# Sweden

#### **Overview**

#### Malnutrition status

Sweden is on course to meet the global targets for low birth weight, male diabetes, and female diabetes, but is off course to meet the targets for anaemia in women of reproductive age, male obesity, and female obesity. There is insufficient target data to assess Sweden's progress for under-five overweight, under-five stunting, under-five wasting, and infant exclusive breastfeeding.

Sweden has no prevalence data available for under-five overweight, stunting, or wasting.

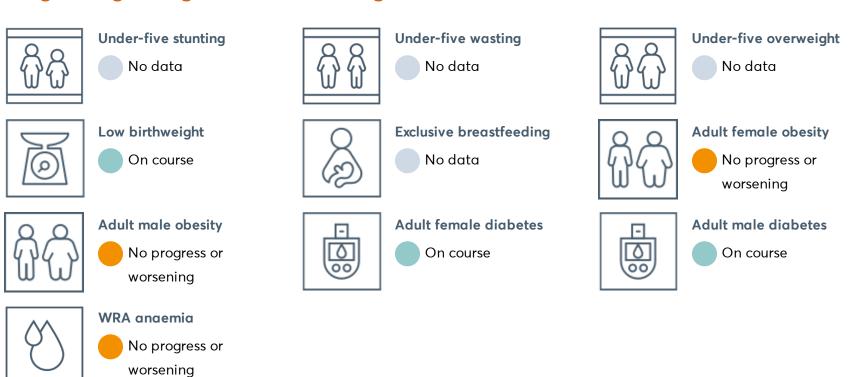
There is also insufficient data on exclusive breastfeeding among infants. Sweden's 2015 low birth weight prevalence of 2.4% has decreased slightly from 3% in 2014.

Sweden's adult population face a malnutrition burden. While there is no prevalence data available for anaemia among women of reproductive age, 5.8% of adult men suffer from diabetes, compared to 4% of women. Meanwhile, 23.1% of men and 18.1% of women suffer from obesity.

Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates, UNICEF/WHO Low birthweight estimates, NCD Risk Factor Collaboration, WHO Global Health Observatory.

Notes: Data on the adult indicators are based on modelled estimates.

#### Progress against global nutrition targets 2018



Sources: UNICEF global databases Infant and Young Child Feeding, UNICEF/WHO/World Bank Group: Joint child malnutrition estimates, NCD Risk Factor Collaboration, WHO Global Health Observatory and Global Burden of Disease, the Institute for Health Metrics and Evaluation.

Notes: WRA = Women of a reproductive age; NA = not applicable. The methodologies for tracking differ between targets. Data on the adult indicators are based on modelled estimates.

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# Child (under-five) nutrition status over time

Coexistence of wasting, stunting and overweight



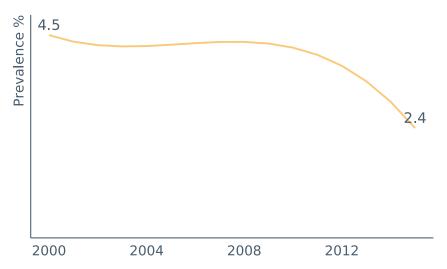
Sources: UNICEF, Division of Data Research and Policy (2019).

UNICEF Global Databases: Overlapping Stunting, Wasting and

Overweight, January 2019, New York.

Notes: Percentage of children under-five years of age who experience different and overlapping forms of malnutrition.

# Low birth weight



Source: UNICEF/WHO Low birthweight estimates, 2019 edition.

| Child (under-five) nutrition status |                      |                        |  |  |
|-------------------------------------|----------------------|------------------------|--|--|
| Wasting by gender                   | Stunting by gender   | Overweight by gender   |  |  |
| No data                             | No data              | No data                |  |  |
| Wasting by location                 | Stunting by location | Overweight by location |  |  |
| No data                             | No data              | No data                |  |  |
| Wasting by income                   | Stunting by income   | Overweight by income   |  |  |
| No data                             | No data              | No data                |  |  |
|                                     |                      |                        |  |  |

Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates.

# Infant and young child feeding over time

Introduction to **Exclusive** Continued Minimum breastfeeding by breastfeeding at 1 solid, semi-solid acceptable diet by or soft foods by gender year by gender gender gender No data No data No data No data Introduction to Exclusive Continued Minimum breastfeeding by breastfeeding at 1 acceptable diet by solid, semi-solid year by location or soft foods by location location location No data No data No data No data Introduction to Exclusive Continued Minimum breastfeeding at 1 solid, semi-solid breastfeeding by acceptable diet by year by income income income or soft foods by income No data No data No data No data

| Exclusive<br>breastfeeding by<br>mother's<br>education   | Continued<br>breastfeeding at 1<br>year by mother's<br>education | Minimum<br>acceptable diet by<br>mother's<br>education | Introduction to<br>solid, semi-solid<br>or soft foods by<br>mother's<br>education |
|--|--|--|---|
| No data  | No data  | No data  | No data   |
| Exclusive<br>breastfeeding by<br>age   | Continued<br>breastfeeding at 1<br>year by age                   | Minimum<br>acceptable diet by<br>age                   | Introduction to<br>solid, semi-solid<br>or soft foods by<br>age                   |
| No data  | No data  | No data  | No data   |
| Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child |  |  |   |

Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding, New York, May 2019.



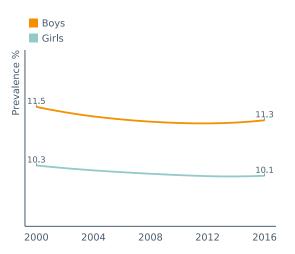
Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, May 2019.

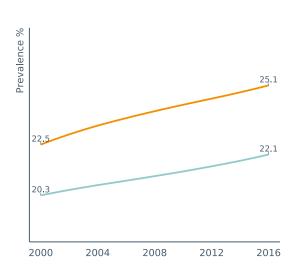
# Child and adolescent (aged 5-19) nutrition status

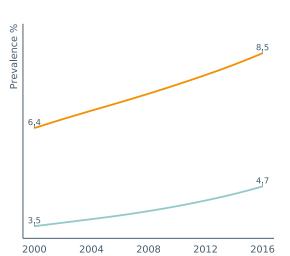
Underweight by gender

Overweight by gender

Obesity by gender







Sources: NCD Risk Factor Collaboration.

## **Adult nutrition status**

## Diabetes by gender

# Male Female 5,7 5,8

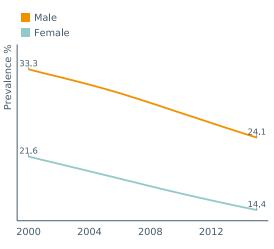
Sources: NCD Risk Factor Collaboration.

Raised blood pressure by

gender

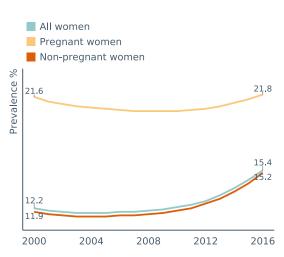
# Overweight by gender





Sources: NCD Risk Factor Collaboration.

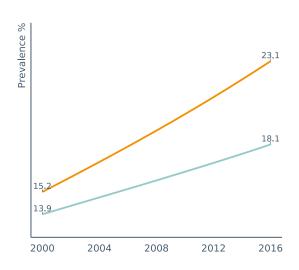
### Anaemia in WRA



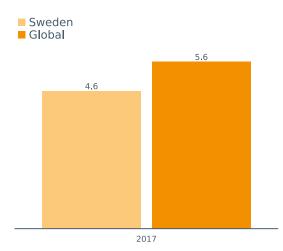
Source: WHO Global Health Observatory.

Notes: WRA = women of reproductive age.

# Obesity by gender



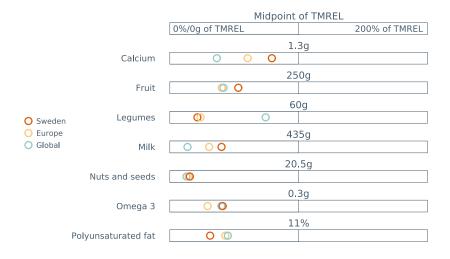
# Sodium intake (grams per day)



Source: Global Burden of Disease, the Institute for Health Metrics and Evaluation.

# **Dietary needs**

## Consumption of food groups and components, 2016





Sources: TMREL = theoretical minimum risk of exposure level. Global Burden of Disease, the Institute for Health Metrics and Evaluation.

Notes: Men and women aged 25 and older.

# Intervention coverage

| Coverage/practice indicator   | Total<br>(%) | Boy<br>(%) | Girl<br>(%) | Year       |
|---|--------------|------------|-------------|------------|
| Children 0-59 months with diarrhoea who received zinc treatment   | No           | No         | No          | No         |
|   | data         | data       | data        | data       |
| Children 6-59 months who received vitamin A supplements in last 6 months  | No           | No         | No          | No         |
|   | data         | data       | data        | data       |
| Children 6-59 months given iron supplements in past 7 days  | No           | No         | No          | No         |
|   | data         | data       | data        | data       |
| Women with a live birth in the five years preceding the survey who received iron tablets or syrup during antenatal care | No<br>data   | NA         | NA          | No<br>data |
| Household consumption of any iodised salt   | No<br>data   | NA         | NA          | No<br>data |

Sources: Huestis A. and Kothari M., based on 2016 Global Nutrition Report and UNICEF global databases, 2019.

Notes: NA = not applicable. Data is compiled using STATcompiler and taken from country Demographic and Health Surveys for 2005-2018.

## **Determinants**

#### Undernourishment

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## Food supply



Source: FAOSTAT 2018.

# Gender-related determinants

| Early childbearing<br>births by age 18 (%) <sup>1</sup>       | No<br>data | No<br>data |
|---|------------|------------|
| Gender Inequality<br>Index (score <sup>*</sup> ) <sup>2</sup> | 0.04       | 2017       |
| Gender Inequality Index (country rank) <sup>2</sup>           | 4          | 2017       |

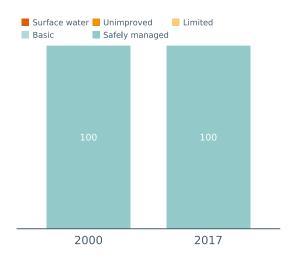
Sources: <sup>1</sup> UNICEF 2018; <sup>2</sup> UNDP 2018. Notes: \*0 = low inequality, 1 = high inequality.

# Female secondary education enrolment (net, % population)



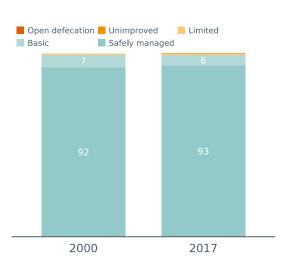
Source: UNESCO Institute for Statistics 2018.

# Drinking water coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2019.

# Sanitation coverage (% population)

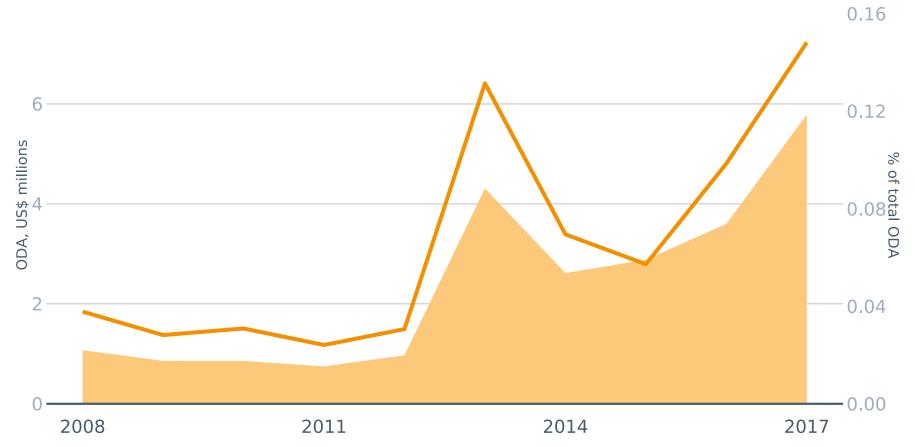


Source: WHO/UNICEF Joint Monitoring Programme 2019.

# Resources, policies and targets

# Development assistance

- % of total ODA
- Basic nutrition ODA disbursed



Sources: Development Initiatives based on OECD Development Assistance Committee (DAC) Creditor Reporting System (CRS).

Notes: ODA = official development assistance. Amounts based on gross ODA disbursements, constant 2017 prices. Figure includes ODA grants and loans, but excludes other official flows and private grants.

# National policies

| Mandatory legislation for salt iodisation  | No  |
|--|-----|
| Sugar-sweetened beverage tax   | No  |
| Food-based dietary guidelines  | Yes |
| Policy to reduce salt consumption  | Yes |
| Operational policy, strategy or action plan to reduce unhealthy diet related to NCDs   | No  |
| Operational, multisectoral national NCD policy, strategy or action plan  | No  |
| Operational policy, strategy or action plan for diabetes   | No  |
| Policy to reduce the impact on children of marketing of foods and beverages high in saturated fats, trans-fatty acids, free sugars or salt | No  |
| Policy to limit saturated fatty acids and virtually eliminate industrially produced trans-fats   | Yes |

Sources: Global Fortification Data Exchange 2018; Sugar-sweetened data prepared using data from the NOURISHING database, academic references and market reports; FAO 2018; WHO Global database on the Implementation of Nutrition Action (GINA), 2nd Global Nutrition Policy Review, WHO Global Health Observatory.

Notes: NA = not applicable; NCD = non-communicable disease.

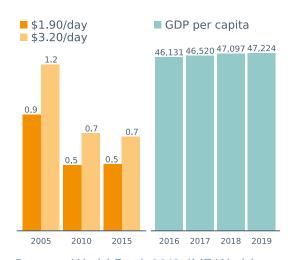
# Targets included in national (nutrition or other) plan

| Stunting                                   | Anaemia                           |
|--|-----------------------------------|
| No   | No                                |
| Low birth weight                           | Child overweight                  |
| No   | Yes                               |
| Exclusive breastfeeding                    | Wasting                           |
| No   | No                                |
| Salt intake                                | Overweight adults and adolescents |
| No   | Yes                               |
| Multisectoral comprehensive nutrition plan |                                   |
| No   |                                   |

Sources: WHO Global database on the Implementation of Nutrition Action (GINA), 2nd Global Nutrition Policy Review.

# **Economics and demography**

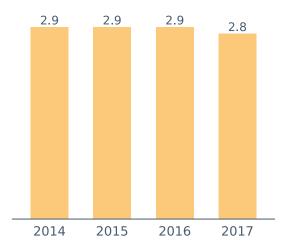
# Poverty rates (%) and GDP (PPP\$)



Sources: World Bank 2019, IMF World Economic Outlook Database 2019.

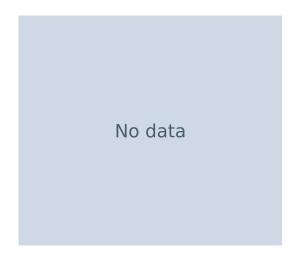
Notes: PPP = purchasing power parity.

# Under-five mortality (per 1,000 live births)



Source: UN Inter-agency Group for Child Mortality Estimation 2018.

# Government revenues (\$m)



Sources: IMF Article IV staff reports (country specific) and IMF World Economic Outlook Database (April 2019).

## Income inequality

| Gini index<br>score <sup>1</sup> | Gini index<br>rank <sup>2</sup> | Year |
|----------------------------------|---------------------------------|------|
| 29                               | 21                              | 2015 |

Sources: World Bank 2019.

Notes: <sup>1</sup> 0 = perfect equality, 100 = perfect inequality. <sup>2</sup> Countries are ranked from most equal (1) to most unequal (120).

## Population

| Population<br>(thousands)               | 10,183 | 2018 |
|---|--------|------|
| Under-five<br>population<br>(thousands) | 598    | 2019 |
| Rural (%)                               | 13     | 2018 |
| >65 years<br>(thousands)                | 2,027  | 2019 |

Sources: World Bank 2019, UN Population Division Department of Economic and Social Affairs 2019.

# Population density of health workers per 1,000 people

| Physicians               | 4.19       | 2014       |
|--------------------------|------------|------------|
| Nurses and<br>midwives   | 11.88      | 2014       |
| Community health workers | No<br>data | No<br>data |

Sources: WHO's Global Health Workforce Statistics, OECD, supplemented by country data.