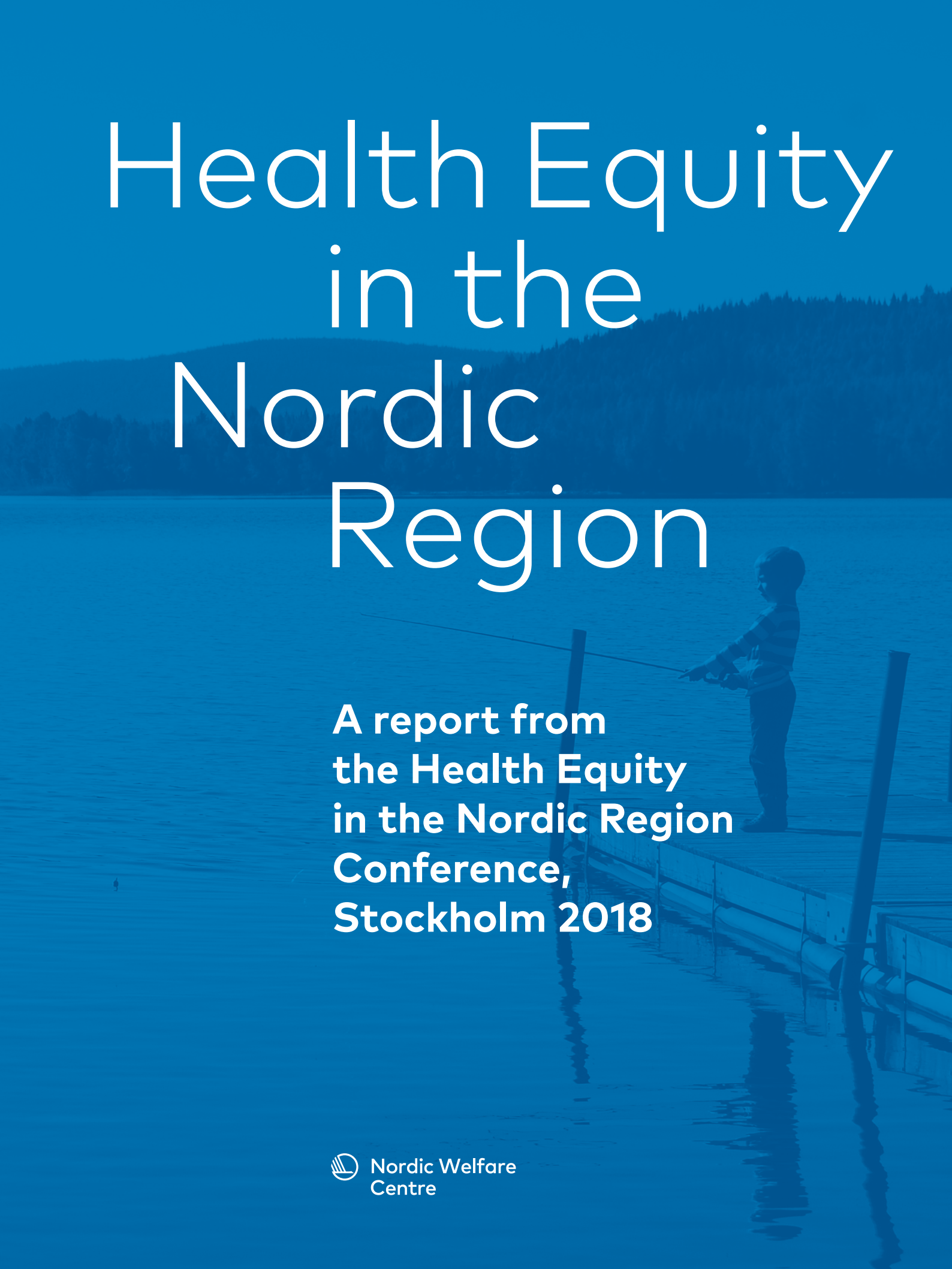
Health Equity in the Nordic Region



A report from the Health Equity in the Nordic Region Conference, Stockholm 2018

Nordic Welfare Centre

Health Equity in the Nordic Region – A report from the Health Equity in the Nordic Region Conference, Stockholm 2018

Editors: Jessica Gustafsson, Helena Lohmann
Texts: Caroline Jonsson / English translation: Semantix
Photographs: Mostphotos, Jessica Gustafsson, private
Responsible publisher: Eva Franzén
Graphic design: Accomplice AB
ISBN: 978-91-88213-44-0

Nordic Welfare Centre, Sweden
Box 1073
101 39 Stockholm
Tel: +46 8 545 536 00
info@nordicwelfare.org

Nordic Welfare Centre, Finland
Topeliusgatan 20
00250 Helsinki
Tel: +358 20 7410 880
info@nordicwelfare.org

This publication can be downloaded at:
nordicwelfare.org/en/publikationer

Table of Contents

Foreword

Several reports of widening social gaps have been published in the recent years. There are no simple solutions for achieving greater equality; the road forward must be based on a genuine understanding of how the various elements of society and the welfare system affect inequality. To this end, the Nordic Welfare Centre invited the most renowned experts in the Nordic region to share their knowledge in the field.

In this report, you can read summaries of the presentations given at the Health Equity in the Nordic Region Conference, which was held in Stockholm on 22-23 November 2018. The conference is part of the Nordic Arena for Public Health Issues' initiative for health equity, a prioritised area of Nordic public health cooperation.

There can be no doubt that the individual's socioeconomic position has become increasingly important to their health and lifespan. Among those discussing this issue in their presentations was Professor Terje Andreas Eikemo. Economic conditions and living standards are crucial to our wellbeing; how the health of the population develops is closely linked to the labour market and people's preconditions for obtaining a livelihood. One group in which this becomes especially clear is young men, an issue described by Professor Sven Bremberg in his presentation on the health of young men.

Against this background, it is particularly gratifying that the Nordic welfare model continues to deliver relatively good economic development for the vast majority of the population. In his presentation, adjunct professor Jesper Roine demonstrated that all income groups in the Nordic countries have enjoyed increased incomes from the mid-1990s until 2014. Developments in the Nordic countries have been more favourable than in many other OECD countries such as Germany and the United States, even for low-income households.

One discussion has centred on the extent to which social inequality as a phenomenon makes people sick and as such should be combated irrespective of living standards. In her presentation, associate professor Therese Nilsson puts forward a link between low income and poorer self-assessed health, although in all likelihood this correlation works in both directions. The economic conditions of everyday life are crucial to our wellbeing.

I would like to thank all of the speakers who shared their knowledge of this vital field and hope that all of you will find inspiration in reading this report.

Eva Franzén
Director
Nordic Welfare Centre

Health Inequity – Preventative Measures

Professor Terje Andreas Eikemo presents measures for reducing health inequity:
– Admit the problem, create better data and quickly translate research into practice, is the challenge he sets.

Terje Andreas Eikemo, professor of sociology at the Norwegian University of Science and Technology (NTNU).

Terje Andreas Eikemo, professor of sociology at the Norwegian University of Science and Technology (NTNU) in Trondheim, is the leader of the Centre for Global Health Inequalities Research (CHAIN). The centre conducts research in the field of health inequity, its causes and solutions, with the aim of improving the health of all social groups with the aid of tailored interventions. The goal is to quickly translate research results into practice in collaboration with the Global Burden of Disease Study, UNICEF, the International Agency for Research on Cancer (IARC), the Norwegian Institute of Public Health, Gavi – the Vaccine Alliance, EuroHealthNet and other international organisations.

Factors affecting health

Health inequity follows a social gradient that reflects different life opportunities, living conditions and lifestyles. Those with a higher level of education and a better personal economy have fewer health problems than low-skilled, economically deprived individuals. Eikemo refers to the report Social Inequalities in Health: A Norwegian Knowledge Review, which explains why health inequity is unacceptable:

– Inequality leads to injustice, creates disparity in living conditions, causes a deterioration in public health and creates income and health inequality at an individual level, he states.

Eikemo's research has focused on mechanisms for creating good health over the course of a long life; with a broad focus on welfare policy and social, material and behavioural factors. Work environment, unemployment and health and welfare initiatives at an individual level are other areas that Eikemo has studied:

– Smoking, alcohol consumption, physical activity and diet are examples of behavioural factors. We have also focused on disparities in living conditions; for example, the social situation during upbringing, standards of housing and social networks.

Measures to reduce inequality

In 2015, the Member States of the United Nations adopted the 2030 Agenda for Sustainable Development along with its 17 Sustainable Development Goals (SDGs). SDG 10 is the reduction of inequality within and among countries, with reduced income inequality and the promotion of social, economic and political inclusion being two of its objectives. Even if many countries have

"Inequality leads to injustice, creates disparity in living conditions, causes a deterioration in public health and creates income and health inequality at an individual level."

enjoyed positive economic development over recent decades, these gaps have increased both within and among countries. What needs to be done to reduce inequality?

– Acknowledge the problem, create better data, bring research together with practice and policy, identify effective interventions and act politically, states Eikemo.

Early measures in schools

Eikemo also emphasises the importance of focusing on general measures aimed at the entire population:

– Specific measures should only be considered as a complement. The school is an arena for early measures aimed at children. Take free school lunches for example, something that we lack in Norway. This is a concrete measure that we know reduces social inequalities in health; so, naturally the recommendation would be to introduce free school lunches in Norway as soon as possible.

Together with the other members of the Norwegian Expert Group on Health Inequity, Eikemo has published 29 recommendations for preventing social inequalities in health. In 2019, these recommendations were published in the Scandinavian Journal of Public Health, of which Eikemo is the editor-in-chief.

Why is Income Inequality Increasing in the Nordics?

Professor Jesper Roine explains how we can understand increasing income inequality in the Nordic region. Reduced levels of social insurance, the increased importance of capital income and demographic changes; these are some of the factors highlighted in the Nordic Economic Policy Review 2018.

Jesper Roine is adjunct professor of economics at the Stockholm School of Economics and works at the Stockholm Institute of Transition Economics (SITE). Roine specialises in the economics of inequality and has conducted research on public finances, political economy and economic development. He is one of the editors of the report Increasing income inequality in the Nordics: Nordic Economic Policy Review 2018*, which describes and analyses the development of income inequality in the Nordics over recent decades and places the Nordic countries in an international context.

Jesper Roine, professor of economics at the Stockholm School of Economics and member of the Stockholm Institute of Transition Economics (SITE).

What are we looking for?

According to Roine, the debate on inequality can be difficult to follow. Increased income inequality is often at the centre of media interest and political debate; however, inequality is a complex field of research that cannot be studied using simple methods. Jesper Roine regularly raises the following major issues: What are we actually talking about? What do we mean when we talk about increasing income inequality? Inequalities between whom? During what period of time?

– We must get to the bottom of how the question is put: what type of inequality are we referring to? For example, is it income, resources, opportunity, disposable income? Between whom: are we talking about inequality between individuals or households, between generations or gender? Answers, research results and conclusions may vary depending on which dimension of inequality we study. Contradictory results may not mean that one thing is right and the other wrong; it may be because we are dealing with different aspects of inequality.

All income groups have benefited

Roine emphasises that, despite the fact that income inequality has increased more in the Nordics than in other OECD countries, the Nordic countries re-

"Contradictory results may not mean that one thing is right and the other wrong; it may be because we are dealing with different aspects of inequality."

main among those with the most equal distribution of income. Compared to other countries, the Nordics have been relatively successful on the whole issue of income distribution.

– Examples of statements that may be perceived as misleading include: 'Global inequality has decreased,' or 'Globally, inequality has increased in most countries'. Both of these statements are true; the first one refers to the fact that economic growth has been greater in poor countries than in rich ones over past decades, while the second one emphasises income inequalities within countries, which have increased in the majority of the OECD-members, explains Roine.

The reasons behind increased income inequality

In the Nordic countries, differences in disposable income have been increasing since the 1980s. According to Roine, this increase has been greater than in other OECD countries, with the largest increase of all in Sweden, and he offers a few reasons why this is the case:

– Lower levels of social insurance such as sickness and unemployment benefits, which have failed to keep pace with real wages, the increasing significance of capital income, demographic changes and changes in the composition of households; for example, more single households and an aging population.

"Brave researchers are required"

Roine states that the future consequences of various factors, such as increased segregation in schools, remain unknown, meaning that a certain level of courage is required in research.

Risks are sometimes necessary even if the scientific basis is hardly perfect.

– We will not know the consequences of increased segregation in schools until today's children are in their forties or sixties. By then, it will be too late to take measures; we can hardly go back in time to put things right. Don't compromise when it comes to children.

* Commissioned by the Nordic Council of Ministers and Nordregio, the articles contained in the Nordic Economic Policy Review 2018 address issues related to income inequality in line with the report's objective: to make current political economy research available to policy-makers and a wider public in a way that contributes to a Nordic exchange of knowledge on political economic issues and challenges.

Sick of Inequality?

Studies have shown a direct link between high levels of social inequality and impaired health; however, according to associate professor Therese Nilsson, the available research results are far from unambiguous and we know little about the direction of this connection and why inequality might be a cause of ill health. She mentions social comparisons, lack of trust, violence and criminality as possible reasons why inequality as a phenomenon might lead to ill health.

Therese Nilsson is associate professor of economics at Lund University and a researcher at the Research Institute of Industrial Economics (IFN). Part of the focus of her research is how economic and social globalisation impacts on human health. She is one of the authors of the book Sick of inequality?, which deals with the issue of whether inequality in itself causes ill health. Despite contradictory research results, according to Nilsson the following can be stated unequivocally:

– We know that there is a link between low absolute income and low self-assessed health, although it is likely that this connection operates in both directions. The economic conditions of everyday life are crucial to how we feel; our absolute standard of living plays a role in our health.

– In terms of inequality and health, only those studies that use individual data can actually tell us anything about whether inequality in itself makes us sick. These types of studies demonstrate very different results. Generally speaking, equality does not appear to make us sick but it may make us feel a bit worse.

Nilsson highlights five possible causes as to why inequality as a phenomenon may lead to ill health: social comparison, lower trust, political mechanisms, violence and criminality, and purchasing power.

Therese Nilsson is associate professor of economics at Lund University and a researcher at the Research Institute of Industrial Economics (IFN), Sweden.

Social comparison and lower trust

Social comparison: people compare themselves with one another and, where income inequality is great, social stress may be created leading to poorer health for the individual:

"In order to increase knowledge of the connection between inequality and ill health, we require studies that use individual data and that attempt to deduce whether inequality causes ill health or vice versa."

– How do we feel when others earn more than we do? We compare ourselves with others in our immediate vicinity and the media publishes lists of our neighbours' incomes under headlines such as, 'They earn most in your town'. If this gives rise to a keeping up with the Joneses mentality, it may lead to stress that in turn can be transformed into ill health.

Lower trust: inequality may decrease the general level of trust at the expense of social cohesion and public health.

– Those with an active social life are generally in better health, says Nilsson.

Political mechanisms and criminality

Political mechanisms: inequitable societies can neglect to invest in areas that reinforce public health, such as healthcare and education for those who do not have economic power. Policies are adopted that reward the governing class: the privileged few with high incomes.

– The economic elite's personal interests steer which political reforms are implemented and can lead to priorities that do not always benefit the poor and the majority of the population. Access to public funds, in healthcare for example, stand in relation to inequality.

Finally, Nilsson mentions *violence and criminality* as possible reasons why inequality as a phenomenon may lead to ill health; given that, in an unequal society, there is more to be gained from committing crime, which in turn can give rise to ill health in the population among those who fall victim to crime or who worry about the eventuality of doing so.

Can health affect inequality?

Therese Nilsson also considers the issue of health's impact on inequality:

– Those in ill health find it difficult to enter the labour market, have lower productivity and therefore earn less. If an individual regularly falls ill, this may also have a negative impact on their ability to forge a career. Ill health also affects how long people remain in education – something that naturally has an effect on income. This makes it even more difficult to make any definitive statement on the extent to which inequality actually causes ill health.

Nilsson believes that, in order to increase knowledge of the connection between inequality and ill health, we require studies that use individual data and that attempt to deduce whether inequality causes ill health or vice versa. She also emphasises the importance of early equalising interventions:

– Early intervention, at school age for instance, appears to improve health in the population as a whole but it particular benefits disadvantaged groups, which in turn leads to a reduction in health and income inequality.

“In the Nordics, we tend to trust most people”

Equality is a crucial factor in social trust. Although in the Nordics we tend to trust most people, social trust decreases the further one finds oneself from the labour market. According to Professor Lars Trägårdh, the connection between strong values and work is characteristic of the Nordic countries.

Lars Trägårdh, professor of history at Ersta Sköndal Bräcke University College, Sweden.

Lars Trägårdh is professor of history and civil society studies at Ersta Sköndal Bräcke University College. Among the areas of focus for his research are the welfare state and its historical roots, civil society, the Swedish social contract and the Nordic Model from a comparative perspective. Trägårdh is also heading a research project in social trust in Sweden.

“The dumb Swede”

– In the Nordics, we tend to trust most people, something that makes us stick out from the rest of the world. Not only that, the percentage of people who feel a high level of trust is actually rising. To a large extent, this is explained by the increase in the percentage of the Nordic population receiving a higher education during the research period 1980-2010, says Trägårdh.

Denmark and Sweden top the list of countries in terms of social trust, something that, among other things has given rise to the expression the dumb Swede, who stands dutifully in line and follows regulations:

– It benefits the individual to jump the queue but for society it is better if everyone follows the rules.

Trägårdh speaks in terms of the hot trust for one’s family or clan that characterises traditional communities and the lukewarm trust that typifies modern society, with a relatively high level of trust for people one does not know personally.

– In the Nordic countries, the development of society has been driven by the individual and the state, rather than the family, says Trägårdh.

– This is a distinctive feature of our history.

“The conscientious worker”

The Swedish social contract is based on the citizen working, paying taxes and thereby earning social rights.

– In Sweden, we are happy to pay tax, says Trägårdh.

– Relatively few people protest about the tax system because our social contract remains intact. Citizens see maxims such as the conscientious worker and do your duty, demand your rights as central [to our way of life]. Going out to work is a given, irrespective of the circumstances of one’s life. This ideal persists to this day; the social contract has created favourable conditions for both the business community and for citizens.

"On the question of whether or not they trust people in general, approximately 60% of the Nordic population say that they trust most people."

Social trust linked to work

In his research on social trust, Trägårdh has studied which factors affect our perception of someone as trustworthy: being conscientious, providing details of one's finances to the authorities, only taking sick leave when one is unable to work, supporting oneself through work and not moonlighting.

– These strong values linked to work are characteristic of the Nordic countries. You cannot fully partake in society unless you work. Social trust therefore decreases the further from the labour market the individual finds themselves, meaning that the individual feels less included in society.

Trägårdh describes the Swedish social contract as a combination of social and individualistic values and ideals, characterised by a strong belief in those in power and a robust civil society.

– Together with the Netherlands, the Nordic countries stand out dramatically in European surveys on social trust. On the question of whether or not they trust people in general, approximately 60% of the Nordic population say that they 'trust most people'.

The challenges facing the social contract

According to Trägårdh, Sweden is a land divided between two differing ideals of solidarity. The Swedish social contract rests on both social and individualistic values – social equality and individual freedom – and on the ideals of human rights and universalism:

– The challenge the social contract faces going forward is to unite these ideals. Equality is a crucial factor for the future of social trust. In Sweden and the other Nordic countries, we see a striving for economic equality while at the same time we are embracing new ideals, such as diversity linked to migration. The problem appears to be: how do we reconcile these two ideals?

Health Behaviour in School-aged Children in the Nordic Countries

For over 30 years, leading international research network Health Behaviour in School-aged Children (HBSC) has been providing insights into the health and wellbeing of young people. Although results on health behaviour in the Nordic region demonstrate a positive development for Norway, for the other Nordic countries they are more worrying.

Professor Pernille Due of the University of Southern Denmark and the Danish National Institute of Public Health presents the results of the study Health Behaviour in School-aged Children (HBSC), a questionnaire circulated to children in the age groups 11, 13 and 15 years. The study has been conducted every fourth year since 1984 and now includes 43 countries.

Professor Pernille Due of the University of Southern Denmark and the Danish National Institute of Public Health.

The HBSC study

The study looked at Denmark, Finland, Iceland, Norway and Sweden over a 12-year period from 2002-2014. The HBSC study is based on an anonymous questionnaire answered in school. The subjects covered include self-assessed health, wellbeing, psychosomatic disorders, physical activity, eating habits, alcohol consumption, family relationships, enjoyment of school, bullying and views regarding teachers. The World Health Organization (WHO) is behind the study and publishes international summary reports.

Norway – the good exception

National studies show consistent results: mental ill health is on the increase in the Nordic region with the exception of Norway, which consistently demonstrates a positive development.

– The study's conclusions show that Norway has a higher incidence of positive indicators and reduced levels of negative results in all age groups, with the exception of 15-year-old girls for certain results. We need to learn more about these positive developments in Norway. There is a lack of research and we must identify the underlying factors.

The percentage of young people who feel satisfied with their lives has diminished in most of the Nordic countries. It is worth mentioning that Norway's results in this area were lower in 2002 but have increased significantly over the past 12 years, with an almost 10% increase on the question of life satisfaction.

– With regard to self-assessed health, Denmark and Iceland remain relatively unchanged over this period of time, while Finland and above all Sweden

“National studies show consistent results: mental ill health is on the increase in the Nordic region with the exception of Norway, which consistently demonstrates a positive development.”

show declining results. In Sweden, all age groups perceive a deterioration in health. Norway also stands out here, with a positive development in that increasing numbers of young people are satisfied with their self-assessed health.

Psychosomatic symptoms and school performance

The questionnaire asked whether the respondent had suffered from any of the following symptoms over the past six months: headaches, stomach aches, back pain, depression, irritation/bad moods, sleep disorders or dizziness.

– In 2014, one in three young people in Iceland and Sweden exhibited at least two of these symptoms each week. In Finland, Denmark and Norway, this result was one in four. Swedish children exhibited the highest incidence of sleep disorder (30.9%), while the lowest incidence was in Norway (17.7%). In all Nordic countries, it is an inescapable fact that girls feel worse than boys, especially in the 15-years age group – a development that also applies to Norway.

Norwegian pupils also showed stable results throughout the period 2002-2014 on the question of whether they felt pressure to achieve good grades in school. In Denmark, Finland and Iceland, young people perceive an increased demand to perform well in school, while in Sweden the figure has decreased somewhat, with pupils feeling less pressure in school. The perceived need to improve school performance increases with age.

“Easier to speak to parents”

The good news is that increasing numbers of young people find it easier to communicate with their father:

– In Sweden, it is deemed to be easiest to talk to the father. Danish children find it most difficult to communicate with their father, with the lowest documented result at 65%. In general, all sons perceive that it is becoming easier to speak to their father.

– Young people generally find it easier to speak to their parents, says Due, but the results are particularly positive with regard to communication with one’s father, with results improving by 10% in Denmark, Iceland, Finland and Norway.

Few Targeted Measures Have Succeeded in Creating Health Equity

According to professor Per-Olof Östergren, few of today's targeted measures result in reduced inequality. He has reviewed available research evaluating measures aimed at promoting healthier lifestyles in those with a low level of education.

Per-Olof Östergren, professor of social medicine at Lund University, Sweden.

Per-Olof Östergren is professor of social medicine specialising in social epidemiology at Lund University. He has extensive experience of researching and teaching the social determinants of health from an equality perspective.

Effective measures: a study review

Are there targeted interventions that are specifically effective among socioeconomically weak groups? On behalf of the Public Health Agency of Sweden, Östergren, together with Andreas Vilhelmsson, has conducted a systematic review of measures aimed at promoting healthier lifestyles among individuals with a low level of education. The results were reported in the article Reducing health inequalities with interventions targeting behavioural factors among individuals with low levels of education – A rapid review.

Two explanatory models

Measures aimed at changing unhealthy behaviours in the population as a whole are generally more effective within socioeconomically advantaged groups. Their effects can therefore lead not only to increased public health but also increased inequality. Östergren offers two explanatory models for the creation of health inequity: one focusing on social structures, social determinants and the social distribution of money, food, power and other resources (the social structure hypothesis); and another focused on the individual's opportunities and human limitations (the individual behaviour hypothesis).

– Measures to promote health equity demand a combination of these hypotheses if they are to succeed in changing individual behaviour.

Large gap in knowledge

The systematic review of studies showed a large gap in knowledge. As well as insufficient knowledge, research is to a large extent lacking with regard to measures aimed at individuals with a low level of education. Instead of conducting a formal analysis of existing studies, Östergren and Vilhelmsson therefore conducted a more detailed review of available studies.

“Further research is required into measures targeted at those with a low level of education. Few studies address public health interventions at societal level aimed at reducing health inequity.”

– The limited studies that do exist, none of which included the entire population, do not appear to have had any great effect on health equity. Studies conducted in school environments, for example those including all children, were more promising.

A single successful initiative

Östergren’s study analyses the effect of health-promoting measures for individuals with a low level of education. Smoking, diet, physical activity, mental health and mammography were analysed. From a total of 1,365 research articles in the field, only nine studies met the set criteria for inclusion in Östergren’s review.

– Only one targeted measure increased health equity: the percentage of women with a low level of education attending breast cancer screening was increased by one intervention. Further research is required into measures targeted at those with a low level of education. Our review shows that few address public health interventions at societal level aimed at reducing health inequity. For example, we found no support for the idea that measures to prevent smoking will reduce disparities between groups with different levels of education.

Health equity as a sustainable development issue

Those with a low level of education have worse health than those with a higher education. Social inequality in health is increasing.

– If we are to increase health equity, we require more measures that take a structural approach, rather than targeted measures aimed at influencing individual behaviour, says Östergren.

– The opportunity exists for public health policy from a broader perspective. Health inequity is also a matter of social sustainability in line with the global Sustainable Development Goals. Greater health inequity is incompatible with the SDGs, given that the nations of the world have undertaken to reduce inequality by 2030.

How Equal is the Nordic Happiness?

People in the Nordics generally live a good life. Despite this, many experience loneliness, stress, depression and a sense of futility. Michael Birkjær, author of the report In the Shadow of Happiness, presents the factors that affect our perceived happiness.

Michael Birkjær, analyst at Danish thinktank the Happiness Research Institute.

Michael Birkjær wrote the report In the Shadow of Happiness on behalf of the Nordic Council of Ministers. Birkjær is an analyst at the thinktank the Happiness Research Institute.

– In the report, a collaboration with the Nordic Council of Ministers, we have studied the people who find themselves struggling. The age groups in which we find those who consider themselves most unfortunate are 80+ and 18-23. The young unemployed and the chronically sick are generally to be found in these groups.

Five factors affect happiness

People in the Nordics generally live a good life. The Nordic countries are always among the top 10 happiness superstars in surveys. In 2018, Finland was top, closely followed by Norway, Denmark and Iceland. Sweden was in ninth place. Despite this, a large proportion of the population experience loneliness, stress, depression and a sense of futility. In the Nordic population as a whole, 12.3% state that they are struggling with some form of ill health. In the report, Birkjær states five factors that most commonly cause inequality in wellbeing; poor general health, poor mental health, inequality of income, unemployment and limited social contact.

– The experience of loneliness and lack of feeling that one belongs to a community are constantly underestimated factors in health surveys. While limited social contact is a major problem for the elderly, a sense of loneliness is stronger and more tangible among young people.

Studies lack a holistic perspective

Inequality in wellbeing is primarily affected by the level of ill health, meaning that measures should be targeted at individuals with physical or mental health problems.

– Studies that for example look at the degree of wellbeing among patients do not include aspects that reflect life in general. We therefore strongly recommend the prioritisation of happiness research so that we can better understand what really matters to the individual – given that this knowledge will also create economic benefits.

The impact of health and income

In the Nordic countries, it is general health that has the greatest impact on perceived happiness; unlike the United States, Australia and the United Kingdom, where mental health is the primary factor. It is primarily the elderly who suffer from failing physical health.

"There is a tendency for young people to see themselves as less happy than the rest of the population. What does this mean for the future? We just don't know."

– Mental illness is on the rise among young people and our report shows that this is the second largest factor affecting the perception of happiness, with young women most likely to suffer.

Those in top income brackets are described in the report as being protected against dissatisfaction and unhappiness. Michael Birkjær does however emphasise that this only applies to the top 10% of earners in the population. Income is ranked as the third most important factor for the perception of happiness.

Work and social networks

Unemployment is associated with struggling and suffering. According to Birkjær, one in three unemployed people in the Nordic region suffers from some form of ill health; a figure that falls to one in ten of those in work.

– Both unemployment and a lack of social contact have a greater effect on men's mental health. Older men in particular are less social, which is a contributing factor to unhappiness.

Birkjær underlines one final factor that affects our happiness: religion.

– Those who consider themselves very religious are happier; however, atheists and the moderately religious are on the same level of happiness.

In conclusion, Birkjær states that the trope of a carefree youth no longer applies in the Nordics:

– There is a tendency for young people to see themselves as less happy than the rest of the population, which is unique. What does this mean for the future? We just don't know.

Increasing Ill Health Among Young Men

Social health inequity has increased over recent decades. This development has particularly affected young men in the form of increased levels of drug-related illness and death, neck and back pain, suicide and injuries resulting from violence. This is the conclusion of Sven Bremberg's report Young men's health in the Nordic countries.

Bremberg is senior consultant in child and adolescent health and associate professor in social medicine at the Department of Public Health, Karolinska Institutet. He is the author of the article (in Swedish) Young men's health in the Nordic countries, which was commissioned by the Nordic Arena for Public Health Issues, a platform for strengthening Nordic public health cooperation and efforts to reduce health disparities among residents of the Nordic countries.

Sven Bremberg, senior consultant in child and adolescent health and associate professor in social medicine at Karolinska Institutet, Sweden.

Young men breaking with the trend

In general, the Nordic region has seen a positive development for all groups; however, social health inequalities have escalated over recent years. Even if socioeconomically strong groups have enjoyed the benefits more than others, all groups have still seen improvements. That said, this trend does not apply to young men as a group. In Sweden, development has stagnated for young men in the age group 15-29, for whom health inequity has increased.

– The primary causes of increased ill health among young men are depression, drug-related issues, increases in neck and back pain and higher rates of suicide, self-harm and interpersonal violence. All of these factors impact on socially disadvantaged groups to a greater extent. These increases are most obvious in Sweden.

The impact of the labour market

One underlying factor for the negative development among young men may be the combination of increased demands from the labour market with an education system that has failed to adapt to change:

– The demand for unskilled labour has decreased significantly in the Nordic region while demand for those with a higher education has increased. In all likelihood, this development is due to higher requirements for entry into the labour market, which in turn is related to increased global competition.

A new phase of life

Statistics Sweden, Sweden's national statistics agency, defines age of establishment as the age at which 75% of the population in a given birth cohort

"One underlying factor for the negative development among young men may be the combination of increased demands from the labour market with an education system that has failed to adapt to change."

has gainful employment to the extent that they can support themselves. In 1990, the age of establishment was 21 for men and 20 for women. By 2010, this had increased to 26 years for men and 28 years for women. In his report, Bremberg refers to American psychologist Jeffrey Arnett, who has proposed a new phase of life: emerging adulthood.

– This period is defined as between the ages of 19 and 29, when the individual has left upper-secondary education but has yet to establish themselves in their adult role. While for some this period represents enormous freedom, to be used for travel and self-realisation, for young people without a social safety net it is a time marked by uncertainty, worry and unemployment. This phase of life is harder on young men, who generally fare less well in school than their female contemporaries.

Social disparities in mortality

Rates of mortality are higher for men than women in all age groups. These increased mortality rates among men peak between the ages of 20-29 years. According to Bremberg, the marked increase in mortality among this age group warrants an increased focus on men from a public health perspective:

– It is possible that, at this age, the competition to achieve a given social status is more pronounced for men than women and that this leads to greater risk-taking and concomitant higher mortality.

The social disparities in mortality and the increase in social health issues demonstrate the same tendency. In his report, Bremberg states that recent decades appear to have seen a decline in the living conditions that affect health for groups of socially disadvantaged men:

– One Swedish study shows a link between poor performance in school and suicide risk in the age range 15-34 years. This risk was 4.6 times greater among young men in the lower 1/6 in terms of school performance in year nine than among young people who performed well at school. The same study demonstrated an almost six times greater risk of drug problems between the ages of 16 and 35 among the lower 1/6 of students in terms of school performance in year nine.

"Traditional Teaching Increases Equality"

In the Nordic countries, health is linked to educational attainment to a greater extent than to income. Studies show that it is likely that the progressive pedagogy that characterises Nordic teaching widen social inequalities in health.

– Create education systems that promotes health equity, urges researcher Gabriel Heller-Sahlgren.

Gabriel Heller-Sahlgren, research director at the Centre for Education Economics in London, an affiliated researcher at the Research Institute of National Economics and PhD student at the London School of Economics, is the author of many reports in the field of welfare, both in Sweden and internationally.

Gabriel Heller-Sahlgren, research director at the Centre for Education Economics in London.

The Nordic paradox

Generally speaking, the Nordic welfare model is closely linked to equality and yet health inequity is no less pronounced in the Nordic region than in many other countries with less comprehensive welfare policies. This phenomenon is often described as the Nordic paradox. In Heller-Sahlgren's report, Education Policy for Health Equality: Lessons for the Nordic Region, commissioned by the Nordic Welfare Centre, he analyses the links between health, education, knowledge and pedagogical methods.

– Health is often linked to educational attainment to a greater extent than to income. It is therefore important to examine the extent to which education policy can contribute, or be counterproductive, to health equity, says Heller-Sahlgren.

Progressive pedagogy creates health inequity

As one of many critical voices raised against the kind of progressive, student-centred pedagogy applied (to various degrees) in the Nordic countries, he is calling for a clearer, more traditional role for teachers. This progressive pedagogy places a great deal of emphasis on communication skills, the joy of learning experienced by the individual and the student's own ability to obtain knowledge. Meanwhile, less importance is placed on traditional, measurable knowledge and teacher-led lessons.

Heller-Sahlgren's report therefore suggests that progressive pedagogy leads to greater health inequity:

– There is a strong connection between the individual's education and level of knowledge and their self-assessed health in adulthood. Progressive pedagogy leads to inferior academic performance generally, which is likely to generally affect the individual's health in adulthood. That said, progressive methods also appear to result in greater enjoyment and wellbeing in schools.

“A first step in the right direction would be for the Nordic countries to reform their education policies in a manner that promotes long-term health equity.”

Adapting the education system

Heller-Sahlgren also highlights the fact that the mental health of young people in the Nordics has not increased in line with the increase in enjoyment of school.

– According to the survey Health Behaviour in School-aged Children, mental health among school-aged children has declined since 2000, mirroring the decline in performance at school. At the same time, we see that students today enjoy their time in school to a greater extent compared at the beginning of the 21st century. Although caution should be exercised in drawing causal conclusions from this, it does generally support the research discussed in my report.

Since 2000, the Nordic countries have not been especially successful in international measurements of educational attainment such as the Programme for International Student Assessment (PISA), which measures 15-year-old students’ scholastic performance in mathematics, science and reading. The exception to this is Finland, although they too have fallen sharply in various international measurements over recent years. Since the 1990s, progressive, student-centred pedagogy has maintained a strong foothold in Sweden. Denmark, Iceland and Norway have also been influenced in the same direction, while Finland has long clung to more traditional methods of teaching, although Finland too has now begun to move in a more progressive direction.

– Change is required if we are to maximise the probability that the school system will contribute to health equity. Examples of necessary changes include an evidence-based adaption of curricula and other governance documents, teacher training and other key factors in the education system. It is self-evident that one challenge is to change the methods that currently have such a strong foothold in our classrooms. A first step in the right direction would be for the Nordic countries to reform their education policies in a manner that promotes long-term health equity.

A paradigm shift for health equity?

The recommendation of Heller-Sahlgren’s report is that student-centred pedagogy should be re-evaluated and phased out if schools are to contribute to increased health equity and offer all children a good education. Heller-Sahlgren emphasises that the gathering of knowledge is benefited by traditional teaching:

– Traditional methods and a hierarchical school environment appear to be vital to improving school performance among socially disadvantaged students. Progressive pedagogy increases general well-being and satisfaction in the school environment, and can also be useful as a means of improving school performance among very high-performing students; however, it does not benefit most other students.


ISABEL
MP3
FRIDA
Sebastian
NV3
SARAH NV3
EMMA
NV 3
Sofia


Nordic Welfare
Centre