

“Private” Motives of Swedish “Public” Health Policy:

A Critical In-Depth Look at State Boundaries and a National Sex Survey Mandate

By

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Abstract:

Across the Western world, societies have been shifting focus toward sexual rights and capabilities unlike ever before. The famously sexually-progressive and democratic state of Sweden has recently mandated that a survey regarding the sexual and reproductive health and rights of its citizens be conducted in 2019, due to media evidence indicating that Swedes are having less sex. In the current international environment of populism, distrust culture, anti-immigration sentiments, along with the rapid rise of a far-right political party in Sweden, it appears as though the reaches of state boundaries concerning the public-private divide becomes increasingly questionable. Is the Swedish government trying to ensure the sexual health capabilities of its citizenry, or is the government more interested in *who* amongst its population is in fact reproducing or not?

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I. INTRODUCTION

Background

Western liberal democracies have increasingly moved toward sexual liberation because the feminist revolutions for suffrage and sexual autonomy that started in the early 1900s brought about far-reaching social changes. These changes stem from factors such as the fluctuating and overall divergent views regarding the establishment and legitimacy of marriage as a state institution; the influence of the feminist sexual movements of the twentieth century; and the questioning of social norms around the traditional nuclear family which have also changed as a result (Keeble 2016; Metz 2007; Sherlock 2012). Scholars, such as Anthony Giddens (1992), writing on the impact of the sexual revolutions particularly in the West, have suggested that the idea of individual autonomy connects with the core aspirations of democracy, which allows for a greater capacity for people to be, “self-reflective and self-determining: ‘to deliberate, judge, choose and act upon different possible courses of action’,” (185) which has become more possible for women, alongside men, now more than at any other point in human history. More recently, Keeble (2016) has carried Giddens’ ideas further in acknowledging that the advancement of the sexual freedoms of women, specifically in Western liberal democracies, have undoubtedly been brought about by the sexual revolutions – especially those that started in the 1960s, which have transcended into the “notable progress in gender and sexual equality” (4) that we know today. Indeed, liberal democratic states have been shifting away from outdated nineteenth and twentieth century social stigmas and norms to encompass new understandings of equality, human rights and individual sexual autonomy.

In the Western world, more generally, these epiphenomenal ideals and occurrences have likely contributed toward newer, modern attitudes, and approaches not only concerning the

family, but also around women's choices over their bodies within contemporary societies (Keeble 2016, 8). This also speaks to the understanding in liberal rhetoric about equal opportunity and capabilities; what an individual is *actually* capable of doing or being. A modern point of reference would be debates around social justice and its qualities or contributions. Nussbaum (2003) points out that in terms of social justice, looking to growth alone as progress, as many liberal democracies have and still do, is in fact incomplete; one must look at the individual level to what people *at* different levels in society are indeed capable of or not (33-34). From here, to put a gender spin on this, is to recognize the fact that, historically, women have been less capable than men, and thus have not been the beneficiaries of a nation's growth or prosperity (Nussbaum 2003, 33-34). Even further, those in less favorable economic or social circumstances – be they men, women or, more pointedly, members of the Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ) community – have not been the recipients of prosperity and well-being capabilities. But with new ways of thinking about the roles of women and sexual minorities in society, notions of capabilities have been taken into consideration by lawmakers, policy advisors, and governments alike, which stand as markers of progress, supporting the strong link between the idea of human rights and democratic values.

The Case of Sweden

Sweden is a state that echoes these ideals of sexual autonomy, democracy, and progress, with emphasis on the individual. According to *The Economist Intelligence Unit's* (2016) democracy index, Sweden has been ranked in the category of “full democracy,” given a score of 9 on a scale between 0 and 10 at the very least since 2006, ranked alongside “fully democratic” countries such as Canada, Finland, Switzerland, Norway, Australia, and New Zealand which all stand in similar rankings. In general, trends in Swedish society over the years indicate that

couples and women are preventing pregnancy more and more by way of contraceptives which started as early as the 1930s, and have been more accepting of the termination of pregnancies by way of the option of abortion (Sherlock 2012, 385; Högberg et al. 2001, 1481). Crucially, and in a broad sense, individuals in liberal democratic states have been entering relationships for other reasons besides procreating and marriage, and *when* deciding to marry, it is for reasons other than reproducing. All of this points to a greater emphasis on sexual pleasure and more individualized relationships in modern times. Lin (2008) proposed and built upon Giddens' work by stating that this perspective has also given way to new "ideas about sexual intimacy, in particular, [that] are rapidly being associated with personal pleasure, self-reflexivity and self-identity" (33). In the case of Swedish society, this has especially been true.

Sweden is a country with a reputation of being one of "the most sexually progressive in the world," (RT 2016), and "one of the world's most highly developed post-industrial societies," (BBC 2016). It is a nation that has paid particular attention to gender equality in the family, or the private sphere in comparison to other western nations (Kaufman, Bernhardt, and Goldscheide 2016, 2, 5). Mahon (1999) emphasizes that the Swedish social-democratic welfare-state model "has stood as the exemplar of the 'social democratic' form" and is "one characterized by 'decommodification' (policies that confront the fiction of *labour* power as a commodity), universality and solidarity," (239). However, this thesis seeks to signal toward the potentiality for questioning the government motivations of even a state like Sweden. Certain political and non-political matters seem to "straddle the public/political-private/non-political divide" as it were, which calls attention to the boundaries of the state and state action into the intimate realm of the personal lives of people (Metz 2007, 197). In this thesis, Sweden's political aims and values, socio-cultural cleavages, stated public policies, specifically in the form of a health mandate will

be critically examined in depth, and the reason why is because of a decision recently made by the Swedish government to intervene in the sex lives of its citizenry.

Research Puzzle

In July 2016 a number of news agencies reported that the Swedish government will be conducting a sex survey because Swedes have not been having sex as often as they were in the past (*CBC* 2016; *RT* 2016; Tamplin 2016; *The Guardian* 2016). The government has framed its concern in terms of the sexual health and rights of its citizens. In keeping with the social democratic policies of Sweden, the government appears to be concerned about ensuring that all citizens have the capability to exercise their sexual freedoms so that if Swedes are not having sex, it is because they choose not to, not because they are unable to. This thesis is an inquiry into the public-private distinction, and why the “private” matter of sex may become a “public” concern of the government in ways that invite questions about the intentions of government. Is the concern of the Swedish government less that Swedes are not having sex, but more that *certain* Swedes as opposed to others are not having children, which speaks to a government more concerned about reproduction as opposed to sex? Or is the government concerned about inequalities and barriers to exercising sexual freedoms so that sex is rightly a policy concern? In explaining its decision to conduct the survey, the Swedish government stated that it wants “to create the societal conditions so that the entire population can enjoy good health on equal terms” and “to eliminate health inequities within a generation” (Swedish Ministry of Health and Social Affairs 2016).

This inquiry stems from an increasingly uncertain political climate post-Brexit, and with the shift from candidate-Trump to President-Trump, in general, attitudes against integration and immigration are proliferating throughout the Western world. As progressive as Sweden is, it has

not been immune to the rise of anti-immigrant sentiments, and this is evident in the growing political strength of the far-right Sweden Democratic Party. About 16% of the Swedish population are immigrants, a percentage that is growing due to the refugee crisis and Sweden's open-door refugee policy (Wente 2015). Is Sweden another example of a Western state with falling birth rates and a government wanting to preserve the "nation," rather than a progressive state seeking to ensure that individual rights and capabilities are being met and upheld?

How do we interrogate governmental intentions in order to discern what constitutes the limits of state action? Drawing from the work of Metz (2007), I see the state as a "public-private boundary-crossing" entity where liberalism and its ideals may be at risk (196). Although Metz is dealing with the traditional understanding of marriage as a state institution and I am looking at a sex survey as part of a health mandate in governmental policy, I am – like Metz – interested in the (potential) illiberal underpinnings of state action. Metz (2007) made a compelling case for the disestablishment of marriage as a state institution if it rested on a definition of marriage as one solely between a man and a woman because marriage, conceived in this way, is incompatible with the values of equality, freedom, and fairness (196, 202). Metz drew attention to the fact that the liberal state had been failing to acknowledge the illiberal basis of traditionally defined marriage. To define marriage a certain way privileges specific requirements of individuals that must be eligible to enter such a union, wherein some are included (socially, sexually, religiously, politically, and culturally) and others are not (Metz 2007, 198). Some receive benefits in lieu of entering said institution, while others do not qualify (198). That is why the state must divest itself from, or disestablish, marriage. Similarly, if the Swedish state is concerned about the reproduction of the nation in its desire to conduct a sex survey, wouldn't the basis of its actions then be illiberal?

Theoretical Lenses

The overarching liberal analysis applied in the thesis draws from what Keeble (2016) acknowledges in her work as a *feminist liberal* perspective (6). Keeble's account of feminist liberalism, which she differentiates from the more commonly known *liberal feminism*, acknowledges Nussbaum's capabilities model and, specifically, highlights the "importance of sexual freedoms" and progress that has been made in favor of the individual within liberal democratic states (Keeble 2016, 7-8). This framework also accounts for how women have been freed from the historical link between sex and reproduction, and it focuses on the individual – not just women – in the discussion of progress and sexual autonomy (Keeble 2016, 4, 7). This is highly relevant in the examination of Sweden and the motives of the Swedish government because it takes into account the sexual freedoms and capabilities of people as well as the obligations of government. However, Nussbaum's capabilities model assumes that because governments have a role to play in ensuring individual capabilities, they are driven by liberal ideals of equality, freedom, fairness and social justice. The problem occurs when governmental actions are underpinned by illiberal motivations.

The way that I approach this problem in my thesis is by first focusing on the common liberal public-private divide and framework. However, drawing from feminist liberalism, I use the less cited version of public-private within liberal discourse which is not the distinction typically made between the administrative or governmental sector (public sphere) and market forces (private sphere) (Squires 2003, 131). The approach I will be using is a feminist one, which distinguishes between the private lives of individuals (often referred to as the domestic sphere), and the public sphere – or the rest of social, economic, and state institutions within which individuals interact (Weintraub 1997, 7). Just as Metz (2007) questioned the infringing effects of

state boundaries upon liberal values and rights, the following focuses on the private and public spheres of society in order to address the question of where state boundaries ought to be drawn and when state actions can be seen as a betrayal, rather than an embodiment, of liberal values.

Methodology

The work in the subsequent sections has necessarily required theoretical, historical, and contemporary research to investigate the topic at hand. I have made a theoretical inquiry regarding the liberal state boundaries of government. I cite mainly secondary scholarly works while engaging with current theories and discussions around the frameworks and concepts that have been utilized, namely those pertaining to capabilities and progress. As well, I build upon current ongoing debates about where the line of the political has been and should be drawn regarding the liberal public-private dichotomy. In the following, this approach has been applied to my case study of interest: Sweden.

Primary sources, such as governmental documents, governmental websites, reputable news sources, reputable online data-collecting and statistic-generating websites, have also played an important role in this research project, and I make references to relevant governmental and non-governmental surveys. Included are findings, interpretations, and mandates of previous and future governmental surveys that have been conducted within Sweden for similar purposes on the subject matter of sexuality. Comparing different sources of data which have been published at different times has also played a significant part. Though I will be relying mainly on secondary sources, an important focal point of my research has been the mandate of the national sex survey that drew my interest and from which my research puzzle has stemmed.

Lastly, although I came across a language barrier several times as some governmental databases and scholarly works have been in Swedish, it did not stand as a hurdle because *most*

had already been translated into English. As well, although it was difficult to access an abundance of information on the specific survey because it has not yet been assembled or published, I referenced the projections of the study at hand and the language used therein as part of my theoretical inquiry into the mandate and reaches of state action.

II. THEORETICAL INQUIRY

Public-Private Interpretations

The literature that I have found relevant to my thesis is the historical binary discernment widely made between the public and private realms within societies. Indeed, the public-private dichotomy is one that is “grand,” so to speak, in Western political theory, specifically in liberal thought, rhetoric and discourse. Conventionally, it represents the boundary of that which encompasses the governmental and that which encompasses the non-governmental; between the public sector – or the state – and the private sector – or commonly referred to as the market (Kumar 1997; Squires 2003; Weintraub 1997).

However, there are many ways of understanding, applying and constructing what is meant by the ‘public-private’ as a conceptual framework, and most times, it is “taken for granted that distinguishing ‘public’ from ‘private’ is equivalent to establishing the boundary of the political” (Weintraub 1997, 2). Historically, women have been less than citizens in a time when they were not present in the public sphere to vote or to be considered as a part of the voting constituency and, thus, citizenship in this sense can be understood as an ethical issue pertaining to status and inclusion (Prokhovnik 1998, 84-86). Because my research focuses on a private issue in a public context, this framework suits the scope and subject matter of my thesis.

Given that this distinction is usually never unitary, but rather extremely variable – and it has been contentious in its prescriptive nature of the boundary of the political – it is necessary to acknowledge, according to Weintraub (1997), that this dichotomy is comprised of “not a single paired opposition, but a complex family of them, neither mutually reducible nor wholly unrelated” (2). Weintraub discusses the four main distinctions made in political discourse which are: 1) the liberal-economistic, which distinguishes between the market economy and state administration; 2) the republican-virtue or “classical” approach, which separates the political community from the market and state; 3) the “dramaturgic” which focuses on the “public” sphere of “polymorphous sociability” and; 4) the feminist analytical approach which emphasizes the family in the private or domestic sphere with the residual falling into the public (1997, 7).

The fourth model alludes to feminist approach to the public-private. I plan to build upon Weintraub’s fourth model which focuses on the private arena through a feminist liberal lens that emphasizes the importance of an identified boundary. This is the central issue I am dissecting: a private non-governmental area that is being brought into public scrutiny. Although I also build upon Metz’s (2007) approach in examining the reaches of the state within the public sphere, it is important to note here and moving forward that she does not make the same distinction as I have made regarding the public-private frame because she discusses it indirectly.

Other feminist theorists have built upon models like Weintraub’s fourth model. For example, Squires (2003) draws attention to the first two most commonly utilized models that Weintraub puts forward in his work on the public-private by emphasizing the important differentiation between the classical-liberal understanding of the public-private, which is the “opposition between *oikos* – the domestic sphere of production and reproduction inhabited by

women and slaves, and *polis* – where the public is also equated with the political,” and the traditional liberal understanding which is the “distinction between market and state” (131).

Feminist scholars such as Squires have insisted that due to feminist theory challenging the traditional distinction, “on the theoretical level, the most significant contribution has been the uncovering of the place of the domestic within mainstream political theory” which has uncovered new territory for feminist contributions (Squires 2003, 141). She speaks to the fact that this distinction is indeed taken for granted and often time left undistinguished. Squires has contributed to the literature pushing for the necessity of viewing the private sphere as significant in society because a common dispute is whether the domestic sphere ought to be acknowledged as a separate sphere of life. Questions have arisen on whether the public-private distinction ought to exist at all.

Elshtain (1997), another prominent feminist scholar examining the significance of the public-private distinction, like Squires, posits that the eradication of the public-private distinction would in fact be counter-productive (170). Responding to those who have suggested this approach to solving the debate, Elshtain (1997) states that, “in practical terms, the richness and vitality of political life and of private life enhance rather than exclude each other; if they are drained, singly or together, of their normative significance, we are all impoverished” (170). By this she means each realm complements each other and is the counter balance to the other; one should not exist without the other. This position has been in response to feminists arguing for the omission of the public-private dichotomy altogether, which in and of itself draws a new line of the political, reminding us, as Weintraub also argues, is itself a contentious proposition.

Public-Private Applied

I build on Weintraub's fourth and feminist model in order to critically examine Sweden. Primarily, this thesis is an exploration of the would-be hidden motives of the Swedish government as it has chosen to step past the public boundary to engage with its citizens and their personal lives inside the bedroom in the name of their "sexual and reproductive rights," using health care mandates such as the national survey on sexual activity due to be distributed by 2019 (Swedish Ministry of Health and Social Affairs 2016). My approach focuses on the public sphere's engagement with the private sphere, and in this instance the actors involved are the Swedish government and the Swedish population: both its domestic-born and immigrant populations.

Private Sphere

The main criticisms of these seemingly radical solutions to the public-private distinction, namely those pertaining to the debate around where and how the line should be drawn between the public and private worlds, have stemmed from the inattention paid to the importance of the domestic sphere, within which women have traditionally been subordinated (Keeble 2016; Nussbaum 1999; Prokhovnik 1998). Radical feminists have often said the "personal is political," as the home has always been the sphere in which domestic abuse and dominance has been employed; if power can be exercised, it becomes political in nature (Keeble 2016, 26). This is an especially important consideration in my research because I take the stance that, due to the power that has historically been exercised over women in the domestic sphere, a realm where they have been less than citizens, private and public arenas of life are better left separate and acknowledged as equally important and connected; after all, citizenship exists in both realms (Prokhovnik 1998, 87, 89).

The unique feminist approach taken in this thesis is not to be confused with the conventionally understood liberal feminist approach that Keeble (2016) and, by extension, Nussbaum (1999), due to Keeble's reading of Nussbaum's work, differentiate in their contributions to the discussion regarding the private sphere. Feminist liberalism is an intentional shift in terminology "because of the importance of liberal ideas of equality and rights, specifically as they pertain to gender and sexuality" (Keeble 2016, 6). Unlike its traditional mirrored term, it rests on the importance of sexual freedoms for both men and women, but particularly women as they have historically been relegated to the private sphere and excluded from the public sphere (Keeble 2016, 4, 6, 25). The *liberal feminist* approach has been heavily discredited by many opposing feminist thinkers as only "reflecting the experiences of the privileged few, namely white, Western, heterosexual middle-class women" (Keeble 2016, 6). Moreover, in the discussion of equality, liberalism has been especially criticized for being too individualistic, lacking acknowledgment of different social realities of power, and neglecting the important role of emotions and empathy in a political environment (Nussbaum 1999, 58-59).

The feminist liberal approach, on the other hand, takes into account the core understandings and intentions of a typical liberal frame. As Nussbaum (1999) alludes, liberalism as a whole is not a singular position or theoretical approach but "a family of positions." (57). As Nussbaum specifically argues:

At the heart of this [liberal] tradition is a twofold intuition about human beings: namely, that all, just by being human, are of equal dignity and worth, no matter where they are situated in society, and that the primary source of this worth is a power of moral choice within them, a power that consists in the ability to plan a life in accordance with one's own evaluations of ends (57).

Nussbaum (1999), as Keeble underscores in building upon her work, emphasizes that although it is understood why liberalism has been frowned upon by many feminists, its core and overarching elements are still applicable to the modern aims of building upon theories of old to represent the importance of sexual freedoms today (62-63). I build upon two of the four main pillars of feminist liberalism in Keeble's work. First, I acknowledge the "guiding principle" of individualism in liberal thought (Keeble 2016, 8). As Nussbaum points out in her critique of the charges put forth about liberalism by other feminists, "liberalism responds sharply to the basic fact that each person has a course from birth to death that is not precisely the same as that of any other person... The separateness of persons is a basic fact of human life" (1999, 62). Second, I acknowledge the importance of capabilities and progress, wherein Keeble's work builds from Nussbaum's capabilities model which I discuss in greater detail below.

Overall, the necessity and importance of the private or domestic sphere, consisting of many separate individuals, is far-reaching; as Nussbaum (1999) has noted, feminists ought to embrace liberal individualism as it recognizes each human entity as an end in and of itself, not as a means to others (63). The neglected private realm has always been a vulnerable place for women historically, especially to the intentions of systems of power and dominance in political environments which still exist today (Keeble 2016, 18). Women have traditionally been valued as "parts of a larger unit" such as a component of the family where they have been valued only for their reproducing and caregiving abilities in the home rather than for their autonomy and freedom as separate individuals (Nussbaum 1999, 63).

Thus, from this point, to proceed with further investigation into the case of Sweden and its public approach regarding sexual health, I work with the feminist liberal theoretical framework which emphasizes the private which, in turn, places focus upon acknowledging

progress and capabilities (Kumar 1997; Keeble 2016; Weintraub 1997). In building from one of the core focal points of feminist liberal theory, I draw particular attention to its account of capabilities and progress that, following the sexual revolution, the tie between reproduction and sexual intercourse was severed, resulting in women feeling individual autonomy unlike before so they might seek sexual pleasures and intimacy without fear of pregnancy or even death by way of childbirth (Keeble 2016, 7-8).

Moreover, in building upon Weintraub's fourth model vis-à-vis a feminist liberal perspective and, at the same time, utilizing Metz's (2007) approach, I draw attention to the benefits of examining the role and intent of government through questioning the scope of state boundaries in the vulnerable private arena because it emphasizes the importance of acknowledging the intimate private life of the individual and why it is private for a reason. If there are hidden motives by the Swedish government – and any government for that matter – that go beyond an interest in the sexual health and well-being of citizens, there is room for an unjust and intrusive exercise of power. Just as Metz (2007) sought to expose the negative repercussions of state boundaries going too far, I aim to signal that if such an intrusion were to occur in the case of Sweden, it would be considered incompatible with the goals of a liberal democratic state. The public-private framework through a partial use of a feminist liberal theoretical lens serves well in approaching the question of why a government steps in or steps back, and the extent to which it *should* be allowed to act. In this case, the line existing between the public/governmental realms and the sexual and reproductive health of individuals focuses on the necessity of concentrating on the private sphere in feminist discourse.

Capabilities Model Close-Up

Nussbaum's capabilities model, the point from which Keeble builds one of her main pillars of a feminist liberal theory holds that, especially in the developing world, there ought to be a baseline understanding of individual needs so that individuals may in turn be capable, rather than oppressed (Keeble 2016, 35; Nussbaum 2000, 5). In her works on human development and women, Nussbaum (2000) argues that the most proficient and minimum approach to the treatment of individuals in a society, and not just women per se, by a government is one where we see that:

[a] basic social minimum is provided by an approach that focuses on human capabilities, that is, what people are actually able to do and be – in a way informed by an intuitive idea of a life that is worthy of the dignity of the human being (5).

Keeble (2016) draws attention to this idea, highlighting that the capabilities approach exceeds mere baseline survival to include ten in particular, including: affiliation; bodily integrity and integrity of health; freedom of life itself; emotions; the capacity to play; ability to exercise practical reasoning; capacities of imagination, thinking and sensory perception; association with other species based on concern for well-being of nature; and finally, control over material and political environments (35). These ten are highlighted as a point from which to reference my research regarding the sexual health and capabilities of citizens in the “developed” world.

Theoretical Research Intent

An underlying understanding of individual rights and capabilities is especially useful for my inquiry into why the Swedish government should do a sexual health survey, inviting questions about the public interacting with the private. This will also be framed around understandings of the capabilities model that recognizes progress, especially in a country such as

Sweden. More importantly, though, I aim to address the political boundaries of the state, which in this case may be heading down an “illiberal” path. My research seeks to contribute to the larger body of research and discourse on the public and private boundaries of social life through a case study focusing on how the government of Sweden handles issues that seem to blur these lines. Or, as Metz (2007) has stated, my aim is to contribute “to the essential and on-going project of scrutinizing and redrawing the proper limits and reaches of state action” (198).

Further, like Prokhovnik (1998) in the following my aim is to build upon feminist not *feminine* proposals (85). I am not excluding the experiences of men regarding the issue of governmental interference because “feminism is emancipatory not just for women, but for men and for children. In the same way, the emancipation of the Southern American slaves was emancipatory to slaves but also to the slave owners; it liberated both from the bad infinite of the relation of slavery” (Prokhovnik 1998, 85). At first glance, Prokhovnik’s explanation might sound radical or dramatic to some; however, it speaks to the encompassing positive benefits of critically approaching policies that marginalize anyone in a society in order to help the society as a whole. After all, at one point in time women were not considered persons, and the very idea to even consider them as persons was at first extremely radical and drastic (McLachlin 1999, 354-355).

III. THE CASE OF SWEDEN

Progressive Sweden: A Brief Context

Long before the turn of the century, Sweden has been widely regarded as “the world’s foremost model of a democratic country that has tried to minimize inequality” and that aims “to provide services that will make life more livable into the twenty-first century” (Lapin 1994, 91). For

Sweden, a central focus has been equality between men and women, but especially women playing a greater, more participatory role in public life (Lapin 1994, 108, 122). For example, policies such as abortion rights, access to a wide range of occupations, equal pay for equal work, and paid leaves of absence due to childrearing have all been areas of focus for over 75 years (Lapin 1994, 91-92). Over time and into a modern-day context, Swedish national identity has become so embedded with liberal gender equality ideals, that in public policy documents, debates and in the media, national core values of equality are echoed and celebrated (Eyre, Karlsson, and Towns 2014, 238).

Revered as a sexually open society that viewed sex as pleasure commencing as far back as the 1920s (Sherlock 2012, 385), modern day Sweden even has a self-declared feminist government (Stoltz and Hvenegård-Lassen 2015, 149). Current Swedish Prime Minister Stefan Löfven became “Impact World Champion Leader” in January of 2015 for a women’s United Nations initiative called #HeForShe which aims to include men in the gender equality struggles that women face (Stoltz and Hvenegård-Lassen 2015, 149). Kaufman et al. (2016) also note that as a society known for its egalitarian cultural undertones, and for its emphasis on equality within the family and *private* sphere to include opportunities for women, “men are beginning to join women in the task of making a home and raising children” (2). This goes beyond women simply joining men in the *public* sphere to seek new family opportunities and support as the state offers its support for childcare and “paternal involvement” (Kaufman et al. 2016, 2).

As well, Sweden is a leading model for sex education and promoting sexual capabilities with a focus on access to resources for young people which all started back in the 1930s, back when the Swedish Association for Sexuality and Education (RFSU) was established, and into the 1950s, when Sweden was the first country to adopt sex education as a subject in public schooling

(Sherlock 2012, 385; Zimmerman 2015, 65). The RFSU, a Swedish social movement organization, has published most of the sex education materials distributed in Sweden, and has also played a large role in the far-reaching mechanisms of sex education which go beyond “imposing strict, moralizing boundaries,” which focus on preventing disease and pregnancy, and instead emphasize the freedoms associated with enjoyment of sex and self-expression (Thanem 2010, 100). Running a hospital clinic offering an array of services, while also being one of the biggest condom manufacturers in Europe (previously, to fund their assortment of sex education services), the RFSU has often worked in collaboration with the government of Sweden and the National Institute of Public Health to insure the aforementioned sexual capabilities with a board of elected officials by its 900 members of over 20 different organizations, comprised of a professional staff of nurses, psychologists, sexologists, physicians, social workers and social scientists (Thanem 2010, 100).

Zimmerman (2015) points out that Swedish sex education, unlike many other non-Scandinavian Western countries, aims to liberate individuals and provide them with a greater capacity to realize their sexual capabilities and the pleasures – or, put differently, the *right* to experiencing pleasures by way of sexual relations (65, 90-91). Zimmerman (2015) also reminds us that the Swedish approach is open and encouraging, but not pressuring because it emphasizes the “sexual sovereignty of each human being” (91) rather than a normative and intrusive prescription; the Swedish sex education model seeks to prevent stigma and ignorance. To further understand the Swedish context, European neighbours such as Ireland, which take a stark juxtaposed stance regarding sex education are often viewed, when compared side by side, as the “late bloomer” versus the “global leader” (Sherlock 2012, 383). Social movements in Sweden,

for example, stand in contrast to Ireland which has always been strongly linked with the Catholic church and religious cultural norms around what is “morally appropriate” (385), (2012).

In addition, childcare policies in Sweden have focused on emphasizing the paternalistic role of men in child rearing and the mother’s role in succeeding in the labor force despite childbearing (Kaufman et al. 2016, 5-6). This has led to Swedish mothers experiencing less of a wage gap in comparison to many other countries that focus less on gender equality and gender roles in both the public and private spheres (2016, 6). The main objective of these policies in Sweden has been to introduce a “dual-earner/dual-career family model” which has been the embodiment of a new way of thinking starting in the 1970s (Nyberg 2012, 67). Into present day, and broadly speaking, this approach has transformed into public funding for childcare, parental leave, as well as tax deductions for various services making it much easier for mothers to balance work and family life wherein fathers, unlike ever before, play a new pronounced role in the early stages of parenting (2012, 67-69). Above all, the Swedish government seems to undoubtedly strive toward the guarantee of sufficient capabilities, as found in Keeble’s feminist liberal perspective and Nussbaum’s fundamental capabilities model, and thus ensuring equality for all members of society – especially women.

Health Care in Sweden

More than half a century ago, the United Nations Declaration of Human Rights stood as a significant base of rights to health and well-being that had never been seen before, and for many states it has served as a foundation from which to grow an equitable health care system (Backman et al. 2008, 2047). Even before the establishment of the National Institute of Public Health in 2014, Sweden has prided itself on placing systematic importance on its public health policies, particularly those which emphasize core developments such as health promotion, health

interventions, analyzing various determinants, disease prevention, and disease control (Sweden National Institute of Public Health 2017). Further, the Swedish Parliamentary Commission on Priority Setting, developed to tackle social issues back in the late 1980s, plays a key role in health care priority setting in Sweden today (Calltorp 1999, 5). This Commission created a report in the mid-1990s – which has served as a foundation for the progress of Sweden’s health care system today – that emphasized ethical principles which were:

1. The principle of human dignity. All human beings have equal dignity and the same rights, regardless of their personal characteristics and their functions in the community.
2. The principle of need and solidarity. Resources should be committed to those fields where needs are greatest. Solidarity also means paying attention to the needs of those groups that are unaware of their human dignity, those who have less chance than others of making their voice heard or exercising their rights.
3. The cost-efficiency principle. When choosing between different fields of activity or different measures, one should aim for a reasonable relation between cost and effect, measured in terms of improved health and improved quality of life. The cost-efficiency principle should only be applied in comparisons of methods for treating the same disease. Where different diseases are involved, fair comparisons of the effects is impossible (Calltorp 1999, 6).

These principles and priority areas demonstrate the starting point from which all health care priority setting stems, and as a welfare state that prides itself on leading in the areas of equality and human rights, Sweden has been investing heavily in health, well-being, and access to health for its citizenry – even before the United Nations declared it to be a fundamental right of citizenship in the 1940s (Bambra, Fox and Scott-Samuel 2005, 187).

Oftentimes, Western, industrialized nations “aim to achieve the noble goal of Canada’s health care system,” (Esmail 2013, 13) and look to it as a model for effective, publicly funded, universal health care policies. Canada is a nation that is also held to the standard of delivering

high quality healthcare regardless of cost and lack of affordability on the part of its citizenry (13). At the same time, Sweden, as Esmail (2013) points out, has, “long been considered a mecca of socialist thought,” which speaks to its overall approach to prioritizing access to health care services (iii). In comparison to other developed nations, Sweden provides an excellent health care system and approach to universal health care insurance (Esmail 2013, iii). When compared side by side with Canada, Sweden could even lend a few lessons to the highly esteemed Canadian health care system in the areas of: efficiency of expenditure; primary physician care; specialized, hospital, and surgical care; salary for physicians; private provision of hospital services; parallel private health sector; cost sharing; and importantly, access to health care (Esmail 2013, iii-23).

By the same token, Sweden’s *Health and Medical Service Act* passed in 1983 has stood as a benchmark for equity and access to health care to its entire population, and each county and region therein is responsible for its own health promotion, and several policies have been made since – some acting as guidelines for the future (Svanström 1988, 430-431). To further illustrate, public health policies passed nearly ten years ago in 2008 reflect a level of sophistication based on the diverse array of areas of focus within just one public health bill; these include, but are not limited to: influence and participation in society; social and economic conditions; conditions faced by children and young people; health in the workforce; products and the environment; medical care and health promotion; protection against disease; sexuality and reproductive health; physical activity; food and eating habits; and narcotics, alcohol, doping, tobacco and gambling, which are all applied to areas of the private and public spheres, including parenting, suicide prevention, diet and activity, civil society, and tobacco prevention (Larsson 2008, 555). This reflects the degree of importance placed on effectively safeguarding capabilities and achieving

health goals in all areas and at all levels of society – placing importance on the flourishing of the private sphere.

Likewise, the World Health Organization (WHO 2017) recognizes Sweden as a country that has long acknowledged and accounted for social determinants of health and equity, especially through an extensive health policy put forth by Swedish Parliament since 2003. Furthermore, “it pushes health up on the political agenda and affords equity in health high priority. The overall aim of the policy is to ‘create societal conditions for good health on equal terms for the whole population’” (2017). The WHO (2017) has also observed that the Swedish government has created appropriate “domains of objectives” through a cross-sectoral approach which include:

1. participation and influence on society;
2. economic and social security;
3. secure and favorable conditions during childhood and adolescence;
4. healthier working life;
5. healthy and safe environments and products;
6. health and medical care that more actively promotes good health;
7. effective protection against communicable diseases;
8. safe sexuality and good reproductive health;
9. increased physical activity;
10. good eating habits and safe food;
11. reduced use of tobacco and alcohol, a society free from illicit drugs and doping, and a reduction in the harmful effects of excessive gambling.

Furthermore, in the realm of sexual and reproductive health and rights (SRHR), the Swedish approach has been an international one. This policy area adheres to the aims of the Millennium Developmental Goals derived from international conferences at the UN, and Sweden acknowledges governments, the World Bank, the EU, the Council of Europe, and various NGOs

all as important partners in achieving global goals concerning SRHR (Ministry for Foreign Affairs 2006, 4). According to the governmental report titled *Sweden's International Policy on Sexual and Reproductive Health and Rights*, SRHR was defined in Cairo in 1994 in the ICPD Programme of Action where “sexual” and “reproductive” were deliberately separated to indicate that the *sexual* aspect does not necessarily require the purpose of reproduction (Ministry for Foreign Affairs 2006, 7). Protecting and assuring capabilities are stressed in this policy branch wherein important components include (Government Offices of Sweden 2006, 1):

- The right of women to decide over their lives and the opportunity for them to influence their societies
- The role and responsibility of men in promoting gender equality
- The health and rights of young people
- Increased focus on lesbian, gay, bisexual and transgender people
- Gender-based violence and sexual exploitation
- Prostitution and human trafficking for sexual purposes
- Safe and legal abortions
- HIV/AIDS and other sexually transmitted infections
- Access to contraceptives
- Maternity care
- Neonatal care

Specifically, SRHR refers to the “quality of life and personal relations, counselling and health care. Sexual rights include the right of people to decide over their own bodies and sexuality” (Government Offices of Sweden 2006, 1). Through this definition alone, it can be inferred that the Swedish government commemorates ideals and values of democracy, equity, equality and sustainability in economic development through its international approach to sexual and reproductive health and rights. What is more, in Sweden, this policy sphere is one of the most highly prioritized. SRHR stem from Sweden’s foreign and developmental policies and

progressive global approach, with an ends of achieving universal sexual and reproductive health care to the entire population even in the instance of economic disparity (2006, 2).

Swedish Sexual Health Mandate

The health mandate of focus for this thesis calls for a population-based health survey focusing on sexual and reproductive rights, issued to be administered for 2019 (Swedish Ministry of Health and Social Affairs 2016). The Swedish government is apparently concerned that, as a sexually liberated country, it might be experiencing a decline in sexual activity amongst its population. This mandate was sparked by a study done in 2013 by the *Aftonbladet* tabloid that surveyed 3000 people and publicly announced that Swedes are having less sex than they used to (*The Guardian* 2016).

The current Minister for Health Care, Public Health, and Sport of Sweden, Gabriel Wikström, said publicly in July of 2016 that some evidence found on Swedes not having enough sex is a health concern, a “political problem,” and that “sex is not, and never has been a purely private matter” (*RT* 2016). According to *RT* (2016), the fact that “conditions for pleasurable sex are deteriorating – due to stress or health problems” is what constitutes this issue as a political one. The Public Health Agency of Sweden announced moving forward with the national survey to be conducted in a few years on the sexual well-being of a people who have allegedly been refraining from having sex (*CBC* 2016). Through the distribution of a sexual health survey such as this, it is possible that the government can then assess whether the sexual health capabilities of its citizens are being met, and if they are not, they can look to find out how and why in order to proceed with the proper public health policy and remedy. According to the *CBC* (2016) the studies published in Swedish tabloid reports were “not scientific enough to be used as the basis

of government policies” so that, according to Eklund, an official in Wikström’s office, the government has to forward with a more in-depth approach.

This is not the first time the government has used a national public survey regarding sexual health as reference for public policy; the survey that was conducted by the National Institute of Public Health in 1996 was intended to look at the sexual habits and sexual attitudes of Swedes in a random sample of about 3000 people between the ages of 18 and 74 which was then published in a report called “Sex in Sweden” in 2000 (Swedish Ministry of Health and Social Affairs 2016; RFSU 2010). This study looked at variables based on gender which included questions regarding how partners met, number of sexual partners, types of sex acts that were engaged in, relationships, masturbation, same sex relationships, first experience of sexual intercourse, and reproduction (RFSU 2010). Productive and informative academic studies have since been put forth based on the information gathered in the study from 1996 such as Långström and Seto’s (2006) examination of exhibitionistic (paraphilic behavior such as how people felt in exposing genitals to strangers) and voyeuristic (also paraphilic, involving how people felt when watching strangers disrobe, or engage in other sexually private activities) sexual behaviours (427-428). Another looked at frequency and types of sexual behaviours along with their correlates (Långström and Hansen 2006).

Unlike the survey study of 1996, the survey that prompted my interest as a focus of this thesis has been mandated to be conducted in 2019, and as issued by the Public Health Agency of Sweden, it is the assignment “to carry out a population-based national survey study on sexual and reproductive health and rights” tasked to make public health endeavors more effective in the area of reproductive and sexual rights – which, as mentioned earlier, is a high-priority area of health policy (Swedish Ministry of Health and Social Affairs 2016, 1). Moreover, it has been

issued to directly influence and inform potential policy decisions and laws in the public health area of government. After this initial study is completed, it is the plan of the Public Health Agency to identify the most vulnerable areas of the population in order to follow up with more extensive studies to improve on these areas via public policy efforts along with “continuous follow-up” (Swedish Ministry of Health and Social Affairs 2016, 1). This commission will require immense analytical processing and reporting to make effective use of the anticipated findings of the survey (2016, 1). As stated in this highly-detailed government report assignment that is the sexual survey, the matter at hand is that (2):

The area of sexual and reproductive health and rights covers the entire population throughout people’s lives. It is an area of great importance for the self-esteem, close relations and well-being of every individual, regardless of age, functional capacity, gender, gender identity or gender expression, and is a determinant of health outcomes. Although it is difficult to say how and in what ways the sex survey of 2019 might affect policy, the entire effort outlined above indicates strong inclinations toward prioritizing baseline capabilities of members of Swedish society, wherein the ultimate goal of the government appears to indeed be: equality of everyone at all levels of society; enjoyment and pleasure; actualizing non-discrimination principles concerning SRHR; access and rights to information; self-determination; gender equality for women and the LGBTQ community; and needs of all groups in society (Swedish Ministry of Health and Social Affairs 2016, 2).

IV. SWEDEN AS A POTENTIALLY PARADOXICAL EXAMPLE

At the same time, Swedish policies are not constructed in a vacuum. As socially and politically progressive as Sweden is, it is not only part of larger global context, but also a product

of historical circumstances that raise questions about governmental motivations. There may be evidence of a potentially paradoxical socio-political, cultural, and historical situation in Sweden, one that has propelled my concerns around the sex survey mandate outlined previously. On the surface, the Swedish government is undoubtedly inclusive, democratic, and progressive in its policies pertaining to health and equality. Nonetheless, it is important to always consider any possible contradictions or barriers to maintaining this enlightened liberal image within the current global political context of uncertainty, unpredictability, and volatility – especially when it comes to the immigration question. The government of Sweden, well known for safeguarding capabilities and ensuring above adequate health care, could very well be doing *just that* with its sexual health survey mandate for 2019, but as I raised in the introduction to this thesis, what possible countervailing forces point toward a movement in the opposite direction, namely a potentially illiberal direction?

As a nation currently experiencing falling birth rates and a growing influx of immigrants (World Population Review 2017), Sweden has been facing inevitable demographic changes which have sparked my curiosity around the intentions of the Swedish government. Is this a question of sexual health, or is this about identifying *who* is not reproducing? If it is the latter, is this then a question of how the government is looking to preserve its national population? These questions will be examined in the following sections.

Current Implications

Within a domestic context, the socio-political cleavages in Sweden are quite divergent; Sweden is a highly transparent representative parliamentary democracy with a constitutional monarchy that serves “purely representative functions” (Socialdemokraterna 2017, 11), operating within a multi-party system of proportional representation (Swedish Institute 2017). Virtually

everyone is entitled to participation in the public-governmental sphere through referendums, anyone is entitled to criticize published governmental reports and documents, and citizens can engage by way of joining a political party (Swedish Institute 2017). Sweden is an open and anti-censorship state that celebrates the democratic political processes of voting and representation, and the political parties that are represented in the Riksdag – the Swedish Parliament – where laws are passed, wherein the two essential requirements to become a member of Parliament are Swedish citizenship and being of legal voting age which is 18 in Sweden (Swedish Institute 2017). The political parties that are represented in Parliament are ideologically, ideationally, culturally, socially, religiously, and politically diverse, and the proportion of representation directly influences which laws pass by way of votes. There is a maximum of 349 seats in the Riksdag, wherein elections are held every 4 years (Swedish Institute 2017).

Moreover, the Swedish Constitution prides itself on four central laws: the Act of Succession, which is the right to accede to the throne attributed to members of the House of Bernadotte; the Instrument of Government, which is the right to form political parties, ascertain information, conduct public demonstrations, and express their religion of choice; the Freedom of the Press Act, which is public access to official governmental documents (including anything put forth by the Riksdag), and the right to public communication of information and; the Fundamental Law on Freedom of Expression, which is similar to the Freedom of the Press Act but emphasizes the prohibition of censorship and protection of the choice of anonymity (Swedish Institute 2017). In order for a political party to elect representatives, it must receive *at least* 4% support of the population, making it an eligible political entity and force within Parliament. Sweden has a population of about 10 million people wherein 23% are under age 20 and 17% were born in a different country (Swedish Institute 2017). The parties that represent Sweden in

Parliament since the last election in 2014 are: the governing Social Democratic Party with 31% of the votes combined with the Green Party which garnered 6.9% (together as a coalition, 37.9%); the Alliance Party (which includes the Moderate Party, the Liberal Party, the Centre Party, and the Christian Democrats) which received a total of 39.4%; and lastly, the Swedish Democrats which received a total of 13% (Swedish Institute 2017).

The Swedish Social Democratic Party, which is one of the most prominent and long-standing political parties in the history of modern democracy, was founded in 1889, and started to gain political traction in the early 1920s (Socialdemokraterna 2017, 3). Therborn (1996) points out that due to the nature of this party's ubiquitous and multi-leveled influences, it has been a truly exceptional case in the liberal democratic world (1). Its influence can be seen historically as a leading party for 80% of the duration of time Sweden has been a democratic state; for thirty-eight years total the Social Democrats were the only governing party in Sweden; and for forty years total Sweden had a Social Democratic prime minister including Sweden's current prime minister, Stefan Löfven, since 2014 (Therborn 1996, 1). Although it has recently formed a coalition government with the Greens, it has often held sway in being at least within the minority in Parliament (it has formed coalition governments in the past) and has been a highly influential and powerful political entity since the early 1900s (Socialdemokraterna 2017, 3; Therborn 1996, 13, 1).

Standing opposite to the Social Democratic Party, however, is the Swedish Democratic Party. Unlike the prominent left-wing Social Democrats, the far-right Swedish Democrats, established in 1988 (NSD 2016) remain a contentious and radical party that holds deeply conservative views on women's roles in society (Eyre, Karlsson and Towns 2014, 237). This party only became legitimate in 2010 by way of surpassing the 4% threshold requirement when it

won representation in Parliament with 5.7% of the votes, initially gaining 20 seats. Since then, they have jumped a staggering 7% in popularity amongst the voter base after the 2014 elections (NSD 2016). Moreover, this party remains accused of having historic ties with the Nazi regime and its ideals (Eyre et al. 2014, 237-238), and of being “culturally racist” as an “extreme-right” party (Mulinari and Neergaard 2014, 45).

Critics of this far-right, radical, nationalistic, populist political party have also described them as viewing women as baby-making factories, with the dutiful task of birthing “Swedish” children and building the nation (Eyre et al. 2014, 238). Its continuation, let alone its success as a viable political party, has been questioned at the very least due to the nature of its origins and ideology. Mulinari and Neergaard (2014) describe the Swedish Democrats as infamous for their “exclusionary racis[t]” tactics exercised through various policies and rhetoric which have been “associated with the radical right-wing party political idea of ‘getting rid of them’” (45), with “them” being the “other” non-Swedish immigrant minority. What is more, according to Mulinari and Neergaard (2014), the Swedish Democrats have put forth an exclusionary and gendered discourse with the goal to control aspects of sexuality and reproduction within the population by emphasizing “the protection of ‘our’ women, and the inferiorisation/demonization of ‘the Others’ gender culture” (46). The recent success of a political party that still holds these notions of women, is indeed *problematic* for women, and importantly, problematic for a state that prides itself on gender equality, human rights, and autonomy.

Likewise, anti-immigration sentiments at the domestic level are just the start. Lately the issue of immigration and fears surrounding it have been at the forefront of global politics and news. Due to the Western political context of xenophobia and anti-immigration sentiments and policies – such as the anti-immigration policies seen under the recent Trump administration on

deportation, flight bans, and border security – the blame has recently been assigned to populism (Said-Moorhouse 2017). As Berman (2017) notes, populism is a rejection of status quo politics, resentment toward elitist groups, and “anti-globalisation gestures” (188) which can manifest in economic and xenophobic attitudes; a phenomenon evident in the recent Trump victory in the United States, and Brexit in the recent British departure from the EU. Berman (2017) argues that “what has been playing out in Europe has been a preview of the American presidential election season” (188) after Brexit and an emergence of populism – a momentous phenomenon which still holds true. All of this perpetuates the current global environment of political distrust and fear-mongering.

Another assignment of blame for the current context can be placed on the post-9/11 environment of global fear which has resulted in discriminatory behaviours, Islamophobia, and urgent fear of the possibility of terrorist attacks that could happen anywhere at any time – and this has extended beyond the geographical boundaries of the US (Schüller 2016, 604, 607) to other Western, “developed,” and industrialized nations to “developing,” and non-Western states alike. Further, as the fastest growing religion in the world coupled with the rise of the Islamic State (ISIS) and other extremist groups claiming to be foundationally linked to it, Islam has been a highly disputed political topic on the global stage – one that has been the epicentre of fear-bred anti-immigrant sentiment – despite the fact that many know so little about the religion itself (Lipka 2017).

Over and above this is the underlying and typical Western anti-immigrant sentiment which seems to stem from the economic self-interest of the individual and the importance the citizen places on job security, wherein “the native-born perceive[s] immigrants as competitors for scarce jobs and will oppose immigrants if they have skill profiles and occupations similar to

their own” (Hainmueller and Hopkins 2015, 531). However, Schüller (2016) looks beyond the economic interests of people and common fears associated with immigration negatively impacting the economy, and contends that a terror attack such as one of the magnitude of 9/11 has bred more of a cultural threat in Western countries (609) – what appears, at least on the surface, to be hostility toward Muslims and minority groups. It is not simply that immigrants are going to take our jobs, but they will destroy “our” culture and possibly terrorize at will. This “othering” is something that has been around throughout the ages and can also be seen in the case of Europe as well. Marino (2015) puts forth that “despite the well-acclaimed multiculturalism and hybridisation upon which Western societies have been built,” (167) there is no sure sign these far-reaching “othering” type attitudes will shift anytime soon.

Amidst the multifactorial, complex political context outlined above, an impact can be traced to the domestic context in such a globalized era. The broader context of anti-immigrant sentiment reinforces my concern that Sweden seems to be experiencing the same sentiments with the rise of the Swedish Democratic Party – a party that gained almost 6% of the vote amongst a population of close to 10 million for the first time in 2010, and then achieved *double* that in the 2014 election four years later. The Sweden Democratic Party is unquestionably gaining momentum in political legitimacy in Sweden.

A Historical Reading of the Swedish Nation

Are the attitudes of the Swedish Democrats merely an anomaly, or are they indicative of a larger problem? In general, modern day Sweden is known for its open-door immigration policies with few integration tests or demands upon entering the country, and it is highly regarded at an international level for its liberal, multicultural approach to the integration of refugees and immigrants (Borevi 2015, 1491). Historically speaking, though, Sweden has often

been resistant to solving population crises through increased immigration policy in order to conserve the national population (McIntosh 1983; Myrdal 1968; Popenoe 1988). Although within a historical context this public stance was a political norm across the Western world – something that was not as contentious as it would be today – it can still serve to inform the present context because it is the foundation on which the Swedish government was built.

Although Sweden was far from acting on drastic and more radical solutions to low fertility such as history's extreme example of Germany's Nazi Party which sought to mend depopulation through sterilization policy (Tännsjö 1998, 237), McIntosh (1983) points out that a nationalistic sentiment was felt on deeper levels, though not expressed publicly or openly, which existed back in the early 1900s and even into more recent times (151). McIntosh also notes that though Sweden appeared to be accepting of immigrants "to compensate for her deficient natural increase," important policy-makers interviewed in Sweden in the earlier part of the 1900s all agreed "that increased immigration [was] out of the question" (1983, 151). McIntosh argues that the justification for rejecting immigration was purely technical and political to conceal the underlying fact that there was a "desire to maintain the cultural integrity of the nation, or at least to slow down the rate of transition to a more pluralistic society" (1983, 151). This points to the nationalistic sentiments that existed in the early twentieth century *and* into the 1970s and 1980s concerning importance of preserving the Swedish nation as the answer to solving the fertility issue. McIntosh further iterates that a member of the Center Party, Ulla Tillander, at the time presented views during a political debate on an immigration report in the late 1970s that illustrated the sentiments of most Swedes about immigration: "...I believe it is essential that we Swedes should also have a right to the hope that we do not belong to a declining branch of the

human tree” (1983, 152). Altogether, fears about preserving the national, ethnocentric, and ethnically Swedish population persisted all throughout the twentieth century.

Alva Myrdal (1902-1986), a “Swedish feminist social scientist” (Ekerwald 2000, 343) who has been viewed as a “population expert” speaking and writing on behalf of the Swedish Population Commission regarding issues of family and the nation (Kirkpatrick 1942, 270), was a “feminist” responsible for contributing to effectively putting the private lives of women on the public agenda (Ekerwald 2000, 343); however, she has also been criticized as being a “controversial figure” and accused of failing to demand more from a patriarchal society whose overall feminist views and politics were questionable and not-so-feminist (Herman 1992, 82-83). Nonetheless, she made a lasting impact on Swedish population politics and women through her works, importantly including her book titled *Nation and Family* published first in the 1940s (Ekerwald 2000, 343). Therein, she discussed cultural attitudes toward the immigration and population question, alluding to the fact that a popular cultural concern of the time regarding population decline was “founded upon the citizen’s natural feeling that he is a member of a people which, unlike himself, lives through generations,” and that, “with mass immigration imminent, there would follow certain problems which must not be concealed. The smaller our own part in the new generations becomes, the less will our culture be the dominant one” (Myrdal 1968, 168-169). Myrdal (1968) also emphasized that the “Swedish tradition” (174) was in danger of disintegrating by way of mass immigration in response to fears amongst young people of loss of job opportunity and social subsistence – just as we see in the contemporary context. From these excerpts, it would appear that in the mid-1900s, concerns about the Swedish population being the less dominant one because of an immigration “problem” were genuine, but at the same time they were quite commonplace.

Together, Gunnar Myrdal (Alva Myrdal's husband) – another highly educated and very prominent public figure, economist, and academic in Sweden in the mid-1900s (Carlson 1990, 35-70; Morey 2015, 7)– and Alva co-authored publications on the population question; one in particular, entitled *Crisis in the Population Question*, had a lot of influence (1990, 70, 81). Therein, the Myrdals emphasized that there were fears spreading amongst conservatives regarding population decline and that “race suicide” was an evident threat to the nation (1990, 81). Back in the early 1900s, like today, investigation into “depopulation” was very important, and rightly so given the stress population decline was also having on the economy. At the time, the Myrdals warned that Swedish social policy and natural resources would “attract foreign peoples” who would be difficult to assimilate coming from Africa, Asia or Southern Asia, which according to Carlson, emanated a national ethnocentrism that broke from the “Democratic Socialism” that previously celebrated internationalism, an ethnocentrism that also stirred up fears about job scarcity due to newcomers (1990, 84).

The Myrdals became prominent figures of the Social Democratic Party – a particularly powerful party at that point in time as discussed in the previous section – and their work provided the party with useful rhetoric for various policies and long-lasting substance for legislation (Carlson 1990, 26). However, the party echoed this ethnocentric nationalism which was criticized later on as being fascist pronatalism that promoted “‘baby propaganda’ imported from Hitler’s Germany” (1990, 164). The Myrdals were also accused of being elitist social engineers (Herman 1992, 93). Pronatalism, as defined by Noordhuizen, de Graaf and Sieben (2011), consists of “standards about the centrality of children and the degree to which members of society hold positive feelings toward parenthood” (1648). Herman (1992) contended that in the 1940s in Sweden, pronatalism and nationalism went hand in hand, and that above all,

“preserving Swedish homogeneity and encouraging more births went together” – the answer was not to be found in increasing immigration (83). Overall, it was acknowledged that immigration *would* aid in the population problem; however, it was also a very “...undesirable option,” and that a “mild blending of nationalism with socialism would better secure Sweden’s future” (Carlson 1990, 165). More or less, the Myrdals, as a power couple, were interested in fixing the population problem within the political sphere through addressing socio-cultural worries about foreigners although, as pointed out by Popenoe (1988), they were also supporters of timely programs of the day “that fostered the eugenic sterilization of the ‘unfit’” (109). At the time, this of course was less problematic than it would have been today. Yet, to what extent are similar types of sentiments in Swedish society prevalent today, especially with the growing success of the far-right Swedish Democratic Party?

In sum, the Myrdals’ work, though some of it extended into the US context when the Americans were scrambling to find ways to integrate and assimilate the black population with the predominantly white population, was a reflection of what they had been doing in Sweden in tackling the population question (Morey 2015, 5-7). Along with the Myrdals’ justification (aside from financial compensation) for helping the US during wartime, global population crises, and amidst hard economic times given the post-market crash in the late 1920s, the Myrdals expressed their respect for the American people’s desire as a nation to integrate blacks and whites together in an egalitarian way, which was emphasized and praised by the Swedes (Morey 2015, 6). The Myrdals, and in turn, the Social Democratic Party along with the mainstream rhetoric at the time focused on quantity as well as *quality* when addressing the population question (i.e. referring to those who were most mentally, physically, and financially fit) (Morey 2015, 10). In Sweden, the Myrdals looked at “social group differences” that existed between poor and rich Swedes, just as

it did between blacks and whites in the US, which, they argued, was a direct result of the political, economic, and social environments – not race (Morey 2015, 12). As Morey (2015) alluded, the problem with this analysis was that “they perceived that black Americans belonged in the American folk in a way that ‘immigrants of alien groups’ did not belong within the national community in Sweden” (12), meaning they recognized that all citizens – black or white – in America were in fact American, but in contrast to the US, Sweden was this “homogenous group” (13) wherein the only true distinction was class (rich Swedes and poor Swedes). This speaks to the true perceptions of the Swedish nation by the government and leading, powerful academics at the time (namely, the Myrdals), and quite possibly in a modern context vis-à-vis the Social Democrats who are just as influential today as they were in the early 1900s.

Health as a Power Mechanism

Health care and the human right to health care is a modern development that has improved the quality of life for millions of people all over the world. However, health can also be an instrument of control insofar as it is a tool of power. Just as Bambra, Fox and Scott-Samuel (2005) contend, “health, and its promotion are profoundly political” (187). They outline all the ways in which health is indeed political: firstly, it is political because “like any other resource or commodity under a neo-liberal economic system, some social groups have more of it than others” (187); secondly, because health is managed under political mediation, it depends upon political decisions and; thirdly, because as the United Nations standard of living right to adequate health and well-being holds, it is included in what it is to be a citizen (2005, 187). Bambra, Fox, and Scott-Samuel seek to exemplify how little health is acknowledged as a political issue, and that this neglect is problematic because politics is a power apparatus; thus health is also a

mechanism of that power (2005, 188-190). This point is relevant to my discussion in this thesis of a health mandate justifying the sex survey in the following ways.

An example of health being exercised as a mechanism of power in Sweden occurred back when the Swedish policy on compulsory sterilization was implemented between 1935-1975 (Tännsjö 1998, 236). Health care professionals were instructed by the state to perform sterilization procedures on certain patients. Tännsjö (1998) highlights that media reports of the time apparently “exposed” (236) the flawless Swedish model blaming the “reputable” Social Democratic Party, the Swedish welfare state, and even Nazi ideals – all points that stemmed from controversy and extensive research done in retrospect. Over 63,000 cases of sterilization in total occurred between those dates, half of which were coercive on the part of the state (Nordensvard 2013, 172). In his work, Tännsjö (1998) drew attention to the fact that indeed “some sterilisation decisions may have been informed by racist beliefs” (238), while Nordensvard (2013) showed that only 31,000 cases out of the 63,000 were reported as actually receiving consent from the individual involved (174). And of course, this policy was viewed and criticized as being wrong or immoral because it was compulsory, infringing, and coercive later down the line.

Described as being one of the most shocking and “provocative aspects of the history of Swedish Social Policy,” the sterilization and eugenics programmes that occurred in Sweden in the twentieth century have been an area of contention to say the very least (Nordensvard 2013, 172). The two most impacting policies were legislated first in 1934, then again in 1941, and these, to at least some degree, allowed those with the authority to perform sterilization, and to do so without the patients’ consent; seeking consent of the person was more of a prominent concern toward the end of the stated legislation in the 1970s (2013, 174). In the situation where the

patient involved was under-aged or incapable for whatever reason of providing consent, the law stated that a parent, relative or spouse was to be consulted; however, for the majority of the time that this piece of legislation was in force, this component was overlooked as a “pure formality” and consequently, relatives were not consulted, and sterilizations were performed anyway (Nordensvard 2013, 174). Down the road, two decades after sterilization laws were abolished, public discussions and debates that engaged in a “citizenship discourse” (namely, discourse framed with emphasis on rights of the citizen concerning choice and various other social detriments) about the contravening eugenic laws, led to agreements regarding victims being financially compensated because individual human rights and autonomy were neglected entirely (Nordensvard 2013, 175).

Although there is evidence that points to the fact that, at the end of the day, compulsory sterilization was more “socially coercive” than physically, the law required consent from individuals who were more or less “encouraged” into becoming sterilized. This has been coined as “informal compulsion” (Tännsjö 1998, 238). Furthermore, this was apparently quite out of character for the Swedish welfare state and especially under the leadership of the Social Democratic Party; actors whom had previously championed against Nazism and racism. Unlike Nazi Germany, this policy was not put in place based on racist ideals with a follow up of euthanasia required of unfit or “handicapped” individuals (Tännsjö 1998, 237).

Nevertheless, and despite counter-evidence, countervailing rhetoric, policy accommodations, and financial compensation that have been put on the table, these historic laws stand as contradictions to the renowned liberal democratic state that is modern-day Sweden. Likewise, regardless of how, when, or why sterilizations came to pass, the policy itself set a precedent – one that welcomed the trespassing of the *public* state upon the *private* individual.

The very right to be able to conceive children was not absolute in the Swedish sterilization case; it was manipulative, forceful, and discriminatory, and the right to autonomy was not respected in the private lives of the Swedes during that time (Tännsjö 1998, 238). Furthermore, Tännsjö importantly emphasized that (1998, 238):

No one should have to 'qualify' for this right. Neither the fact that you do not want to take responsibility for your children, nor the fact that you cannot do so, nor, for that matter, the fact that, if you conceive children, they will be born with hereditary disease or handicap, should be any ground for stopping you from becoming a parent. These may all be excellent reasons for you to abstain from becoming a parent, but not for society to stop you from becoming one. Since the sterilisation policy violated this right it was immoral.

Metz (2007) referenced Hegel to contend that the ethical authority of government is a trust based relationship, one between "commander and commanded" (204) wherein the private sphere (the commanded) and the public (commander) maintain such a relationship based on a mutual belief of its ethical nature. However, when the line of trust starts to blur and said ethical nature becomes tainted, concerns should be raised because for all countries and citizens everywhere, no country is completely risk-free when it comes to the capacity for the abuse of power.

Although during the 1900s the idea of sterilization to better society was not radical, it should not be overlooked that these circumstances happened in the recent past, and thus point to a potential possibility of future governments using health as a vehicle once again to exercise power; and as evident in the case emphasized above, governments could be accessing private information about individuals based on their cultural or racial identity. This thesis – similar to that of Bamba, Fox, and Scott-Samuel (2005) regarding the political nature of health – has aimed to show how health is and has been an effective political tool of power, one that has

historically been wielded. In the case of the Swedish sterilization laws, the trust relationship between commander and commanded was not viewed as discriminatory and illiberal at the time; it was only later that the public understood the problems of state action. This reinforces the importance of monitoring the external and internal contexts that tend to open doors to these types of problematic policies and norms.

CONCLUDING REMARKS

The Swedish government has not yet explicitly pushed the boundary of the public too far in the case of the proposed sex survey that triggered my interest in the limits of state action. My findings remain preliminary at the moment because this mandate is set to be completed by 2019 and will require additional time to conduct the survey, and then publish the results. From there, we ought to “stay tuned,” so to speak, into what the Swedish government decides to do. However, I do caution that with the rapid rise of the Swedish Democrats, an extreme right party, the unequivocal and unstable global political environment, and the overall culture of distrust that is evident within domestic and international contexts alike, now is not the time to overlook discrepancies and potentialities for problematic state action. The prompts of the research question and findings of this thesis indicate that more investigation is required, or at the very least, concerns regarding where we are headed. We need to carefully examine these public-private boundary-crossing types of policies in the future. Although my findings do not indicate an entirely unlikely probability, it is certain that there is not enough supporting evidence at this time to believe the government has problematic motives regarding who is or is not reproducing within the Swedish population.

Metz (2007) interrogated the traditional idea of marriage as a state institution because it was quintessentially illiberal in that it included only certain individuals over those that do not fit the category of the preferred choice of relationships which were “monogamous, heterosexual, ideally childbearing and lifelong” (198) in the US. In this instance, those that fell into the residual of not “fitting into” what the state deemed legitimate were treated unequally, just as immigrants are in vulnerable positions to receiving unequal treatment in the current global and domestic contexts. Historically speaking, though accepted at the time, the sterilization laws that extended throughout most of the twentieth century in Sweden only *later* were recognized as fundamentally illiberal. Moreover, my work has sought to prevent possible “tensions and awkward silences” (202) moving into the future, just as Metz (2007) attempted to do in addressing the issue of the establishment of marriage and its unequal, illiberal qualities.

What may also be important to note is that after the sex study is completed, it could be beneficial to be aware of what the Public Health Agency decides to do regarding the most “vulnerable areas” of the population in how it moves forward with policy planning. Its plan remains to be an ongoing and continuous follow-up with further and more extensive studies which, at this point in time, is quite ambiguous and unclear. Above all, though, and from a liberal perspective, I prescribe that going forward policy-makers, the academic community, political parties, and the Swedish citizenry ought to proceed with caution in the coming decade because even the commended sexually and politically progressive state of Sweden is not immune to taking an illiberal and regressive turn for the worst.

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