

Children's health – a social and a political priority

Experiences from Sweden

Friedrich Ebert Stiftung, Bonn , September 30, 2008

A short presentation

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My background is medicine; I started out as a pediatrician but moved towards social medicine and Public Health and, joining these professional experiences, ended up in Child Public Health, i.e. the health and wellbeing of children seen in a social and political context. I found very early in my career a quotation that has been useful in my work. It came from the famous German pathologist and politician, Rudolf Virchow, who in the 19th century argued (especially with Bismarck) that medicine is a social science and that politics is nothing else but medicine in a larger scale.

So this is a natural starting point to describe the Swedish way of caring and protecting children's health and wellbeing

Children's health

The health situation for Swedish children could be summarized by quoting the conclusion we made at the Nordic School of Public Health after having made several major studies on the health and well-being of children in the Nordic countries: *"Nordic children are generally healthy and thriving, more than ever before and more than in most other countries"*.

Looking at this favorable situation of children in Sweden, the question is of course: how come? Why are children so healthy and why has their health, in general terms, improved over the years? We are then approaching the concept of Health Determinants, which is just now a very actual and important issue, discussed widely in scientific books and papers as well as in popular magazines and in parliaments. I will not go into this discussion here; it is not the time and place for that. Let me just conclude that this is an area where medical explanations are not enough. It is an area where it is not enough to look for the explanations in the individual. It is not enough to look for them in his family. You must look for the causes behind the causes, i.e. the conditions in which the individuals and the families live and develop. We must look into the societies if we are going to find the proper answers. And at the end we must look at the political systems. There are now quite a number of studies showing that health and well-being tends to be higher in countries with high levels of income equality, such as the Nordic countries, compared to countries with unequal wealth distribution, such as the US and Britain. In a report on childhood poverty published by UNICEF, (*Child Poverty in Rich Countries 2005*) the Nordic countries were on top of the list, having 2-4% of their children living in poverty, defined as under 50% of the country's median income, while England and Portugal had 15% and USA over 20%. And another Unicef report from 2007 showed that children's welfare, measured by 6 variables, was highest in Northern Europe with Holland as no 1 and Sweden no 2.

The Welfare state

As you all know, Sweden and the other Nordic countries are pronounced welfare states, where the government has assumed a wide responsibility for the individual's education, health and

well-being and for financial security in the event of illness, incapacity, unemployment and old age. Although there are clear differences between the countries, the basic similarities are very strong, and therefore they are usually clustered together under a common welfare model, identified in a few paragraphs as the Nordic or Scandinavian model:

☒**General** ☒**Universal** ☒**Solidaristic** ☒**Public**

Children and families in focus

Children and families were already from the beginning important targets for the concern of the welfare states, when they gradually began to take shape in the 1930's. The main aim at this time was to increase population growth by improving overall living conditions for the population. These reforms were directed specifically at families with children. The book *Crisis in the population question* written in 1934 by the Swedish social scientists Gunnar and Alva Myrdal, drew special attention to family planning as an important political matter.

In this brief presentation, I will deal with 2 initiatives directed precisely on these targets: the CHS and the law against corporal punishment.

Child Health Centres

The Child Health Centres have now been running for more than 70 years and have grown into a well-developed and broadly based system of care and surveillance of children, from birth until the School Health Services take over. The overall purpose is to promote the physical, mental and social development of the children, and to the medical programme of health examinations, screening and vaccinations have been added psychosocial support, counselling and health education, or as it is now called *Parental support*.

A number of non-medical professionals are involved, and the Child Health Centres now function as local service centres for support in most matters of child life. All visits are voluntary and free of charge for the parents and covered by the parental insurance scheme, meaning that the parent's can claim the visits as part of their rights to care for children under 8 years of age.

The latest step is the formation of Family Centres, a combination of Maternity Health Centre, Child Health Centre, Social Services Centre and a Kindergarten.

The Government has now set aside 8 million Euro annually until 2010 to stimulate the municipalities to initiate projects to develop and structure the Parental Support. A governmental committee has also been formed to look into ways to create a sustainable national strategy to inform, support and help parents in their parenthood. The ever present reasoning is that an early and broad Parental Support Programme can prevent later problems, both health related and social. Good relations between parents and children are a starting point for good health and wellbeing through life.

Whatever suggestions may come from this committee, they will still be aimed at all families with children up till 18 years, structured in collaboration with the parents, publicly financed, and organised all over the country,

The development of goals, content, organisation and methods has been going on constantly and is reflected in the changes made to the official objectives of the Swedish Child Health Services:

1960's 1970's 1990's

Thus, the transformation of the objectives can clearly be seen to move from a paternalistic approach: "we, the professionals will take care of your problems", over support: "we will help you with your problems", to enabling: "you, the parents and the children have the resources to deal with your health, we will help you to bring them out and use them".

Reasons for success.

There are of course many reasons why the building up of the welfare systems, and especially those for children, has been so successful in Sweden and the other Nordic countries.

First, if you look at the implementation of the whole welfare system and its acceptance and support by the people, it is important to realise that the model has been accepted broadly across political parties, and has often involved cooperation between central government and local actors, including non-governmental organizations (NGOs).

It is also interesting to note that whereas the expansion of other parts of social policy systems in post-war welfare states typically came to a halt in the 1970s - with even a reversal being seen in the following decades - family policy systems on the whole continued to expand during the last decades of the 20th century.

If you look specifically at the Child Health Services and their success I think you can identify several reasons for that.

1. Easily accessible

CHS exists and have always existed as a fine-meshed network all over the country. No time-consuming and difficult travels for the families, easy home-visits for the nurses.

2. Relevant services

The content is relevant and has been experienced as such by the families. It has changed and developed over time, from purely medically oriented on feeding and physical check-ups to a multiprofessional centre for health surveillance, counselling, education and support in Child Health issues. The official goals have also changed accordingly.

3. High quality

Parents have always appreciated the service they get at the CHS, well worth their time and efforts. In all opinion polls of community service the CHS end up on top. The reason is of course that they think they get what is best for the child and the family, and also in a way they appreciate. The interest, involvement, knowledge and empathy from the staff are adequate. The personal contact especially with the nurse creates trust and confidence that keep over generations.

4. All are coming

The CHS is not only *open* for everybody, which is in principle valid for all social services, but contrary to practically all other kinds of service *everybody is coming*. CHS is *a symbol of equity*. All parents come, irrespective of social class and income. There is no social stigma connected with CHS, very few do not use the services, the privatisation is minimal.

5. Tradition

Three generations of mothers have visited the CHS; it has become a natural part of family life to visit or call the CHS. These Centres have been an endless source of support for parents and children, a highly valued asset for the society and a constant pride for the professions.

When children are growing older the CHS is followed by the School Health Services, with practically the same contents and methods, although not as well structured.

These systems form the basic structure of disease prevention and health protection of children in Sweden, and they are a success story. But they are of course not the only ones; there are also the usual services from other professional institutions and NGO's.

A corporal punishment ban

The other initiative in this field is the special law to protect children against physical punishment. This law was introduced in 1979, ten years before the UN Convention on the Rights of the Child. The ban is now an act within Chapter 6 in the Parenthood and Guardianship Code, which expressively forbids physical punishment and degrading treatment. *"Children are entitled to care, security and a good upbringing. Children are to be treated with respect for their person and individuality and may not be subjected to corporal punishment or any other humiliating treatment"*.

The law is a civil law as opposed to the Criminal code. This means that the prohibition to use corporal punishment is not in itself sanctioned. It's the Criminal Code that decides whether or not an offence has been committed, but it is the Criminal Code that decides the sanction, fine or prison. That is the same rules which apply when adults commits acts of physical violence to adults or other people's children.

The arguments against this law in our country were then the same as they are still today in other countries: the law is unnecessary and even dangerous. By removing the rights for parents to chastise the child, many well-meaning parents would be stamped as criminals and many children would never learn to behave. But one of the MPs said; *"In a free democracy like our own, we use words as arguments, not blows. We talk to people and do not beat them. If we can't convince our children with words, we shall never convince them with violence"*. This has become a rather famous statement in Sweden and one, of which there are no very good counterarguments. **The contrasts between "traditional family values" and a radical strategy that combines freedom and responsibility.**

There are a number of studies which have documented the development of corporal punishment in Sweden, both among parents and children. While 51 per cent of all pre-school children were punished corporally at least once a year in 1980, this figure had decreased to 8 per cent in 2000. When looking specifically at the group of parents who used corporal punishment as a strategy in their child's upbringing, frequent corporal punishment had

reduced by one-third in 2000 compared with 1980. Severe and repeated child maltreatment was estimated to occur in less than 0.5 per cent of all Swedish children in 2000. Consequently, not only were many fewer children being punished, but also those who were punished were exposed to a much lesser degree

And when you study the development of *child maltreatment and the attitudes of towards it* you find a very steep decline over the last 40 years. This decline is so steep that it is probably one of the greatest changes in attitudes and behavior ever seen in adult Swedes. Today in Sweden probably less than 10% are positive to the use of corporal punishment. The younger population is much less in favor of using physical punishment than elder generations. This shows that the ban is widely supported and well known in Sweden even amongst young children.

This is where another argument against a law comes in: foreign researchers and politicians argue that this fact underscores that it really did not make any difference, since all changes in reality started long before the law was introduced.

Reasons for success.

The reasons behind the successive changes in behavior and attitudes are complex, and this law is just one single factor.

They were **the result of more than 50 years of legislative and opinion-forming efforts related to child abuse.**

Corporal punishment was first banned in the Swedish grammar schools in 1927. Similar legislation was passed for elementary schools in 1958 and banned totally in 1962 in the Education Act. By 1966, parents and those responsible for children were forbidden from hitting their children. What the law has meant per se for the decline of the homicide rate, corporal punishment and attitudes will never be known for sure. It is, however, important to understand that the intention of the Swedish Parliament was to support an ongoing process and to **confirm that the Swedish State has a negative view of the corporal punishment of children.**

Other important factors are probably the development of the **welfare state, high level of parental education and a well functioning maternal and child health care system**, with almost 100 per cent coverage. The fact that most Swedish pre-school children spend their daytime in well functioning **pre-schools** is probably important. This means that pre-school children are regularly observed by people outside the family, which makes corporal punishment more difficult to hide.

Future

So what about the future of children's health?

Positive trends

- A growing economy and welfare, a gradual inclusion in the democratic development have dramatically improved children's condition of life
- There is an increased awareness of the importance of children's health, both as children and as future adults

- Children are improvingly healthy in Europe

Potential threats

- All children are not healthy; ill-health of all kinds is more common in socially and economically vulnerable families
- Societal inequity in socio-economics and health is increasing
- Families with children are hit earlier and harder by economic crises

This means that the future health of our children will, as it has always done, depend on what is happening in the adult world: the adults' understanding of the children's strength, the threats against children, and the adults' will and ability to handle these components. It is not always a question of resources; it is also a question of priorities. Should we support early retirement or invest in children?

It is easy to accept that children's health is important, because they are the adults of the future. But the health and well-being of children is in reality important also to-day. Children are a natural and important part of to-day's population, and their health should be prioritized. Childhood is certainly an important part of the road to adulthood, but it is not only a road for transportation. There is a strong value of its own, in protecting and promoting children's health.