

GÖRAN TEGNER

Social Security  
in Sweden

368.409485

T 232 S

T 232 S



**INDIAN INSTITUTE OF  
ADVANCED STUDY  
SIMLA**

*Abdul Mujib*

---

GÖRAN TEGNER

1. 1. '62

Social Security  
in Sweden

**CATALOGUED**

**DATA ENTERED**



GÖRAN TEGNER

# Social Security in Sweden

FROM THE SWEDISH MANUSCRIPT

BY RUDY FEICHTNER

TIDEN

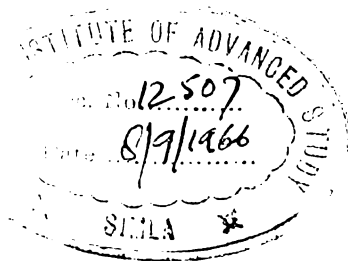
THE SWEDISH INSTITUTE

THE AUTHOR IS SOLELY RESPONSIBLE FOR THE OPINIONS EXPRESSED  
IN THIS BOOK

THE AUTHOR IS INDEBTED FOR THE KIND COLLABORATION OF MR. ERNST  
MICHAENEK OF THE MINISTRY OF SOCIAL AFFAIRS, LABOUR AND HOUSING  
ON CERTAIN PARTS OF THE BOOK

73

25/12



368 409 485

1 S



Library IAS, Shimla



PRINTED IN S

00012507

*Almqvist & Wiksells*

BOKTRYCKERI AKTIEBOLAG

UPPSALA 1966

## CONTENTS

Swedish Social Welfare: Traditions and Aims. . . . .	7
Family Welfare Policy . . . . .	15
Medical and Health Services . . . . .	41
The Social Insurances . . . . .	60
Housing: Problems and Policy. . . . .	83
Care from the Dawn to the Sunset of Life . . . . .	105
How Much Does It All Cost? . . . . .	125
How Swedes Live. . . . .	130





## CHAPTER I

### *Swedish Social Welfare: Traditions and Aims*

Social policy in the sense of responsibility for individual welfare and care of the destitute and sick is deeply rooted in Swedish tradition. As early as the Middle Ages there were provincial laws prescribing the duty of children to provide for old and sick parents. After the introduction of Christianity, the churches and monasteries began to maintain widespread charities. The role of the Church in this work was more specifically defined in a national law of 1686, which required parish priests to work towards the building of poorhouses and infirmaries. The first acknowledgement of direct public responsibility came in an edict of 1763, whereby aid to the poor came to be administered by the local authorities. Mention must also be made of the solicitude for employees shown by certain sectors of pre-industrial Swedish enterprise; some mining companies, for example, ran their own sick benefit funds and infirmaries as early as the 18th century.

However, these various forms of charity proved woefully inadequate to meet the needs created by the great agrarian and industrial upheavals of the 19th century. Within Swedish agriculture, a largely proletarianized peasantry developed as the result of rapid population increase in the first half of the century, followed by terrible crop failures in the Sixties. As suffering mounted, public assistance became a pressing question. It was also a question full of controversy, which is partly reflected by the succession of one Poor Law after the other during this period.

The situation might have become chaotic if the full force of the Industrial Revolution had been felt earlier in Sweden. As late as

1850, only 10% of the population were employed in manufacturing and mining. And when modern industrialism finally did come in the 1870's, Sweden was fortunately spared its familiar "growing pains": slum housing, child labour and unhygienic living conditions. Part of the reason was industrial location from the very beginning chiefly in rural areas. The picture of grimy factory towns swelled by an influx of cheap farm labour is virtually unknown in this country. Today's pattern is the "industrial community", in which many of the worker's non-occupational interests are looked after by a paternalistically minded enterprise.

Thus the social problems created by industrialization have never been as acute or widespread as in many other countries. Significantly enough, employers took the initiative on behalf of the first labour law, which prohibited work in factories and workshops of persons under 18. It was passed in 1852—long before the working class had organized to further its economic and political interests. Indeed, all measures of social welfare at this time were sponsored by liberally minded mercantile and industrial interests.

As industrialization rapidly spread, the need for more social legislation kept pace with it. Several of the measures enacted in a later day, such as workman's compensation, were anticipated in the public discussions of the Eighties. In 1889 a law for protection against occupational hazards was enacted—to be replaced by a new industrial accident insurance law in 1912. The employment of young women workers in industry was subject to a code introduced in 1900.

Other groups of society were soon to benefit from enlightened legislation. In 1902, the treatment of foster children was made subject to State regulation. And a new Poor Law, passed in 1918 after an unprecedented debate, abolished alms in favour of fixed cash benefits.

A first step towards solving the problem of old-age security



The future of society lies with its children: they must be given the opportunity to grow up in spacious modern dwellings and healthful environments, not in dingy yards and sordid back alleys. This is a main goal of Swedish social policy, one which has been largely realized round the country in the last two decades. (Photo: Tage Ulmerudh)

came with the passage of a pensions act in 1913. Though the retirement benefits were modest and the law itself far from perfect, the idea that society bore responsibility towards its aged members had won general acceptance, and has never been seriously challenged since.

The emergence of trade unions at this time gave labour its opportunity to articulate many long-felt demands with one voice. As early as 1901 a law was enacted requiring employers in certain industries to indemnify workers who suffered accidents on the job. A form of general insurance against industrial injuries was provided in a law of 1916. After winning its fight to secure compensation for industrial accidents, labour won another big victory in 1919 when the eight-hour day was put on the statute books. In 1928, the State officially recognized collective bargaining and set up a Labour Court to arbitrate disputes.

Over in the field of child welfare, the status of illegitimate children was defined by a law in 1917, and a far-sighted Child Welfare Act was passed in 1924. It was also during these first few decades that the present outlines of Sweden's famed public health services assumed recognizable shape: new general hospitals and infirmaries were built, and old ones repaired on a large scale.

These developments were paralleled by initiatives by private organizations to spread the cost of medical care in the form of voluntary health-insurance societies. However, these costs have for a long time been borne to a considerable extent by public funds, hospitals and medical services having been looked upon as public tasks for centuries. As membership in the voluntary health-insurance societies steadily increased from the end of the 19th century on, efforts were made to incorporate them into a national health insurance program. A first attempt in this direction failed in 1919, but after many years of debate national health insurance finally went into effect on January 1, 1955.

Swedish social welfare entered a new phase after the Social-Democratic Party took over the government in the autumn of 1932. The focus of attention was now concentrated on two problems that had been largely neglected up to that time: housing and family welfare.

To begin with, public attention was called to the serious trend of the Swedish birth rate, which had been falling uninterruptedly since 1910. About 135,000 children were born each year towards the close of the 19th century; by 1933 the number of births had fallen to 85,000 and the corresponding rate, 13.7, was almost the lowest in the world. The nativity curve then rose up to 1945 with more than 135,000 births, but since then it has been falling steadily. The 107,000 children born in Sweden in 1954 represented a birth rate of 14.6. The findings of several parallel investigations had shown that married couples were deliberately limiting the size of their families because of various socio-economic factors: insufficient income, fear of unemployment, the high cost of raising children, overcrowding in small flats, etc.

It was therefore concluded that marriage and births could best be stimulated by improving living conditions and compensating families in various ways for the added expense of raising children. Thus was born Sweden's renowned family policy—a policy to which all political parties rallied in support and which eventually proved to be the key to unanimity on other costly social reforms of grand design. Today, Sweden's political parties no longer argue over whether or not to have social security; their debates in this field are mostly confined to such aspects as how quickly reforms should be enacted, how much they should cost, and where the money is to come from.

The chronic problem of unemployment was also brought to a head during the Depression of the Thirties. In the previous decade unemployment had been the most hotly debated domestic issue, and even led to several changes of government. A new national

policy was adopted in 1933 by the Social Democrats, who launched a large number of public works projects in order to stimulate the economy. At the same time, social attitudes towards the jobless were completely reappraised. By the beginning of World War II, however, unemployment dwindled to almost nothing—since then, it is more accurate to speak of virtually uninterrupted full employment. Peaceful industrial relations have been assured by voluntary agreements between labour and management. The State does guarantee minimum provisions in the form of laws on industrial safety, compulsory three-week holidays, etc., but in all other respects it acts as a benevolent umpire. This booklet, however, is not concerned with the more detailed problems of industrial or labour relations.

Turning now to the field of housing, we find some evidence of central planning as far back as the 1870's, when laws were passed specifying minimum building and sanitation requirements. These laws are credited with having prevented the formation of new slum quarters in the cities. However, the State did not really take an active part in housing until 20 years ago, when surveys showed that certain underprivileged sections of society lived in substandard dwellings. These disclosures led to a series of government measures, expanded and perfected during the Forties.

Administering the social security program is largely the responsibility of State and municipal agencies. The popularly elected provincial councils, for example, operate the public health services. The State grants loans and subsidies, sets up general objectives, and gives advice and instructions on the organization of social welfare and assistance. All the practical details are left to the local authorities, which is in full keeping with the long traditions of political independence they have enjoyed; in this work, they receive the whole-hearted support of civic-minded laymen. Unlike the situation in many other countries,

organized religious and private charities in Sweden play only a minor role in the implementation of social policy.

The Swedish social security program should not be regarded as a perfected and coherent system. It would be more realistic to view it as a building around which new scaffolds are continually being raised for the carrying out of repairs and extensions. This might seem to suggest that the builders do not have a basic blueprint to work from, but such is not the case. For as social policy in Sweden is formulated today, it is no longer merely a means of mitigating extreme need of suffering, but also an instrument for the suppression of inequalities. As such its effects are not only social, but also economic; the socio-economic nature of much of today's national planning is nowhere more evident than in the State's housing, unemployment and agricultural policies. Today's social security programme is far removed from the paternalistic system of an earlier day, and the "help to self-help" system of more recent times—it is a broadly conceived policy for the achievement of defined objectives, for the avowed recreation, so to speak, of the entire society. And in a pluralistic society such as Sweden is today, social policy has developed into a vested interest for strongly organized groups, particularly those representing labour and management.

Now that the worst inequalities in Swedish society have disappeared, efforts are being made to abolish the remainder by a general redistribution of income. This guiding principle is indeed the most distinctive feature of social policy in its present phase, and may be regarded as the 20th century institutionalization of the old Biblical admonition, "Bear ye one another's burdens". It finds application in the system of social insurance, in which the normal financial risks of illness, disability, unemployment and old age are shared by the people as a whole. These insurances have been aptly termed the "concrete foundations" of Sweden's level of living—in other words, should misfortune strike an in-

dividual, he can fall only so far, and no farther. Another application of this principle, certainly, is the policy of full employment which has been actively pursued since the end of the war.

Several shifts in emphasis have become discernible in recent years. Thus, the growth of the more inclusive social insurances has increasingly done away with the need for means tests in specific cases, as in poor relief. Further, the preventive aspects of social welfare are currently stressed, as witnessed by the free mother and infant welfare centres, free school lunches, the national dental service, school health programs, etc. All of these have a common aim: to *build* better, healthier and stronger human beings.

Another shift in emphasis is from the general to more individual care. This is largely in response to the highly differentiated needs arising in an industrialized urban society such as Sweden is today (65% of the population live in cities and towns). The services currently available are very modest in scope, however, and include municipal family counselling bureaus, child guidance clinics, and a few other advisory services. Their popularity is evidence that many persons still have personal problems to contend with, despite all the economic and social safeguards they enjoy. The need for more individualized treatment is also recognized in the recent lively press and radio discussions on the meaning of happiness, job satisfaction, the well-rounded life, etc. It would seem that the course of Swedish social policy, which started out on its long journey years ago by stressing the welfare of the individual, has now come full circle. It will indeed be very interesting to see what role this current trend will have on the formulation of future policy.



## CHAPTER II

### *Family Welfare Policy*

How to make life easier for the family with many children has been a major concern of the Swedes ever since the mid-1930's, when people first woke up to the fact that many large families were living in wretched conditions. It seemed to the majority of Swedes vastly unfair that people should have to live in these conditions just because they had children. Opinions varied as to the best means of assisting such families, some people advocating help in kind and some in money. In the 1930's the general feeling was that help should be given in kind, and that society should contribute towards providing large families with decent housing, subsidised by the State, good, nourishing food, a cheap health service, and cheap clothing, food, etc. This kind of assistance was considered by many to be cheaper and more effective, even more wholesome, than direct grants of money. Discussions on this issue were resumed in the Forties and have now been stimulated by new demographic studies made in the middle Fifties.

The Swedish State, however, decided that there was no need to draw any absolute hard and fast line between help in kind and help in money. Investigations carried out at various times and differing levels have provided a good over-all picture of Swedish family life, its needs and desires. It is on the basis of these investigations that Sweden has formed her family policy. And it is expressly pointed out that such a policy must be fluid and elastic enough to meet all kinds of conditions and varying needs. It is closely linked to all the numerous State-run institutions set up for the public benefit, such as schools, hospitals,

child welfare centres, communal laundries, etc. Monetary help to a family would simply not be able to replace the benefits many of these institutions now offer. This kind of institutional benefit, however, does not occupy a central place in Swedish family welfare policy, and it is not intended to "collectivise" the home or its functions. The focal point is still the family unit, and the real object of all family legislation is reverence for the family and a desire to keep it whole and intact.

In some cases, of course, assistance has taken the form of direct monetary aid, as, for instance, in the child allowances and rent rebates. Examples of help in kind are free school meals, school health service, mother's centres, etc.

One of the more significant family studies was carried out by a Royal Commission of Inquiry in 1954-55. Its findings clearly showed that families with children still had a far lower level of living than childless couples and unmarried persons, in spite of all the sweeping family legislation of the past 20 years. In fact, the differences were larger than the general public had ever imagined.

Besides becoming welfare-conscious, the Swedes also became population-conscious in the 1930's, and the alarm was sounded that the birthrate was too low to guarantee a reasonable rate of increase. There was much discussion as to the different methods which should be adopted to stimulate marriage and encourage the birth rate. The general attitude to this question has now changed, however, and emphasis is placed not so much on raising the birth-rate as on giving everyone in general, and families of children in particular, a higher level of living—in other words, a definite family welfare policy. This policy endeavours to adjust the balance more evenly between the childless and those with many children, and to spread the burden more equally among all classes of society. Family welfare policy is not definitely fixed, but the majority of its measures are already well estab-

lished while others are still in the experimental stage or under discussion. Sweden's willingness to test and retest results is typically illustrated by the appointment of the 1954 Royal Commission (see above) to study how family policy was operating in practice. Its final report, issued in the autumn of 1955, is now the subject of widespread debate. Powerful groups are demanding new and energetic measures, mostly financial in nature, to equalize the difference in living levels between large families and the childless. An attempted systematic survey shows the following:

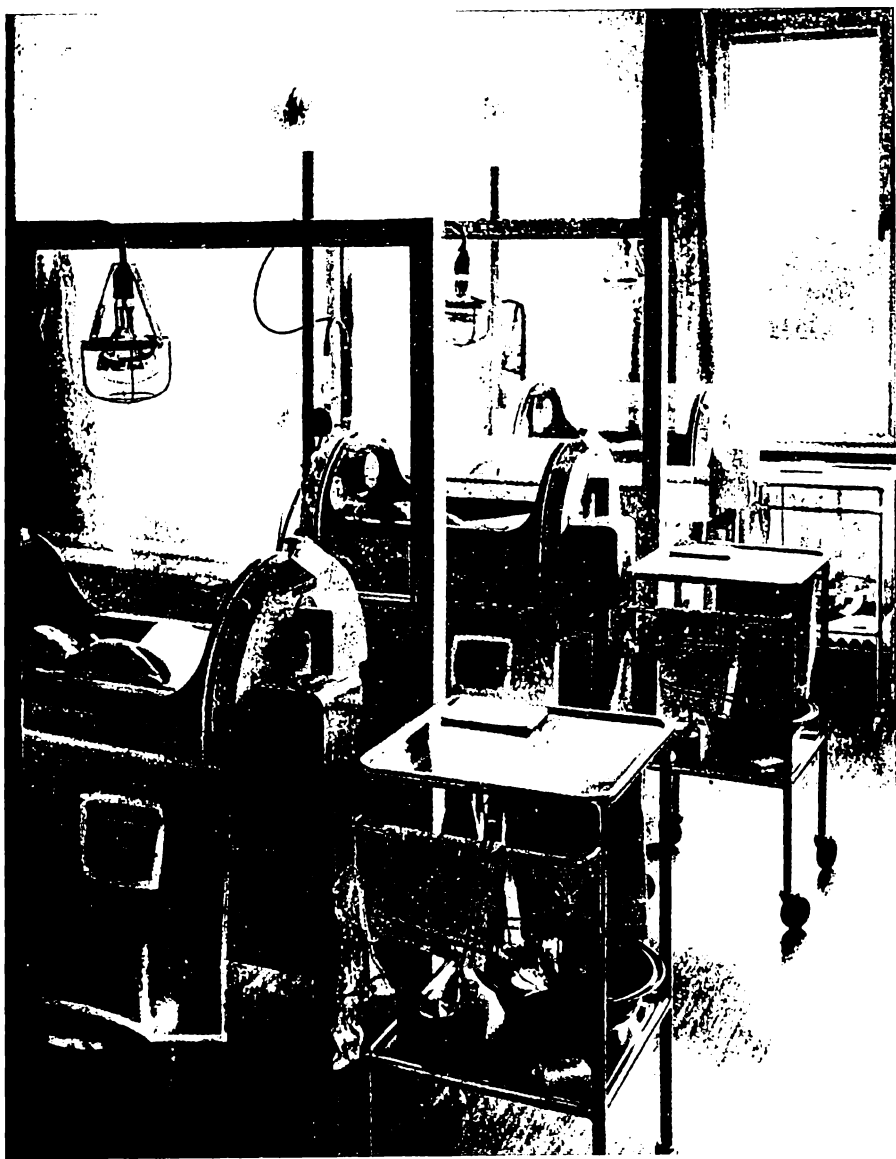
It is *illegal in Sweden to dismiss women employees* who get engaged or married. If a woman has been working for an employer for a year, she may not be dismissed if she becomes pregnant or has a child. Every woman, in the event of pregnancy or childbirth, is entitled to be absent from her job for a maximum period of six months. The law also forbids a woman to work in factories or do other heavy work for 6 weeks after childbirth.

State assistance measures start at an early stage—just as soon as a young couple decide to get married and found a family. The State issues a loan up to max. kr. 3,000 for the setting up of the home. Unmarried mothers are also eligible for these loans. Interest is payable by the borrower who need not, however, put up any collateral. All that is asked is that couples give references of good character and financial reliability. As a rule, the loans must be repaid within 5 years. It is not necessarily used only for the purchase of furniture, but also for utensils and equipment. More than 20% of all the newly-wed couples in Sweden receive these loans. Results have been most encouraging—the young couples have used the money sensibly and loss of money by the State has been negligible.

One of the most important factors in the making of a happy home is that the wife should be a good housekeeper. For this reason Sweden pays a good deal of attention to *domestic training*



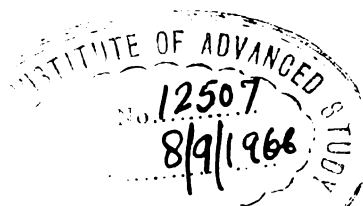
More than 95 % of Sweden's mothers have their babies in modern hospitals. The expense of delivery and all incidentals is covered by health insurance, which means that motherhood need not be the beginning of economic insecurity. Skilful doctors and high-grade equipment combine to ensure the best possible care. (Photos: Foto-Hernried)







Mothers are given valuable peace of mind by having their children examined free of charge at infant welfare centres, which are situated in all parts of the country. (Photos: Lennart Nilsson and Martin Nyberg)



for women, including housework, cooking, child care, sewing, etc. There are about 400 municipal training centres in Sweden where this kind of instruction is given. At the moment, domestic science instruction is undergoing a rationalisation process, and State-trained special instructors now teach their own particular subjects. In the new 9-year comprehensive school, which is successively being introduced, boys as well as girls will learn domestic science.

Special measures are adopted to give women *care and protection at childbirth*. Medical centres for mothers and children, under the auspices of trained doctors and midwives, have been established all over the country, partly financed by the State. Expectant mothers here get free medical examination and advice, and after the baby is born, the baby is also examined and treated free of charge. The object of this is to ensure that all children under school age will get their health regularly checked up. In 1954, 99% of the population benefited from the organization as a whole, 75% of all the expectant mothers in Sweden were under medical control, and 95% of the new-born babies.

*Natal care* in Sweden has been very cheap the past few decades. Since 1938, the cost of confinement is only one krona per day for patients in public wards. On the average it doesn't cost a family more than 10 kronor per delivery. An increasing number of women are giving birth to their children in modern Swedish natal clinics. In 1918 over 90% of the babies were born at home, and 10% in hospitals; today the figures are reversed. With the introduction of national health insurance on January 1, 1955, all natal care in Sweden is given free of charge.

As part of the new insurance system, mothers are entitled to special *maternity benefits*. (See page 75.) In addition, *maternity grants* are made to pay for the mother's and children's clothes and other expenses occasioned by childbirth. The maximum grant is 600 kronor for single births and 800 kronor for twins;



the average sum paid out, however, is 300 kronor. To qualify for maternity grants, mothers must pass a means test and give evidence that they are really in need of them. Originally set up at the end of the Thirties, maternity grants were up to 1955 mostly paid out in kind. They are now payable in cash, though some exceptions are made, as in the case of dental treatment. About 4,500,000 kronor is set aside each year for these grants.

*Abortion* is a serious problem in most civilized countries, and Sweden is no exception. Counter-measures adopted show that the problem is regarded with both realism and sympathy. In its essence, abortion is a form of birth-control and must be looked on from the angle of the population problem as a whole. Some years ago illegal abortions in Sweden were estimated at about 16,000 a year. It is easy to see how serious the problem is. As far back as 1938, Sweden passed a law allowing abortion to be carried out by a recognized doctor on medical, eugenic or humanitarian grounds. This law was amended in 1946 to include legal abortion on so-called socio-medical grounds, i.e. on account of "predisposed weakness". Abortion on purely social grounds is still illegal. It stands to reason that the number of legal abortions has greatly increased since the law of 1946. About 440 abortions were performed in 1939 as against 4,700 in 1954 (the number of live births in Sweden that year was 107,000). Most of the women undergoing abortion are worn out, tired and neurotic, and many live in sordid conditions, weighed down by drink, poverty and overcrowded living conditions.

No doubt the increase in the number of abortions also has something to do with the special Counselling Bureaus which have been set up in certain towns. In 1955 there are 15 such Bureaus under the control of qualified doctors and social workers, whose function it was to give advice to women seeking abortion. Up to date they have been found to fill a very definite need and have been most successful in coming to terms with the

desperate women seeking their aid. It is reported from Stockholm that while nearly 50% of their clientele used to go straight to a quack after their visit, the figure has now dropped to about 2%. A third of these women have, moreover, been persuaded to have their babies. From 1950 to 1953 a Royal Commission of Inquiry has studied the problem of abortion in Sweden. Up to the present time, however, the Government has not acted on all its recommendations. In the spring of 1955 a new commission was assigned to study the need for Marriage Guidance Clinics. If these Clinics are ever set up on a more widespread scale, it is quite possible that they will deal with abortion questions as part of their activities.

Different Swedish investigations have shown how ignorant many women are about modern methods of contraception, and it is very typical of Swedish family policy of today that it frankly and realistically tries to impart such knowledge. Sex instruction is on the curriculum of every school—there is no taboo on giving instruction in the use of contraceptives, and since 1946 all chemist shops have been obliged to stock contraceptives. The object is that all the mothers' centres in the country should be in a position to teach women the proper use of contraceptives and diagnose pregnancy free of charge. Unfortunately, there is still a great lack of accomodation and personnel. It is worth mentioning that all instruction imparted by the different organizations is sponsored by the State.

*The domestic help problem* is another matter which is occupying attention in Sweden. The situation can be illustrated by the following figures: in 1930 there were about 205,000 domestic servants in Sweden, while in 1955 the number had fallen to about 70,000. Demand, however, remains constant; in 1955 there were 60,000 domestic situations vacant, of which only 32,000 could be filled. Foreign girls and women have been of great help in filling these posts, almost 10,000 working as domestic servants in



For many years the central government, municipalities, voluntary organizations and benevolent firms have actively sponsored summer camps, where children can get plenty of fresh air and sunshine. The camp shown here is run by the Marabou chocolate factory for employees' children. (Photo: Gullers)

Swedish homes in 1955. But domestic service appears to attract fewer and fewer girls in Sweden, and Swedish homes have therefore been driven to look for other ways of solving their help problem. The whole-time living-in domestic servant, so much a matter of course in earlier times, is being replaced by part-time domestic workers, so-called "Home Assistants". These are supplied by Employment Bureaus and as a rule are middle-aged housewives without small children. Special courses are organized for these Home Assistants who, in 1955, were able to fill 119,000 vacancies. Another form of domestic service is now attracting attention, however, the Social Home Help Service. Home helps are women engaged by a municipality, or private enterprise, for the express purpose of helping in the house in times of acute need, such as illness, childbirth, etc. This form of domestic help is free for all those who cannot afford to pay, while the better-off pay an approved wage. It has been receiving State assistance since 1944, and the State has also made itself responsible for the training of many of these women, who now number about 3,400.

On the principle that everybody needs a regular annual *holiday*, Sweden introduced the 2-weeks' holiday—with pay—in 1938, extended in 1952 to 3 weeks. Tourist and Travel Associations have done their best to reduce the cost of travel and hotels, so that to take a holiday away from home should be within the means of everyone. In this, the nature of the Swedish countryside has been of great assistance, since there are comparatively few places enclosed or shut off from the public. This includes the long coastline, where new building in many places is prohibited.

There is one category of worker, however, who has always been under-privileged in the matter of holidays, and that is the housewife. The Swedes are all awake to the fact that even the housewife needs a proper annual holiday, and many societies and organizations have for this purpose set up special holiday homes for housewives in need of rest and recreation. In 1946 the State

turned its attention to this problem and gave official grants towards the erection and maintenance of many such homes. Many housewives can now travel to one of these holiday homes free of charge, if they can prove that their income is comparatively small. They must, however, undertake to stay at least 10 days. The State also gives every needy housewife a grant of 50–125 kronor towards the cost of her own equipment or looking after the home and children in her absence.

The poorer children from the cities have for many years been looked after in respect of holidays, having been sent to summer colonies and holiday homes. From 1946, however, further measures were adopted, and every Swedish child under the age of 15 from a family under a certain income limit can now enjoy free holiday travel. The families can choose whichever time of the year they like, and there is no stipulation as to maximum length. Children under 10 may be accompanied by an adult, who is also entitled to free travel.

Children's summer colonies and homes now enjoy State support, and the State also pays the travelling expenses of the staff, knowing that many housewives will be unable to take a holiday unless the children are being properly looked after. There are about 700 summer colonies in Sweden, holding about 30,000 children. The State also contributes towards the placing of children in private homes for the holidays.

The number of preschool institutions in Sweden has also greatly increased of late years, chiefly due to the initiative of private individuals and societies. Since 1944 the State gives official support to such centres, and there are today about 320 day nurseries with room for 12,000 children from the age of 6 months to 7 years, mostly children of those women who go out to work. There are also about 650 kindergartens, where about 30,000 children aged 3 to 7, whose mothers work at home, can get looked after for 3–4 hours per day. In all over 43,000 children

Until recently, social planning had ignored the special problems of home-tied housewives. However, intensive research on these problems is now being done, especially by the Swedish Consumers' Research Institute (formerly Home Research Institute). In the illustration, work studies are used to determine the most convenient height of a kitchen sink. (Photo: Bertil Norberg)





Expert Swedish research deserves most of the credit for the appearance of the country's kitchens today. Ample storage space, refrigerators, electric ranges, stainless steel sinks, etc., are now standard equipment in new rural and urban dwellings. (Photo: Ateljé Sundahl)







Today's nursery schools boast facilities that are appreciated by parents and children alike. Teacher emphasis is on bringing out the creative talents of children. (Photos: Ateljé Brandt, left below and above, and Hovfoto Carl Larsson)

can be accommodated in these different institutions. In the country districts there are about 95 nursery homes for the children of agricultural workers—very useful indeed at busy seasons, such as sowing and harvesting. A comparatively new innovation is the “family day nursery”, where children of women going out to work can be left with approved private families. As yet, however, the number of crèches, day nurseries, kindergartens and other institutions does not meet the demand. There are long waiting lists everywhere, and the situation is often very difficult for women workers, especially in the big towns. The movement is expected to grow, however, and in 1951 a Special Commission published their recommendations for a general increase in these homes and institutions. As part of an inquiry into family living conditions, a Royal Swedish Commission (1954) urged that the government give more financial support to day nurseries. It was pointed out that waiting lists at nurseries had lengthened considerably, largely due to the increase in the number of gainfully employed women (amounting to 55 % for the years 1945–50 alone). State subsidies to nurseries were increased in 1956. Certain Swedish towns have set an excellent example in arranging public playgrounds for children, and practically every modern Swedish residential block is provided with playgrounds and playpens for small children.

Another feature of the new Swedish family welfare policy is to *simplify and rationalise housework*, chiefly through planning labour-saving homes. There is a tremendous campaign going on in Sweden today for better equipment in the home, particularly in the country, which has sadly lagged behind in such matters. In 1945, 37% of the population of Sweden were still living in houses which lacked piped water and drainage. Plans are adopted to remedy this state of affairs, which is expected to take about 20 years.

Another all-important problem in the running of any home is



One significant index of a higher level of living is that the Swedish people now eat more nutritious food than they did 20 to 30 years ago. A large part of this revolution is due to consumer education, though a great deal still remains to be done in this field. (Photo: Lennart Nilsson)



Large families enjoy an extra source of income in the form of free school meals for their children. About 700,000 lunches are served daily. (Photo: Martin Nyberg)

the household wash. Up till now it has been a heavy and onerous part of the housewife's lot, very often carried out under most primitive conditions. 70% of all washing in Sweden is still done by hand—in the U.S.A. it is only 10–15%. Several official investigations have been made on this subject and since 1939 the State has been supporting different collective laundries. A general plan for the better organization of washing facilities has recently been submitted for legislation.

Sweden is now devoting much time and interest to different types of *communal amenities and services* aimed at lightening the lot of wives and mothers, such as service flats, sewing centres, hobby rooms, kindergartens and day nurseries, sports grounds, bathing places and swimming baths, collective laundries, shopping centres, etc. Investigations are still going on and special institutes have been set up lately to study all problems connected with textiles, preserves, washing, etc. The most important of these bodies is the "Home Research Institute", which devotes itself to research on kitchen equipment, various kitchen utensils, different methods of running a home, etc. The Institute, which was formerly semi-official, became a State organization in 1956. At the same time it was granted a larger budget to perform a wider range of duties.

Characteristic for Swedish family welfare policy is the fact that it makes use of the school. The schools are by no means indifferent to the well-being of their pupils, but strive to look after them both physically and mentally during an important period in their lives. As late as 1942, routine *medical examination of school-children* only embraced 40% of the total number of council school children. For this reason it was decided in 1944 to extend and build up this service. Every Swedish school-child now enjoys free, regular medical examination—in the country under the auspices of the local doctor and nurses and in the towns of special school doctors and nurses, employed by the State. The

health of each child is noted on a card which goes with it through school.

In common with other civilized countries, dental decay is rife in Sweden, and has reached such proportions that it is considered necessary to combat it on a broad basis. When, in 1938, Sweden carried through the general reform of a universal dental service—see below—special attention was paid to the *dental care of children*. It is reckoned that 99% of the 7-year olds in Sweden suffer from dental decay, and it is therefore essential that their teeth should be cared for in time. Dental clinics are open free of charge to any child and, as far as possible, regular dental attention is to begin at the age of six. In 1956 an estimated 650,000 children will have their teeth taken care of solely by the National Dental Service.

*Free school lunches* is another measure aimed at helping both the mother's work and the child's health, besides contributing toward the family economy. For a long time the poorer children have been given free school meals but in 1946 the measure became part of the social program, with the object of giving every child a free school lunch consisting as a rule of a hot course, hard bread and butter und milk. The program is being realized as quickly as dining halls can be built and personnel found to run them. It is emphasized that these school lunches are not compulsory, but about 700,000 children now (1956) enjoy this privilege. School meals cost about 100 million kronor each year, most of which is paid by the municipalities. In 1955, the State contributed only 30 million kronor. At the present time efforts are being made to increase the efficiency of this service by introducing more canned products and other labour-saving methods.

Even in other respects the schools look after their pupils: by guidance in the choice of careers, by helping them arrange their summer holidays, by seeing that they have baths, swimming

instruction, etc. Many Swedish families, however, have found it almost beyond their means to keep their children at school, in spite of the many free services, and the fact that council schools are free. The cost of books and other material has often been too much for a poor family, and some of the secondary schools have had additional charges in order to limit the numbers. Since 1946, however, all primary school children in Sweden have been given free school books and free writing material, and this privilege is gradually being extended to the secondary schools, which will also abolish the small fees still in existence.

In future, elementary education will be in the form of a 9-year comprehensive school, open to all Swedish children regardless of cost. In addition an important step towards the realization of a completely democratic school took place in 1946 with an extensive system of scholarships and bursaries to the high schools. This was further extended in 1952 and now costs the country about 30 million kronor per year. Poorer pupils in the State schools may now get State, interest-free loans for further study at universities or colleges and there are also State aids in the form of free board and lodging for those who wish to continue their studies. It is very usual that Swedish students get themselves into debt during the years they study with consequent delay in being able to marry and start a family. As from 1947, however, a form of State credit-guarantee loan to students has been available, which has been much appreciated. It is estimated that about 50,000 students every year benefit from some type of State scholarships.

Besides free school lunches, child allowances are the most effective form of economic help to the family. Universal child allowances were introduced in 1948, replacing the previous method of tax reduction for each child, which was generally considered to favour the well-to-do. Child allowances are paid out by postal order to all mothers, regardless of income and



The school health programme takes up where the infant welfare centre leaves off, and follows the progress of all children until graduation. (Photo: Foto-Herrnried)





Free dental care of schoolchildren is assured by a national dental service, which forms an essential pillar of the social-welfare structure. (Photo: Foto-Hernried)

financial situation. It amounts to 290 kronor per year for each child under 16. Thus four children will contribute 1,160 kronor to the family income each year. Child allowances are a substantial item in the national budget, whose annual cost is exceeded only by the old age pensions and the armed forces. There are 950,000 families with children in Sweden, and child allowances are paid out to no less than 1,800,000 children at a cost (1956) of over 527,000,000 kronor. The actual purchasing power of the allowances has, however, dropped through inflation. However, every increase in the child allowance is an expensive business. A 30% rise from 290 to 380 kronor, for example, would boost the total State outlay by another 160 million kronor. A recent State inquiry disclosed that families with children are still handicapped financially. Higher child subsidies were proposed in the autumn of 1955, either outright or in combination with other measures. The Swedish Riksdag may be expected to legislate on this and other questions of family policy during the next few years.

There is also a supplementary child allowance, amounting to maximum 600 kronor per year for orphans and children of widows, invalids and certain unmarried mothers. The rules governing this special allowance are, however, somewhat complicated. It may only be paid out to children under the age of 16 and is on a sliding scale according to the income of the parent or guardian. Most of these special cases do, however, receive the maximum benefit. About 35,000 children now (1956) receive special allowances at a cost to the State of some 16 million kronor.

### CHAPTER III

#### *Medical and Health Services*

The feeling that society is responsible for the health of its members has been deeply rooted in Sweden for decades. Reforms in the medical and health services have long been a prominent feature of social policy. Progress in this field has been accelerated by developments in Swedish medicine; and in specialties like brain and thoracic surgery, the achievements of Swedish doctors are internationally acknowledged. Primary emphasis has been placed on providing adequate facilities for medical care at low cost. All these advances have been enlisted in the long, relentless fight against the country's endemic diseases.

Many foreign observers are still inclined to the view that Swedish medicine is socialized. If by "socialization" is meant a system of State-controlled medicine employing doctors with civil-service status, then this observation is very wide of the mark. On the other hand, Swedish taxpayers have borne a large share of medical bills for the past hundred years. Moreover, it is characteristic for Sweden that the health and medical services are operated by public and private interests in collaboration. This applies both to hospitalization and to out-patient treatment. True enough, a few departments of Swedish medicine are nationalized, such as the care of the mentally ill; otherwise, however, the administration of virtually all public health facilities is entrusted to the cities and provincial councils. The basic principle is the same everywhere: all citizens are entitled to the best possible care at low cost. No one is to deny himself adequate care for lack of means; as a last resort, the public assistance services are always ready to assume the costs.

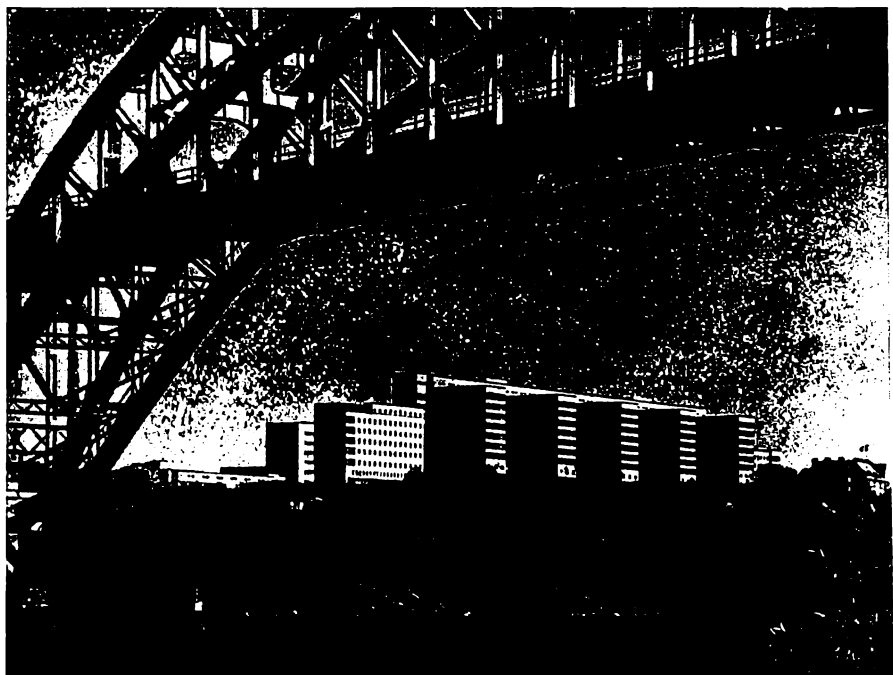
Virtually all hospitals in Sweden are maintained at public expense. In 1954, these had accommodation for about 100,000 patients. There are slightly more than 2,000 beds in private hospitals, which are situated for the most part in cities.

The 660 institutions for the treatment of *physical ailments* contain close to 67,000 beds. About 38,000 of these are distributed among 200 municipal general hospitals and rural infirmaries, whose medical and technical standards are among the world's highest. Every province has at least one general hospital; most provinces have several. At least one hospital in each province is divided into a large number of specialized divisions: it is then called a Central Hospital, as distinguished from the regular general hospitals, which contain surgical, medical and X-ray divisions. There are also smaller general hospitals not thus subdivided, but these are becoming fewer in number.

Hospital fees in Sweden have always been low. Before 1955 sickness benefits averaged between 3 and 3.50 kronor per day and fell off sharply after 30 days. Under the terms of the new National Health Insurance Act (see page 72), health insurance offices pay all the expenses of hospitalization in general wards (provided that patients are treated in county or town of residence).

For treatment in private wards or hospitals, the office pays that part of the bill equal to the cost of general-ward treatment. Maximum duration of benefits for the same illness is two years. No charge of any kind is made for treatment of epidemic and venereal diseases. Average daily operating expenses of a Swedish general hospital run to 45 kronor per patient.

But though institutionalized medical care is largely a public concern, the profession of medicine is still privately pursued. Even the doctors employed by the State and local authorities in many cases maintain their own practices at the same time. At present Sweden has 5,800 doctors, or one doctor per 1,320 in-



Visitors to Sweden are often impressed by the high standard of hospitals in Stockholm. Above Södersjukhuset in Stockholm. (Photo: G. E. Kidder Smith)



Not so well known, perhaps, are the rural general hospitals, which maintain equally high standards. First-class medical care at minimum cost has always been one of Sweden's uppermost aims. (Photos: Yngve Andersson and C. G. Rosenberg)



habitants. Most of them are attached in one way or another to the public health services. The group most conspicuously identified with these services are the 600 *Public Medical Officers*. In addition to being on State salaries, these Medical Officers treat private patients, who pay them very low fees fixed by the State. Each of them covers a separate district, which means that even persons living in the remotest areas are assured of medical care.

A similar division of duties obtains at the hospitals. Staff doctors are usually on the public payroll but some of them also have their own reception officers on the premises. In many cases, private practice nets these doctors the better part of their income. Sweden's 230 *Borough Medical Officers* also enjoy dual sources of income. Further, a growing proportion of Swedish industry employs staff doctors to supervise hygiene, treat on-the-job accidents and safeguard employee health. Many wage agreements explicitly guarantee free medical services to large groups of employees and their families.

Assisting the Public Medical Officers are 1,700 *district nurses*. The duties of these nurses are many and varied: they must visit homes, take care of infants and small children, give instruction in school hygiene, dispense medicines and inspect dwellings. During one year, the average district nurse makes 1,150 home visits alone—a time-consuming duty which often requires the aid of a motor-cycle or a car. More such nurses are in fact urgently needed: the goal aimed at is 2,000 district nurses, of whom 1,400 are to serve in rural areas.

Home and hospital confinements are attended by 650 *district midwives*, who also perform the necessary prenatal and postnatal care. Reference is also made in this connection to mother and infant welfare centres which provide regular health checks free of charge (see page 22).

Sweden has been energetically fighting her endemic diseases for many years. Before the turn of the century, the national



scourge was tuberculosis. State subsidies have been granted towards the construction of sanitariums ever since 1909; today, there are 50 sanitariums and other t.b. hospitals accomodating more than 9,000 patients for exceptionally low fares. Since 1937, organized measures against tuberculosis also include a national network of local dispensaries, usually run by the Public Medical Officers. Any t.b. cases detected here are referred to specialists at provincial dispensaries, which possess complete X-ray equipment. There are 60 of these dispensaries, which every year carry out 600,000 X-ray examinations. In addition, every year about 700,000 Swedes are photographed by mobile X-ray units—a very high figure, considering that this procedure is entirely voluntary. About 900,000 Swedes, most of them children, have been vaccinated against tuberculosis.

Today, this disease no longer presents the menace it once did. The number of deaths from tuberculosis in 1953 were only 0.15 per 1,000.

At the same time, all the other infectious diseases have been reduced to insignificant proportions. The major causes of death today are so-called degenerative diseases, which include diseases of the heart, circulatory system and kidneys, rheumatic diseases, as well as cancer and other diseases associated with middle and old age. Another source of concern is the increase in the number of traffic deaths, which is related to the fast-growing rate of car ownership.

The fight against cancer has assumed particularly vast dimensions. An estimated 15,000 persons contract the disease each year, and it is noted that incidence is directly correlated with increasing longevity. Special irradiation clinics have been set up in Stockholm, Gothenburg and Lund, which offer treatment at reasonable fees thanks to State and municipal grants (persons in needy circumstances receive free treatment as well as free transportation to and from the clinics). Since these three clinics



Home helps are Sweden's real friends in need. They take care of a household if mother falls ill, do welcome chores for infirm pensioners, and perform other invaluable services. (Photo: Stig Göth)



The very latest advances of medical science are continually mobilized in the fight against cancer, which still claims many victims in Sweden. (Photo: Foto-Hernried)





The national scourge of Sweden at the turn of the century, tuberculosis has been reduced to manageable proportions after a long, energetic campaign. Today's preventive measures include compulsory X-ray examinations, intensive instruction, active dispensary service, improved housing conditions and more healthful diets. (Photos: Foto-Herrried and Bertil Norberg)

can accommodate only 300 patients, more of them are urgently needed. Present resources for surgical treatment of cancer are regarded as satisfactory.

Another endemic disease in Sweden is *rheumatism*, though this was not realized until well into the 20th century. An estimated 245,000 persons are incapacitated for work to varying degrees by rheumatic diseases, which cause Swedish industry to lose more than 15,000,000 man-days each year. 30,000 persons are rheumatic invalids, while each year 100,000 new cases apply for treatment. Present facilities are utterly inadequate to cope with demand, but these are expected to be substantially enlarged within the next few years.

The first law on *venereal diseases* was enacted as early as 1918. It stipulated free and compulsory medical treatment for infected persons, penalties for transmission of venereal disease, and obligation to report sources of infection. As a result, V.D. cases declined from 30,000 in 1918 to 10,400 in 1940. A sharp upswing occurred during the war years—in 1944, 21,000 suffered from venereal diseases. This persuaded the State to launch a campaign on several fronts. In the cities, for example, there are now out-patient venereal clinics to provide free treatment. These clinics employ trained visitors who are very adept at locating sources of infection. Postwar incidence of venereal diseases fell off sharply at first, has lately tended to rise again—in 1955, 14,000 cases were reported.

The incidence of *tooth decay* is also widespread; the Swedish people spend about 250 million kronor on dentists' bills each year. In order to ensure adequate and reasonably priced dental care for the whole population, and for children in particular, a *national dental service* was organized in 1938. It was originally hoped to build up this organization over a ten-year period, but a shortage of dentists and clinics has forced a revision of plans. The service is administered locally by provincial councils in

collaboration with the municipalities and outlying towns. Most of the service dentists are employed at district clinics, others at central clinics (one in each province), where more complicated cases are handled. The National Dental Service is primarily intended for children between 3 and 15, who receive all treatment free of charge. The 520 national service clinics now in operation employ 1,100 dentists, who make up approximately one-fourth of all dentists in Sweden. In 1956, these clinics will treat 650,000 children. The Swedish Government started a nationwide publicity campaign in 1956 on tooth ailments, balanced diets and oral hygiene. It now costs about 50 million kronor a year to run the National Health Service.

*Contagious diseases* were made the subject of special legislation in 1919. As part of the law's preventive measures, compulsory vaccination of all children against smallpox is required before they reach the age of seven. Anti-diphtheria vaccination, on the other hand, is voluntary. There is no charge for either of these services. Further, all cases of contagious disease must be immediately reported to the health authorities, and all infected persons must submit for non-cost treatment at special hospitals. There are about 60 Hospitals for Infectious Diseases in Sweden, with accomodation for 4,250 patients.

In recent years, the *cardiovascular diseases* have loomed increasingly large in Swedish mortality statistics. Particular concern is expressed for the growing incidence of diseases of the heart. Since these diseases are so intimately related with aging and increased longevity, the care of the aged and other gerontological problems are now the topics of lively public discussion.

Sweden has also taken measures on behalf of those afflicted with physical handicaps of one kind or another. *Crippled* and *disabled* persons receive care and training at special institutions. All *blind* and *deaf* children are required by law to attend State schools, where they also receive vocational training. Increas-

ing efforts are being made to place *partially disabled* in occupations where they can contribute most to the national economy—and to their own. At a number of vocational training institutes, partially disabled persons take aptitude tests to determine what trade they are best fitted for. After completing their training courses, they are referred to special placement bureaus, which in many cases restore them as full-fledged members of the labour force.

*Psychopathic care* has long been largely a concern of the State. Up to 1950, however, 165 State asylums were inadequate to cope with the cases requiring treatment (at that time, maximum accommodation was 30,000). Handicapped by undermanned staffs as well as overcrowding in substandard premises, the supervising psychiatrists have been taxed to intern their charges properly, let alone cure them. Some sweeping reforms, however, are promised in a reorganization plan drawn up in 1950. At a cost of 250,000,000, an additional 18,000 accommodations are to be arranged, several new hospitals built and old ones modernized and largely rebuilt. 1965 is the target date for this program, which also aims at greater differentiation of patients and the more active application of new scientific discoveries.

Other serious shortcomings are to be found in the treatment of *mental defectives*. At present there are 142 institutions with 12,600 accommodations for this category. However, extensive reforms are either being drawn up or successively implemented. The same applies to non-institutional treatment of less serious forms of mental disorder.

Persons suffering from *incurable or long-term physical ailments* are confined in 250 chronic patients' homes, with accommodations in excess of 1,000. Before the end of this decade, it is planned to build more homes of this kind, as well as integrate a number of new facilities with existing general hospitals and infirmaries.





Tuberculosis patients are given the best possible treatment at several large sanitariums. The one shown here is at Söderby, just south of Stockholm. As the number of TB patients dwindle, it is hoped to convert the sanitariums to other purposes. (Photo: Foto-Hernried)

Energetic measures have also been taken to counteract *alcoholic abuse*. Various temperance organizations—outgrowths of one of the country's oldest and most vigorous national movements—sponsor many publicity campaigns and are powerfully represented in the central and local governments. A number of controls have long been written into law; only State-licensed stores are permitted to retail spirits, and high spirit and wine taxes are intended to cut consumption. Until October 1, 1955, upper limits were fixed on the amount of alcoholic beverages that could be served in restaurants. Medical care of alcoholics is subsumed under the public health services though in-patient accommodation is far from adequate at the present time: the 20 existing institutions have room for only 1,100 alcoholics, whereas the total number of serious cases is estimated at 50,000. If modified forms of abuse are taken into account, the estimate varies between 150,000 and 200,000. Real improvements may be expected as institutional care is gradually extended; considerable success is being achieved by new therapeutic methods as well as by radically amended laws based on a nine-year government investigation.

All the preceding measures are essentially remedial in nature; by degrees, however, emphasis is being shifted to the *preventive aspects* of health and medical services. The organization of district nurses and nationwide dispensaries, mentioned above, is a step in this direction. An important preventive role is played by the local health boards, the first of which were established as far back as 1872. These municipal boards, made up of officials and selected laymen, enforce provisions for home sanitation, handling of food, industrial hygiene, etc. On a provincial level, the Chief Medical Officers and assistants have been supervising public health and hygiene since 1891; similar duties are performed in the four largest cities by the Chief Borough Medical Officer. Finally, we can mention the State Institute of Public



As is only natural, physical training is an integral part of school curricula in a country that gave birth to Per Henrik Ling, the “Father of Gymnastics”. Current building restrictions have led to a shortage of gymnasiums but steps are being taken to overcome this situation. (Photo: Foto-Herrnried)

Health, established in 1938 to deal with questions of general, industrial and food hygiene.

Though the traditions of Swedish medical care are centuries old, developments were not really accelerated until the beginning of the 1930's. Since then, hospital capacity has increased by 16,000 beds, of which the general hospitals account for 10,000 (a 65 % increase). The turnover figures are even more impressive: 880,000 were admitted to hospitals in 1953, as compared to 355,000 in 1930. Nevertheless, there still remain serious shortages of plant and personnel. Ambitious plans have already been drawn up to overcome these conditions: the provincial councils estimate that 600 million kronor will be needed merely to build up present facilities for the treatment of physical ailments to the desired level. However, these plans have been greatly hampered by the restrictions on building and public investment of the past few years.

In 1948, a Royal Commission of Inquiry recommended a number of sweeping reforms in the organization of out-patient care. In the words of the Commission "all required treatment should be made available at any time to anyone who needs it, without incurring any expense therefor". This proposal, of course, implied that doctors would have been asked to become full-time employees of the State and local governments. But it ran into such strong opposition, especially from doctors, that the plan was dropped, at least temporarily. At the moment it is being reinvestigated in connection with a government study which is also looking into such questions as preventive medicine, free medical examinations, after-care, out-patient care, etc. A particularly important task for the Commission will be to suggest ways and means to make the system of Public Medical Officers more efficient.

Aided by a rising standard of living, improved hygienic conditions and medical progress, the Swedish medical and health

services have undoubtedly made some grand and abiding achievements. Within the span of a century the average length of life has risen from 43 years to 68 years for men and nearly 70 for women. The death rate has fallen off sharply and infant mortality is among the lowest in the world (from 20% in 1800 to about 2% in 1954). The infectious diseases have been largely overcome, while major triumphs have been scored in the fight against endemic diseases.

However, keeping the nation in good health is an expensive business: in 1952 the total medical bill (including both public and private services) amounted to 1,800 million. And that is only one side of the picture: in terms of national production, ill health is responsible for the loss of hundreds of thousands of work-days. In the light of such figures, Sweden cannot for a moment afford to rest on her laurels. For some time to come, therefore, we may expect questions of national health to occupy a central place in the Swedish social welfare structure.

## CHAPTER IV

### *The Social Insurances*

The oldest form of social help in Sweden has long been local poor relief, which dates back to the Middle Ages. Its dominant status was officially recognized in a law of 1847, which systemized the conditions of eligibility and forms of payment. Up till 1918, however, the needy were regarded as little more than objects of charity; in that year, a new law defined their *right* to receive relief under specified conditions.

Poor relief swelled to its most significant dimensions in the depression year of 1933, when not less than 9.5% of Sweden's population received emergency benefits. Even as late as 1939, the proportion was 8.3%. Since then, however, the combined influences of reduced unemployment and extensive social reforms have considerably diminished the relief rolls. In 1952, only 4% of all Swedes received poor relief, at a total cost of 98 million kronor.

In the last 20 years Swedish poor relief has evolved from the dominant aid form to a fairly insignificant part of the social-security structure. However, public assistance of some kind is still needed to respond elastically to situations that cannot be covered by the strictly defined social insurances. Such assistance bears in mind the needs of, say, dependents of prisoners and alcoholics, deserted mothers and their children, or of unfortunate depressed people suffering from employment disabilities.

Instances like these have been covered by the Poor Law of 1918, which administers a means test to ensure individual treat-

ment in each case. However, since assistance under this law is regarded as inadequate for modern conditions, it will be replaced in 1957 by a new form called *social help*. Though rightly described as "more of a façade cleaning than a new structure," social help symbolizes society's efforts to humanize what it does to help citizens in need.

Social help, like its predecessor, will be subject to a means test. Further, all in real need of assistance have a legal right to it. The social-help programme is administered solely by Swedish municipalities through their Social Welfare Boards—a fact which makes its benefits vary widely from one district to another. The revised law distinguishes between *compulsory* and *voluntary* help, the former covering cases where the local Boards *must* act (if another form of aid is lacking or is inadequate); the latter where they *may* act, e.g. by giving applicants preventive assistance, by helping them to vocational training or retraining, to start their own business, etc.

The most common form of social help, however, will continue to be contributions, both in cash and in services, towards the payment of rent and living expenses. In addition, the Boards may see to it that applicants receive clothes, medicine, dental care, the extra money needed to buy diet food, or that certain other expenses are paid for them. A needy applicant will always be helped in the municipality where he happens to be staying, but the costs must then be defrayed by the municipality where he is legally domiciled.

But despite these developments in public assistance, there has always been a strong body of opinion in Sweden favouring a broader programme of social insurances based on more inclusive conditions of eligibility rather than a means test. As early as 1884, for example, we find a liberal member of Parliament proposing accident and old-age insurances for industrial workers. From these modest beginnings, the belief that citizens should be

protected against loss of income due to old age, illness, accidents or unemployment gained ever wider public support. A system of social insurance has been gradually built up in the 20th century, but until the end of the last war these were badly coordinated and full of shortcomings. Since then, the work of reorganization has gone ahead with great speed and energy in keeping with these principles: first, each type of insurance shall effectively cover its field; second, the system shall give adequate assistance in all cases of involuntary economic difficulty; and third, it shall help to level out extremes of income. At the time of writing, this work is largely completed.

### *Old-Age and Invalid Pensions*

The largest, most extensive form of social insurance in Sweden is the national old-age pension. This type of pension was first written into law in 1913; in reality, however, this law did no more than admit public responsibility for supporting the aged.<sup>1</sup> The original benefits were very modest, even when measured in terms of that day's money values. As late as the middle of the 1930's, the average monthly benefit was only 34 kronor per month. By the end of the second World War, this sum had risen to 88 kronor, a rate which applied until the new postwar pensions took effect in 1948.

As presently constituted, the pensions enable most beneficiaries to manage without resorting to poor relief. An eligible married couple, for instance, will receive a combined annual benefit approximating 50% of an average industrial worker's wage.

The main pension regulations are as follows:

A pension is paid to *all* Swedish citizens as from the month of their 67th birthday. No income or means test is required, but

---

<sup>1</sup> This acknowledgement in written law serves, however, to distinguish the Swedish pension system from most of its foreign counterparts.



for formal reasons every prospective pensioner must submit his application to a Municipal Pension Board some months before reaching eligible age. A *single pensioner* (including divorced persons and widowers) receives a yearly benefit of 2,050 kronor, payable in monthly installments. A *married couple*, both of pensionable age, together receive 3,280 kronor. Various supplements are added, but these supplements depend, however, on the amount of the pensioner's income. Further, the benefits are tied to a cost-of-living index in accordance with special regulations. The index supplements are included in the foregoing figures.

*Invalidity pensions* are paid out to persons between the age of 16 and 66 with a *permanent* working disability of at least two-thirds below normal. In determining eligibility, no distinction is made between disablements caused by physical or mental illness, or various kinds of deformity, but a special doctor's certificate is required in support of each application. Eligibility for invalidity pensions automatically ceases when beneficiaries reach the age of 67, after which they receive the regular benefits. Though calculated on a different basis, invalidity benefits are the same as under old-age pensions.

Persons who have been ill for at least six months and who expect to suffer from a  $\frac{2}{3}$  disability (medically attested) for at least one year ahead, are eligible for *temporary invalidity allowances*. Their benefits are identical with the invalidity pensions, except that they are limited in duration and must be renewed.

The national-pension scheme also provides for "blindness supplements" of 1,000 kronor per year, for which no income test is required. This sum is paid out to all persons who have lost their sight before the age of 60. Until he reaches 67, a blind beneficiary will receive both the supplement and at least a part of the invalidity pension. After that he receives the regular old-age pension plus the full amount of the blindness supplement.



The construction of pensioner dwellings is now a popular way of solving the housing problems of the aged, since the accommodation of old-age homes is limited. Existing homes are also being modernized on a large scale. (Photo: Foto-Hernried)



5 - 567980



Modernization of old-age homes, however, must not be achieved at the expense of livability. In the cozy-looking kitchen above, three elderly women help with the "K. P." duties. On the opposite page, an old-timer tries his hand at weaving. Health permitting, inmates are happiest when engaged in some constructive activity. (Photo: Foto-Herried)



A *constant attendance allowance* of 1,000 kronor per year may be paid in addition to the regular invalidity pension to persons who are so badly disabled that they need constant help and looking-after. Though no income test is required, this allowance may not be paid out to invalids who are institutionalized.

Under certain conditions, a *wife's allowance* may be paid out for a pensioner's wife who is over 60. To qualify, the couple shall have been married at least five years and pass an income test. This sum may also be paid out to the wife of a man receiving an invalidity pension. Also in this case, the maximum State benefits paid out to a pensioner's couple amount to 3,220 kronor per year.

Also included under this heading is the *widow's pension*, which is paid out on the basis of an income test to women who have become widows after the age of 55 and who have lived together with their husbands for at least five years up to that time. This pension is superseded by the regular retirement pension at 67 years. If a beneficiary remarries before then, she forfeits the widow's pension. Its benefits are payable at the same rate as the wife's allowance, amounting to a maximum of 1,640 kronor per year.

A widow who does not meet the age and other qualifications for the preceding pension is entitled to a *widowed mother's allowance* if she has children living with her under 10 years of age. This allowance is subject to an income test and payable at the same rate as the widow's pension. It is automatically discontinued when the beneficiary either remarries or reaches retirement age.

All the preceding pension benefits may be increased by the addition of State-subsidized *rental supplements*, which are fixed by the municipalities. The amount of these supplements varies rather widely in different parts of the country: a rough average in rural areas is from 150 to 180 kronor for a single pensioner and 200 to 240 kronor for a married couple. In the cities, they may

range from 500 to 1,000 kronor, or even higher. With a rental supplement taken into account, a married couple with no other source of income will receive combined pension benefits of at least 3,000 kronor per year in the lowest cost-of-living areas. In Stockholm, where rents are higher, the supplement can boost a single pensioner's income to 4,000 kronor and a married couple's income to almost 5,400 kronor.

As previously mentioned, eligibility for some of these benefits is determined by an *income test*. The general purpose of this test is to determine the rate of benefits beyond a permissible minimum private income of 1,000 kronor per year for a single pensioner and 1,500 kronor for a married couple. These minima have been set up to encourage private firms to commence or liberalize their own pension plans. In calculating minimum income, child allowances and financial support from relatives are excluded from consideration.

National old-age pensions are Sweden's most expensive social reform. Their annual cost at the present time is 1,800 million kronor, or one-third of all social expenditures. This sum compares with 18 million kronor in 1920, 56 million in 1930 and 144 million in 1939.

Less than one-fourth of the pensions is financed by personal contributions, which are paid as part of the withholding tax. The stipulated deduction is 2.5% of annual taxable income, though not less than 30 or more than 250 kronor per person. However, pensions are always paid out in full at the time of eligibility, irrespective of the size of the personal contributions. Another 200 million kronor is put up by the municipalities, while the remaining and greatest part of the costs is borne by the State. In 1956, the State's share of the pension bill is an estimated 1,600 million kronor.

At the present time, about 835,000 persons are receiving some kind of national pension. Of this number, 660,000 are retirement

pensioners, 140,000 receive invalidity pensions, 15,000 are widows, and the remaining 20,000 are wives of pensioners. All in all, Swedish society is making itself responsible for the support of 12% of the entire population. In the next few decades, the growing number of elderly persons will add considerably to the cost of the national pension scheme.

Though their benefits ensure a decent subsistence minimum, national pensions cannot be regarded as a final solution to the problem of old-age security. There still exist wide discrepancies in the retirement privileges enjoyed by different social classes in Sweden. White-collar employees, particularly those in government service, very often receive substantial private pensions in addition to the national pension. This is not true, however, for large groups of industrial workers, as well as artisans, farmers, and self-employed persons. The question of compensating these latter groups has accordingly been in the forefront of recent political discussion. From time to time Royal Commissions of Inquiry have urged the enactment of general employment pensions. Recently, Sweden's organized employers (SAF) offered to pension all trade-union members. A parliamentary committee is now (1956) at work examining these different proposals to see how they would affect social insurances like national old-age pensions, health insurance, as well as private and public pension plans. If other solutions present themselves, this committee is empowered to work them out. However, the tremendous expense that would be incurred by an employment-pension scheme has aroused doubt in some circles, which argue that it might be better to concentrate present efforts in improving the old-age pensions and on giving more financial support to young homemakers and family-builders.





National Health Insurance, which went into effect on Jan. 1, 1955, has involved an enormous amount of organization and administration. The new machinery creaked a bit to start off with, but began to function smoothly after a few months. Above, the central files where every Stockholmer is registered. (Photo: Ateljé Brandt)

### *National Health Insurance*

As from January 1, 1955, health insurance in Sweden is compulsory for everyone. National health insurance is the logical culmination of the ever-expanding system of voluntary "sickness funds" (roughly equivalent to group medical plans in the United States), which was first formed at the end of the 19th century. Subsidies to these funds were first granted in 1891 and increased in 1931, at which time the authorities reorganized and coordinated their activities. In 1954, almost 70% of the population were covered by the sickness funds. The national scheme, however, gives effective coverage even to those who could not afford the private rates, as well as to others disqualified for membership because of poor health. At the same time, many of the benefits paid out under national health insurance are much more extensive in scope. A group that particularly benefits from the new arrangement are the pensioners, of whom only 25% had been enrolled in the voluntary plans.

The benefits of national health insurance cover the following expenses of medical care, in whole or in part:

1. *Doctor's fees.* As before, everyone may choose his own doctor. Patients first pay the fees out of their own pockets, after which they are reimbursed up to three-fourths by the public sickness funds. Though the scheme does not require doctors to abide by its fee rates, most of them do so in actual practice.

2. *Patient's journeys.* On his first visit to a doctor's office, the patient is reimbursed for  $\frac{3}{4}$  of travel costs in excess of 4 kronor. On subsequent visits, all travel costs over 2 kronor are usually paid for.

3. *Purchase of medicines.* No charge is made for medicines prescribed for specified illnesses of a prolonged nature, such as tuberculosis, diabetes, cancer and asthma. On other medicines, a 50% discount is deductible from that part of the cost in excess of 3 kronor.

4. *Hospitalization.* Patients pay nothing for beds in wards. They also receive free physical therapy, convalescent treatment, etc.

In addition, *sickness benefits* are paid out at a rate proportionate to the patient's income. A *basic* sickness benefit of 3 kronor per day is paid to everybody earning at least 1,200 kronor per year from work. (*N.B.* The average annual wage for a worker lies between 8,000 and 12,000 kronor.) Further up the wage scale, supplementary benefits are granted in accordance with the following table:

Class	Annual earnings from employment from                      to kr.                      kr.		Daily sickness benefits first 90 days	Daily sickness benefits thereafter
1	1,200	1,800	3	3
2	1,800	2,400	4	4
3	2,400	3,000	5	4
4	3,000	3,600	6	5
5	3,600	4,200	7	6
6	4,200	5,000	8	6
7	5,000	5,800	9	7
8	5,800	6,800	10	7
9	6,800	8,400	12	8
10	8,400	10,200	14	9
11	10,200	12,000	16	10
12	12,000	14,000	18	11
13	14,000	—	20	12

As the table shows, the benefits are reduced in the higher classes after 90 days. However, this does not apply in cases of occupational injury, where sickness benefits are maintained intact until such time when they may be superseded by life annuities. Sickness benefits are tax-exempt and payable every day in the week. During hospitalization, sickness benefits are in most cases (class 4 and upwards) reduced by 3 kronor a day.

*Children's supplements* are added to the sickness benefits for patients with children under 16. The supplement amounts to one krona per day for one or two children, two kronor for three or four children, and three kronor for five children or more.

While compulsory for employed persons sickness benefits exceeding 3 kronor may be obtained by farmers, artisans, shopkeepers, housewives, students, etc., by subscribing to a voluntary plan. A housewife and student, however, may not insure themselves for a greater benefit than 6 kronor, whereas the others are permitted up to a maximum of 20 kronor in accordance with the preceding table. In any case, however, a hospitalized mother with children under 10 never receives less than 5 kronor per day—the guaranteed minimum of 3 kronor plus a special child supplement of 2 kronor.

National health insurance is expected to cost Sweden about 740 million kronor a year. Of this amount, the State and private employers assume 200 million kronor each; the rest comes from personal contributions, which vary from one locality to another depending on the rates fixed by the public sickness funds. As a general example, a man earning 8,000 kronor per year (and entitled to preliminary sickness benefits of 12 kronor) contributes an average of 115 kronor. His stay-at-home wife (entitled to a basic benefit of 3 kronor) contributes 58 kronor. Both amounts include the fees for medical services. No charge is made for these services for children under 16.

Personal contributions to national health insurance are directly taken out of taxes, while voluntary-insurance fees are paid to the sickness funds. Children and retirement pensioners pay nothing at all, except where private employment entitles the latter to sickness benefits. Most of the employers' contributions—1.14% of an employee's wage—are earmarked for the sickness benefit of employees in excess of the basic 3 kronor.

Unlike the pension scheme, national health insurance has not

been adopted with political unanimity. The Conservatives had asked for its postponement, fearing that the time was not yet ripe and that the country's medical facilities would be overtaxed. This objection was dismissed with the argument that the primary importance of the new reform lies in the sickness benefits, which give Sweden's gainfully employed a rock bottom of economic security. It was also pointed out that the advantages of the scheme are actually very modest, in any case not so far-reaching as to cause a run on doctors' offices and pharmacies. The "attractions" of hospitalization will not be any greater for a people who have long been used to low-cost, publicly financed medical care. If a much greater need for hospital accommodation should develop within the next few years, the resulting inconveniences are viewed as no more than temporary. By 1965, it is estimated that the present corps of 5,800 doctors will have increased to 7,600, and the number of nurses from 15,000 to 20,000. Some early bottlenecks were expected to develop in out-patient care, but this state of affairs is held preferable to one in which large groups of people abstain from medical aid for financial reasons. In its first few months of existence National Health Insurance has operated to general satisfaction.

### *Maternity Benefits*

Special provision is made within the national health insurance scheme for *maternity insurance*, which simplifies and coordinates a number of previously separate aid forms that had proved to be clumsy in operation. A strong spur to reform was the ineffectual operation of a 1945 law stipulating that employed women with at least one year of continuous service in the same firm are entitled to six months' paid leave of absence, covering the period both before and after childbirth. It is estimated, however, that only 25% of all employed mothers have received any

wages during their absence from work; of this proportion, 80% have been in government service.

As from January 1, 1955, all Swedish women are registered for maternity insurance. This stipulation automatically provides for the gainfully employed mothers, who receive maternity benefits corresponding to the sickness benefits. A mother is reimbursed for the actual costs of delivery in accordance with the same regulations applying for cases of illness. This equation of pregnancy and illness is, however, purely formal and practical, for the two are otherwise sharply distinguished.

The maternity allowances are twofold: a fixed basic allowance and a running supplementary allowance. All women are entitled to the basic allowance of 270 kronor (405 kronor for multiple births), half of which is payable at the health-insurance offices three months before confinement. The offices pay the rest immediately after birth. A mother who already has a child under 10 living at home receives an additional 20 kronor.

A gainfully employed mother earning at least 1,800 kronor per year also receives a supplementary allowance as long as she abstains from work, though not for more than 90 days. The daily allowance varies from 1 to 17 kronor depending on her income, and is usually paid to coincide either with the first six weeks after childbirth or with the legally forbidden period for resumption of work in certain occupations. Since maternity allowances—like sickness benefits—are tax-exempt, an employed mother can count on receiving total cash benefits equivalent to more than  $\frac{2}{3}$  of her disposable income. Example: a woman earning 6,000 kronor per year gives birth to her second child. During a 90-day leave of absence she receives 270 kronor in basic allowance plus 20 kronor for her child at home plus a supplementary allowance of 630 kronor ( $90 \times 7$ ) = 920 kronor.

Maternity insurance is financed by personal contributions (via national health insurance) and State subsidies, as well as



In many cases, the occupational health services have developed a special proficiency, dealing as they do with workers who always run the risk of accidents on the job. (Photo: Foto-Hernried)

employer contributions computed on the same basis as contributions to health insurance. The gross costs are estimated at 45 million kronor per year.

In addition to these benefits, needy mothers—whether married or unmarried—may still receive *maternity grants* of up to 600 kronor (800 kronor for multiple births) after passing a means test.

### *Industrial Injuries Insurance*

In 1916, the first law was enacted setting forth the liability of employers in cases of industrial accidents or diseases contracted as a direct result of certain conditions of employment. This and subsequent workmen's compensation legislation were finally coordinated into an Industrial Injuries Insurance, which went into effect on January 1, 1955.

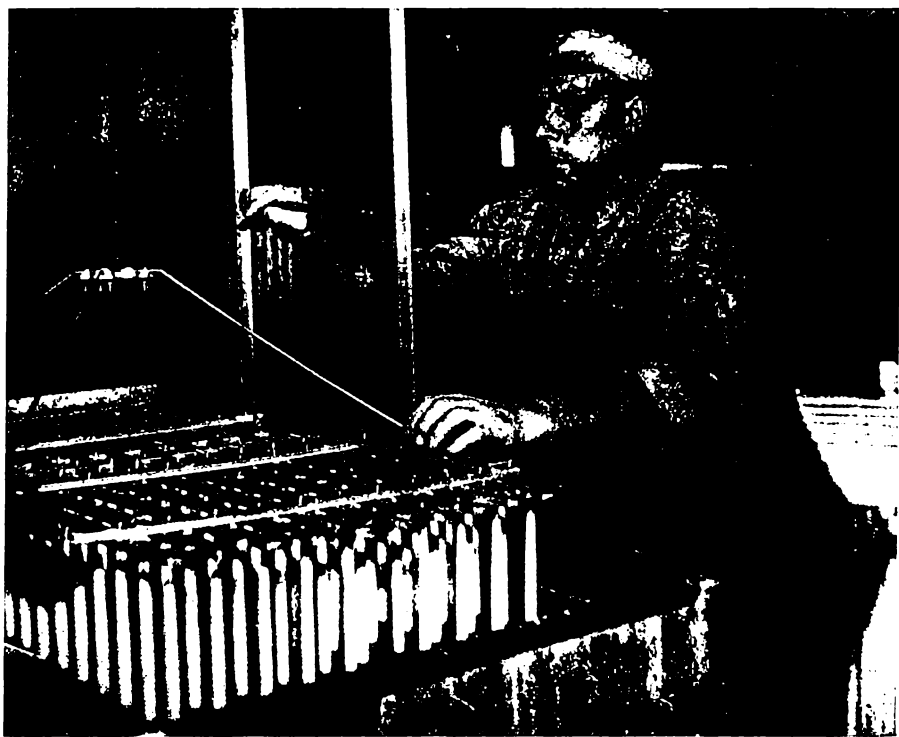
The administration of the new insurance system is coordinated with the national health-insurance scheme. During the first 90 days, a person's injuries are equated with illness on the books of his health office. If his incapacity extends beyond 90 days, the case is transferred to the jurisdiction of industrial injuries insurance. Since the overwhelming number of injuries terminate before 90 days, the coordination of insurances averts most of the inconveniences and annoyances that used to crop up in assessing damages.

The benefits of industrial injuries insurance are made available to children over 16 who help their fathers in certain occupations, such as farming, handicrafts and small businesses.

In cases where incapacity extends beyond the initial 90 days, all costs of treatment are assumed by the insurance establishment in which the employer has taken out the accident policy. The employee is likewise entitled to *injury benefits*, which also vary from 3 to 20 kronor per day as indicated by the foregoing table for sickness benefits.



Wherever possible, the partially disabled are encouraged to contribute to the productive effort. Here a blind worker has been assigned to a task which he performs better than his seeing comrades. (Photo: Martin Nyberg)



These benefits are increased by supplements for dependent children as in national health insurance.

Where the degree of disablement is 10% or more, the benefit is an *annuity* payable for life. A total invalid under 67 years of age receives the maximum annuity of 11,000 kronor. After 67, the annuity is reduced when the old-age pension becomes payable. *Death benefits* are payable to dependants in fatal cases. A widow receives a maximum of 5,000 kronor per year, while children receive annuities up to the age of 21. Surviving dependants are also entitled to a burial allowance of 600 kronor.

Accident policies are underwritten in Sweden by several private companies. Should an employer resort to none of these, however, he is compulsorily and automatically insured in the National Insurance Institute, a State-owned enterprise. All the charges in connection with this insurance are defrayed by the employer, who pays premiums scaled according to the degree of occupational risk in his particular industry.

### *Unemployment Insurance*

*Voluntary unemployment insurance* has been available in Sweden since 1934. It is subsidized by the State, which directly assists various authorized unemployment societies formed by trade unions. Unemployment insurance is compulsory for all members of these unions. In Sweden there are now 43 such societies enrolling 1,200,000 members, or almost one out of every two employed. Once they have paid the required contributions, all insured persons are *legally entitled* to benefits; there is no question of a means test.

Certain disqualifications apply: thus, a person who voluntarily leaves his employment or who refuses an offer of suitable employment without just cause will forfeit benefits for four weeks. Further, a prospective member must be 16 years of age or over, pass a physical examination, and be willing to accept suitable

alternate employment, if necessary. Usually, benefits are not payable for the first six days of an unemployment period; some societies enforce a 12-day waiting period. A claimant may draw up to 210 days of unemployment benefit within the same year in most societies, and up to 120 days in others.

Benefits from unemployment societies are given in the form of so-called *daily assistance*, graded in different classes up to a maximum of 20 kronor plus *family supplements* of 1.50 kronor per child and 2 kronor for an adult dependant. The average benefits amount to 16 kronor per day. Unemployment societies paid total benefits of 68 million kronor in 1954, embracing 4,100,000 benefit days or an average of 3.5 days per member. Subsidies—at present amounting to 40,000,000 kronor—account for 40 % of unemployment-society revenue, dues for about 50 %, and interest, etc., for 10 %.

It may be asked at this point why annual employment benefits should be so substantial in a country which has enjoyed full employment throughout virtually the whole postwar period. This overall picture is true enough, but it tends to gloss over important details like recurring layoffs, industrial reorganizations and seasonal unemployment among farmhands, building-trade workers and other groups. In 1954, the average unemployment for society members was 3.5 %, or slightly more than 40,000. In January and February of the same year, the rate was 6 %, corresponding to more than 75,000 unemployed members. These figures, however, are not even approximately reflected in the benefits actually paid out; in 1954, for example, benefits were payable in only 33 % of all unemployment cases. This disparity is partly due to the strict enforcement of waiting periods and to certain restrictions, especially in according benefits to seasonal workers. Thus a building-trade worker unemployed for four months during the 1954–55 winter season received only 36 days of benefit.

The question of making voluntary unemployment insurance compulsory has been discussed in Sweden in recent years. No action in this direction is expected within the near future. The 1956 session of the Riksdag has replaced the 1934 law with a new one, which retains the essential features of voluntary unemployment insurance with minor changes.

## CHAPTER V

### *Housing: Problems and Policy*

Even up to the middle of the Thirties, crowded and substandard dwellings were accepted in Sweden as ordained by the very nature of things. Other problems, like unemployment and general insecurity, were regarded as of more pressing importance, and housing was therefore shoved into the background. Besides, housing was viewed as a purely private matter in which society had no right to interfere.

Sweden's housing problem actually dates back to the beginnings of industrialization. From about the 1870's, old towns expanded and new ones sprang up at a swift pace. However, residential slums were avoided by spreading industry over small towns, many of them with fairly old patriarchal craft traditions to begin with; this was possible because these towns had ready access to water and electric power. Moreover, the sweeping fires, rather common to Swedish provincial towns in the 19th century, usually wiped out the old timber houses; when these towns were rebuilt, the new blocks were for the most part neatly arranged in patterns of two-storey houses. The parks, esplanades and public gardens laid out during the reconstruction period are characteristic features of these towns today.

Conditions developed differently in the cities, despite far-sighted statutes (1874) which set up minimum requirements for such things as street width, building height, and construction techniques. For the most part, however, society remained passive on the housing question. The town planners of that day were more interested in external forms and appearances than in

dwellings. An inevitable result of this neglect was to encourage a wave of private speculative building. The new blocks of flats were of many storeys and limited floor space. Tenancy was allotted on a strictly social-class basis, i.e. the more well-to-do tenants lived in the better flats usually commanding a superior view, while those of lesser means had to be content with inferior accommodation on lower floors or away from the street side.

As urbanization grew apace (in Stockholm alone, the population increased from 136,000 to 300,000 between 1870 and 1900), a housing shortage of constantly varying proportions followed suit. In order to provide maximum accommodation, the new apartment houses that were built contained mostly small units. The bad was made even worse by subdividing a large number of these smaller flats. During this period six out of every ten Stockholmers spent between 20% and 40% of their incomes on rent. Consequently, the newly built dwellings were largely unavailable to persons of lesser means. These conditions did not escape criticism, however, socially-conscious authors firing some of their most violent salvos at substandard housing; the municipal authorities undertook investigations and made recommendations; dissatisfied citizens formed their own housing societies; and in their regular reports, the Provincial Governors frequently referred to the poor housing and general misery of the working class. In the cities, the problem of housing for those in social need was approached in several ways. For example, the public acquisition of suburban and peripheral land was begun at this time—a far-sighted policy which was to have a decisive effect on future building programs.

The housing problem also came to the attention of the central government at about this time. Beginning in 1904, loans were granted to stimulate private home-building as part of a general campaign to restrict threatening emigration. An important contribution was made by a Housing Commission appointed in

1912, which sponsored the first nationwide housing census. In one of the many reports issued by this Commission, its members declared: "A nation that wants to survive cannot remain indifferent to the type of housing in which most of its citizens spend the better part of their lives." Several years elapsed, however, before this view won general acceptance. When the First World War aggravated the housing shortage because fewer dwellings were built, the State stepped in by fixing an upper limit to rent rises and granting some construction subsidies. A State agency was set up in 1920 to make secondary loans at low interest. In the ensuing decade, housing cooperatives became increasingly active in a number of towns, and when these combined in 1922 to form the Tenants Savings and Building Society (HSB), the first major entrepreneur had arrived on the Swedish housing market. The cooperatives effected vast improvements in their own housing projects and did a great deal to improve standards in general. One of their most influential achievements was to cut down house widths. Besides enhancing neighbourhood appearance, the use of narrower blocks made for more practical, as well as lighter and more pleasant room layouts. As a rule, the cooperative houses were equipped with refuse-chute, roof balcony for carpet-beating, a laundry room shared by tenants in the same house, bath or shower facilities, and central heating. From 1929 on, HSB also began installing day nurseries on the premises; nowadays, however, daytime care of children has been entirely taken over by the municipalities. A few statistics serve to illuminate this growing interest in dwelling standards: in 1920, baths were to be found in only 6% of the flats; by 1933, in 16%. Within localities of 10,000 population or more, the proportion of flats with central heating increased from about 6% in 1920 to 31% in 1933. During this entire period, however, new housing was still concentrated on small units—in Stockholm, for example, 75% of all rental units built were one-room and kitchen flats. Never-

theless, dwelling density declined as the birth rate fell off during the Twenties.

A turning point came with the 1930 Architectural Exhibition in Stockholm. The functionalistic façades may have shocked a large section of the contemporary public, but they symbolized a determined effort to sacrifice non-essentials for practicality. Henceforth, the wishes and needs of human beings were to be the norms for housebuilding; a dwelling was to be no longer a "trade commodity but a social utility". At about the same time, a more scientific approach to the housing problem was taken. For instance, the wretched dwellings of farmhands in the southern province of Skåne were investigated by a number of reform-minded university students. Increasing interest in housing problems became particularly apparent after the publication of Alva and Gunnar Myrdal's "Crisis in the Population Question" (1934). This book brought home to readers the fact that housing standards and the birth-rate were intimately related problems. Further, the depression of 1929-1933 made clear that housebuilding was an important factor in maintaining the employment level and stabilizing the economy. Overnight, so it seemed, housing had become a domestic issue of the highest rank.

Housing became an active part of government policy when the Social Democrats took office in 1932. In the beginning, new construction was one of the emergency measures taken to increase employment; later, it became an integral part of Sweden's famed social welfare programme, of which most of the main elements were legislated in the Thirties. Happily, a new generation of architects, both gifted and full of new ideas, stepped in to implement the housing measures. These measures, in turn, were largely inspired and pushed forward by a Royal Housing Commission, which was appointed in 1933 and submitted its final report in 1947.

The Commission set out to make exhaustive housing investiga-



tions all over the country, which shed light on a number of deplorable conditions. Examples: 42% of the total population and 44% of all children lived in one-room and kitchen flats; 75% of the families with three or more children lived in close quarters, i.e. occupancy by more than two persons per room except the kitchen. As facts like these became known, more Swedes of all classes agreed that society had to go into the business of housebuilding on a larger scale. The first beneficiaries of this socially oriented housing policy were low-income families with many children, aged persons, and inhabitants in rural areas where rent-paying capacity was very low. In particular, the rehousing of large, low-income families in State-subsidized dwellings represented for most of them a substantial improvement in living standards; it meant not only more rooms to live in, but also provision of such hitherto unknown amenities as bath and central heating.

In the cities and towns, however, these measures did not noticeably affect the types of houses built nor their price structure. Rents remained high or even rose in some cases, far too many small flats were being produced and little, if anything, was being done to relieve overcrowding. But the new policy of the Thirties did serve a very important purpose in giving aid where most needed; besides, it paved the way for society's extended housing commitments in the decade to come.

As the depression receded, construction activity gradually picked up, later to be spurred to a boom by stabilized building costs and falling rates of interest. After a low of 15,000 non-rural flats in 1933, the number increased each year to reach a peak of 60,000 in 1939, 45,000 of these non-rural. However, even as late as 1939, 50% of all the newly built flats had only one room and kitchen, though these were admittedly better and more comfortably equipped. Larger flats were still unattainable for most people—an industrial worker had to be prepared to earmark



The housing quarters provided by many of Sweden's industrial concerns serve as models for their communities. At left, a group of houses let to employees by Findus, a leading Swedish food-processing company at Bjuv. (Photo: Ateljé Sundahl)

Generous government loans, combined with local community measures, have made home owners of thousands of Swedes. Most of them are "do-it-yourself" experts who can't wait until that lucky day when they walk around all four corners to survey their finished handiwork. (Photo: C. G. Rosenberg)



30% of his wages for rent to move into a modern two-room flat and kitchen. The 1939 income of an average family barely sufficed to afford better than a modern one-room or semi-modern two-room flat.

The outbreak of war precipitated a sharp drop in the rate of housebuilding—only 17,000 new units were erected in 1941. This was due to a number of factors: declining demand, higher building costs and interest rates, etc. In anticipation of a future housing shortage, many expert observers insisted that the State finance all housing construction instead of subsidizing certain underprivileged groups. The Government responded by extending the scope of its subsidies and restricting rents as a condition of eligibility for State loans. These measures not only kept building costs within reasonable limits, but also gave the State more sweeping powers over housing construction than before. The socially oriented policy of the Thirties had now been superseded by a housing policy *per se*. This change-over was to have far-reaching consequences for the entire structure of the housing market, but its effect was also immediate: 40,000 new units were built in 1943 and 50,000 in 1945.

Shortly after the end of the war, the Housing Commission presented its final report, which was to serve as the basis for a new housing programme of vast dimensions. The chief aims of this programme were to catch up with accumulated wartime demand, eliminate overcrowding and to modernize flats in older houses. The one-room and kitchen flat was definitely condemned as a family dwelling. Rents in the new houses were to be kept low by granting State building loans and special rebates to large families. It was both a drastic and ambitious programme: every effort was to be made to obtain decent, improved housing for all families irrespective of size of income. In other words, new housing would no longer be reserved solely for special categories of the

population. Under this new dispensation, building costs were to be regarded as having social as well as economic implications.

The framers of this program hoped to realize their announced objectives within 15 to 20 years. Since then, however, circumstances have compelled alterations and adjustments, and the target date has had to be set ahead accordingly. Nevertheless, the main principles and goals of the 1946-47 program still obtain. The new Swedish housing policy may therefore be said to be permanent; it has become one of the essential components of long-range national planning.

In order to carry out the new housing policy, a proper division of responsibility between State and local authorities had first to be effected. The State was to guarantee the necessary financing, distribute housing rebates, do the general planning and counseling, as well as direct construction developments. The local authorities were to devise the actual building schemes and to organize their execution and administration. In Stockholm, a new government department, the Housing Board, was set up in 1948 to implement the programme. At the same time, field offices were opened in each of Sweden's 24 provinces.

It is perhaps appropriate at this point to discuss the various forms of State financial aid, which have proved to be of basic significance in improving housing conditions. These forms ensure maximum security and freedom from anxieties both in the construction of private homes and multi-family dwellings. Under normal circumstances, new *multi-family dwellings* are financed through first and second mortgage loans obtained on the open capital market and secured for 70% of appraised property value. Since the remaining 30% still represents some expense as well as risk to property owners, the Housing Board now makes *third mortgage loans* up to 85% (in exceptional cases, 90%) for individuals, 95% for cooperative enterprises and 100% to non-profit enterprises (usually housing entrepreneurs under long-

term contracts to municipalities). Third mortgage loans bear 3% interest and must be amortized. In addition, the State guarantees interest on first mortgage loans up to 3% and on secondary loans up to 3.5%. In other words, the State pays the difference between this and the current interest. Any increase in interest rates is thus prevented from expressing itself in higher rents. With certain wartime exceptions, long-term rates for the past 20 years have kept within 3 and 3.5%—a fact of the utmost importance to housing construction in Sweden.

All applications for third mortgage loans are carefully examined by the Housing Board, which grants approval only after certain conditions are met. For instance, optimum sizes of rooms, corridor and wardrobe space, etc. are prescribed on the basis of laboratory investigations and household surveys. Further, a prospective builder is required to produce a certain proportion of two-room and kitchen flats, three-roomers, and so on. The third mortgage loan keeps the capital investment of the building company-landlord to a minimum. In 1941 when tertiary loans were first introduced, they covered about  $\frac{1}{4}$  of all new production. By 1945 this proportion had risen to  $\frac{3}{4}$  and today about 95% of all new houses are financed in this way. Although the credit market has tightened up from time to time, these loans have never been affected.

Third-mortgage loans are not only intended to guarantee a high volume of housebuilding, but also to hold rents down to a reasonable level. For this reason, they are made on very favourable terms: the amortization period is long, while the interest rate is low and stable. State aid to housing construction also includes certain capital subsidies. In respect of multi-family dwellings, these are called *supplementary loans*, running for indefinite periods without interest. Repayment is demanded only if rents and housing costs should rise considerably. State loans to housebuilding are closely related to the present rent controls, which

were introduced in 1942. As a condition for granting subsidies, rents are not permitted to exceed the actual costs of administering the property. The following example clearly demonstrates the advantage of this system: in 1953, the annual rent for a new two-room flat in an average Swedish town would have been 2,650 kronor (including fuel) under the usual system of financing the subordinate liens from private sources. As a result of State loans and subsidies, this rent is reduced to about 1,850 kronor. It has recently been suggested that these loans be replaced by a system of credit guarantees, administered by private banks.

The State also grants *private home loans* for the building of one- and two family houses. In general, these loans are granted for 40 % of the estimated cost of a new or rebuilt house, plus the unpaid value of the plot. In exceptional cases, such a loan may be made for 90 % of the approved production cost. At present the State has maximized the loan value on owner-occupied homes up to 45,000 kronor. The future home owner may in many cases save considerable capital outlay by doing much of the construction work himself. Private home loans usually bear 3 % interest, and are amortized either wholly or partly; the State makes up the difference if a higher rate of interest is charged. To qualify for consideration, prospective builders must fulfill certain conditions in respect of size and appointments. Thus, maximum permissible floor space is 125 square metres, though exceptions are granted. The appointments must be modern and include central heating, good kitchen equipment, bath, water, and drainage pipes. Part of the loans runs indefinitely without interest; for new buildings this form of subsidy amounts to 8,000 kronor, for rebuilt dwellings 30 % of the cost up to a maximum subsidy of 8,000 kronor.

In addition, the State grants partial rental allowances (including part of the fuel bill as well) to large families—an exten-

sion of the rent rebates which were first granted to families of lesser means beginning in 1953. At first, these allowances were granted only to families with at least three minor children who lived in special houses accommodating only large families. This system has now been abandoned, and the earlier system of rent rebates entirely revised. Rental allowances are now granted to families in any block or flats completed in 1942 or later, provided they live in no less than two rooms and kitchen (minimum floor space, 50 square metres). Further, eligible families must have at least two children and specified maximum incomes (e.g., the income of a family with two children must not exceed approximately 10,000 kronor). In calculating the allowance, 150 kronor is granted for each child, plus a sum varying between 150 and 300 kronor towards the fuel bill. An extra 210 kronor per year is approved for families in the very low income group. These allowances, which are tax exempt, are never paid out in cash; a tenant deducts them from his rent or a home owner applies them to his amortization and interest payments. At the present time about 125,000 Swedish families enjoy these benefits, for which the State makes an annual budget appropriation of 85,000,000 kronor.

Parallel with all its measures on behalf of new housing, the State has also operated an ambitious modernization programme. Since 1933, loans and allowances have been granted to help finance the repair or reconstruction of substandard dwellings, primarily in rural areas. Grants have also been made for the installation of water supply and drainage systems. To simplify this program and cut costs, *improvement loans* have been made as from 1948. These loans, which in some cases are virtual subsidies, are intended to cover 80% of the improvement costs up to a maximum cost of 10,000 kronor. The chief beneficiaries are pensioners, who are thus able to continue living in familiar surroundings after the improvements are made.



The problem of housing the aged has been in the forefront of interest for many years. Subsidies have been granted since 1939 to cover a certain percentage of the cost of building old-age homes. Because of their low rents and other advantages, these homes have become quite popular—about 30,000 pensioners are comfortably housed in them at the present time. Many pensioners also live in ordinary blocks of flats administered by the local authorities or nonprofit enterprises, who are likewise eligible for these subsidies. Special loans are also made for farm-worker dwellings, which again amount to virtual subsidies.

Every year, huge sums are earmarked in the national budget for residential construction. The Riksdag voted not less than 740,000,000 for the fiscal year 1953–54. State building credits in 1952 amounted to almost two billion kronor, a significant figure when compared with credits of 17.2 billion kronor for the entire housing market at the end of 1951.

Swedish housing policy will be re-examined and probably revised drastically, at least in part, during the years to come. A Royal Commission was appointed at the end of 1955 to study construction financing and to recommend measures for the assistance of low-income groups. It has been found that these groups still have difficulty in obtaining acceptable housing, even though overall housing conditions have greatly improved since the Thirties. Inasmuch as the rents in new blocks of flats often exceed what these families can afford to pay, State measures on their behalf will probably take the form of financial aid.

In regard to construction financing, the Commission is expected to work out terms that will make subsidies unnecessary. The financing procedures themselves will probably be simplified. Further, the question of a credit-guarantee system for housing is again being discussed, as well as the amount of money to be put up by builders.

The system of rental allowances, which are subject to a means

Since the middle of the Forties, Swedish planners have striven to create self-contained communities, thus following a general trend away from dormitory suburbs. One of the first housing projects to embody this idea was Guldheden, a district in Gothenburg. (Photo: G. E. Kidder Smith)





A more sweeping application has been tried at Vällingby (above), a suburb of Stockholm. By grouping high and low blocks of flats, terrace houses and private homes around a well-equipped business centre, the architects and planners have contrived to build a city within a city. (Photo: Ateljé Sundahl)

test, may be extended to include families who live in substandard dwellings. The housing problems of aged persons, invalids and self-supporting mothers living alone with their children will also be thoroughly studied, and more effective public support will be given to the modernization of old houses.

All these measures have had an inevitable effect on the structure of the housing market. Before the war, private builders put up about 55 % of the new apartment houses. The situation today is quite reversed: local, nonprofit and cooperative enterprises together account for about 55 %. This is illustrated by the following table, showing how the 58,200 units built in 1954 are classified by types of builder:

Builder	Number of units	Per cent of total
State, provincial Councils	456	0.8
Local, nonprofit	18,299	31.4
Cooperatives	14,303	24.7
Employers	1,677	2.9
Owner-Occupiers	11,762	20.2
Other	11,636	20.2

These figures deserve further clarification. 78 % of the new dwelling units were in multi-family houses, 3 % in two-family houses and 18 % in one-family houses. In Sweden, the last two types are very often of prefabricated timber units, which the owner-occupier helps assemble. These timber dwellings meet every requirement of warmth and comfort even in a country with Sweden's winter climate. Note also that Swedish employers are also active building entrepreneurs—most of the 3,486 units represent company housing for personnel in the industrial towns. This activity has been booming of late: between 1944 and 1950 as many units of company housing were built as between 1920 and 1940. In addition, many factories in the provinces have granted large subsidies for residential construction. These firms generally permit free scope for fresh architectural approaches and many of the finished projects are models of their kind.

The figure given for houses put up by the cooperatives does not do justice to their overall achievements. The Tenants Savings and Building Society (HSB) has built 100,000 units since its founding. During the last few years, HSB has concentrated on the problems of building costs and how to reduce them.

In 1953, 10% of all new houses were built by Svenska Riksbyggen, an enterprise in which the trade unions hold a majority interest.

As these developments have proceeded, private builders have had to face completely different conditions on the Swedish housing market. Nowadays, their share of the market is very small as compared with the prewar years. A number of them have become large-scale operators by combining their talents and resources. Individual builders, however, have notably pioneered in launching new types of houses, improved construction methods, etc. It should be emphasized here as well that more than 90% of the actual building is still done by private construction on the basis of competitive bids. Municipal construction in a very few towns accounts for the other 10%.

The first postwar years saw a return to the record housing output of the late Thirties. This time, however, the picture was complicated by the wartime ruling requiring prospective builders to secure State permits. The authorities retained this ruling as a means of regulating the investment sector of the economy. When a postwar business boom threatened to get out of hand, they curtailed housebuilding in 1948-50 as a disinflationary measure. After a low mark of 40,000 dwelling units in 1951, housebuilding picked up again to reach 52,000 units in 1953; production amounted to 58,000 units in 1954. Building permits are no longer required, but the State still retains a few controls in order to husband available resources and to safeguard against inflation.

Despite all this lively activity, there is still a serious housing

shortage in Sweden. 260,000 persons were on the waiting list in the autumn of 1953. Of these, 97,000 had no dwellings of their own. More than 100,000 had dwellings but desired other, usually larger, accommodations. The most urgent cases of need are to be found in the three largest cities: Stockholm, Gothenburg and Malmö.

How has this situation come about, even though Sweden was spared the horrors of war? A combination of demographic and economic factors operating in the same direction is responsible. To begin with the first of these, the increase in population during the 1940's was three times as great as in the previous decade. There has been a highly disproportionate increase in the number of married couples, who make up the greater part of housing demand. Further, migration from country to city was particularly intense during the Forties—about 125,000 deserted agriculture alone for urban occupations. Sweden also has become a goal of immigration—more than 100,000 aliens now contribute to the national product and are naturally entitled to a roof over their heads. Another factor is the increase in longevity, which has reduced dwelling turnover due to deaths.

The economic factors are equally important. In the era of full employment that has prevailed in Sweden since the end of the war, money incomes have risen considerably. However, rents have remained practically unchanged since the beginning of the 1940's. As a result, more and more persons are now able to afford large and highly modern dwellings, and the growing demand is inevitably reflected in long waiting lists at local housing agencies. In its present form, therefore, the housing shortage will not very likely be overcome for another 10 years, at least not in the cities.

Not only has this active State policy radically altered the structure of the housing market, but it has also reshaped the very environments in which people live. The 800,000 new dwell-

ing units built in Sweden between 1939 and 1955 provide very high levels of interior comfort and attractive external settings. Overcrowding, defined here as occupancy of a room—except the kitchen—by two or more persons, is much less acute (in 1950, the rate of overcrowding was half that for 1930). Where not less than 50% of the rental units built in 1939 were one-room and kitchen flats, the proportion in 1954 was only 19%. At the same time, the livable floor space is much larger—a development which has benefited hundreds of thousands of families. The floor space of today's 2-3 room flats averages 65 square metres as compared with 30-40 square metres of the one room and kitchen that was standard just before the war.

A tour through any of the newest residential areas in Sweden offers a rich sample of modern dwelling types. The most common is the "narrow block", actually a three-storey walk-up with usually one flat on each side of the stairway landing. The units are 9 to 12 meters deep, admitting light and air from both front and back, and enabling architects to design very efficient arrangements of floor space. As originally conceived, however, narrow blocks have been sharply criticized for uneconomic utilization of building materials and unattractive location and appearance. Since the war, efforts have been made to enhance their esthetic values by combining them into enclosures or other symmetrical patterns and locating them to best advantage in the landscape. In the cities, a project area may also be dotted here and there by "tower buildings", ranging anywhere from 5 to 17 storeys high; a variant of this type is the Y-house, which looks like a star when seen from the air. A familiar new type in factory towns and industrial settlements is the terrace-house, though most workers and office employees in these communities still live in detached houses. As for the Swedish countryside, new construction is almost wholly limited to self-contained houses for one or two families.

If we now take a look inside these new dwellings, we find that their appointments differ remarkably from those, say, current in the 1920's. Today's Swedish kitchen, for instance, boasts all the accepted amenities: hot and cold running water, refrigerator, stainless steel sink and, as a rule, electric range. Other components of modern dwelling standards are central heating, bath, parquette or linoleum floor, ample built-in storage space for clothes and linens. This technical revolution, for such it is, has had far-reaching implications for other aspects of living: for instance, the installation of baths in up to 90% of all new flats has considerably raised standards of public hygiene. Moreover, modern science is actively enlisted in Sweden in search for even better housing standards; an organization like the State-supported Home Research Institute, for example, is continually engaged in finding ways to lighten the burdens of housekeeping for Swedish wives and mothers.

At the same time, planners and architects have not lost sight of the forest for trees. Each new area is carefully planned to create a living, organic whole; the "dormitory suburb" is wholeheartedly condemned. The theories of British and American town planners have exerted considerable influence in this connection. To begin with, much thought is devoted to exploiting the natural features of a terrain in locating new houses; the aim here is to create varied patterns that stimulate, not stultify, the senses. Further, the houses are located with reference to a business centre, which contains the essential shops and services. Other facilities, like playgrounds, day nurseries, nursery schools, collective laundries and hobby rooms, have also been provided. A significant result of this "community planning" has been to break down residential class barriers. Every new project area contains a cross-section of Swedish society; here one can find people with the most widely different occupations and incomes living next door to one another.



Modern housing construction in Sweden is very seldom confined to scattered plots of land or city blocks as in the old days. Nowadays, it more often involves thousands of flats covering hundreds of acres. To be practicable, such large-scale operation requires standardized building procedures, unified planning and administration, and some degree of social control.

An important consequence of large-scale operation is the sharp relative decline of building costs. This trend is very well illustrated on the demand side of the housing market. At the beginning of the 1930's the rent of a new two-room and kitchen flat would have cost an industrial worker more than 40% of his wages; in 1954, however, he could obtain the same size accommodation for only 16%. The spacious, modern family dwelling is no longer reserved for persons in good circumstances; in other words, the amount of income is no determinant of whether a family is satisfactorily housed or not.

However, Sweden is still plagued by a number of serious housing problems. Due to labour and material shortages in the building trades, the annual rate of replacing existing units cannot exceed 4%. In the meantime, about one million old, substandard units (many of them built before 1880) must remain habitable because of the housing shortage. According to the housing census of 1945, 37% of the Swedish people were living in dwellings that lacked water supply and drainage. In the cities and towns, these substandard units are concentrated in central districts which will deteriorate into slums unless drastic measures are taken. In the autumn of 1954, a Royal Commission submitted its final report on urban redevelopment.

Within the last two or three years, increasing attention is being devoted to the economic and technical aspects of building. It is generally agreed that more efficient methods of organization and production must be introduced if more houses are to be built at a lower cost per unit. The question of costs obviously

interests the State and local authorities, who are already heavily committed to the success of the building programme. Towards this end, the State makes advantageous loans to builders for the purchase of machinery. State loans are also available to help finance the many experimental houses which are now going up in all parts of Sweden. The aim of these houses is to demonstrate the savings in costs effected by rational methods of assembly and the use of prefabricated parts wherever possible. A State Committee for Building Research was formed in 1953 to coordinate existing knowledge and research. It receives about three million kronor each year to finance its operations, of which 400,000 kronor is granted by the State and the rest levied on the construction industry. In 1954 Svenska Riksbyggen joined with the building-trade unions to start an investigation of material and handling costs, new production methods, building credits, the effects of current and proposed legislation, etc.

As the work of State planning progressed in the housing field, it was probably inevitable that sooner or later the entire community should fall within the purview of planning. In 1947, a new law was passed permitting the local authorities to draw up all-inclusive master plans, as well as regional plans in collaboration. Town planners and municipal architects are thus in a better position to influence decisions on such important matters as the location of new residential areas, rights of way and franchises for new transportation facilities, as well as the construction of collective service facilities. The location of industry, on the other hand, is the province of a special bureau set up in 1952 and attached to the Labour Market Board. Wherever possible, new industrial units are urged to locate in specially designated areas where they can best meet local needs and at the same time satisfy their own requirements for power, raw materials, and labour.

## CHAPTER VI

### *Care from the Dawn to the Sunset of Life*

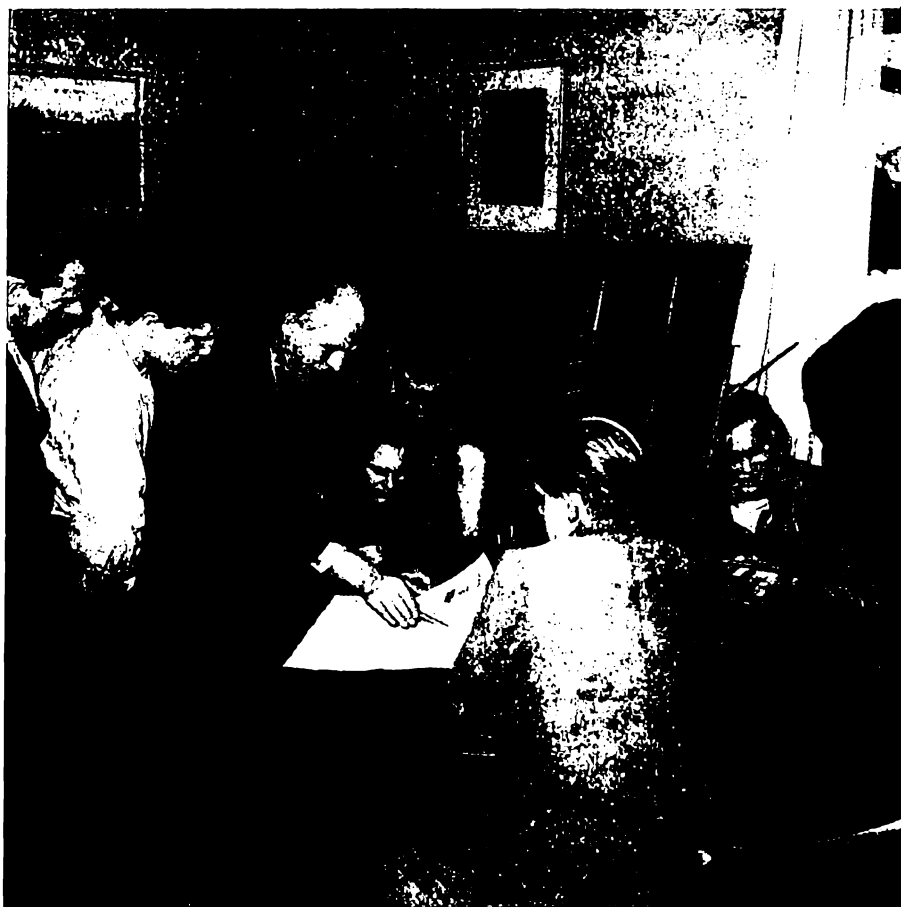
During the last few decades, a number of major and far-reaching reforms have been enacted in Sweden for the welfare of children. In fact, the leading social security measures, as expressed in family policy, housing policy, and in the health and medical services, have been specifically enacted to improve the lot of children and families. Various facilities have been set up to maintain the physical and mental well-being of children and to create good living conditions for them in general.

Measures of a general nature, of course, are not panaceas. Society is still often compelled to act in situations where children are victims of poverty or are living in other kinds of wretched conditions. The first special law on child welfare dates back to 1902; as from 1924, municipal Child Welfare Boards were set up as part of a new law which separated this service from public assistance. The jurisdiction of these Boards, which consist of laymen and municipal employees, extends to children in their late teens (actually up to the age of 21). Within their areas of operation, the Child Welfare Boards work for the improved care of children and teenagers, and make sure that adequate institutional care is available, if necessary. Each Board draws up plans for day nurseries, kindergartens and country holiday camps, and arranges for playgrounds, summer colonies, young people's recreation centres, etc. Other duties include administration of the child allowances, passing on applications for maternity grants, and providing free holiday trips to mothers and children. Of special importance is the central role of the Child Welfare Board in arranging protection, care or upbringing for the children

and teenagers either through preventive measures or by taking charge itself. In addition, the Board supervises the care of children entrusted to foster parents. We are thus dealing here with a special kind of care: to guard the rights of children, and see to it that society takes care of them whenever circumstances so require.

Child Welfare Boards touch the lives of children and teenagers at many points; their wide range of activity extends from giving advice and instructions in how to bring up children to complete charge of children who are placed in another milieu. Before taking any drastic action in cases of misbehaviour or the like, the Board usually warns the child and at the same time gives the parents certain instructions. These measures may be enforced by supervision. The Board may also specify a suitable occupation for the child. This part of the Board's work is subsumed under the heading of *preventive measures*.

With regard to complete charge of children, a distinction is made between social care and protective upbringing. *Social care* occurs only for children under 16 years of age and usually requires the consent of parents. It refers to the intervention of society when a child suffers poverty in the home, is ill and requires care and support outside the home, or when the parents have died or abandoned the child. *Protective upbringing*, on the other hand, is called for when the home is the scene of brutality, neglect, depravity or other unsatisfactory condition. The Board can prescribe such upbringing even for children from 18 to 21 years of age who lead an "improper, indolent and immoral way of life". The law, however, is carefully phrased to guarantee full legal security whenever the Child Welfare Board steps in to separate a child from its parents. Drastic action of this kind is taken only after warnings to the parents or child have gone unheeded, or if instructions on the care of a child have proved to be of no benefit.



Vocational training is provided in good measure at today's correction schools to help wayward youths become full-fledged members of society. (Photo: Foto-Hernried)

A child removed from its home is taken care of in different ways: by placement in a foster home, private home, or boarding home, by securing admission to a children's home, hospital nursing institution or to a youth welfare school (previously termed reformatory). Children or teenagers are sent to *youth welfare* schools only as a last resort after careful examination, which establishes that their delinquency or other form of anti-social conduct is of a degree and character to hamper their normal adjustment to society. These schools were taken over by the State in the middle of the Thirties and have been thoroughly overhauled since then. Their number has now been reduced to 22 schools, with accommodation for 800. Treatment is based on a cottage-type of institutional arrangement, staffed by personnel with special medical and pedagogical training. The youth welfare schools are not meant to be prisons, but rather homes which consciously strive to make their charges fit for life in the world outside. Towards this end, the schools try to instill socially useful habits and to provide suitable vocational training. They are not bound by a fixed organization, but are permitted to adapt themselves to changing conditions. In this way, the school leaders are encouraged to try out new solutions where these seem desirable.

Youth welfare schools are of three kinds: school homes, trade schools and home schools. The idea is to keep the pupils in these schools for no more than a year. Training is followed by a period of after-care, for which each school is responsible, and which is given in a number of boarding homes and houses. Considerable importance is attached to training competent personnel to administer this programme. The problems of youth welfare schools came up for heated debate at the beginning of this decade; most criticism was levelled at the alleged deterioration in the quality of pupils and the rising number of runaways. A special commission appointed to study the matter submitted its final

report in the autumn of 1953. Its recommendations were taken up by the Riksdag in 1955, which voiced its support of the methods of treatment applied in these schools up to that time. More personnel, buildings, equipment, etc., have recently been added to strengthen the school organization, which still retains the main features incorporated from the beginning. Considering the major social tasks they have had to perform, the youth welfare schools can take credit for very good results. Some statistics are illuminating here: in the autumn of 1949, 1,230 pupils had left these schools on conditional discharges. Of this number, 63 % deported themselves without blemish, 23 % were guilty of some misconduct, though not of a serious nature, and the other 14 % were recidivists.

Children's homes have been familiar parts of the Swedish scene for many years. In the past they were usually set up and operated by foundations, societies and civic-minded individuals; to achieve greater uniformity, however, all children's homes were placed under the control of county and city councils. Each council was required to make a survey of the children's homes within its district and to draw up plans for their activities; these plans were then to be approved by the Swedish Government. Children's homes are of several kinds, e.g. homes for infant children, mother's hostels, reception homes and homes for permanent care. Present efforts are concentrated on securing more individual attention by restricting the size of the homes. Further, their different forms are to be kept separate as much as possible and combinations avoided. A guiding principle, however, is to exclude normal children of good physical and mental health from these homes and to secure accommodation for them in private or foster homes wherever possible. In this way it is hoped to reduce the scope of children's homes so that they serve more or less as transit stations, where children can receive brief care until they are placed in private homes. Fortunately it has become

The well-known child psychiatrist, Dr. Gustav Jonsson, has long pioneered new methods of dealing with maladjusted youngsters at Skå-Edeby, a Swedish "Boys' Town" west of Stockholm. (Photo: Foto-Hernried)







If "problem" children are ultimately to feel a part of the community, the teacher must win their confidence, make them feel that he or she is on their side.  
(Photo: Martin Nyberg)



All Swedish schools require their pupils to learn the do's and don'ts of house-keeping. Even the boys take instruction in cooking, cleaning-up, etc., so as to understand the meaning of shared responsibilities. (Photos: Foto-Hernried)



8 - 567980

easier in recent years to find suitable foster homes for these underprivileged children. As of 1955, 4,900 accommodations of approved standards were available in children's homes.

The extent of Child Welfare Board activities can be gleaned from some statistics for 1953. In that year the Boards carried out preventive measures on behalf of 7,500 children. About 6,000 children were given protective upbringing, while 27,000 were placed under social care for either the whole year or part of the year. All existing legislation in the field of child welfare is expected to be modernized and made more effective during the next few years.

As a rule, the Boards do not exercise continuous supervision of children, with one exception: *foster children*. This group consists of all children under 16 who are brought up in homes other than those of their parents, or by specially designated guardians. At the present time, about 40,000 foster children come under the auspices of the Child Welfare Boards, which are given wide discretionary powers in regard to their care and treatment. Thus, infants under one year of age may not be put in foster homes without the Board's permission. Foster homes are regularly visited by special inspectors appointed by the Boards. If conditions in the new home are unsatisfactory, a Board may remove the child at its discretion.

Another and very important function performed by the Child Welfare Boards is the supervision of *illegitimate* children. At one time the number of children born out of wedlock in Sweden was fairly high—the proportion in 1930 was 16% of all births—but since then a sharp decline has ensued. The supervision of illegitimate children is entrusted to Child Welfare Officers, women social workers who arrange suitable boarding-out facilities for mothers, secure special benefits for them, and give advice and personal assistance. Once the child is born, the Welfare Officer takes legal steps to establish the identity of its father and to

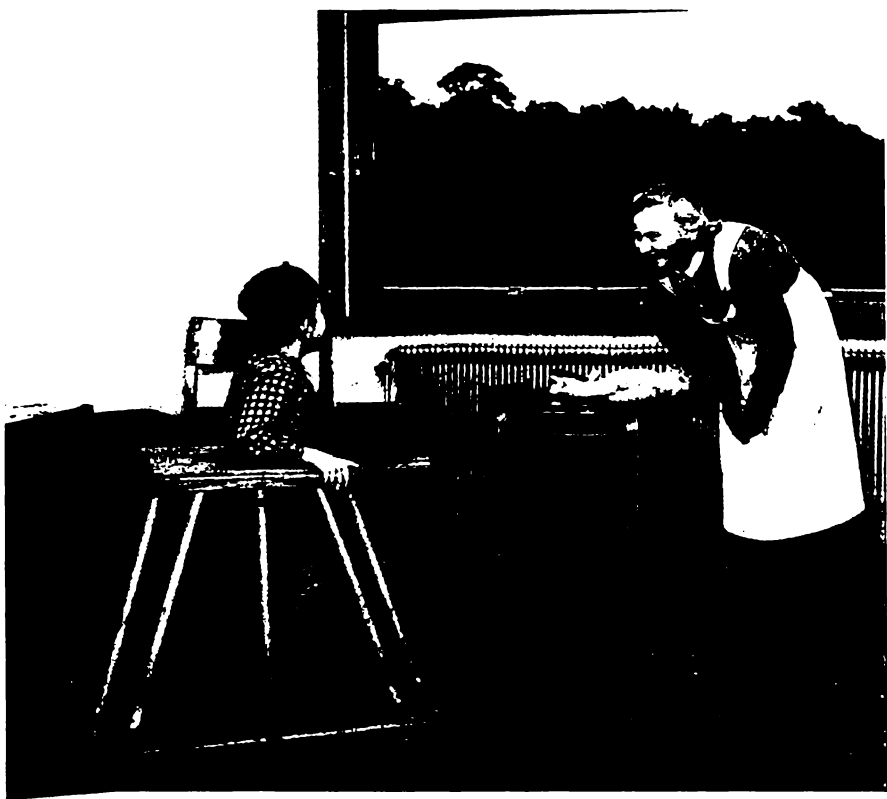
A larger role in education has been assigned to vocational training as a result of reforms enacted in 1950. (Photo: Foto-Hernried)





To cope with the ever-present problem of what to do with spare time, the Swedish authorities support the activities of clubs and youth centres as alternatives to hanging on street corners. Many new recreational facilities are continually taking shape, all of them likewise dedicated to the beneficial use of leisure. (Photos: Foto-Hernried and Ateljé Brandt)





A young nurse shouts encouragement to a polio-stricken boy at a hospital specializing in children's ailments. Even in Sweden polio is an all-too-familiar disease, and an alarmed community is now bringing all available resources to bear against it. Much of the anti-polio work is done through private charities. (Photo: Foto-Henried)



compel him to pay a sufficient grant towards the child's maintenance. If the father fails to pay the grant, the Welfare Officer acts to have his wages garnished or to secure an advance on the grant (see below). In 1954, the services of 4,000 Child Welfare Officers were engaged on behalf of 100,000 children, of whom 85,000 had been born out of wedlock.

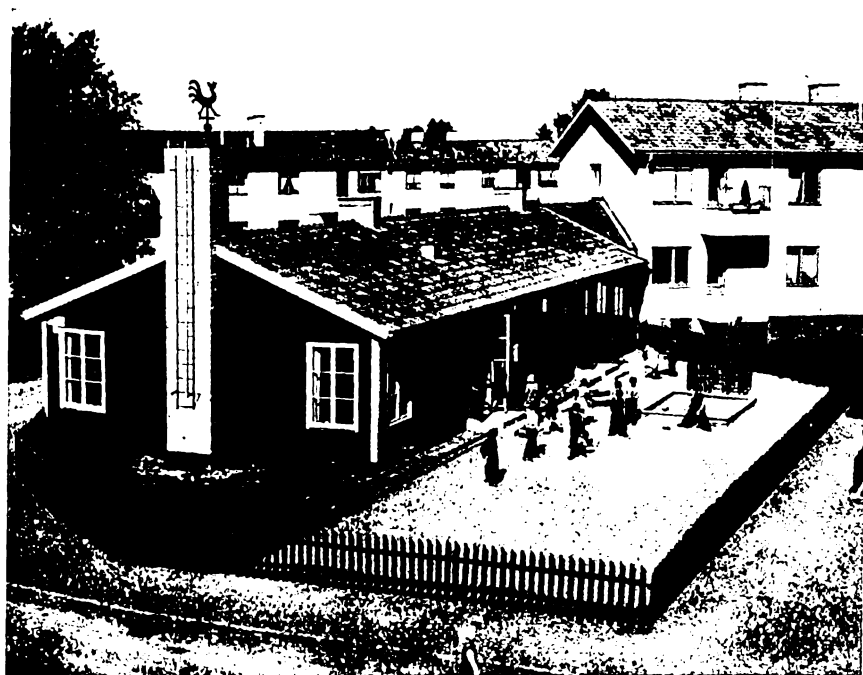
Since past experience showed that maintenance grants are often very difficult to collect from fathers, an important reform was enacted in 1937 to assist the mothers of illegitimate children. This law provides for *advanced grants*, whereby the Child Welfare Boards pay for the maintenance of illegitimate children until they reach the age of 16. If a Board then fails to collect this money from the father, the State makes up 75% of the loss. The highest sum granted is 600 kronor per year, payable in monthly instalments of 50 kronor each. Advanced grants must never exceed the amount of the maintenance grant; if this is established at 40 kronor, the advance is also 40 kronor. No means test is applied. For a mother to receive this grant, the obligation of the father to provide maintenance must be fixed at a certain sum by court decree or by an agreement submitted for approval to the Welfare Officer or the Child Welfare Board. Advanced grants are paid out for 40,000 children each year. About 40% of the total sum is repaid by the father; the unpaid portion incurs an annual State expense of 5,500,000 kronor.

In addition to all these measures for the welfare of children, growing concern has been shown in recent years for the problems of teenagers and elderly persons. This gradual shift of interest is fully understandable in view of trends in the Swedish population structure. In particular, close collaboration will be required of public authorities, businessmen and voluntary organizations to deal with the disproportionate number of young boys and girls who will soon be entering the occupational world. By 1961, it is expected that teenagers between 13 and 17 will number

635,000, as compared with 486,000 in 1955. A slow decline will set in after 1961. During this critical six-year period, however, educational facilities will be taxed to the utmost. In recent decades, the interest in higher education has increased by leaps and bounds, which is the natural result of the rising level of living as well as the economic and social levelling-out process. The enrolment in secondary schools, for example, has risen sharply. In the academic year 1939-40, the number of students enrolled in the public secondary schools was 50,000; today, the figure is close to 167,000. In the autumn of 1943, there were 230 trade schools in Sweden offering courses to 48,000 trainees; by the autumn of 1954, the number of trade schools had soared to 510, with 110,000 trainees. Unless the national educational system is to burst at the seams for lack of adequate facilities, several far-reaching measures must be put into effect: the comprehensive or unitary school will become the standard institution for the lower grades; more and larger "modern" schools" (equivalent to junior high schools in the U.S.A.) are to be built; the capacity of upper schools (equivalent to junior colleges in the U.S.A.) must be doubled; and, not least, vocational training must be made more effective. According to a law passed by the 1955 Riksdag, vocational training is to be given much greater support in trade schools and in the business world. If this programme is to be effectively implemented, however, a great deal still remains to be done in providing adequate vocational guidance and occupational placement. In the past year, special measures have also been taken to assist teenagers in their leisure-time activities, as manifested in youth clubs, societies, etc. On the other hand, the most important initiatives in respect of leisure-time activities for teenagers are felt to be the proper sphere of the municipalities and the youth organizations themselves.

Parallel with the above measures, increasing interest has been shown in the problem of *old-age care*. This development likewise

This gingerbread house is actually a nursery school located in the heart of Gävle, 100 miles north of Stockholm. (Photo: Hovfoto Carl Larsson)



reflects current population trends. By 1970, for instance, Sweden is expected to have no less than 890,000 persons over 67 years of age, as compared with 665,000 in 1955 (the present population of Sweden is slightly over 7,000,000). As a result of this increase, more elderly persons will have to be looked after or receive the aid of society in one form or another. In this field the guiding principle in giving assistance is to permit elderly persons to remain living in familiar surroundings as far as is practically possible. Further, institutional care is prescribed only as a last resort. This kind of care is primarily reserved for those who are in need of *constant* looking-after and supervision. Old-age services will most likely also receive legislative priority in the immediate years to come. Future emphasis will be on assisting older persons to live independent lives as long as possible in their own homes. Some broad lines of procedure have already been laid out, however. Mention must also be made of the important reforms that have been enacted in the last few decades to improve living conditions for elderly persons and to give them greater security. In material terms, Sweden's older population is probably better off than similar groups in other countries, thanks to the national old-age pensions (see page 62). In addition to these pensions, many elderly persons receive extra income from retirement pensions or other sources.

In regard to housing for the aged, society provides two kinds of assistance: by granting loans to modernize the dwellings in which they already live, or by making available inexpensive and easily managed dwellings either in pensioners' homes or in ordinary apartment houses. In the last few years, government housing policy has been devoting much more attention to improving living accommodations for the aged. Pensioners' homes, which are to be found all over Sweden, have been receiving State subsidies since 1939. Residents in these homes are helped in their cleaning chores, in the purchase of food supplies, etc. Pensioner

dwelling in ordinary apartment houses are available for those who dislike being segregated from the normal life currents of society; these houses, incidentally, are put up under municipal auspices or by nonprofit enterprises. In 1955 the community helped 30,000 people solve their old-age housing problem in this way.

The system of home-help (described on page 26) is partly organized to look after and supervise elderly persons. This aspect of home-help is of limited extent, however, since priority must be given to large families in which crises can suddenly occur due to illness of the mother, etc. To improve this situation, the Swedish Red Cross has interested many municipalities in starting a special service whereby elderly persons are given help and supervision in their own homes. After several years of existence, this service is now of fairly large scope.

Elderly persons who cannot be taken care of in their homes are transferred either to homes for the chronically ill or to municipal homes for the aged. *Chronics' homes* are run by the county or city councils, and are intended for those who suffer from physical ailments of long duration. More than 80% of the interns in these homes are 60 years of age and above. The growing emphasis in methods of treatment is on rehabilitation. *Old-age homes* have existed in Sweden for very many years. In 1947, the Riksdag approved a modernization programme with a view to developing them into municipal boarding homes for elderly persons and invalids. At present 35,000 persons are distributed in 1,375 old-age homes, of which more than one-sixth have been in service since before the turn of the century. About 95% of these, however, were rebuilt at a later date, and virtually all old-age homes are now being renovated and built up at the present time. A 1955 Royal Commission of Inquiry proposed higher housing standards for old-age homes as one of several needed measures in this field. In future, however, the old-age programme will

stress non-institutional housing and a visiting help service, so that the only category to be admitted into old-age homes are persons so feeble that they will not or cannot live in their own homes.

## CHAPTER VII

### *How Much Does It All Cost?*

In 1895 the budget appropriation for social welfare expenditures amounted to only 18 million kronor, which was a little more than 1% of the national income. At that time, the responsibility for social assistance was largely borne by the municipalities in the form of poor relief. Gradually, however, the county councils assumed a larger part of the costs as they took over the administration of medical and health services. But even as late as 1915, the State played a limited role in social security: it footed only 25% of the total bill, as compared with 57% for the municipalities and 18% for the county councils.

The picture had changed considerably by 1930 when the State budgeted 109 million kronor out of a total of 300 million for social welfare, which was between 3% and 4% of the national income. The ensuing decade of social reforms caused a sharp rise in this form of expenditure, which was now increasingly borne by the State.

At the outbreak of war in 1939, the State was spending 214 million kronor for social welfare out of an operating budget of 2.5 billion kronor, or 8% of the whole. The combined social expenses of 690 million kronor constituted about 7% of the national income. The budget share of social security has bulked even more largely after the enactment of important postwar reforms such as national health insurance, plus the fact that more pensions are now being paid out to persons who have reached retirement age. Indeed, overall expenditures for this purpose are today three times greater than before the war and

twice what they were in 1947—that is, if costs per individual are taken into account and computed on the basis of money values in 1939. On the basis of 1954 money values, per capita expenditures for social security are estimated at 635 kronor. The general trend can be read off in the following table:

Year	Social Security expenditures	Per cent of national income
1939	690	7
1949	2520	10.7
1951	3010	9.5
1954	4183	11.1

These outlays will increase substantially with the operation of national health insurance as from January 1, 1955. Nor do the above figures include the growing fringe benefits paid out by private industry over the past several decades. In answer to a recent questionnaire sent out by the Swedish Employers Federation, 1,580 firms employing a minimum of 50 workers each reported that they had paid out more than 900 million kronor in fringe benefits in 1952. Four categories of benefits accounted for 87% of this sum: paid holidays, company pensions, medical care and housing.

The State is paying the largest share of social welfare expenditures. In 1954 it footed 57% of the total bill, as compared with 30% for the municipalities and provincial councils, 3% for employers, and 10% for the individual beneficiaries. Of the provincial expenditures, 80% is earmarked for this purpose, chiefly to pay the expenses of health and medical services. The municipalities budget about one-third of their outlays for social welfare. Here it should be noted that in Sweden most of the social benefits are financed by tax revenues; only a minor part are paid for direct in the form of fees.

As previously mentioned, these costs are claiming an ever larger share of the national budget. Whereas they amounted to



13 % of all State expenditures in 1939, the proportion had risen to 28 % during the 1955/56 fiscal year, or over 2,500 million kronor out of a total 9,000 million. This compares with an outlay of about 2,000 million kronor, or 22 % of the total, for national defence, 11 % for education and the arts, 8 % for road construction and maintenance, etc.

Though the main essentials have now been built in to the social-security scheme, the work of reform is by no means concluded. Among the major, more costly projects now contemplated are a contributory pension scheme for workers and employees and a shortening of the work-week. Inasmuch as these two projects are still under study by committees of experts, it is difficult at the moment to predict their ultimate costs. Suffice it to say that many conflicting interests must be reconciled and problems ironed out before either of them is realized. Under consideration in 1955 were, i.a., a new Public Assistance Law to replace the old and obsolete Poor Laws; new legislation on child welfare; measures concerning the care of the aged and the partially disabled; and a number of reforms in hygiene and preventive medicine. Further, higher family allowances are considered urgent to make for increases in the cost of living since 1948. This list is only partial, and indeed will never be completed in a growing society—the very fact of growth constantly involves new problems of varying magnitude.

At this point it might well be asked, as it has been asked several times in the past, “Can Sweden really afford this tremendous expense?” All sectors of Swedish public opinion are at any rate agreed that social policy is of the greatest importance in terms of the national economy. Since this policy directly aims to raise industrial productivity, they say, it is well worth the expense. Vocational training, reasonable working hours, efficient medical care, better housing, an adequate diet, satisfaction with one’s work, labour participation in company management: all

these things represent different aspects of modern Swedish social policy, aspects which find their rightful place within the frame of reference of production economics. For this reason, a large part of the social-welfare scheme is a profitable investment in the most expensive and important production factor—human labour—even though it is realized that the returns on this investment may be long in coming. Obviously, Swedish social policy has also functioned as an income-leveller; by and large, however, the social groups who foot most of the bill via taxes are identical with those who enjoy most of the benefits. Indeed, it could hardly be otherwise, for not even complete confiscation of incomes beyond a certain limit would go very far to finance the welfare program.

One third of the taxes paid by the Swedish people are set aside for the social budget. Of this proportion, however, 80% is refunded to them in the form of cash grants, such as old-age pensions and family allowances. The guiding principle here is that the economic risks associated with advanced years and with raising families are responsibilities to be borne by all members of society. To pay the added expense of social security, as well as for strengthened national defence, broader education programmes, etc., Sweden has gradually had to raise the level of taxation, both direct and indirect. The progressive taxes imposed on higher income groups are justified by the high costs of the social-welfare programme. At present, however, this is so extensive that even the middle and working classes have to contribute if they are to enjoy the high social standards that Swedish society wants to give to all its citizens.

Direct taxes, accounting in Sweden for about 47% of the State revenue, have now allegedly reached a practicable maximum; beyond that point, it is argued, they cannot be increased without causing major inconveniences. And it must be said that taxes in Sweden are very high: together, State and municipal taxes take

30% of the national income (as compared with 20% during the Second World War). Characteristic of recent developments is the steeply graduated surtax; thus, a family breadwinner earning, for example, 10,000 kronor per year has to pay a tax of merely 25% on the next 100 kronor of income—the same proportion that was paid 20 years earlier by a person earning 200,000 kronor. The current surtax soars almost up to 50% on incomes ranging between 25,000 and 30,000 kronor. “Tax consciousness” is widespread, i.e. some well-to-do people are said deliberately to refrain from engaging in certain activities in order to avoid the incidental taxation. There is an upper limit, though, of 80% of the taxed income.

It should be pointed out here that no more than 12% of social welfare expenditures are paid out on the basis of means tests; no limiting conditions of any kind are attached to the remaining 88%. This means that most recipients enjoy a substantial tax refund from their social benefits.

Up to now the tremendous increase in social expenditures has only been made possible by successive rises in national income and higher industrial profits. This relationship is now accepted as binding; in other words, all planned expansion of the social services will not be permitted to outstrip productivity. However, there is every reason for believing that the present favourable trends in national income will continue for some time to come.

## CHAPTER VIII

### *How Swedes Live*

The levels of living of the different peoples of the world are difficult to compare. Though the term "living standard" is freely used in political and economic discussions, disagreement often arises on the construction that should be placed on it. Does the term refer to a real level of living, the aspiration level of a social class, or to a norm which may be established by agreement?

Today we speak more and more of the *level* of living when we want to come to grips with the real condition of a people. This means taking into consideration not only differences of income, manner of living, character of the people, local differences, geographic location, business conditions and their influence on the nation's foreign and domestic policies, but also attempting statistical definition of such concepts as health, food and diet, consumer habits, housing and clothing, culture and leisure-time pursuits, social security, and so on. A people's level of living is therefore a collective idea whose sum and substance cannot be measured by simple addition of the various factors involved.

Limitation of space forbids discussion here of all aspects of the Swedish level of living, though mention must be made of the changes which in the course of nearly 100 years have transformed a stationary, conservative, rural society into a dynamic, progressive and urbanized society that has created entirely new conditions and opportunities for the individual.

To begin with, statistics show a very sharp rise in real annual wages since 1913. The real wages of male industrial workers have practically doubled since World War I—a level which at that



Art in everyday life—a typical Swedish phenomenon—is typified by this massive wall fresco in a company lunchroom (Stockholm). (Photo: Foto-Hernried)

time was already double what it had been at the beginning of the 1870's. The rapid rise in the living level may be ascribed to the steady increase in per capita income. It is estimated that the national income multiplied sixfold between 1861 and 1940. Since the turn of the century alone industrial production has quintupled, and in some fields productivity has increased enormously. For example, in 1900 a worker produced 94 tons of cement; today his annual production is 1,200 tons.

Back of these figures are hidden economic and social changes which have developed at an accelerating pace ever since Sweden first emerged as an industrial nation in the middle of the 19th century. As the results of these changes, the stability of the old Estates system was replaced by the instability of free enterprise and freedom to choose one's own occupation; the poverty-stricken rural society was transformed into today's industrial Sweden with its many-sided, internationally oriented economy and its social policy of narrowing class differences.

The following figures impart some understanding of this veritable revolution: in 1870, 72% of the population were engaged in agriculture; in 1950, only 23%. During the same period, the industrial population rose from 15 to 42%. Although two million people have left the countryside since 1870, farm output has continued to rise in step with the growing population. Indeed, today's problem is not how to feed the nation but how to avoid overproduction. This shifting of stress from agriculture to industry has obviously caused radical changes in the occupational structure. For example, those employed in the service occupations (commerce, transportation, public service and the professions) together with their families represent 31% of the total population—a larger share than agriculture. The rate of rural depopulation has increased in recent decades so that Sweden is now 65% urban. In this process, however, there has never been any question of mass migration to grimy, sooty factory towns.

Swedish industry long ago located largely in small communities in the countryside, a tradition that has been preserved to this day.

Vital statistics indicate tendencies which are more and more making themselves felt and are now integral parts of the new social picture. The great migration from the land has led to a considerable shortage of young women in the countryside. There is today 710 women to 1,000 farmers in the 20 to 30 year age group. The ratio for the nation as a whole is 1,066 women to 1,000 men. A falling birthrate since 1910 has been accomplished by a great reduction in the size of the family unit. In 1920, 57% of the nation's households consisted of at least five persons; by 1945 the proportion had fallen to about half, or 29%. Formerly there had been 205 children per 100 households, in 1945 the number dropped to 138. Characteristic of Sweden in recent decades is the steady flow of women to the labour market: in 1910, 192,000 women were gainfully employed; by 1950 there were 780,000, most of them engaged in the service trades. Today between 70 and 80% of unmarried women are employed, and it is becoming increasingly common for Swedish women to continue working even after marriage. This is now the case of between 300,000 and 400,000 married women, or about 20% of all married women.

Swedish society has been reshaped by a number of important factors: increased geographic, social-class and occupational mobility; the democratization of State and community; the growth of great mass movements and the increased importance of organizations in labour relations and public affairs; the great gains made by voluntary adult education; the rapid development of literature and the press, matched by a vastly broader reading public; and last but not least, democratization of educational institutions which introduced new goals for the formal and vocational education of youth.

It is not difficult to demonstrate statistically the effect of

economic and social changes on the economy and consumption of goods of the individual family. Changes in the consumption of food may be taken as typical. It is estimated that from 1878 to 1885, per capita intake of calories was only 2,280 per day; at the turn of the century intake rose to 2,770, and is now over 3,000. It should be observed that the individual calorie requirement has declined, due primarily to the diminution of heavy manual labour, mechanization, and the use of improved production methods. Quantitative supply of food is no longer a problem in Sweden. Main interest today is given to the composition of diets, which has undergone great qualitative change in recent years. From 1878 to 1885 barely 25% of all calories consumed were supplied by animal products and only 18% by milk, compared with 43% and 20% today, respectively. Consumption of fats, estimated at 1.8 pounds per capita annually at the beginning of the 1880's had risen by 1954 to about 53 pounds. Sugar consumption rose during this period from 22 to 99 pounds per capita annually. In 1900 each person consumed only 2.2 pounds of imported fruit; now consumption is about 64 pounds. In general it may be said that the national diet has improved considerably in recent decades; and in line with the universal rise in the level of living, there has been a general transition from cheap to more expensive foods. The consumption of butter and margarine, meat, imported and domestic fruits and berries, alcoholic and soft drinks, greatly increased during the Forties. From 1939 to 1950 alone, the consumption of fruit and vegetables went up by more than 50%; in the same period egg consumption rose over 30%. Consumption of soft drinks is now double the 1939 figure. The rise in food standards has been greatly aided by improved distribution, better packaging, developments in canning and preserving, the growing number of self-service shops (estimated in 1955 to over 2,000), etc. Further, the household drudgery of former years is on the way out, thanks to increased use of gas



and electricity, canned foods, and manufactured and semi-finished consumer goods. The clothing industry has made the nation considerably better dressed. Textile consumption has risen 20 % since 1939 alone. Of special significance is the increased demand for ready-made women's and children's clothing; the rise can in large part be attributed to the introduction of family allowances in 1948.

The most conspicuous improvement in the level of living has been in housing. (See page 84.) Since 1939, 750,000 well-equipped flats have been built and the size of each dwelling unit increased. However, far too many families still live in close quarters, the central districts of most cities need to be redeveloped, and many more dwellings are needed—the housing shortage is estimated at over 100,000 flats. The situation is difficult especially in the larger cities. Undoubtedly, this is a dark spot in the level of living in Sweden today.

These are indeed tremendous changes, and they are strikingly reflected in the vital statistics. Whereas in the 18th century the average person at birth could expect to live no more than 30 years, at the beginning of the 19th century his life expectancy had risen to 40 years, and today is just under 70. 20 % of the children born at the end of the 18th century died during their first year. By 1900 this figure has fallen to 10 %, and today is less than 2 %, perhaps the lowest infant mortality rate in the world. The same is true of the crude death rate: near the end of the 18th century only one person in four lived to the age of 65; today, three persons out of four are alive at 65.

Amusements and leisure-time activities are now accepted components of the level of living. In 1925 there were one million bicycles in Sweden; today there are three million. The 225,000 automobiles registered in 1939 rose to 750,000 by 1955, or one for every 9 inhabitants. Since 1939 the number of motorcycles and auto-cycles increased from 50,000 to 600,000; the number of

The family wash will probably resist automation to the end, though every effort is being made to lighten this drudgery for the housewife. Three kinds of facilities are now available: electric washing machines in the home, laundries in apartment-house basements, or (illustrated here) centrally located self-service laundries financed by municipalities. (Photo: BM-bild)

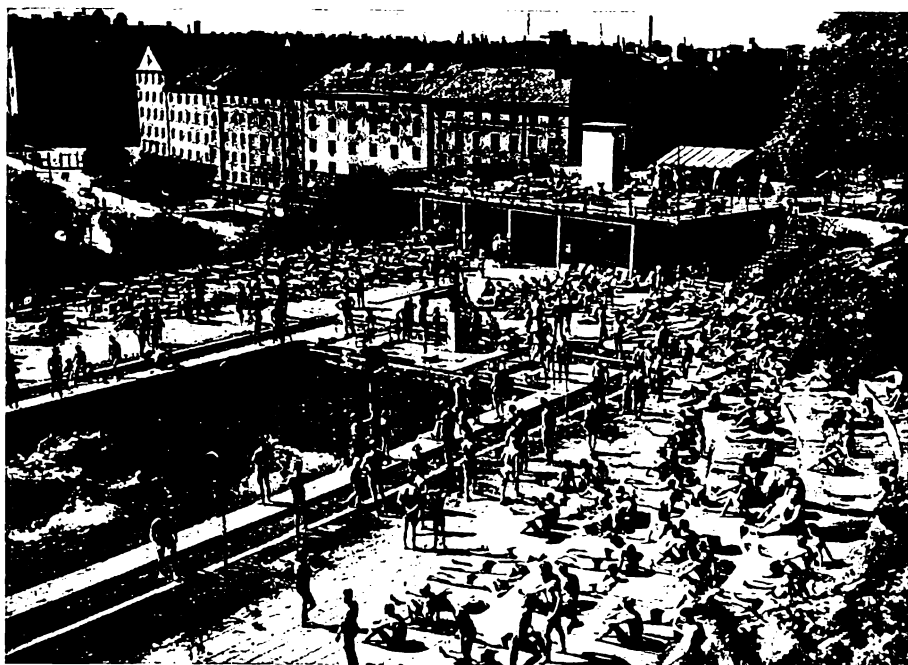


telephones from 885,000 to 2,200,000. Sweden has 10.5 cinema seats and 30 wireless sets per 100 inhabitants. Circulation of newspapers, weeklies, periodicals and books has risen rapidly since 1939.

A 1952 cost-of-living study demonstrates the present-day Swedish standard in terms of consumption. It was found that household expenditures averaged 9,700 kronor per family, including payment in kind but not taxes and savings. This sum was spent as follows: 37% for food and drink; 13% for housing, fuel and lighting; 13% for clothing and shoes; 37% for other expenditures, including furniture, household necessities, medical care, amusement, travel, tobacco, domestic help, etc. The study estimated the average income per household at 12,000 kronor, a figure which appears high when compared with wage and income statistics; however, this is due to the interpretation of the term, "income", placed by the investigators. The 12,000 kronor includes the income of wife, children and all other members of the average household, the value of payments in kind, family allowances, sickness benefits, lottery and football pool winnings, etc. Considerably lower figures are obtained from statistics of wages and tax assessments, where individual incomes have been accounted for. The latest data on income distribution in Sweden, based on income tax declarations, show that of the 3.8 million persons reporting, only 10,000, or 0.3%, earn over 50,000 kronor, only 24% over 10,000 kronor, 39% between 5,000 and 10,000 kronor, and 37% under 5,000 kronor. However, it should be pointed out that these figures are not fully reliable since they are based on individual income tax returns: some are probably too low, others include pensioners, the partially disabled, sick and so on, who have low incomes.

In 1955, the average hourly wage of industrial workers was 4.68 kronor for man and 3.26 for women. Earnings have risen sharply since 1945: up to 1952, real wages in industry went up





The heat of a summer day can be beat right in the middle of town at any of the low-priced outdoor swimming pools. Illustrated here is the Vanadis Bath in Stockholm. (Photo: G. E. Kidder Smith)

Though Stockholm's parks are famous, visitors are likely to see green grass and flowers on almost any square or along the streets and avenues. The benches of Berzelii Park, adjoining the business district, are filled with office workers basking the last minutes of their lunch hour in spring sunshine. The sun is regarded with near-pagan reverence in this land of long winter night. (Photo: C. G. Rosenberg)

by an estimated 60% to 65%. Between 1939 and 1955 the daily wages of male industrial workers increased by 250% and those of women by 290%; the cost-of-living in this same period (including taxes) climbed 116%. In the forties the wages and salaries of large sections of the middle and working classes underwent a substantial levelling-out process. A main contributory factor was the "wage solidarity" campaign waged by the trade unions in this decade, which primarily benefited low-paid workers (as in forestry and agriculture), women employed in manufacturing, and the like.

Wages, prices and consumption are not the only means of measuring the level of living; nor are material things the only criteria. Other factors must also be taken into consideration if comparison between nations is not to be meaningless. The comprehensive social welfare structure erected in Sweden means security to the individual. Unemployment insurance, old-age pensions, health insurance and industrial injuries insurance help build the social welfare fabric where the aim is to guarantee a reasonable minimum standard of living to the Swedish citizen. To this must be added the financial benefits accruing from low-cost medical and dental care, family allowances, various forms of maternity assistance, State-financed holidays for mothers and children, relatively low rentals, and a many-sided program that looks after children in school. Another social benefit not to be overlooked is the statutory three-week holiday, which in practice amounts to a fairly considerable wage increase for those who hitherto had not been given paid vacations of such length by their employers.

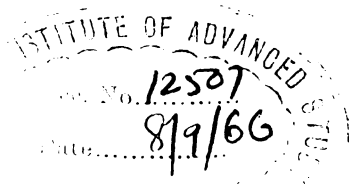
Moreover, Sweden's level of living cannot be properly appraised without an understanding of the country's peaceful industrial relations. Strikes and lockouts are today rather uncommon phenomena. It is generally agreed that the best interests of labour, management and, above all, the public, are



Within the last two decades one Swedish community after the other has been rearranging its playground facilities into an organized pattern. Today's city parks boast all kinds of play equipment, ranging from sandlots to discarded automobiles. Here we see some Stockholm youngsters cavorting in a non-figurative piece of sculpture—or is this perhaps a new way to impart the virtues of abstract art? (Photo: Foto-Hernried)

not served by disrupted production. Here, too, belongs mention of the welfare measures initiated by private enterprise, such as assisting employees to purchase homes, providing good company housing, introducing up-to-date medical programs, supporting social activities for employees, etc. Obviously, these "fringe benefits" mean a great deal in terms of social security.

Finally, full employment has been an avowed aim of Swedish government policy since the end of World War II. Unemployment, except for small seasonal layoffs, has practically disappeared. In 1955 unemployment fell below 3%, which is a good index of Sweden's high level of living—a level that, in spite of dark spots in the picture here and there, is one of the highest in the world.







The following books have been published  
in English by the Swedish Institute.

*Ingvar Andersson* and others: Introduction  
to Sweden

*Burnett Anderson*: Stockholm—Capital and  
Crossroads

*Hugo Osvald*: Swedish Agriculture

*Gustaf Hilleström*: Theatre and Ballet in  
Sweden

*Hugo Osvald*: The Topography, Climate and  
Soils of Sweden

*Anders Yngve Pers*: Newspapers in Sweden

*Gösta Ottervik, Sigurd Möhlenbrock & Ingvar  
Andersson*: Libraries and Archives in  
Sweden

*Ingvar Andersson*: Archives in Sweden

*Nils Andrén*: The Government of Sweden

*Stellan Arvidson*: Education in Sweden

*Erik Höök, Alv Ekbult & Hans Risberg*: The  
Economic Life of Sweden

THE SWEDISH INSTITUTE



Library

IAS, Shimla

---

**TIDEN**



00012507