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CONTINUUM *Complete*
International
ENCYCLOPEDIA
OF SEXUALITY

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RAYMOND J. NOONAN, PH.D., CCIES WEBSITE EDITOR

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· THE ·

CONTINUUM *Complete*
International
ENCYCLOPEDIA
OF SEXUALITY

Updated, with More Countries

2004

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(*Konungariket Sverige*)

Jan E. Trost, Ph.D.,
with Mai-Briht Bergstrom-Walan, Ph.D.
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Demographics and a Brief Historical Perspective

ROBERT T. FRANCOEUR

A. Demographics

On the Scandinavian Peninsula in northern Europe, Sweden is bordered by Norway on the west, Denmark on the south, and Finland on the east. One of the oldest democracies in the world, Sweden has lived in peace for 200 years. As titular head of a constitutional monarchy, the Swedish king has no power except to represent the country symbolically within Sweden and abroad.

Sweden's landmass of 173,732 square miles (449,964 km²), larger than the state of California, is mountainous along the northwest border. A quarter of the land is flat or rolling terrain, mainly in the central and southern areas where the largest cities are located.

In July 2002, Sweden had an estimated population of 8.88 million. (All data are from *The World Factbook 2002* (CIA 2002) unless otherwise stated.)

Age Distribution and Sex Ratios: *0-14 years:* 18% with 1.05 male(s) per female (sex ratio); *15-64 years:* 64.7% with 1.03 male(s) per female; *65 years and over:* 17.3% with 0.74 male(s) per female; *Total population sex ratio:* 0.98 male(s) to 1 female

Life Expectancy at Birth: *Total Population:* 79.84 years; *male:* 77.19 years; *female:* 82.64 years

Urban/Rural Distribution: 85% to 15%

Ethnic Distribution: Swedish: 89%; Finns: 2%; a small Sami minority, plus foreign-born or first-generation Yugoslavs, Danes, Norwegians, Greeks, and Turks

Religious Distribution: Lutheran: 87%; Roman Catholic, Orthodox, Baptist, Muslim, Jewish, and Buddhist minorities

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(CIA 2002)

Birth Rate: 9.81 births per 1,000 population

Death Rate: 10.6 per 1,000 population

Infant Mortality Rate: 3.44 deaths per 1,000 live births

Net Migration Rate: 0.95 migrant(s) per 1,000 population

Total Fertility Rate: 1.54 children born per woman

Population Growth Rate: 0.02%

HIV/AIDS (1999 est.): *Adult prevalence:* 0.08%; *Persons living with HIV/AIDS:* 3,000; *Deaths:* < 100. (For additional details from www.UNAIDS.org, see end of Section 10B.)

Literacy Rate (defined as those age 15 and over who can read and write): 100%; education is free and compulsory from age 6 to 15

Per Capita Gross Domestic Product (purchasing power parity): \$24,700 (2001 est.); *Inflation:* 2.7%; *Unemployment:* 3.9%; *Living below the poverty line:* NA

B. A Brief Historical Perspective

The Swedes have lived in present-day Sweden for at least 5,000 years, longer than nearly any other European

people. Nordic (Gothic) tribes from Sweden played a major role in the disintegration of the Roman Empire and helped create the first Russian state in the 19th century. The Swedes accepted Christianity in the 11th century and soon developed a strong centralized monarchy. In 1435, Sweden became the first European nation to develop a parliament with representatives from all segments of the population. Sweden threw off Danish rule, which began in 1397, in a 1521-1523 revolt led by Gustavus I. The Lutheran Church became the official state religion. For a time in the 17th century, Sweden was a major European power, controlling most of the Baltic seacoast. Following the Napoleonic wars, in which Sweden acquired Norway, Sweden maintained an armed neutrality in all later European wars.

1. Basic Sexological Premises

A. Character of Gender Roles

Sweden has the reputation, especially among its own inhabitants, of being the leader in gender equity. Whether this is reality or not, the early strivings for equality—thinking of men and women as equal—started more than a century ago. Women's movements were in the vanguard of these early efforts. In the family and matrimonial law reform of 1920, no differentiation was made between the rights and responsibilities of men and women, husbands and wives. Unfortunately, while the law drew no difference between the genders, the reality of social consciousness and behavior did differentiate. Thus, efforts shifted to achieving gender equity. Today, Swedes are more prone to think of and work for the process of gender equity, the fair and reasonable treatment of both men and women.

Depending on one's perspective, Sweden has come close to, or is still far from, gender equity. If one takes a public or legal perspective, Sweden has come very far. Officially, women and men are treated equally and have the same rights and responsibilities. From a historical and cultural perspective, when compared with other European countries and those in the Middle East, Sweden is a real pioneer at the cutting edge. However, if we use the ideal of gender equity as the perspective and basis for evaluation, Sweden has a very long way to go. To illustrate: Sweden has led the way for other nations with a gender-neutral parental-leave law that provides almost full salary for up to a year for either parent of a new child. This means that the mother and the father can share this leave any way they want. They can split the paid leave any way they want, or either of them can take all the leave. The reality is far from gender equity. Quite a few new mothers take all the leave of absence from work; fathers never take the full leave. Very few fathers take more than a few weeks off, although their salary is fully paid during this leave. Officially, formally, there is full gender equity; in reality, Sweden is far from gender equity on this, and many other, issues. (See also: M. J. Intons-Peterson's (1988) comparative study of the gender concepts of Swedish and American youth and D. Meyer's 1989 study of *Sex and Power: The Rise of Women in America, Russia, Sweden and Italy*.)

B. Sociolegal Status of Males and Females

For both females and males, the age of majority is 18 years. However, it is illegal to have sexual intercourse or engage in sexual (genital) touches with a person under the age of 15 years, regardless of whether the underage person is male or female, whether the couple is same- or opposite-gendered, and whether it is voluntary or involuntary. Sexual intercourse or contact is also prohibited by law under the age of 18 when the younger person is under the custody or supervision of the older person. Otherwise, the legal status

and prohibitions, including sexual harassment and rape, are the same for all persons (Meyer 1989).

C. General Concepts of Sexuality and Love

In general, the Swedes have a liberal and permissive attitude towards sexual relations and intercourse, although, as in all societies, some restrictions are commonly accepted. This is illustrated by a 1992 study on a representative sample of 729 Uppsala University students, aged 19 to 23. About 70% of both male and female respondents believed that it is acceptable for a 15-year-old girl to have sexual intercourse with a steady boyfriend; the same percentage approved of a 15-year-old boy having sex with his steady girlfriend. More than 90% of both male and female respondents did not approve of a 15-year-old girl having sexual intercourse with a casual partner. Only 40% of the males and 50% of the female respondents disapproved of a 15-year-old boy having sex with a casual partner. The double standard still colors what is acceptable, "even" in Sweden. It is stronger among males than among females, and this holds true even among the highly educated.

Almost all of those students disapproved of a married or cohabiting person having sexual intercourse with another person other than the spouse or cohabitation partner. In this regard, males and females did not apply a double standard and were equally restrictive in their views of "extra" sexual behavior by both men and women.

Generally speaking, females in this university sample were somewhat more restrictive or less permissive than males, but the differences are generally not significant.

2. Religious, Ethic, and Gender Factors Affecting Sexuality

A/B. Source and Character of Religious and Ethnic Values

Almost 90% of Swedes are members of the state Lutheran Church. The remaining 10% are either atheists or belong to other churches, with slightly over 1% Roman Catholic and a scattering of other religious traditions, often stemming from significant immigrations. By international comparison, church attendance is very low. Annually, the 7.6 million members of the Lutheran Church attend less than 20 million services, less than three services per member per year. Stated in another way, less than 3% of the population on average attend church on any particular Sunday (*Statistical Yearbook of Sweden* 1993).

At the peak of the Viking culture around the year 1000, people in this part of the world subscribed to the Aesir (Asa) religious belief in a superior race of gods led by Odin. This Nordic religion, with its worship of Odin and Thor, the Aesirs (creators of mankind), and the Vanir (fertility deities linked with land and sea spirits and with dead ancestors), was more concerned with behavior than with doctrines and beliefs.

Around the year 1000 C.E., Christianity was introduced into Scandinavia, often with the threat to either convert to Christianity or to be decapitated. Subsequently, the kings in the various small Nordic kingdoms and their people subscribed to Christianity, at least officially. As occurred elsewhere with the imposition of Christian or other exogenous religions, this conversion did not bring a complete rejection of the early religious practices. In Iceland, for instance, the people accepted the new religion in the year 1000 C.E. only after Pope Sylvester II allowed them to keep their traditional religious customs of eating horse meat and practicing abortion/infanticide (Manniche 1989).

That Christianity's penetration of Scandinavia took centuries is evident in letters various Popes sent from Rome to

their bishops, demanding that they make sure the Swedes follow the Christian rules for marrying and not use their traditional "pagan" rituals (Carlson 1965).

In 1527, King Gustavus Vasa decided that Sweden should abandon the Church of Rome and subscribe to the Reformation ideas of Martin Luther. At the time, King Vasa was at war and needed money. Luther maintained that the churches should not be decorated, and that the churches should not own a lot of property. This teaching suited King Vasa quite nicely. It allowed him to confiscate Church properties, gold, and other valuables, including copper bells, which he had turned into cannon to support his efforts to break away from the control of the Danish monarchy. Thirty-three years after King Vasa's death, the Swedish Parliament formally accepted his declaration of Lutheranism as the state religion at the "Uppsala Meeting" in 1593.

Today, the Swedish Lutheran Church is very liberal in action, but careful not to take formal stands in most sexual issues, such as premarital sex, cohabitation, and sex education. Like many other churches and congregations, the state church of Sweden is inclined to keep quiet on sexual issues to keep the few members they have.

3. Knowledge and Education about Sexuality

Carl von Linnæus (1707-1778), a professor at Uppsala University, is internationally known for his botanical classification of all flowering plants, based on their sexual reproductive systems. A less known, but equally pioneering effort of Linnæus (as he is more commonly known outside his homeland), was the lectures he gave his students on human sexuality. A few years ago, a manuscript was found, probably written by one of his students, Pehr Dubb, and rewritten by a young relative of Dubb's. In this manuscript, titled *Om Sättet Att Tilhopa Gå* [*On the Way to Be Together*], Linnæus shows a surprisingly great openness and support for sexual intercourse, considering he taught in the mid-18th century. Despite his accuracy in detailing the sexual anatomy of plants, Linnæus had a somewhat limited, and inaccurate, knowledge of the human female's sexual organs.

A. Government Policies and Programs

School Programs

During the 18th and early 19th centuries, venereal diseases flourished in Sweden. Starting in 1783, the government ordered its officials to distribute information about these diseases. An almanac published in 1814 provided a lot of information on venereal diseases without a moralistic overtone, and the straightforward message that the earlier the symptoms were taken seriously, the easier it was to treat a disease.

In 1897, the first female physician in Sweden, Karolina Widerstrom (1856-1949), started sex education in some of the schools for girls in Stockholm. She also published a pamphlet on education and sexual hygiene in 1906. Her perspective was astonishingly far ahead of the times. She claimed, for instance, that for their own health, women should be 20 years old before becoming a mother and the man 24 before becoming a father. She also added that the child had a right to be cared for, and that very young parents would find this hard to provide.

Widerstrom advocated sex education in schools and at home, in a natural environment where children could ask and get proper answers. She maintained that if physicians were the only ones providing sex education, then sex might be perceived as something special and strange, which it should not be.

In 1942, the Swedish Government decided it was preferable for pupils in regular schools to receive education on differences between men and women, and about sexual biology and hygiene. However, this was only a recommendation. Sex education did not become mandatory in all compulsory schools until 1956. Over the years, the content and form of the sexuality education program have been widely discussed. In the beginning, the education was mainly technical and biological in nature. This changed in the 1970s, as the emphasis shifted to education in sexuality, relationships, and living together. The curriculum became "softer" and more human.

Today, no one questions that there should be sexuality education in the compulsory schools. The amount of time devoted to this education and its content is very much up to the individual school, and the individual teacher. As elsewhere, some are good and some are even better.

Swedish sexuality education operates on four levels. In general, at the lowest level, education for pupils age 7 to 10 years deals with menstruation, intercourse, self-pleasuring, contraceptives, fertilization, pregnancy, and childbirth. The same topics are dealt with at higher levels, adjusted to the students' age and maturity. At the middle level, ages 10 to 13, added topics include the physical development at puberty, venereal diseases, homosexuality, exhibitionism, and pedophilia. On the upper level, ages 13 to 16, added topics include: petting, different views of sex roles, premarital relations, marriage and family including the views in some non-Christian cultures, abortion, pornography, prostitution, HIV/AIDS and "safer sex," and where to go for further information and advice. On the college level are included sexual desire, with its variations in the orientation and strength, falling in love, sexual problems and dysfunctions, ethical and religious viewpoints on contraception and abortion, societal support for the family (family law), sexual problems of certain immigrant groups, and the problem of world population.

A severe shortcoming is that teachers and physicians encounter almost no education and training in human sexuality within their professional curriculum. One would assume that they would receive this training, considering that they belong to professions that require education and training to teach and inform others.

Unfortunately, one has to admit that despite many years of effort on the part of some educators, the high-placed and idealistic goals set for sex education in the schools have not been reached, even if Sweden is ahead of most other countries.

Youth Clinics

In addition to sex education in the schools, Sweden has about 150 youth clinics. The first opened in the late 1960s mainly because of the many teenage abortions. Following a 1975 law allowing free abortions, the number of youth clinics increased significantly with a focus on preventing abortion by promoting contraceptive use. Other important tasks were to inform young people about STD, HIV, and AIDS prevention.

Youth clinics, headed by a midwife assisted by a gynecologist, psychologist, and social worker, deal with men and women under age 25, with most of the clients being female. The clinics provide one-on-one consultation. A great number of clients obtain contraceptive pills through these clinics. Clinic staff also participate in sex-education programs in the schools.

Some of the female clients are children of immigrant parents who have a more conservative attitude about the equality of the sexes and oppose premarital intercourse.

These situations pose new problems for the sex counselors. Resolving clashes between free Swedish sexual morality and other more-restrictive cultural codes is often difficult.

In some circles, both in Sweden and other countries, there was a fear that Sweden's liberal teenage sexuality and free abortion would increase teenage abortion. However, this did not happen. On the contrary, abortions decreased in the decade following enactment of the new law in 1975. This brought about international attention and was interpreted as a result of the Swedish school programs in sex education and the youth clinics. Many other countries then introduced sex education programs modeled on the Swedish approach.

B. Informal Sources of Sexual Knowledge

As in other Western societies, mass media, print, broadcast, and videotaped, are important sources of information for Swedes of all ages. Friends seem to be very important for nonadults. Child pornography is the only pornography prohibited by law, but it is still available. In general, pornography seems to be an important educational resource for quite a few Swedes.

4. Autoerotic Behaviors and Patterns

In the Uppsala University study mentioned in Section 1C, above, about 15% of the males and the females said that to engage in self-pleasuring daily is abnormal. To me this indicates that very few find self-pleasuring abnormal unless it is done daily. As with much else in the field of sexuality, people do not talk about self-pleasuring, so little is really known about what they do and what they think.

In the Uppsala study, the median age for first self-pleasuring was about 13 for men and 14 for women. Almost none of the men had not engaged in self-pleasuring during the past year, while as many as 24% of the women had not self-pleasured in a year. Almost 70% of the men and about 25% of the women engaged in autoeroticism at least once a week.

5. Interpersonal Heterosexual Behaviors

A. Children

No Swedish studies, either attitudinal nor behavioral, have been done on sexual exploration and sex-rehearsal play among children. These natural behaviors are probably more permitted today than half a century ago. But no one talked about this at that time, and very few talk about it now.

B. Adolescents

There are no puberty rituals and never have been to my knowledge. One could argue that Christian confirmation is a sort of passage rite from childhood to adulthood, but given the current lack of church attendance, that seems fully irrelevant now. Quite a few adolescents have a number of periods of going steady and no one waits until marriage for first sexual intercourse. The median age for first sexual intercourse is around 15 years for both boys and girls (Lewin & Helmius 1983).

C. Adults

Premarital Courtship, Dating, and Relationships

To begin, I want to emphasize the inadequacy and prejudicial tone of the term "premarital." The term presupposes the norm or model that everyone should marry, or at least that almost everyone should—and also that not to marry is deviant behavior, or to be more specific, deviant non-behavior. As will be shown, that concept has not really been an issue in Sweden. Today, with all couples starting with nonmarital cohabitation, their behavior is not "premarital," but just something they do.

Eilert Sundt, a Norwegian minister and one of the first sociologists, studied people's behavior and norms in the mid-19th century. Among other phenomena, he found the system of night courting (*nattfrieri*). In the rural areas, with often long distances between homes, the young man courting a woman would stay overnight in the same bed with her, but he was not allowed to undress or be under the blankets. This way, young persons could get to know quite a few young persons of the other gender (Sundt 1855/1975). Another important system has been, and still is, the dance places, especially during summertime, where one can invite for a dance even a complete stranger.

I would say that in more-modern times, there is no courtship or dating system. People meet at dancing places, not as commonly as previously, and at bars, schools, college, work, or through friends. There is no Swedish term for what in America is labeled dating. It is even hard to find a similar concept in Swedish for what is denoted by the term *dating*.

The term *premarital* is somewhat odd. There is really no corresponding Swedish concept. Prior to the mid-1960s, the term was understandable, but no big issue. True, there were norms against premarital sex, but these were mainly ideal rather than behavioral norms, especially during the period of engagement.

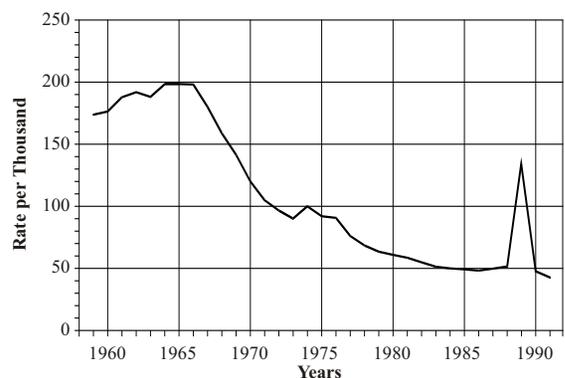
During the 1950s and first half of the 1960s, the marriage rate in Sweden was historically at its peak. Suddenly, this rate started dropping rapidly. "Rapidly," in this context, means a decrease of about 50% in less than ten years. No other country has experienced such a rapid demographic change. The marriage rate continued its decline until the beginning of the 1980s (see Figure 1). This same tendency appears in remarriage statistics for men (Trost 1993a).

What happened in the mid-1960s? Nonmarital cohabitation "under marriage-like conditions" suddenly increased (see Figure 2). Cohabitation existed previously, but it was only a very marginal phenomenon (Trost 1979). The data shown in Figure 2 are probably understated, with the actual cohabitation rate more like 25% than 20%. Cohabitation quickly became a social institution, alongside the old social institution of marriage. One could argue that this change was superficial, and that the relationships are the same, independent of the formal marital status or its absence.

When arguing that there is no real change, only a demographic one, I would say that with the Swedish laws and traditions, the dyad constituting the marriage is the same as the dyad constituting the cohabiting couple. The emotional relationships are the same, the quarrels the same, the affection

Figure 1

Marriage Rates, Sweden, 1959-1991, First Marriages per 1,000 Not Married



Sources: *Befolkningsförändringar*, different years

or lack of affection, housing subsidies, child allowance from society, just to mention a few elements, are all the same. The sole difference is the financial arrangements in case of separation/divorce and death of one of the spouses/cohabitants.

However, I would claim that the change here is in some of the norms surrounding marriage and cohabitation. Traditionally in Sweden, as elsewhere, four elements have been closely connected timewise: 1. the marriage ceremony, 2. moving in together, 3. having sexual intercourse together, and 4. having a first child about a year later.

As mentioned above, the norm against premarital sexual intercourse has never been more than an ideal norm in Sweden. Everyone has always known that Swedish couples had sex together before marriage, only usually no one talked about it. The social change that has occurred since the 1960s is that the four elements are now fully separated. Couples move in together without any ceremony, they have sex independent of the other three elements, and quite a few have children without being married. About half of all Swedish children are born to not-married mothers who are cohabiting with the fathers of the children.

This, in turn, means more than might be imagined at first sight. The social institution of the marriage ceremony has changed. Quite a few couples still marry, but the marriage does not move the couple from one situation to another; they are already living together. Today, Swedish couples do not marry and move in together at the same time; couples who marry have already cohabited as a couple. Some couples believe that a marriage ceremony will change their situation, but it changes nothing for them. For most couples, the marriage ceremony is a true ceremony, and still a sort of rite, not a passage rite but a confirmation rite. The marrying couple does not pass over to a different situation or stage, but rather confirms their relationship and its stability for themselves and for the surrounding social community.

Traditionally, prior to marriage, the couple would become engaged to be married. In Sweden, the engagement event was also a passage rite. The couple showed themselves and others that they were a serious couple. Engagement did not mean that they had decided when to marry, but just that they would marry some time in the future. Often relatives and friends would celebrate the engagement by attending a dinner party and giving the couple gifts for their future home.

Nowadays, quite a few cohabiting couples announce their engagement. However, I have never heard of any cou-

ple announcing their engagement before they started cohabiting. The Swedish term for engagement, *förlovnin*, literally means a prepromise; the couple promise to marry each other. Today, for most Swedish couples, the term has no connection with marriage. For most couples, what happens is that when they mutually fall in love, they just move in together. After some time, months or years, if they are still cohabiting, they might announce their engagement, their intention to continue as a couple. Eventually, they might also marry, in which case, the marriage means about the same as the engagement, but is a little more serious.

Obviously, more studies are needed of these terms and concepts and their various meanings for people, both for those personally involved, and for the social community.

Sexual Behavior and Single Adults

To my knowledge, no studies of single adults and their sexual behavior can be found in Sweden. What should be remembered, however, is that quite a few of those who are officially classified as singles, and even as living in a one-person household, very often are, one way or another, living in a dyadic relationship. Here I refer to those who are nonmaritally cohabiting, but who are classified, for a number of reasons, as living alone. I also refer to what is nowadays called LAT (living alone together), couples living apart in separate households, but still together as a couple. These dyadic relationships seem to be increasing gradually (Trost 1993b).

Marriage and the Family

The marriage and family structure in Sweden has, as far as is known, always consisted of the nuclear family as an ideal base. Heterosexual couples have married, or the equivalent, and had children. Divorce was almost nonexistent by law, as well as in reality. The number of children averaged around 4.5 per couple. The extended family has never been a Swedish social institution. In rural areas, the son took over the farm after buying out his parents with a contract that gave them a small cottage and paid them in kind until they died. The fertility rate decreased during the last part of the 19th century and the first decades of the 20th century. For a long time, the ideal number of children in Sweden has been between two and three children. The real fertility rate has, for a couple of decades, fluctuated between a total fertility rate (TFR) of 1.6 and 2.1.

The new matrimonial law in effect since 1921 made divorce easier. The divorce rates started increasing during the first decade of the 20th century, and went on increasing until 1950, when they leveled off until 1966, when the rate again started to rise. The divorce rate has continued increasing, if analyzed carefully, until the last couple of years.

Extradynamic Sex

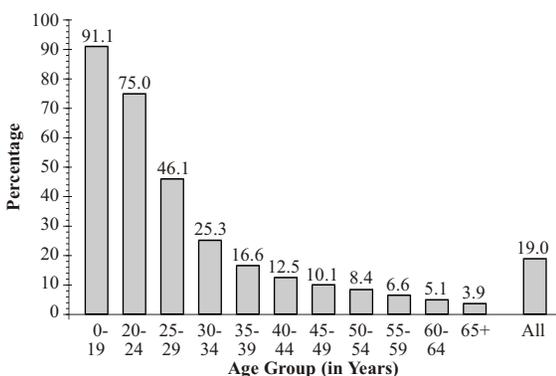
Nothing is known about the prevalence or incidence of extradynamic sex among Swedes. The sole study where there is some relatively reliable data is from 1967 (*Om Sexuallivet i Sverige* 1969). In this study, about 4% of the married persons surveyed had had at least two sexual partners in the previous year, one of which had to be extradynamic. What changes have occurred in the past quarter century is not known. However, the attitudes toward extradynamic sex have not changed as far as we can see, with about 95% still negative toward it.

Divorce and Remarriage

Most of those who separate or divorce from a cohabiting relationship soon start a new relationship, a remarriage, a re-cohabitation, or however one might label it. In 1800 and 1990, the proportion of marriages that were not first mar-

Figure 2

Cohabiting Women in Percentages of All Couples (Married or Not), 1990



Source: Folk—Och Bostadsräkningen 1990

riages was approximately 25%. The important difference is that two centuries ago, all remarriages involved a widow or widower. Today, almost all remarriages follow a divorce, meaning that both former spouses are still alive to remarry. Between 1800 and 1990, there was a definite decrease in mortality rates and longer life expectancy, leaving fewer widowed seeking new mates. Heavy emigration at the end of the 19th century and the beginning of the 20th century also reduced the number of adults remarrying. At the same time, a rise in the divorce rate increased the number of second and subsequent marriages. In the end, the result has been a relatively stable 25% of all marriages involving second or subsequent remarriages (see Figure 3) (Zetterberg 2002).

Plural marriages (polygamy) are not legally recognized by law or in reality.

Sexuality and the Physically Disabled and Aged

Sweden has pioneered in sex education for physically handicapped youth, and in training personnel working with them in institutions.

The first Nordic conference on sex and the handicapped was hosted by the Swedish Central Committee for Rehabilitation in Stockholm in 1969. An elected committee of five experts subsequently planned and provided both training for professionals in sexology and education for the disabled. This commission worked for the next ten years, arranging several seminars and courses, carrying on research, and publishing many reports and books about their work.

Students with physical handicaps get the same sex education as others in the Swedish schools. To help handicapped youths visualize love and sex between two disabled persons and between a handicapped and able-bodied person, an educational film/video, *Sex and the Handicapped*, was produced. It has been shown all over the world.

Between 1992 and 1994, a new project, Sexology and the Handicapped, was funded by the Swedish government to do research in the field and provide further training in sexology for personnel working with handicapped persons.

There are no studies on frequencies, occurrences, or varieties of sexual behaviors among the disabled or elderly. While the sexual needs of the disabled and older persons have received more attention in Sweden than in other countries, these phenomena are more often not talked about. There still is a prevailing public attitude that old people have left sex behind and that the disabled should be glad they are alive. Very ambitious attempts at changing this situation are being made by the Swedish association for the

disabled, which is raising the issues for both medical personnel and the disabled themselves.

Incidence of Oral and Anal Sex

In the Uppsala study mentioned earlier, 10% of the 19- to 23-year-old male students, and almost 20% of the women, have had anal sex. In most cases, this appears to be an incidental or occasional experimentation rather than a reoccurring experience.

As for fellatio, about 20% of the young women and a third of the men have never experienced it. About 40% of the women and 30% of the men have practiced fellatio more often than monthly during the past year. The occurrence of cunnilingus shows a very similar picture.

As far as I know, there are no studies about Swedish attitudes about anal sex, fellatio, and cunnilingus—people just don't talk about these behaviors. There are no legal restrictions on what sexual outlets couples or individuals practice, as long as they are mutually voluntary and harmless.

6. Homoerotic, Homosexual, and Bisexual Behaviors

The state Lutheran Church keeps a low profile on homosexuality, as do most of the other churches and congregations. They are not in favor of varieties other than heterosexuality, and could be interpreted as being negative at least to homosexual behavior, if not to the homosexual inclination—to be homosexual does not mean to behave accordingly.

Almost no Swede would dare to say anything negative about homosexuality or same-gender couples in the mass media or otherwise more or less openly. But all homosexuals easily and often experience hidden and/or open discrimination. The law discriminated between same- and opposite-gender sexuality until the mid-1970s. It was, for instance, illegal for an adult man to have sex with a woman younger than 15 and with another man younger than 18. There was an unspoken presumption that adult women would not have sex with a boy younger than 15. Today, the law is clear in treating males and females equally, and not discriminating by age and gender between same- and opposite-gender relationships.

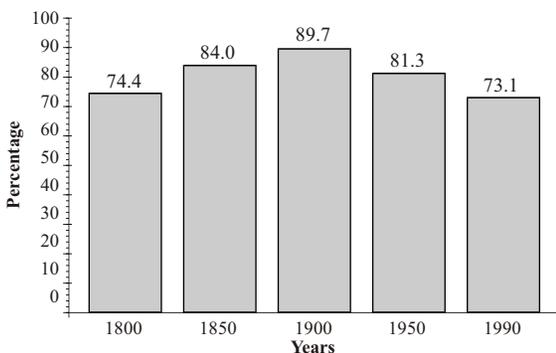
In Denmark, since October 1, 1989, same-gender couples can register their partnerships. This means that the laws applicable to married couples automatically apply also to these registered couples. Two differences remain. Same-gender couples cannot adopt a child jointly, and if one has a child, the partner cannot adopt the child and become its legal parent along with the natural parent. And there is no official, legal ceremony, or ritual attached to civil registration of same-gender relationships as there is in the marriage of opposite-gender couples. Norway adopted the same law on August 1, 1993. At the time of this writing, it appeared that Sweden would follow, enacting the same law during the United Nations Year of the Family in 1994.

The experience in Denmark is that relatively few same-gender couples have registered, a few hundred in all, the majority of whom being male couples. The law has not apparently changed the social attitudes in the general population.

However, in Sweden, since the mid-1960s, many homosexuals and their organizations have been arguing for the right to marry. Sweden was first in taking a step in that direction by putting cohabitation of same-gender couples on a par with cohabiting opposite-gender couples. The 1987 law provides that in the case of separating same- or opposite-gender couples, the partner most in need of the apartment or house has the right to remain in it, even if the lease, deed, or

Figure 3

Marriages Where Both Partners Were Never Married, Sweden, in Percentages



Sources: *Historisk Statistik* 1967, *Befolkningsrörelsen* 1990

title is written in the other cohabitant's name. The law also states that what the couple have accumulated for common usage in their household should be divided equally in case of death or separation, independent of which cohabitant actually paid for the item.

Riksförbundet för Sexuell Likaberättigande (RFSL), founded in 1950, is a nonprofit organization working for gay and lesbian rights. A special HIV department in RFSL receives economic support from the government for their preventative measures.

7. Gender Diversity and Transgender Issues

Transvestites have no special legal status, but since neither they nor society looks on them as deviant or sick, there is and should be no treatment. Many transvestites are members of a chapter of Full Personality Expression (FPE), an international organization for cross-gendered persons. FPE holds monthly meetings and maintains an open house for members, as well as for other interested persons in Stockholm.

By law, transsexuals can and also, in practice, do change their sex, after following a standard course of long observation and treatment by psychiatrists. Following gender reassignment, all legal documents are changed to match the new sex. Estimates suggest that about half of those who sincerely want to change their sex follow through and are allowed to have the operation. Less than a dozen operations are performed annually in Sweden.

8. Significant Unconventional Sexual Behaviors

A. Coercive Sex

Sexual Abuse and Incest

No one knows how frequent child sexual abuse or incest is. It occurs, and a certain number of cases are made known to the police. Of course, there are many more cases than those reported. However, in 1992, only 100 persons were sentenced for incest or for sexual activities with a minor. In the same year, 105 persons were sentenced for child sexual abuse and another 251 for having touched minors sexually.

The sentences for these crimes vary, with a maximum of four years imprisonment for incestuous abuse. Conviction for sexual touching of a minor can bring a sentence of up to one year's imprisonment. If these crimes are severe, the penalty can be up to eight years. These sentences are applied only if physical force or psychological coercion has not been used. If force has been used, the laws for rape are applied.

Sexual Harassment

In Sweden, as in so many other countries, sexual harassment is a new concept, even though the phenomenon is old. Studies made at universities indicate that between 10% and 25% of female students say they have been sexually harassed. Very few cases are reported. Businesses and schools have not developed any official policies to define and set policies for reporting sexual harassment. However, there is a growing awareness of sexual harassment issues among the people.

Rape

In Sweden, as elsewhere, most cases of rape are never reported and no one knows how frequent they are. It is known that among those rapes reported, most are perpetrated by a person known and trusted by the victim. In 1965, 1,565 cases of rape were reported to the police, and 203 perpetrators were sentenced to imprisonment.

The law differentiates between four types or degrees of rape or sexual assault. The most severe is what could be called flagrant rape or *grov våldtäkt*, involving violence and dangerous use of physical force; conviction can bring four to ten years imprisonment. A second type of sexual assault is simple rape (*våldtäkt*), with the penalty ranging from two to six years imprisonment. Sexual force, or *sexuellt tvång*, is not defined as rape, although it involves forced sexual intercourse without the use of violence or threat of violence; the penalty can be up to four years in prison. Finally, there is sexual abuse, or *sexuellt utnyttjande*, in which the perpetrator abuses his or her position of power, authority, or guardianship.

B. Prostitution

Prostitution is prevalent in the centers of the three largest Swedish cities: Stockholm, Gothenburg (Göteborg), and Malmö. Contacts with prostitutes can be made at bars all over the country, but these places are not directly linked with prostitution. Pimping is forbidden and conviction can result in up to four years imprisonment, up to six years if the case is severe. Very seldom is anyone reported for pimping, and almost never is anyone sentenced.

The police seldom ever take action against prostitutes and their customers, as so often occurs in some other countries. Sweden does not have as many influential moralists with double standards as are found in some other countries.

C. Pornography and Erotica

The production, display, and sale of pornography are permitted unless children are involved in one way or another. Distasteful displays of pornography are not permitted, and involvement of a minor can bring a fine and maximum sentence of six months imprisonment. Very few cases are reported to the police for prosecution. Pornography and erotica are readily available at tobacconists, video stores, and many other places.

9. Contraception, Abortion, and Population Planning

A. Contraception

Sex education, as mentioned above, has a long history in the compulsory schools. This is matched by the availability of, advertisement of, and information on condoms and other contraceptives. Vending machines for condoms can be found in hotels, bars, restaurants, and elsewhere, even at some bus stops on the street. All gas stations, groceries, supermarkets, and tobacconists openly sell condoms and often display them at the counter. Midwives and physicians prescribe contraceptive pills and fit IUDs. Male and female sterilization is free of charge upon request if the person is over age 25.

B. Teenage Unmarried Pregnancies

It should be clear from the discussion of marriage and cohabitation rates above that almost no Swedish teenagers are married. This means that almost all pregnant teenage women are not married. Quite a few of them are cohabiting; how many is not known. About 3% of all children born in 1991 were born to mothers younger than 20. As is usually the case, it is not known how old the fathers were. Only about 15% of these mothers were married, thus less than a half percent of all children were born to a married teenage mother. The total fertility rate (TFR) for girls 15 to 19 years of age was 13.1, compared with a TFR of 154.1 for women 25 to 29 years of age.

In 1991, there were 3,564 children born to teenage mothers and 6,152 abortions performed on teenagers. Thus,

about two thirds of the teenage pregnancies end with an induced abortion.

C. Abortion

Prior to 1939, abortion was illegal in Sweden. In 1939, the law was changed to allow abortion under certain conditions and for specific reasons. Grounds for legal abortion were connected to the eugenic ideas popular in the Western world at that time. In Sweden, as elsewhere, there was an effort to keep the national stock pure and good. Gradually, the perspective changed, more grounds were added, and the law became more liberal. A 1975 law reform gives the woman the right to a legal abortion upon request until the end of the 18th week of gestation, without any costs to her.

Prior to the early 1970s, Sweden had an unknown number of illegal abortions and relatively few legal abortions. Estimates of illegally induced abortions during the 1950s range from 10,000 to 100,000 per year; about 5,000 legal abortions were done annually in this era. Now, illegal abortions are nonexistent because the cost of an abortion is covered by national health insurance, and no one other than the pregnant woman has to be involved in the decision, even if the pregnant woman is a minor.

In 1991, the total abortion rate (TAR) was 615.3 (see Figure 4). The specific age rates vary, although the younger the age group, the higher is the abortion rate for women who are older than 19 years. Since 1975, the TAR has been fairly stable. Since coital activities vary more among teenagers than among older women, the abortion data for teens need to be considered separately. For 15- to 17-year-olds, the abortion rate has decreased; for older teens, it has remained fairly stable over the years since 1975. The 1975 rates were approximately 16 per 1,000 girls age 15, 29 for girls age 16, and 33 for girls age 17; in 1991, these figures were 9, 17, and 21, respectively, with lows in all groups in 1983-85 of about 7, 12, and 18, and highs in 1988-90 of about 10, 19, and 25, respectively. For older teens, the 1975 rates were approximately 33 per 1,000 girls age 18 and 31 for girls age 19; in 1991, the rates were 28 and 33, respectively, with lows in 1983-85 of about 23 and 26, and highs in 1988-90 of about 31 and 34, respectively.

D. Population Control Efforts

At the end of the 19th century, the fertility rate started on a decline that went on until the mid-1930s. By the mid-1930s, the birthrate was below replacement level, and some politicians and others were concerned about the risks of immigration overwhelming ethnic Swedes. During the 1940s,

Sweden provided housing subsidies to poor households with minor children, government allowances for all mothers with a child under age 16, and other pronatal incentives. But even before these measures were enacted, the postwar baby boom came with its peak in 1946-1947.

When the fertility rate again came to a historic low in the 1960s and especially the 1970s, some politicians and demographers became emotionally concerned and involved. Discussions about new ways to make society more "child friendly" became popular. But the political decisions were hidden behind the mask of social welfare. Since the Nazis were defeated in 1945, very few Swedes have dared to admit being pronatalists.

In modern times, there have been no attempts to reduce the population, unless one counts the discussions about immigration policy as an issue in population growth.

10. Sexually Transmitted Diseases and HIV/AIDS

A. Sexually Transmitted Diseases

Incidence and Trends

The previously most feared STD, syphilis, is now comparatively rare, dropping from 153 new cases in 1985 to 121 new cases reported in 1991. Gonorrhea has also decreased, from 5,389 new cases in 1985 to only 617 cases in 1991. Two thirds of these STDs occur in men.

In Sweden, chlamydia was not recognized until recently as an STD. After apparently peaking in 1990 at over 21,000 new cases, a decreasing trend seems to have arrived. Most cases of chlamydia occur in persons under age 30, with two thirds of reported cases detected in females.

Trichomonas, herpes, candida, condyloma, and other diseases are not classified as STDs, and reporting by treating physicians is not required. Thus, no data are available for these infections.

Treatment and Prevention Efforts

Treatment for all sexual infections is available free of charge or with only a nominal fee. Propaganda for condom use has traditionally been based on preventing unwanted pregnancies, contrary to the connection made in continental Europe and North America, where condom use has been promoted for prophylactic disease prevention. Swedish propaganda now includes prophylactic use.

Changes in the frequencies of the various STDs suggest a variety of factors. Decreases in gonorrhea and syphilis are connected both with more efficient treatment and increased education about condom use and about the risks of these diseases. The rise in chlamydia in the late 1980s is explained in part by the increased use of the contraceptive pill as an efficient protection against pregnancy and its lack of protection against STDs. The recent decrease in chlamydia is because of increased education and STD prevention.

B. HIV/AIDS

Incidence, Patterns, and Trends

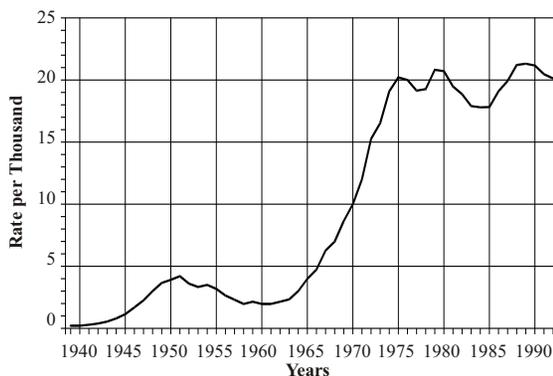
According to mid-1993 estimates, Sweden has between 3,000 and 4,000 persons with HIV infection. Each year 300 to 400 new cases have been reported. About 150 persons with HIV convert to full-blown AIDS, according to estimates from 1990 to the present. About 60% of the HIV-positive persons are between ages 25 and 39.

Treatment, Prevention Programs, and Government Policies

Distribution of free syringes and condoms, more-rigorous blood tests for blood donors and transfusions, and increased information and education on safer sex are being

Figure 4

Abortion Rates in Sweden, 1939-1992,
per 1,000 Women Aged 15-44



Sources: *Aborter*, various volumes

used to limit the spread of HIV and other sexually transmitted diseases. Local and national governments strongly support prevention, research, and treatment efforts, both to prevent further spread and to find a cure.

[*Update 2002*: UNAIDS Epidemiological Assessment: HIV testing is mandatory for blood donors, and systematic but voluntary for pregnant women, women having abortions, injecting drug users, STD patients, immigrants, refugees, and the deceased with autopsies. All diagnosed HIV infections are registered in the Swedish national HIV case-reporting system, using an identifying code. By mid-2001, a cumulative total of 5,523 cases of HIV infection has been notified since the beginning of the epidemic, approximately two thirds of which were in Stockholm. Among cases reported in 1997-1999, 48% were heterosexuals, 32% were homosexuals, and 8% were injecting drug users. Among heterosexual cases, 35% were diagnosed in persons originating from countries with a generalized HIV epidemic. Prevalence in pregnant women and STD patients is primarily generated through the national testing programs. Data on pregnant women revealed that the prevalence in Stockholm is four times higher than in the rest of the country. The incidence of syphilis has remained less than 2 per 100,000 since 1984.

[Data on prevalence among injecting drug users are available through a screening program of injecting drug users in the prison of Stockholm. In 1987, prevalence was 16% and 13% in 1988. Incidence was estimated around 0.9% in 1987 and 1.2% in 1988. When the HIV test was introduced in 1984, 300 injecting drug users in treatment in Stockholm were tested, resulting in a prevalence of 11%. Subsequent testing noted an incidence of 5% between 1984 and 1990, with seroconversion rates decreasing over time. As in most screening programs, persons known to be HIV infected are not retested. In the study on injecting drug users in prisons, those known positives not tested were added to both numerator and denominator; about 30% to 37% were not tested, and in addition, 15% to 25% refused to be tested. Those prevalence rates need, therefore, to be interpreted with caution. In the Stockholm area, it is estimated that there are 14,000 homosexuals, 3,000 to 4,000 drug abusers, and 9,000 immigrants from sub-Saharan Africa in the 15- to 64-year-old age group.

[The estimated number of adults and children living with HIV/AIDS on January 1, 2002, were:

Adults ages 15-49:	3,300 (rate: 0.1%)
Women ages 15-49:	880
Children ages 0-15:	< 100

[An estimated less than 100 adults and children died of AIDS during 2001.

[No estimate is available for the number of Swedish children who had lost one or both parents to AIDS and were under age 15 at the end of 2001.

[Adults in the *UNAIDS Fact Sheet* are defined as women and men aged 15 to 49. This age range covers people in their most sexually active years. While the risk of HIV infection obviously continues beyond the age of 50, this definition covers the vast majority of those who engage in substantial risk behaviors. (*End of update by the Editors*)]

11. Sexual Dysfunctions, Counseling, and Therapies

A/B. Concepts of Sexual Dysfunction and Availability of Therapy

Swedish sex therapists, of which there are not many, work with both couples and individuals, using the techniques of the American pioneers William Masters and Virginia Johnson. Some therapists supplement this approach

with the psychodynamic methods of Helen Singer Kaplan. The therapists are mostly licensed medical doctors or psychologists with postgraduate training in sex therapy in Sweden, Denmark, or the U.S.A.

Most couples seeking sex therapy are in their 30s and 40s and have had their problems even before they married. Sex therapy is generally short-term therapy, lasting between 10 and 20 hours. In many cases, a combination of sex therapy and psychotherapy is needed, because the sexual problem often has its roots in a deeper and broader personality dysfunction that goes back to childhood. Such cases require more intensive, long-term individual therapy.

Treatment is generally not covered by insurance, and most patients have to cover all costs themselves.

12. Sex Research and Advanced Professional Education

A/B. Sexological Research and Postgraduate Education

The best known sexological research units can be found at various departments at Swedish universities: Gothenburg (Göteborg) University, Department of Psychology; Umeå University, Department of Rehabilitation; and Uppsala University, the Neurology and Sociology Departments.

Postcollege, graduate-level programs for the advanced study of human sexuality do not exist as programs. At the above-mentioned university departments, regular doctoral degrees are offered within the speciality of sexology.

C. Important Sexological Organizations

The Swedish Sexological Association was established in 1980 with Jan Trost as its first president. At that time, the intention was to have an association consisting of members actively working in the scientific field of sexology in various disciplines. Subsequently, the association has changed to a professional organization whose members work clinically with matters related to sexuality, including physicians, psychologists, and contraception counselors.

The address for the Swedish Sexological Association is: c/o Lars-Gösta Dahlström, Göteborg University, Department of Psychology, P.O. Box 14158, S-400 20 Göteborg (Gothenburg), Sweden.

The Swedish Institute for Sexual Research is based in Stockholm. Director: Mai-Briht Bergstrom-Walan. Address: Tystbergavagen 41, S-111 44 Stockholm, Sweden.

Riksförbundet för Sexuell Upplysning (RFSU), founded in 1933, is a not-for-profit organization working for safe and liberal sex, safe in terms of preventing STDs, unwanted pregnancies, and sexual assaults of all kinds. The address for RFSU is: Rosenlundsgatan 13, S-104 62 Stockholm, Sweden; or: P.O. Box 17006, S-104 62 Stockholm, Sweden.

Riksförbundet för Sexuell Likaberättigande (RFSL), a gay and lesbian education and rights advocacy group, is based at: Stockholms Gay-hus, Sveavägen 57, S-104 30 Stockholm, Sweden; or: P.O. Box 350, S-101 24 Stockholm, Sweden.

In 1967, a government commission conducted a probability sample survey of about 2,000 men and women aged 18 to 60 years. The interviews, with 90% response, dealt with perception of sexual norms, attitudes, and behavior. Details were published by *Statens Offentliga Utredningar (SOU)* (Stockholm), 1969:2.

Nordic Sexology (Nordisk Sexologi) is published quarterly. Publisher's address: Soren Buss Jensen, M.D., Aalborg Psykiatriske Sygehus, Postboks 210, DK-9100 Aalborg, Denmark; or: Dansk Psykologisk Forlag, Hans Knudsens Plads 1 a. DK-2100 Copenhagen, Denmark.

[13. Important Ethnic and Religious Minorities

ROBERT T. FRANCOEUR

[Update 2002: During the past 50 years, immigrants from 160 nations have transformed Sweden from an ethnically relatively homogeneous society into an intensely multiethnic one, according to Hans Lennart Zetterberg (2002), professor of social work at the University of Goteborg, Sweden. By the early 1990s, some 10% of the Swedish population was foreign born. In 2002, more than 1.3 million out of a population of nine million—15%—were immigrants or children of immigrants. Immigrants are drawn to Sweden in increasing numbers by the country's persistent labor shortage. They also take advantage of the country's liberal asylum policy, which grants refuge from the conflicts occurring in many of the Middle Eastern homelands.

[This change in Swedish life and culture has resulted in considerable cross-cultural tension and misunderstandings. According to Mansson (1993), this tension is most evident in love relationships, particularly when immigrant males from strongly patriarchal tribal cultures encounter egalitarian Swedish concepts of marriages based on love, the sexual rights and freedom of both men and women taken for granted in the prevailing Scandinavian sexual culture, and the open acceptance of premarital sex and cohabitation. As one commentator noted, "They aren't used to women being equal to men or nakedness being taken as natural instead of sexual or the idea that you can choose your own partner. They get scared and become defensive and much more fundamentalist than they would be at home." This cultural tension occurs within the context of important cultural patterns and processes that are reshaping the values, expectations, and lives of immigrant women and men, immigrant parents and their children, and the whole of Swedish culture.

[Nowhere has this been more evident than in the conflict of the tragic case of Fadime Sahindal, a 26-year-old Kurdish woman who became the victim of an "honor killing" by her father. Almost immediately after her death on January 21, 2002, Fadime became an international symbol and martyr for women's rights far beyond the borders of Sweden, and the focus of a new search for ways to protect immigrant women from patriarchal tribal values that allow "honor killing" by male relatives when a female relative brings "shame" on the clan or family by rejecting the patriarch's authority or an arranged marriage (Mojab & Hassanpour 2002; Williams 2002).

[Although Fadime's father, Rahmi Sahindal, came to Sweden from Turkey 20 years ago, he was still guided more by pressure from his Kurdish clansmen than by the rule of law or love for his daughter. In 1998, Fademi rejected a proposed marriage arranged by her father. When her father and brother threatened to kill her in 1998 for the "shame" she brought on the family, a Swedish lawmaker of Kurdish descent negotiated a compromise by which Fademi agreed to stay away from Uppsala where her parents lived. In return, her father promised not to stalk her outside their hometown while she was living in seclusion near Stockholm. Fademi continued her study for a sociology degree and became an outspoken advocate of the opportunities that Nordic immigration presented for women from fundamentalist backgrounds. In 2002, as she prepared to depart for Kenya to write her master's thesis, Fademi decided to visit her mother and sister in Uppsala to say farewell. According to friends, her sister is mentally disabled and suffered Fademi's long absence in sadness and confusion. When Fademi's father learned of her arrival in Uppsala, he showed up at the family home and shot Fademi in the head, killing her instantly.

[Following Fademi's murder, human rights activists warned that liberal European governments that continue to ignore the dangers of not integrating immigrant communities and dealing with conflicts in religious and cultural values, will do so at great peril. Dilsa Demirbag-Sten, a former government advisor on integration affairs whose Kurdish family came to Sweden from eastern Turkey when she was 7, has accused Swedish and other Scandinavian authorities of arrogance in their view that certain rights and freedoms accorded Nordic residents, such as gender equality and protection from forced marriage, are not necessarily applicable to immigrants. Swedish law, for example, allows girls from immigrant families to marry as young as 15, while marriage for Swedish citizens is not permitted until age 18. That *de facto* bow to immigrant cultural practice is expected to be legislated out of existence, as momentum gathers in a national campaign to prevent arranged and forced marriage. Currently, an estimated 30 to 40 young immigrant women in Sweden are hiding from male relatives who have vowed to kill them.

[At least 15% of Sweden's 9 million residents are non-Nordic and heavily concentrated in volatile ghettos of Somalis, Kurds, Bosnians, and dozens of other ethnic groups. There are towns and villages just outside of Stockholm and Uppsala where the entire population is foreign. This is the case in Botkyrka, a suburb only a 30-minute drive from central Stockholm where Fademi grew up. More than 80% of the 30,000 residents of Botkyrka are immigrants and refugees. Scandinavia's liberal values curry little favor in many of these settlements. Immigrants band together in these small towns and villages to protect their way of life. In such places, no Swedish is spoken, there is no Swedish television, and the people have no jobs that bring them in contact with Swedish people. A 1995 reform of laws on refugees and immigration worsened this situation by focusing training and jobs on the younger generation, causing strains within families between the older generation and their children, as well as between immigrants and Swedes.

[Fademi's death has led to support for a variety of policy changes to promote social integration. These include raising the minimum age for marriage to 18 for all women, advisory sessions for new arrivals on the vast differences in gender relations they will encounter and must respect, prohibition of head scarves or veils for girls under 16, and equal opportunity in all aspects of education. Parents from conservative religious backgrounds currently can opt to remove their children from sex education classes, swimming, and other coeducational sports, and fieldtrips.

[The significance of this and similar incidents of conflicting sexual and social values is clear, in the sense that, as birthrates in all the European countries continue to drop and shortages in the local labor pools increase, immigrants from less-economically developed countries will fill the vacuum and bring with them their highly patriarchal clan-based sexual mores. Cultural diversity is not the problem. The problem is to identify ways to improve tolerance and integration, rather than the isolating segregation of diverse cultural tradition to continue. Western cultural imperialism and hegemony will not solve the problem, because the information and energy flow in this situation is not one-way but a two-way road of cross-fertilization. (End of update by R. T. Francoeur)]

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