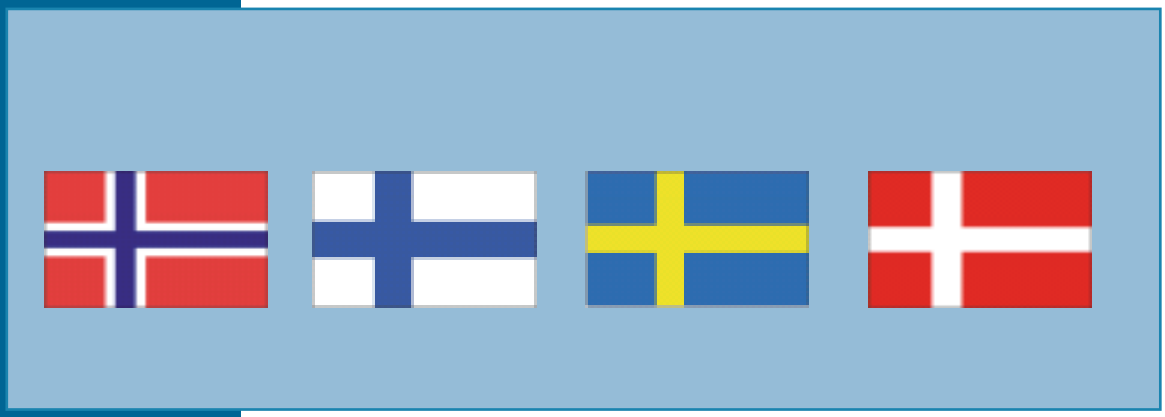
Trends in social indicators in the Nordic Countries, 1980-2002



NORCHASE

Nordic Collaborative project on Health And Social inequality in Early life

Annett Arntzen
Laust H. Mortensen
Sven Cnattingius
Mika Gissler
Anne-Marie Nybo Andersen

National Institute of Public Health

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Preface

Despite the fact that the Nordic countries are assumed to be egalitarian societies, socio-economic inequalities in health exist. The mechanisms involved in the processes that link social position and health together and how the involved factors are inter related are still poorly understood. The growing awareness of the life-course perspective in understanding causation of disease calls for longitudinal studies to understand the mechanisms behind the social differences in health early in life. Comparative and collaborative analyses of existing data may lead to the knowledge necessary of reducing health inequalities.

A NordForsk-funded initiative has made it possible for the research group behind this publication to construct a data set with the data necessary for comparative research and to explore this scientific area.

We do this by analysing comparable data on all children born in Denmark, Finland, Norway and Sweden from 1980 and onwards. A variety of data describing the socio-economic position of their parents year by year are linked to this data set, as well as data on health of the children. The data set provides a unique opportunity to contribute substantially to our understanding of why and how social inequalities in health develop.

This research programme focuses on how birth weight distribution, gestational age at birth and childhood mortality are socially patterned in and between the four Nordic countries, time trends and how contextual factors may explain differences between the four countries.

For this purpose we have found it useful to make an overview of how important socio-economic indicators have developed in the four countries over the past two decades.

The project is based at the Danish National Institute of Public Health, but is carried out in close collaboration between Nordic researchers within the field of epidemiology and sociology. The executive group for the project is:

Anne-Marie Nybo Andersen, MD, PhD, Research Programme Director,
National Institute of Public Health, Denmark,

Annett Arntzen, MSocSci, PhD, Associate Professor
Department of Social Science, Vestfold University College, Norway,

Sven Cnattingius, MD, PhD, DrMSc, Professor,
Department of Medical Epidemiology and Biostatistices, Karolinska Institutet, Sweden,

Mika Gissler, Dr Phil, MSocSci,
STAKES, Finland.

We hope you will find this publication of use.

Anne-Marie Nybo Andersen

Principal Investigator

Trends in social indicators in the Nordic countries, 1980-2002

Annett Arntzen[1], Laust H. Mortensen[2], Sven Cnattingius[3], Mika Gissler[4], Anne-Marie Nybo Andersen[2]

[1] Department of Social Science, Vestfold University College, P. O. Box 2243, 3103 Tønsberg, Norway

[2] Research Programme on Child Health, National Institute of Public Health, Øster Farimagsgade 5 A, 1399 Copenhagen K, Denmark

[3] Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, P.O. Box 281, SE-Stockholm, Sweden

[4] STAKES National Research and Development Centre for Welfare and Health, P.O. Box 220, 00531 Helsinki, Finland

Requests for additional reports should be addressed to:
Øster Farimagsgade 5 A, 2
1399 Copenhagen
Denmark

Telephone: +45 39 20 77 77
Telefax: +45 39 20 80 10
E-mail: sif@niph.dk
www.niph.dk

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1. Introduction

In the Nordic countries, the research tradition of socio-economic inequalities in health has grown since the 1980´s, revealing persistent socio-economic disparities in health (1-11). Despite the fact that the Nordic countries are assumed to be egalitarian societies, socio-economic differentials both in mortality and self-reported morbidity are even greater than in other Western European countries, at least in relative terms (12-15). Socio-economic differentials in pregnancy outcomes still persist, and interestingly the patterns seem to differ between the Nordic countries (16-17).

The Nordic Collaborative Project on Health and Social Inequality in Early Life (NorCHASE) aims to increase the understanding of mechanisms behind socio-economic inequalities in health in early life and how such factors track through generations (18).

In the first phase of this project, we aim to give an overview of the country-specific distributions of some important social indicators during the last decades. This will serve as background information in our analyses of social inequalities in child health, especially regarding birth and child mortality in the Nordic countries.

2. Methods

We have used official statistics from the Nordic countries to shed light on the similarities and the differences in the distributions of some social indicators in the period 1980-2003.

3. Social indicators for socio-economic status

Socio-economic status can be measured by using several social indicators, such as level of education, occupational status and income level. These three indicators together determine a person's position in the social hierarchy, and each indicator covers a different aspect of social stratification. Educational level creates differences between people in terms of access to information and the level of proficiency in benefiting from new knowledge, whereas income creates differences in access to scarce material goods and services. Occupational status includes both these aspects and adds to the benefits accruing from the exercise of specific jobs, such as prestige, privileges, power and social and technical skills. Also occupational job exposures contribute in health differences, since there is a noticeably variation in the level and harmfulness of such exposure by occupation and socio-economic status.

These indicators are far from straightforward, and due attention should be paid to the application of appropriate classifications. It has been recommended to use – whenever possible – all three indicators instead of only one in the analysis, although these factors are sufficiently distinct to require that they can be studied separately in relation to health and mortality (19).

3.1. Educational level

If one only has the possibility to select one social indicator, the level of education is recommended in many cases: it is easy to measure and is very important in determining health status (19). Education is seen as an indicator of social, environmental and cultural conditions. Education is correlated with income and occupation and is often used as a proxy for socio-economic status. Health and mortality differences by educational status have also been attributed to the direct effects of education. The acquisition of health-related knowledge, optimised use of health and social welfare services and willingness to invest in human capital differ according to level of education. In addition, education may act through the promotion of high self-esteem and self-efficacy. Education also influences the ability to solve problems. Thus, people from disadvantaged groups are not only more exposed to difficult life events or difficult life conditions, but have also less social support to limit the impact of such stressors (20-30).

The Nordic countries assign great importance to education both for the individual and society as a whole. Equal access to education, the inculcation of democratic values, promoting individual independence and critical thinking are key elements in the

education policy. Due to national characteristics, however, the efforts and tools utilised to accomplish these goals vary from country to country.

Table 1. Total public expenditure on education (1995, 2001).

Public expenditure on education as a percentage of total public expenditure					Public expenditure on education as a percentage of GDP			
Country	1995	2001	2001	2001	1995	2001	2001	2001
	All levels of education combined	All levels of education combined	Primary, secondary, post-secondary non-tertiary education	Tertiary education	All levels of education combined	All levels of education combined	Primary, secondary, post-secondary non-tertiary education	Tertiary education
Denmark	12.7	15.4	8.7	4.9	7.7	8.5	4.8	2.7
Finland	11.5	12.7	7.8	4.2	6.8	6.2	3.9	2.1
Norway	15.3	u.a.	u.a.	u.a.	7.4	7.0	4.8	1.8
Sweden	10.6	12.8	8.4	3.6	7.2	7.3	4.8	2.0

Source: Education at a Glance, OECD indicators, 2004 (p.249).

Table 1 shows the total public expenditure on education. In 2001, the Nordic countries devoted on average 13.4% of total public expenditure to education, however, the value ranges from 12.7% to 15.4%. The public sector proportion of funding of the different levels of education varies among the countries. The public funding of primary, secondary and post-secondary non-tertiary education is the double of that of tertiary education, mainly due to enrolment rates. When public expenditure on education is examined as a proportion of total public spending, the relative size of public budgets (measures by public spending in relation to GDP) must be taken into account.

3.1.1 ISCED International Standard Classification of Education

In order to compare the association between educational level and health in the Nordic countries, it is essential to use the same educational classification system. Nordic education statistics conform to the International Standard Classification of Education (ISCED), initially adopted by UNESCO in 1976, and revised in 1997 (31). The classification system covers both the level and the field of education. In the ISCED system, levels are numbered 0-6. Level 0 covers pre-primary education, level 1 primary or the first stage of basic education, and level 2 lower secondary or the second stage of basic education, Level 3 covers (upper) secondary education and typically begins at the end of full-time compulsory education. Level 4 covers post-secondary non-tertiary education. Level 5 covers the first stage of tertiary education and level 6 covers the second stage of tertiary education.

Comparisons between the Nordic countries with respect to the level of education must, however as mentioned above, take the different educational systems into account. In addition, some types of education are difficult to place, e.g. at either lower or upper secondary level or practices may differ among the countries. This might also account

for some of the differences in the share population attaining a certain level of education. It is also of great importance to bear in mind that education has, relative to other socioeconomic indicators, changed over the last decades, as the level of education has increased.

*Table 2. Level of education attained for people 16 (15 in Finland) years or more. Percentage**

Country Years	Primary level ISCED level 1-2	Secondary level ISCED level 3/4	Tertiary level (low) ISCED level 5B	Tertiary level (high) ISCED level 5A/6	Unknown or no completed education (N)	Total (N)
Denmark[1]*						
1985	31.2	53.0	6.6	9.2	741,072	3,404,209
1990	24.7	58.5	4.2	11.6	730,890	3,471,058
2003¤	35.7	43.0	21.3		119,078	3,992,009
Finland[2]						
1980	61.6	25.2	7.0	6.2	-	3,817,839
1990	49.5	32.5	10.0	8.0	-	4,034,263
2002	39.0	36.8	12.2	12.0	-	4,279,286
Norway[3]						
1980	44.5	44.4	8.8	2.4	63,142	3,136,274
1990	33.6	51.3	12.1	3.1	89,399	3,399,682
2002	20.4	56.6	18.9	5.0	94,949	3,594,334
Sweden[4]						
1985	46.3	39.1	7.1	7.5	340,168	6,114,449
1990	38.6	43.1	9.5	8.7	89,953	6,246,929
2002	26.2	45.9	13.0	14.9	98,651	6,423,996

Unknown education not included
* In Denmark intermediate advanced educations are included in the 5A ISCED level.
Source: [1]Denmark: Statistical Yearbook, 1988+1992: Citizens 15-64 years of age, Statistical Yearbook, 2001: ¤Citizens 15-74 years of age. [2]Finland: Statistics Finland. Education Register. [3]Norway: Statistical Yearbook, 2004. [4]Sweden: Statistics Sweden, 2005: Utbildning och Forskning, Citizens 16-74 years of age (www.scb.se)

Table 2 shows that the educational level has increased considerably during the last decades in all the Nordic countries.

Table 3. Percentage of the population with tertiary level of education[1]

Country	1991	1995	2002
Denmark	18.3	20.4	27.4
Finland	25.0	27.7	32.6
Norway	24.8	28.6	31.0
Sweden	25.2	28.3	24.4

[1] Percentage of the population in the age group 25-64 years.
Source: OECD Factabook, 2005. StatLink: http://dx.doi.org/

An overview of the level of educational attainment at the tertiary level of education over the last decade shows an increasing proportion of the adult population attaining tertiary education in Denmark, Finland and Norway, but not in Sweden (Table 3).

Measures of educational attainment show the evolution of advanced knowledge in the population. In 2002, the percentage of people with a tertiary level education varies from country to country from 24.4 per cent in Sweden to 32.6 per cent in Finland.

Table 4. Proportion of woman among all persons with tertiary or higher education, 1980-2001. Percentage.

	Denmark[1]			Finland[2]			Norway[3]			Sweden[4]		
	1980	1990	2001	1980	1990	2001	1980	1990	2001	1985	1990	2001
Tertiary level Total	-	49	55	49.1	51.7	55.2	48.1	53.6	59.4	49.3	50.0	70.1
Tertiary level (low)	-	57	49	53.0	57.0	61.2	54.1	56.4	62.2	53.6	53.7	53.3
Tertiary level (high)	-	53	61	45.7	46.0	50.0	27.8	41.4	50.2	46.8	47.5	54.3
Doctorate level	-	30	36	17.3	22.8	34.1	5.7	28.6	41.2	24.2	19.1	28.1

Source: [1]Denmark: Statistics Denmark: Statistical ten-year review 2003 & 1999 [2]Finland: Statistics Finland. Education Register [3]Norway: Statistics Norway: Utdanning 2003-ressurser,rekruttering og resultater [4]Sweden: Statistics Sweden 2005: Utbildning och Forskning (www.scb.se).

Since the 1990´s, women have on average a higher level of education than men. As more women than men presently are enrolled in high-level education, this trend is likely to continue. The gender gap in favour of men in advanced research qualifications at the doctorate level (ISCED 6) is reduced to only nine points in 2001 in Norway. However, in the Nordic countries there is a clear distinction between first and second university degree, i.e. undergraduate and graduate programmes (bachelor/master) and it is in the lowest degree group the women have the majority.

For more information about education – please refer to:

Denmark - http://www.dst.dk

Finland - http://www.tilastokeskus.fi/til/kou_en.html

Norway - http://www.ssb.no/emner/00/02/30/sos_utsyn/

Sweden - http://www.scb.se

3.2 Occupational status

Occupation is relevant as a social indicator because it determines people's place in the social hierarchy and not just because it indicates exposure to specific occupational risks, such as toxic compounds. The main issue is how to classify people with specific jobs according to their place in the social hierarchy.

The most usual approach consists of classifying people, based on their position in the labour marked, into a number of discrete groups or social classes. Each of the Nordic countries has their own variants of social class schemes. Differences in classification between the countries hamper international comparative studies of social stratification or social mobility.

The tables below show the most common standards for socio-economic status groups in each country.

Denmark

Table 5. Socio-economic status in Denmark 1981-2000. Percentage.

	1981*	1985	1990	1996		2000#
Self-employed	5.5	5.0	4.7	4.2	Self-employed	4.0
Assisting spouses	1.3	1.1	0.8	0.4	Assisting spouses	0.3
Salaried employees	21.1	22.4	24.0	23.1	Top managers	1.4
Skilled workers	5.6	5.9	5,7	5.5	Employees - upper level	6.1
Unskilled workers	11.4	11.2	11.1	10.2	Employees - medium level	7.8
Employees, not specified	4.9	5.2	5.8	6.9	Employees - basic level	22.4
					Other employees	5.1
					Employees, not specified	4.7
Unemployed	3.8	4.6	4.6	4.3	Unemployed	2,2
Persons enrolled in education and children	24.0	22.0	20.2	20.4	Temporarily outside the labour force	1.8
Pensioners and early retirement	15.4	17.2	18.4	19.7	Retired from the labour force	3.4
Unspecified	7.1	5.4	4.8	5.2	Pensioners	16.4
	0.0	0.0		0.0	Others outside the labour force	24.5
Population size (n)	5 123 989	5 111 108	5 135 409	5 251 027		5 330 020

*No comparable statistics available for 1980.

From 1997 onwards, the Danish classifications scheme is based on ISCO-88. Source: www.dst.dk

Finland

Table 6. Socio-economic status in Finland according to 1970, 1980, 1990 and 2000 census, population aged 15 years or more. Percentage.

	Total population aged 15 years or more			
	1970	1980	1990	2000
Entrepreneurs. farmers	16.5	8.1	12.9	10.3
Farmers	12.4	5.1	4.2	2.1
Upper white collar	5.5	7.2	9.3	10.2
Lower white collar	17.3	18.4	20.4	18.2
Blue collar	33.2	28.7	22.3	19.9
Retired	19.7	22.5	26.2	26.7
Students	7.7	9.2	6.7	7.9
Others (incl. unemployed)	0.2	5.9	6.4	8.2
Unknown	0.0	0.0	0.0	2.8
Total	100	100	100	100
N	3 479 786	3 817 839	4 034 264	4 244 785

Source: Statistics Finland. Longitudinal census data
Statistics Finland. Census time series.

Table 7. Economically active population in Finland - excluding students, military and civil servants, unemployed and retired. Percentage.

	Economically active population			
	1970	1980	1990	2000
Entrepreneurs. farmers	21.7	13.1	20.6	18.2
Farmers	16.5	8.5	6.9	3.7
Upper white collar	7.0	11.0	14.7	18.0
Lower white collar	25.5	30.5	33.7	33.0
Blue collar	45.5	44.1	35.8	35.5
Retired	-	-	-	-
Students	-	-	-	-
Others	0.3	1.3	2.1	2.6
Unknown	0.0	0.0	0.0	0.0
Total	100	100	100	100
N	2 117 878	2 128 589	2 332 282	2 228 557

Source: Statistics Finland. Longitudinal census data
Statistics Finland. Census time series.

Norway

The Nordic Classification of Occupation (NYK), based on ISCO-58, was published in 1965. In connection with the Norwegian Population and Housing Census in 1980, a new revised catalogue of occupations was prepared. This involved new occupations being classified by the prevailing standard, and this was the standard until 1995.

Table 8. Norwegian standard for socio-economic groups used in official statistics in the period 1980-1995. Percentage.

Socio-economic groups	1981				1995			
	Total	Male	Female		Total	Male	Female	
			Total Female	Married/ cohabit			Total Female	Married/ cohabit
Total, includes unknown	2 909	1 458	1 451	955	3 140	1 579	1 561	1 016
Workers	23	36	10	11	18	28	8	8
Unskilled workers	16	23	9	10	13	18	7	7
Skilled workers	7	13	1	1	6	10	1	1
Salaried employees	34	29	39	40	42	34	49	54
Low level	13	4	22	23	11	4	18	19
Medium level	17	18	15	15	24	23	26	29
High level	4	6	2	2	6	8	5	6
Farmers and fishermen	3	5	1	1	2	3	1	1
Other self-employed	6	7	5	6	4	5	3	3
Pupils and students	8	8	7	1	9	9	9	3
Home workers	15	1	28	35	4	0	9	11
Retired, disabled and sick persons	10	11	9	5	16	15	17	2
Others	1	1	1	0	5	5	4	4

Source: AKU, Statistics Norway.

The Norwegian standard after 1995 (1998) is based on the International Standard Classification of Occupation – ISCO-88, prepared by ILO. EU developed a version of this standard (ISCO-88(COM)), which is the basis for the Norwegian standard replacing the Nordic Classification of Occupation (NYK). ISCO-88(COM) has four level hierarchical structure. The first digit in the code consists of the following major groups:

1 Legislators, senior officials and managers
2 Professionals
3 Technicans and associate professionals
4 Clerks
5 Service workers and shop and market sales workers
6 Skilled agriculture and fishery workers
7 Craft and related trades workers
8 Plant and machine operators and assemblers
9 Elementary occupations
0 Armed forces and unspecified.

Sweden

The Nordic Classification of Occupation (NYK) has also until recently been the source for defining socio-economic groups based on occupational codes. Information about occupations was collected on a population basis, in Sweden in the Census 1985 and 1990. Since then, there has been no Census in Sweden. Moreover, a new classification of occupations has recently been introduced in Sweden ("Standard för svensk yrkes-klassificering" [SSYK96]). In contrast with previously used classification of occupation (NYK), there are presently no possibilities to use SSYK96 to define socio-economic groups. Thus, presently Sweden lacks possibilities of providing nation-wide statistics on socio-economic groups after 1990.

Table 9. Socio-economic groups in Sweden 1985 and 1990. Gainfully employed 16 years and older.

	1985			1990		
	Total (n= 4 285 109) %	Male (n= 2 263 276) %	Female (n= 2 021 833) %	Total (n= 4 491 493) %	Male (n= 2 333 809) %	Female (n= 2 157 684) %
Workers						
Unskilled	29.4	24.5	34.9	27.4	23.3	31.9
Skilled	15.5	21.4	8.9	16.7	21.9	11.1
Salary employed						
Low level	15.3	9.7	21.5	14.4	9.0	20.3
Medium level	15.6	15.5	15.6	16.4	15.7	17.2
High level	8.8	11.4	5.9	9.9	12.3	7.3
Farmers	2.2	3.0	1.2	1.5	2.2	0.8
Other self-employed	4.0	5.7	2.2	4.4	5.9	2.9
Unclassifiable	7.4	6.5	8.3	7.8	7.9	7.6
Information missing	1.8	2.2	1.4	1.5	1.9	1.0

Source: Statistics Sweden. Befolkningsstatistik www.scb.se

For more information about socioeconomic status - please refer to:

Denmark - http://www.dst.dk

Finland - http://www.tilastokeskus.fi/tk/tt/luokitukset/index_henkilo_keh_en.html

Norway - http://www.ssb.no/aku/ and http://www.ssb.no/emner/00/02/30/sos_utsyn/ and http://www.ssb.no/emner/04/02/

Sweden - http://www.scb.se and http://www.scb.se/templates/Standard____59305.asp

3.3 Income

The income level of a person can be used in two ways in epidemiological studies. Income indicates the socio-economic status of the income recipient, with higher personal income indicating, among other things, a better position in the labour market. Income is commonly used complementary to occupation and education, and as a proximate indicator of access to scarce material resources or of standard of living (19).

Table 10. Average disposable income per household, Euros (PPP) 2001.

	Denmark	Finland	Norway	Sweden
	Single, total			
20-44 years	14 820	11 721	16 106	13 152
45-64 years	19 692	13 349	18 759	15 933
65-76 years	12 014	10 094	12 958	11 061
	Couples, total			
20-44 years	20 757	15 190	20 329	17 494
45-64 years	26 645	17 791	23 870	20 640
65-76 years	14 266	13 313	16 882	15 230

Inco2: DK, FI, NO, SE, 1996-2001. Single and couples with and without children. Source: NOSOSCO.

The level of income is generally high in the Nordic countries, and national differences are relatively small compared to other OECD countries. Finland has the lowest disposable income per household, both for singles and couples in all age groups. Denmark and Norway have higher disposable incomes than Sweden. In all Nordic countries, households with the lowest disposable incomes generally receive the largest proportion of social benefits in relation to their gross incomes.

Table 11. Gross income per household, Euros (PPP). Age group 20-44 years, 2000.

	Denmark		Finland		Norway		Sweden	
	Sing.	Coup.	Sing.	Coup.	Sing.	Coup.	Sing.	Coup.
Factor income	17 379	30 028	14 473	21 823	20 583	32 014	14 402	24 049
Tax	7 108	11 579	4 651	6 870	6 300	9 650	5 415	8 588
Social cash benefit	4 553	4 135	2 587	2 630	2 584	3 294	2 815	2 705
Disposable income	14 825	22 583	12 409	17 583	16 869	25 658	11 820	18 180

Source: OECD.

Income tax

The income tax system can redistribute incomes from childless families to families with dependent children to tax benefits – either tax allowances or tax credits especially aimed at families with children. The tax system can be either individual or joint, i.e. the basis for the taxation system is individuals or couples respectively. Individual taxation means more to two-parent families than to single-parent families because couples have better opportunities to choose their labour marked behaviour. In Norway, couples are taxed in the most favourable way, which is usually individual taxation. Denmark has some elements of joint taxation for married couples although it largely employs an individual tax system. Finland and Sweden have fully individualised taxation systems, in which the same rates are applied irrespective of marital status, employment status or income of any partner (32).

There has been a trend in many countries toward providing support to families through the tax system. In Finland and Norway, the trend has been quite the opposite. In Finland, tax benefits for families were abolished in 1994 and were partly replaced with substantially increased child benefits. In Norway, however, the tax system still favours single parents, who pay lower taxes than singles without children with same incomes. There are no tax benefits for families with children in Sweden and Denmark (32).

Table 12. Gini coefficient of inequality in the distribution of equivalised household disposable income.

	Mid-1980´s	Mid-1990´s	2000
Denmark	23.0	21.0	22.5
Finland	20.0	22.5	26.1
Norway	24.0	25.1	26.1
Sweden	21.5	21.0	24.3

Source: Society at a glance, OECD 2005 (p.55).

The Gini coefficient is a measure of income inequality, derived from the income distribution of a population. The Gini coefficient ranges from 0 to 1, where 0 corresponds with perfect equality (all persons have equal incomes) and 1 corresponds with perfect inequality (one person has all the income). The Gini coefficient of income inequality in 2000 is lowest in Denmark and Sweden. It increased notably in Finland from 1980´s to 2000 from the lowest in the Nordic countries to the highest one (along with Norway).

Table 13. Income Inequality Measures.

Country	Year	Gini coefficient	Atkinson (epsilon=0.5)	Atkinson (epsilon=1.0)	Percentile ratio (90/10)	Percentile ratio (90/50)	Percentile ratio (80/20)
Denmark	1987	0.254	0.058	0.127	3.22	1.60	2.12
	1992	0.236	0.052	0.112	2.85	1.55	2.02
	1995	-	-	-	-	-	-
	1997	-	-	-	-	-	-
Finland	1987	0.209	0.037	0.075	2.59	1.51	1.86
	1991	0.210	0.037	0.077	2.63	1.53	1.83
	1995	0.217	0.040	0.078	2.58	1.58	1.84
	2000	0.247	0.053	0.101	2.90	1.64	2.02
Norway	1979	0.223	0.044	0.092	2.76	1.58	1.88
	1986	0.233	0.046	0.093	2.92	1.62	1.96
	1991	0.231	0.047	0.095	2.79	1.58	1.90
	1995	0.238	0.052	0.104	2.83	1.57	1.95
	2000	0.251	0.059	0.117	2.80	1.59	1.92
Sweden	1975	0.215	0.040	0.087	2.73	1.53	1.92
	1981	0.197	0.034	0.073	2.43	1.51	1.76
	1987	0.218	0.044	0.098	2.71	1.51	1.89
	1992	0.229	0.047	0.102	2.78	1.59	1.91
	1995	0.221	0.047	0.104	2.61	1.56	1.76
	2000	0.252	0.056	0.112	2.96	1.68	2.01

However, here the Gini coefficient is lower in Finland in 2000 than in Norway and Sweden (Table 13).

For more information about socioeconomic status - please refer to:

Denmark -

Finland - http://www.tilastokeskus.fi/til/tul_en.html

Norway - http://www.ssb.no/emner/05/01/ and http://www.ssb.no/emner/00/02/30/sos_utsyn/

Sweden - http://www.scb.se (Statistics Sweden, hushållens ekonomi)

3.3.1 Relative poverty

Relative poverty has several dimensions. One dimension relates to prevalence, i.e., the proportion of individuals falling below the poverty line (the “poverty rate”) A second is its depth, i.e. by how much the income of the poor falls below the poverty line (the “poverty gap”). However, both measures are affected by features of the surveys (33).

Table 14. Relative poverty, the rate and the gap. Percentages mid-1990´s, 2000.

	Relative poverty rate		Relative poverty gap	
	Mid 1990´s	2000	Mid-1990´s	2000
Denmark	3.8	4.3	25.6	24.1
Finland	4.9	6.4	21.8	20.7
Norway	8.0	6.3	28.1	28.2
Sweden	3.7	5.3	30.7	26.1

Source: Society at a glance, OECD 2005 (p.53).

Table 14 shows no uniform decline in poverty rates and poverty gaps since the mid-1990´s. Poverty rates range from 6.4 in Finland to 4.3 Denmark in 2000. Poverty rates increased over the second half of the 1990´s in Denmark, Finland and Sweden, but fell in Norway.

Table 15. Relative poverty rates for the total population, children and the elderly.

Country	Year	Total population Poverty line (Per cent of median)			Children Poverty line (Per cent of Median)			Elderly Poverty line (Per cent of median)		
		40	50	60	40	50	60	40	50	60
Denmark	1987	4.1	10.1	17.3	2.6	4.7	8.8	5.2	3.5	55.9
	1992	3.8	7.2	14.7	2.4	5.0	10.4	3.7	11.1	35.7
	1997	-	-	-	-	-	-	-	-	-
	2000	-	-	-	-	-	-	-	-	-
Finland	1987	2.6	5.4	11.2	1.5	2.8	6.4	2.8	11.9	31.7
	1991	2.6	5.7	11.2	1.2	2.3	5.5	3.6	13.9	30.9
	1995	1.6	4.2	9.2	0.6	2.0	4.6	0.6	5.6	18.3
	2000	2.1	5.4	12.4	2.8	2.8	8.0	1.1	8.5	24.8
Norway	1979	2.6	4.9	12.0	2.1	4.8	9.1	4.0	6.3	31.6
	1986	2.4	7.2	12.7	2.7	4.3	8.3	1.7	21.7	38.4
	1991	2.3	6.4	12.1	1.8	5.2	10.0	0.9	14.0	29.4
	1995	3.1	6.9	13.1	2.2	3.9	9.6	0.7	14.5	29.4
	2000	2.9	6.4	12.3	1.6	3.4	7.5	1.2	11.9	29.9
Sweden	1975	2.8	6.5	12.5	1.0	2.4	5.0	1.4	13.9	35.0
	1981	3.0	5.3	7.7	2.3	4.8	18.6	0.1	2.9	11.8
	1987	4.4	7.5	12.5	1.8	3.5	6.3	1.1	7.2	20.6
	1992	4.1	6.7	12.1	1.6	3.0	6.2	1.5	6.4	19.8
	1995	4.7	6.6	10.0	1.3	2.6	5.5	0.8	2.7	7.8
	2000	3.8	6.5	12.3	1.8	4.2	9.2	2.1	7.7	21.2

Table 15 shows that the poverty line for children increased in Finland and Sweden from 1987 to 2000, whereas it decreased in Norway.

3.3.2 Child poverty

Poverty among children is a special concern in all countries. Children cannot be held responsible for their situation in life, and the experience of poverty during childhood may adversely affect their cognitive and social development. Compared to other OECD countries child, poverty is low in the Nordic countries, where fewer than 4% of all children are poor. While several factors contribute to child poverty, two of the most important relate to whether children live with a single parent and whether parents are working or not (33).

Table 16. Poverty rates among children and household with children, by work status of adults. Percentage.

	Children	Families with children						
		Single parents			Two parents			
		Total	Not working	Working	Total	No worker	One worker	Two worker
Denmark	2.4	7.2	22.2	4.0	1.9	19.0	6.4	0.7
Finland	3.4	10.5	25.0	7.2	2.5	25.8	5.4	1.3
Norway	3.6	9.9	24.7	2.8	1.7	38.0	2.8	0.1
Sweden	3.6	9.3	34.2	5.6	2.0	13.7	8.2	1.1

Source: NOSOSCO.

In all countries, persons living in single parent households have a probability of falling below the poverty line that is more than three times that of couples with children. Where comparring at children where both parents work with those where only one parent does, it shows that having a job reduces the probability of households with children falling into poverty. (Table 16). This suggests that employment of parents is an important determinant of child poverty, but it is not the only factor. Poverty rates among households with children where no adult works vary across the countries, from 13.7 in Sweden to 38.0 in Norway. Both access to and the level of income support for families with children also matter.

Table 17. Distribution of children living in different income household.

Country	Year	‹ 50% median	50%-75% median	75%-150% median	› 150% median
Denmark	1987	4.7	13.7	69.9	11.7
	1992	5.0	16.1	71.7	7.2
	1995	-	-	-	-
	1997	-	-	-	-
Finland	1987	2.8	16.8	72.6	7.8
	1991	2.3	14.2	76.2	7.3
	1995	2.0	12.9	75.7	9.4
	2000	2.8	20.9	66.2	10.1
Norway	1979	4.8	15.2	70.3	9.7
	1986	4.3	17.6	67.9	10.2
	1991	5.2	17.8	69.6	7.4
	1995	3.9	18.8	70.1	7.3
	2000	3.4	16.4	71.2	8.9
Sweden	1975	2.4	12.8	75.6	9.2
	1981	4.8	11.7	75.6	7.9
	1987	3.5	11.8	77.4	7.3
	1992	3.0	12.3	75.3	9.3
	1995	2.6	11.2	78.9	7.3
	2000	4.2	17.8	67.4	10.6

Table 18. Poverty rates for children by family type.

Country	Year	All children	Two-parent family	Single mother	% of children living in single-mother families
Denmark					
	1987	4.7	4.2	7.3*	12.0
	1992	5.0	3.5	13.4	14.4
	1995	-	-	-	-
	1997	-	-	-	-
Finland	1987	2.8	2.4	**	9.0
	1991	2.3	1.9	5.8*	9.5
	1995	2.0	1.5	4.7*	11.0
	2000	2.8	2.1	8.1*	12.8
Norway	1979	4.8	2.6	16.6	10.9
	1986	4.3	1.9*	23.1	10.3
	1991	5.2	2.1	20.5	15.8
	1995	3.9	2.0	13.5	15.2
	2000	3.4	2.0	11.3	14.5
Sweden	1975	2.4	2.3	3.4	11.1
	1981	4.8	4.0	10.0	13.5
	1987	3.5	3.2	5.5*	12.5
	1992	3.0	2.6	5.7*	14.5
	1995	2.6	1.5	6.6	19.2
	2000	4.2	2.3	12.9	17.8

Table 18 shows that the poverty rate is much higher among children living with single mothers. The increase in the number of single parents has altered the picture of poverty as single parenthood is poverty risk in many countries. More women than men are single parents. Single parenthood is a poverty and deprivation risk factor especially among women since women's wages are lower than men's. Also, single parents do not benefit from many scalar advantages, especially those connected to housing. Expenses for child rearing are also easier to bear if there are two adults sharing them instead of one.

4. The labour force

Table 19. Total labour force as a percentage of population from 15-64 years in the Nordic countries.

	1974	1989	1993	1995	1998	2000
Denmark	76.6	83.4	82.6	79.4	80.2	80.2
Finland	72.8	78.0	73.7	73.6	73.6	75.2
Norway	68.6	78.7	76.5	77.6	81.1	80.7
Sweden	76.9	83.0	78.7	78.1	76.8	77.4

Source: OECD Historical Statistics 1970-2000 (p.38).

4.1 Women's labour force participation

In the Nordic countries, the growth of the public sector has removed part of the work in the family and has resulted in a high level of women's labour force participation (34). The entrance of women into the labour marked has mainly resulted in their filling a position in the steadily growing sector of public service occupations. Public service occupations first included health care workers, and later, in the 1970´s and the 1980´s, also workers in the day care sector and the social sector.

Table 20. Male/female labour force as a percentage of male/female population from 15-64 years in the Nordic countries.

	1974	1989	1993	1995	1998	2000
Male						
Denmark	89.9	89.5	86.9	85.1	85.0	84.3
Finland	80.4	81.8	77.4	77.1	77.2	78.2
Norway	86.7	85.9	82.0	82.9	86.0	85.0
Sweden	88.5	85.1	80.7	80.3	79.3	79.8
Female						
Denmark	63.2	77.3	78.3	73.6	75.3	75.9
Finland	*65.5*	*74.2*	*70.0*	*70.0*	*69.9*	*72.2*
Norway	50.0	71.2	70.8	72.2	76.1	76.3
Sweden	64.9	80.8	76.6	75.8	74.2	75.0
Male/female difference						
Denmark	26.7	12.2	8.6	11.5	9.7	8.4
Finland	14.9	7.6	7.4	7.1	7.3	6.0
Norway	36.7	14.7	11.2	10.7	9.9	8.7
Sweden	23.6	4.3	4.1	4.5	5.1	4.8

Source: OECD Historical Statistics 1970-2000 (p.39).

A characteristic feature in the Nordic countries is the high rate of women participating in the labour force. A strong focus on gender equity in public policy and generous public child-related leave arrangements and childcare services underlies high maternal employment rates. However, the fact is that women's labour force participation rates were already high before the increase of day care places. In the 1970´s and the 1980´s, most of the children were taken care of through other arrangements than the public day care sector (32).

Table 21. Women's labour force participation rates (and the percentage of part-time employment) in the Nordic countries, 1979-2000.

	1979	1983	1990	1994	1997	2000
Denmark	69.9 (46.3)	74.2 (44.7)	77.6 (36.7)	73.8 (26.7)	74.2 (24.7)	72.1 (23.5)
Finland	68.9 (10.6)	72.7 (12.5)	72.5 (10.4)	69.8 (11.2)	71.1 (10.2)	64.5 (13.9)
Norway	61.7 (51.7)	65.5 (54.9)	70.7 (47.1)	71.3 (37.4)	75.6 (36.8)	74.0 (33.6)
Sweden	72.8 (46.0)	76.6 (45.9)	82.3 (41.3)	74.6 (24.9)	74.5 (22.6)	72.3 (21.4)

Source: The OECD employment outlook 1995,1999, 2001. NOSOSCO 23:2004 (p.15).

Table 21 shows the development of women's labour force participation rates and the share of part-time employment of the total female employment. The structure of the labour force in Finland is different from that of the other Nordic countries. In Finland, part-time employment has always been less common although the labour force participation level is almost at the same level in the other countries. In Denmark, Norway and Sweden, there is a strong tradition of part-time work, especially within the public sector. Part-time work is more common for mothers with children below 6 years than for mothers with older children. The rate of part-time work is highest among mothers with low and medium levels of educational attainment while those with higher education are more likely to be working full-time (33).

4.2 Unemployment

Most unemployed people in the Nordic countries are entitled to cash benefits. In Norway, unemployment insurance is compulsory, in Denmark, Finland and Sweden insurance is voluntary, but the unemployed are entitled to cash benefits. In addition to unemployment benefits, all the Nordic countries offer other forms of cash benefits to the unemployed, e.g. in connection with job training and activation (35).

Table 22. Labour market – unemployment – standardised unemployed rates: total. As a percentage of civilian labour force.

	1991	1995	2003
Denmark	7.9	6.8	5.6
Finland	8.7	15.2	9.0
Norway	6.0	5.5	4.5
Sweden	3.1	8.8	5.6

Source: OECD Factabook, 2005.

After the early 1990´s, Finland faced a severe recession with very high unemployment rates, and still in 2003, the Finnish unemployment rate of 9.0 per cent was above rates in the other Nordic countries. The unemployment rate has fallen since 1995 in all Nordic countries.

Table 23. Standardised unemployment rates: men and women. As a percentage of male/female civilian labour force.

	1991		1995		2003	
	Men	Women	Men	Women	Men	Women
Denmark	7.3	8.6	5.7	8.1	5.3	5.9
Finland	8.0	5.2	15.4	15.0	9.1	8.8
Norway	6.5	5.5	5.7	5.1	4.9	4.0
Sweden	3.4	2.8	9.7	7.9	6.0	5.2

Source: OECD Factabook, 2005.

Only in Denmark did the unemployment rates of women exceed those of men.

5. Social assistance

In all Nordic countries, social assistance is granted, if all other support options have been exhausted. It is either given as a replacement for other personal income or as a supplement to low income. The assistance is individual and granted according to need to meet the cost of living. Social assistance is taxable in Denmark, but tax-free in the other countries. This indicator can also be used as a poverty indicator to measure the size of population having financial hardship (36).

Table 24. Social expenditure. Percentage of GDP.

	Denmark	Finland	Norway	Sweden
1995				
Total				
Families and children	4.0	4.2	3.8	4.0
Unemployment	4.8	4.6	1.8	3.9
Sickness	5.8	6.8	7.1	7.6
Old age	12.3	9.2	8.6	12.3
Disability	3.5	4.7	4.0	4.3
Survivors	..	1.2	0.4	0.9
Housing	0.8	0.5	0.2	1.2
Other social expenditure	1.4	0.7	1.0	1.0
2002				
Total	29.1	25.6	25.8	31.3
Families and children	3.9	3.0	3.1	3.2
Unemployment	2.7	2.5	0.7	1.7
Sickness	6.1	6.4	8.8	8.4
Old age	11.0	8.4	7.4	11.7
Disability	3.7	3.4	4.6	4.3
Survivors	0.0	1.0	0.4	0.7
Housing	0.7	0.3	0.2	0.6
Other social expenditure	1.1	0.6	0.6	0.7

Source: NOSOSCO

Table 24 shows that the social expenditure varies from country to country.

5.1 Child support

All Nordic countries has a package of tax benefits, cash benefits, exemptions from service charges, subsidies and services in kind, which assists parents with the cost of raising children. The most important child support elements in the Nordic countries are parental leave, taxation, child benefits, child support and childcare arrangements (32).

5.1.1 Parental leave schemes

The aim of the parental leave system is to compensate families for their loss of earned income when caring for small children. All Nordic countries have established policy measures aimed to facilitate the combination of occupational activity and family obligations as well as to stimulate more equally shared responsibility for care and household work within the family. About forty years ago, the length of the maternity leave was only 4 weeks in Denmark, 6 weeks in Finland and 12 weeks in Norway and Sweden. In Finland, it was first a lump sum benefit and a flat-rated benefit in other countries. In all countries, the length of maternity leave increased decade after decade, being longest in Sweden throughout and shortest in Denmark (32).

Table 25. Rules governing parental leave payments, 2001.

	Denmark	Finland	Norway	Sweden
Maximum number of weeks in which parental leave is payable (labour force)	32	44	52[1]	64
Amount of parental benefits as a percentage of income from work.	100	Normally 70	100/80	80
Maximum weekly compensation	3.438 DDK		6.561 NOK	5.567 SEK
Benefit taxable?	Yes	Yes	Yes	Yes
Outside the labour force Maximum number of weeks in which parental leave is payable	32	44	No recurrent payment	Approx. 64
Benefit taxable?	Yes	Yes	Yes	Yes

[1] 42 weeks at a compensation level of 100% or 52 weeks at a compensation level of 80%
Source: NOSOSCO 2003. NOSOSCO 23-2004 (p.16).

In all countries the benefit is based on previous earnings. In Denmark, one must be affiliated with the labour marked in order to receive the benefit. In the other three countries, people who are not affiliated with the labour market also qualify for a benefit. In Finland and Sweden, however, only a small amount is awarded, and in Norway, the benefit is a non-recurrent payment.

The compensation level is lowest in Denmark and highest in Norway. In Finland, there is no upper limit to the level of the parental leave benefit. However, for the part of incomes above EUR 36 271 per year, the compensation is only 25 per cent. The maximum parental leave benefit is highest in Norway (36).

Besides parental leave, all countries, except Denmark, have introduced extended leave schemes, which means that one of the parents can take care of the child at home until the child turns three years of age (while his/her job remains secure). In Denmark, parents with children under the age of nine were in 2001 entitled to child-minding leave from 6 to 26 weeks. This leave period may be prolonged to 52 weeks in agreement with the employer. From 2002, the parental leave scheme was extended to one year, and it will no longer be possible to use child-minding leave. In all Nordic countries, parents are to some extent entitled to stay at home to mind sick children. In Norway and Sweden this right is governed by law, and in Finland and Denmark by collective agreements (36).

Paid parental leave is an example of a family policy institution with considerable potential to affect the capabilities of mothers to engage in paid work, as well as the possibilities of fathers to participate in the daily care of small children (37). Although the legislation makes it possible for fathers to participate in childcare, only a minority of fathers use this right more than a few weeks. It seems that parental leave is still very gender-oriented and most of the Nordic countries have introduced new kind of incentives for fathers to take parental leave more easily.

5.1.2 Child cash benefits and child support

The concept of child support includes non-income-related child benefit, income-related child benefit and child support, payable to single parents by the non-residential parent.

Child allowance is the only element of non-income-related benefit. The child allowance is both quantitatively and principally a very important element of family policy in the Nordic countries. The allowance is tax-free and independent of parents income. In Denmark and Norway, the allowance is payable until the child reaches the age of 18, in Finland and Sweden until the child reaches the ages of 17 and 16, respectively. The child allowance is indexed only in Denmark. In all countries, the child allowance is financed by the central government. In all countries, except Sweden, a special child allowance is payable to single providers. Being tax-free benefits, child allowances form a larger proportion of the total income of low-income families compared to those with medium or good incomes. In the Nordic countries, child allowance is specifically a universal benefit, and eligibility is based solely on nationality or residency in the country.

Child maintenance support is guaranteed in all Nordic countries. As a general rule parents are obliged to provide for their children. For children whose parents do not live together, a maintenance allowance will normally be payable by the parent not living with the child. The residence municipality covers this benefit for women whose children are not legally confessed, or in case the parent liable to provide maintenance fails to pay the maintenance.

The number of children receiving maintenance allowance advances of the population under 18 years has not varied much in the Nordic countries during the past decade. In Denmark, the share has been about 14 per cent, in Sweden about 14 per cent, in Norway between 12 and 15, and in Finland about 10 per cent.

5.1.3 Childcare

All Nordic countries have updated their legalisation on day care (Denmark 1964, Finland and Sweden 1973, Norway 1975), either by obliging local governments to create a large number of day care places or by supporting them to do so.

Table 26. Day care services in the Nordic countries.

	Right to day-care	Percentage of children aged 0-6 in public day care			
		1990	1995	2000	2001
Denmark 1995	All children aged 1-5 were entitled to public day-care	61	68	77	78
Finland 1990	Subjective right to day care for children under 3 years	44	39	49	50
Finland 1996	The subjective right was extended to include children from 3-6 years				
Norway[1]	No explicit right to day care except for handicapped children	33	44	52	54
Sweden 1985	All children aged 18 months to 6 years were to entitled to day care places by 1991	48	59	68	66

[1]Norway: years 2000 and 2001 cover ages 0-5.

Source NOSOSCO 23:2004 (p.20-22).

Table 26 shows that Finland and Sweden introduced the principle of universalism in day care in the 1990´s. This means that all children have right to day care place, and this is not related to whether the parents are employed or not. Norway is the only country that has not introduced the subjective right to day care. The coverage of day care is high in Denmark and Sweden. The coverage is lowest in Finland, where the home care allowance and private child care allowance are an alternative to municipal day-care. The number of children who are covered by day care schemes varies from one country to another. One of the reasons is the extent of the unemployment (37).

6. Families in the Nordic countries

A characteristic feature of Nordic families is that there is a relatively high number of single parents, close to 20 per cent.

6.1 Single parents

Trends concerning families are very alike in all the industrialised countries. Families have become smaller; there are fewer marriages, more cohabitation and more divorces. The proportion of single parents has increased. The family is affected by economic and social policies, for instance via the standard of living, the opportunities for women to participate in the labour market etc.

There are strong links between demographics and the economy, particularly as far as the labour market is concerned. Single parents are more likely to have paid jobs if they are older and have fewer or older children. However, the relationship between demography and employment is more complex. Older single parents with fewer children may have preferred to educate themselves and the reason for their better employment status is their higher education level rather than their age or number of children (38). Another explanation is that women may, as a consequence of postponing childbearing, end up having fewer children than initially wanted.

Table 27. Single parents as percentage of all families with children 1990-2001.

	1990	1996	1998	2001
Denmark	18	19	18	19
Finland	14	18	19	20
Norway	20	22	22	20
Sweden	18	19	20	20

Source: NOSOSCO 1990-2003.

In a ten-year perspective, Finland has experienced the highest increase in the share of single parent families. In 1990, of all Finnish families with children the share of single parents was only 14 per cent. In 2001, the proportion was 20 per cent, which is a higher rate than in Denmark. The share of single parent families in Denmark has remained stable during the 1990´s.

The growth in proportion of children born out of wedlock is a good indicator that childbearing is no longer linked to marriage. The increase in births out of wedlock is closely linked to the growth in cohabiting parents, rather than to single parents. The statistics do not take into account that many cohabiting parents marry after the birth of their first child. However, the rate of single parenthood has also increased. It is, however,

higher divorce rates, rather than the growth in extra-marital births, which have led to the increased incidence of single-parent families in most countries (36).

Table 28. Births out of wedlock.

	1970	1980	1990	2000
Denmark	11.0	33.2	46.4	44.6
Finland	5.8	13.1	25.2	39.2
Norway	6.9	14.5	38.6	49.6
Sweden	18.6	39.7	47.0	55.3

Source: Recent Demographic Developments in Europe. The Council of Europe 2003. http://www.coe.int/t/e/social_cohesion/population/demographic_year_book/

Single parenthood is universally a gender phenomenon. Most of the single-parent families consist of a single mother and children, after a divorce or separation. The proportion of single fathers is highest in Sweden, where 23 per cent of the single-parent families were headed by a man. In Denmark, Finland and Norway, the share of single fathers was 12-13 per cent. Rowlingson (2001) argues that single fathers are more common in countries where most typical routes into single parenthood are through widowhood (38). However, in the Nordic countries, widowhood does not play a central part in explaining the routes into single parenthood (39).

7. Organisation and responsibility for the health sector

Denmark

Responsibility for the health services is much decentralised. The main principles are that the state is responsible for legalisation, supervision and guidelines. County authorities (amt) are responsible for hospital services, health insurance and special nursing homes. Municipalities are responsible for health care, home nursing, nursing homes, child and school health care services. County authorities and municipalities have the operational responsibility.

In the event of ordinary illness, the use of the health service is based on family doctors. The primary contact is always in principle with the general medical practitioner. One can only use the hospital services as an alternative in cases of emergency.

Health care during pregnancy is the responsibility of the county authorities in Denmark. All pregnant women are offered regular examinations according to need, with a general medical practitioner, a specialist or a midwife.

Child health care is provided according to the Act relating to health visitors and is organised by the health administration of the municipalities. Children's health examinations are carried out by general medical practitioners who have a contract with the health insurance scheme. Immunisation programmes are laid down by Ministry of the Interior and Health and are implemented by general medical practitioners, for example during health examinations.

Advice concerning family planning is also provided as every person or family is entitled to receive advice on questions of family planning. Advice is given either by a general medical practitioner or by a special department (usually outpatient clinics). Midwives and health visitors may also, within their range of competence, advice families. As a general rule, contraceptive products are not subsidised.

The hospital service is placed organisationally under the counties and the Joint Metropolitan Hospital Service. The counties own most of the hospitals. Specialist hospitals are not organised separately. There are no health centres or similar institutions with hospitals beds in Denmark.

As a rule, patients have free choice of hospital where they wish to receive treatment. If the waiting list for treatment at a public hospital is more than two months, the patient can, according to the so-called extended free choice arrangement, choose to receive treatment at a private hospital or a hospital abroad that has contact with the county in which the patient is resident.

Finland

Municipalities have responsibility for health services. They are responsible for guidance and preventive health care, including antenatal care, child and adolescent health, health education, family planning and other reproductive health services, health check-ups and screening, medical treatment, including examination and care, medical rehabilitation and first aid. General medical treatment is provided in health centres, in inpatient departments or as home nursing care. In addition, municipalities must provide services for people who are mentally ill.

Municipalities are also required to provide ambulance services and to ensure that occupational health services are established. In many municipalities, social welfare and health services have been integrated in recent years. Physicians working in health centres are usually specialists in general medicine care. In the public health service system, patients need a referral for specialist treatment, except in the case of emergency. In private clinics, the physicians are mostly specialists. Patients need no referral to visit these private specialists. Specialised central and regional hospitals are run by groups of municipalities (central hospital districts).

Norway

The system of health care provision in Norway is based on a decentralised model. The state is responsible for policy design and overall capacity and quality of health care through budgeting and legalisation. The state is also responsible for hospital services through state ownership of regional health authorities. Within the regional health authorities, somatic and psychiatric hospitals, and some hospital pharmacies, are organised as health trusts.

Regional health authorities and municipalities are formally free to plan and to run the public health services as they like. However, in practice, their freedom to act independently is limited by resources available.

The municipalities are responsible for primary health care, including both preventive and curative treatment such as: promotion of health and prevention of illness and injuries, including organising and running school health services, health centres, child health care provided by health visitors, midwifes and physicians. Health centres offer pregnancy check-ups and provide vaccinations according to the recommended immunisation programmes. Diagnosis, treatment and rehabilitation include responsibility for general medical treatment, physiotherapy and nursing (including health visitors and midwifes).

Municipalities are responsible for running nursing homes and other services such as the home help service. The health services in and outside institutions are, to varying degrees, organised jointly within the same municipal department for treatment and care. Health services and health care personnel are regulated by current legalisation.

Sweden

The most important act is the Health and Medical Services Act. Other important acts include the Act concerning Active Health personnel and the Act Concerning Injuries to Patients.

In Sweden, the primary health care is run by 18 county authorities and three regions. Primary health services include health centres with general medical practitioners, mother and child centres, district nursing health care, district physiotherapy, home visiting and community dental services. The purpose of the primary health service is to promote public health within a geographically defined area.

School health services, home help and environmental health all come under the municipalities, which also are responsible for the local nursing homes and part of the home nursing service.

The National Board of Health and Welfare issues recommendations for immunisation of children.

Privately produced, but publicly financed health care, is provided on a limited scale. The hospitals are run by the county and regional authorities. The country hospitals comprise both more specialised hospitals covering the whole county and hospitals covering only part of the county. Medical treatment is provided in most areas of specialisation, partly in hospital departments, partly in outpatient clinics.

For more information about the organisation of health services, please refer to:

"Heath statistics in the Nordic Countries 2003. Theme Section Children's Health". NOMESCO 73:2005

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