACTIONS AMONG 18-YEAR-OLD MALES (Cases Per 1,000 Individuals By Year Of Birth, 1955-66)

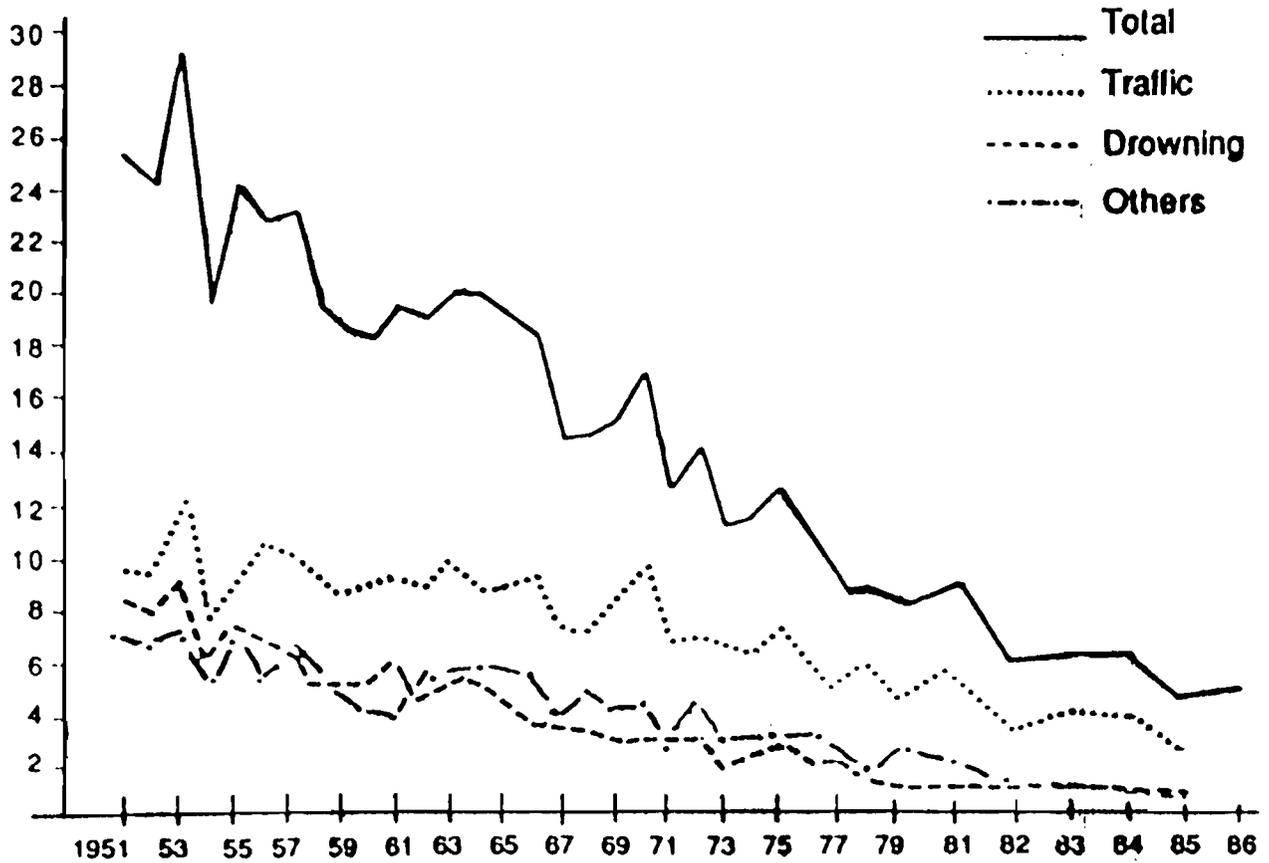


Source: SOU (1989b).

males. In fact, both children and adults living in urban areas exposed to higher concentrations of airborne pollutants are relatively more likely to suffer from allergies. Moreover, children whose parents have a history of allergies and who thus are susceptible in terms of heredity are more prone to be sensitive to allergy "triggers", such as humidity and tobacco smoke, in an indoor environment.

4. **Child safety** Accidents, including traffic accidents and accidents in the home, are the single most important cause of death among children above 1 year of age. Class differences are not the culprit here. Poor planning and the lack of conscious preventive steps on the part of adults are to a considerable degree behind this cause of death among society's youngest. Nonetheless, in Sweden the number of fatal accidents to children under 15 fell from roughly 400 per year in the 1950s to approximately 100 per year in the late 1980s, the lowest figure in any of the industrialized countries. Traffic accidents represented the leading killer among all types of accidents throughout the period (Figure 15). Drowning dropped appreciably in

Figure 15: MAJOR TYPES OF FATAL ACCIDENTS AMONG 0-TO-14-YEAR-OLDS  
(Fatalities Per 100,000 Individuals In The Age Group, 1951-86)



Source: Berfenstam (1988).

significance as a major cause of death and in absolute terms now accounts for roughly ten fatalities each year in a country with thousands of lakes and an enormously long coastline.

Serious organized efforts to reduce fatal accidents among children were initiated in the mid-1950s by a voluntary association dedicated to child accident prevention and supported, among others, by automobile insurance companies. In the early 1970s this association spawned a new state agency, the National Child Environment Council (see earlier). Relatively nonbureaucratic, the council is staffed by a handful of female civil servants. Preventive measures are at the heart of the endeavours of both the association and the council. A principal aim has been to make parents, as well as teachers, social planners

and decisionmakers, aware that children constitute a special risk group because of their natural curiosity, their mode of reaction, their impulsiveness and their handicap in calculating danger (Berfenstam 1988). The ambition is to adapt the social environment of children to their possibilities and capabilities, as well as to train children in matters of safety. For example, urban planners have been encouraged to implement separate local- and rapid-traffic route configurations, since this is considered more effective in reducing the potential for accidents. Building codes have been adjusted so that the designs of windows, doors, staircases, balconies, stoves and electric outlets in new constructions and in day-care centres are safer for children. Likewise, the playgrounds and equipment of day-care centres must conform to new and more strict regulations.

The National Child Environment Council has become an advocate for the creation of local child safety committees and has conducted awareness campaigns within the mass media and among key professional groups like nurses, paediatricians, child-minders and preschool and school teachers. The council has also produced safety training manuals and other teaching materials. Together with private insurance companies, it has fostered the use of child safety seats in automobiles, life jackets on boats and helmets among young bicycle and motorcycle riders. Nineteen eighty-eight was proclaimed 'helmet year' in Sweden.

The voluntary association is also very active. For instance, it has established the Children's Traffic Club. Through its access to central registers, the association is able to offer membership in the club to all children on their third birthday. Road accidents are considerably less frequent among club members than they are among nonmembers. Of course, this is partly explained by the fact that the parents who enrol their 3-year-olds in the club are more likely to be safety conscious and also to educate their children about safety in other ways.

Another outcome of these endeavours to enhance safety is a commercial enterprise known as "Akta". Akta stores, which are located in several large Swedish cities, sell all sorts of safety equipment. Akta also happens to be the largest producer of bicycle helmets for children in Europe.

These initiatives and the results in improvements in child safety are impressive. Yet, much remains to be done to reduce traffic accidents and accidents in the home among children. In particular, the awareness of parents is still fragile. Nevertheless, that Sweden in 1991 has chaired the recently created European Committee for Child Accident Prevention represents a certain amount of recognition of the country's record in this area

#### IV. CONCLUSION: TOWARD A CHILDHOOD POLICY?

Throughout the 20th century but especially since World War II, peace and constant socioeconomic change have characterized life in Sweden. In many respects the economic achievements of the 1950s and 1960s were remarkable. Economic growth was high, unemployment exceptionally low and inflation under control; income inequality was decreasing; the distribution of wealth was gradually becoming more uniform, and the growth of the public sector was strong.

Over the past 30 years children have "gone public", while social life in Sweden has been fundamentally transformed. Almost from birth children possess a life beyond the intimate sphere of the family. The question of justice and equality between women and men has become part of the political agenda, and the situation of children has been greatly affected. Demands for change in the relationship between children and adults have been put forward in particular by women's organizations, both political and nonpartisan. They have left their marks on political parties, as well as on voluntary interest organizations. Meanwhile, a number of independent autonomous voluntary associations led by teenagers and adolescents has been instrumental in creating a separate sociopolitical childhood "space". Of course, an organization like BRIS has also had an impact in this respect (see earlier).

In many ways these developments have had a beneficial impact on the well-being of Swedish children. The standard of living has increased sharply for almost everyone, but most significantly for low-income households. The labour force participation rate among women has surged, and large cuts in working hours outside the home, not least through the extension of paid vacations, have occurred. The growing socioeconomic participation of women and the more slowly growing practical and emotional responsibilities of men at home and in the care of children may fundamentally transform social life in Sweden.

At the end of the 1960s the general economic trend was believed to be very positive. Strong economic growth was expected to continue and make it possible both to raise public and private consumption and to reduce working time greatly. The trade union movement and some political parties set the goal of lowering the normal working day from eight to six hours in order to increase the general welfare of the people and make equality between men and women possible in practice. However, another main objective was to benefit children. It was anticipated that the general cut in the working day would give parents and children more time together but also improve the calibre of that time since parents would presumably

not be exhausted from work. The general shortening of working hours was looked upon as the great family reform of the 1970s.

Women and their families demanded high quality day care for their children, and an enormous expansion took place in this field. However, this expansion was sharply contested, mainly by conservative politicians who feared the cost to local authorities, favoured private solutions and questioned the pedagogical value of the preschool system. Added to these concerns was the fact that, as long as the demand for day care outpaced the supply, those who did not have access to the service would remain at an unfair disadvantage.

The enlargement of the preschool system has been the most significant single positive factor which has affected Swedish children and their families in the last 15 to 20 years. This achievement has been accomplished despite the economic problems during the period. Moreover, the system is very labour intensive and of high quality. In the mid-1980s Parliament declared that, as of 1991, all children from the age of 18 months would be entitled to attend day-care nurseries, play schools or open preschools. Because of retrenchment measures directed at the municipalities and partly because of a totally unexpected baby-boom, it has not been possible to fulfil this goal, which seems to be still a few years away.

The low economic growth of the 1980s resulted in only relatively slight increases in the general standard of living. The plan to introduce the six-hour workday to benefit children is no longer on the agenda. Instead "harmonization" with the rest of Europe is the slogan. However, some of the initiatives in Sweden may well gain the attention they merit on the Continent in the decades to come.

One example is the official "Daddy, Please Come Home" campaign to redefine the role of men in society and the family. Swedish authorities have encouraged all men to take advantage of their right to parental leave to "bond" more closely with their children (see Palme 1970), despite complaints of a declining "work ethos" from employers. Campaigns have also been launched to make men more responsible for their children living with lone mothers. Still, fathers work more hours than mothers do; male-dominated trade unions prefer weeklong holidays instead of shorter workdays, and, in general, Swedish society has a considerable distance to go before equality is achieved in the domestic sphere. Nonetheless, important social actors are striving for a new, less work-dominated relationship between men and their children.

The longstanding trend toward the more uniform distribution of income and wealth was broken in the 1980s. This will have an impact on the well-being of children in the future.

Meanwhile, regional differences affecting children are also increasing, and new problems such as the spread of allergies are affecting the quality of life of children. The possibility of international comparisons are still limited, but, if an alarming rise in allergic ailments has been observed in Sweden, a sparsely populated country where the environment has been a political issue for 25 years and very large investments have been made in environmental conservation, then the situation must be even worse in the U.K. and on the European mainland, from which much of the pollution in the Nordic area is "exported".

The mortality rate among children in Sweden is very low in relative terms. However, the decline in the rate has slowed appreciably. Some observers have assumed that this relative plateau is an indication of some kind of saturation and claim that it would be extremely difficult and costly to decrease the mortality rate among children much further. Against this claim, it must be pointed out that the differences in mortality rates between the children of blue-collar workers and those of white-collar workers are significant and suggest that much can still be done. The goal should be set at least to reduce the overall mortality rate to the level of that among the children of white-collar workers.

Sweden is still a class society, in which the class differences work to the disadvantage of the weakest, the children. Some people in Sweden argue that class differences have more or less disappeared. The strong correlation between child mortality and socioeconomic status is dismal proof that this is not true. Today all children spend nine years in compulsory schooling, and most also attend high school for two or three years. Yet, social stratification remains strong. More than two thirds of the children of higher income families take theoretical courses in preparation for university, compared to less than 25 percent of working class children.

The importance of children, or at least some segments of this population group, as independent social actors will increase as Sweden approaches the 21st century. Children as free agents will put their mark on the society to come. For example, the UN Convention on the Rights of the Child, which is firmly supported by the Swedish Government on the international scene, recognizes that children have the right to freedom of association, conscience, expression, religion and thought. Nevertheless, parents, professional child experts and adult institutions constitute the main agencies in these areas even in Sweden. Thus, a number of barriers must still be broken down before a childhood policy which recognizes children as a social category can emerge.

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