### Report card

**Sweden**

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Obesity prevalence

Adults, 2014

Survey type: Self-reported
Age: 18+
Area covered: National

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Children, 2014-2015

Survey type: Measured
Age: 11
Sample size: 3307
Area covered: Regional
Notes: 11yrs Sample 3307, Jönköping County IOTF International Cut off applied
Cutoffs: IOTF
% Adults living with obesity in Sweden 1985-2002

Survey type: Measured


Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
% Adults living with overweight or obesity in Sweden 1985-2002

Survey type: Measured


Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
Overweight/obesity by age and education

Men, 2014

Survey type: Self-reported
Area covered: National

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Women, 2014

Survey type: Self-reported
Area covered: National

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Overweight/obesity by education

Men, 2014

Survey type: Self-reported
Age: 18+
Area covered: National

Notes: Less than primary, primary and lower secondary education (levels 0-2) Upper secondary and post-secondary non-tertiary education (levels 3 and 4) Tertiary education (levels 5-8) Translated graphics for obesity data by educational level from years - 2010, 2006, 1996-97, and 1980-81 are also available on request.

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
### Women, 2014

**Survey type:** Self-reported  
**Age:** 18+  
**Area covered:** National  
**References:**  
**Notes:**  
Less than primary, primary and lower secondary education (levels 0-2) Upper secondary and post-secondary non-tertiary education (levels 3 and 4) Tertiary education (levels 5-8) Translated graphics for obesity data by educational level from years - 2010, 2006, 1996-97, and 1980-81 are also available on request.  

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
### Boys, 2010

<table>
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<tr>
<th>Education Level</th>
<th>Obesity (%)</th>
<th>Overweight (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>5</td>
<td>25</td>
</tr>
<tr>
<td>Medium</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>High</td>
<td>15</td>
<td>20</td>
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**Survey type:** Measured

**Age:** 7-9

**Sample size:** 1062

**Area covered:** Regional - West Sweden


**Notes:** Prevalence of overweight and obesity according to area education level (proxy for socioeconomic position) in 2008, 2010 and 2013. IOTF Cut-offs used

**Cutoffs:** IOTF
Girls, 2010

Survey type: Measured
Age: 7-9
Sample size: 1062
Area covered: Regional - West Sweden
Notes: Prevalence of overweight and obesity according to area education level (proxy for socioeconomic position) in 2008, 2010 and 2013. IOTF Cut-offs used
Cutoffs: IOTF
Overweight/obesity by age

Adults, 2013

Survey type: Measured
Sample size: 9552
Area covered: National
Notes: Measured (unconfirmed awaiting translation) Translated graphics for obesity data by age category from years - 1996-97, 1988-89 and 1980-81 are also available on request.

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m². obesity refers to a BMI greater than 30kg/m².
Children, 2002

Survey type: Measured
Sample size: 527
Area covered: Regional (local) - Uppsala County
Notes: Translated graphics available on request for childhood obesity data by age category from 2001 and 1982.
Cutoffs: Other
Overweight/obesity by region

Men, 2018

Survey type: Self-reported
Age: 16-84
Sample size: 40,000
Area covered: National


Notes: NOTE: data is Self-report Translated graphics for data by region also available from 2006 (on request).

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Women, 2018

Survey type: Self-reported

Age: 16-84

Sample size: 40,000

Area covered: National


Notes: NOTE: data is Self-report Translated graphics for data by region also available from 2006 (on request).

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Survey type: Measured
Age: 7-9
Sample size: 4538
Area covered: National
Cutoffs: IOTF
Overweight/obesity by age and region

Men, 2014

Survey type: Self-reported
Area covered: National

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
**Women, 2014**

- **Survey type:** Self-reported
- **Area covered:** National

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Overweight/obesity by age and socio-economic group

Adults, 2014

Survey type: Self-reported
Area covered: National

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Men, 2014

Survey type: Self-reported
Area covered: National

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Women, 2014

Survey type: Self-reported
Area covered: National

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Overweight/obesity by socio-economic group

Men, 2014

Survey type: Self-reported
Age: 18+
Area covered: National

Notes: 1st Quintile (lowest income), 5th Quintile (highest income) Please note where data = zero, there were insufficient data.

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Women, 2014

Survey type: Self-reported
Age: 18+
Area covered: National

Notes: 1st Quintile (lowest income), 5th Quintile (highest income) Please note where data = zero, there were insufficient data. Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
**Children, 2007-2008**

Survey type: Measured

Age: 2-9

Sample size: 1824

Area covered: National


Notes: Income Translated graphics also available on request for data by socioeconomic status from 1999.

Cutoffs: IOTF
Insufficient physical activity

Adults, 2016

Men, 2016

Children, 2010

Age: 11-17


Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)
Boys, 2010

Age: 11-17


Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)
% insufficient physical activity

Age: 11-17


Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)
Sugar consumption

Adults, 2016

References: Source: Euromonitor International

Definitions: Sugar consumption (Number of 500g sugar portions/person/month)
Estimated per-capita sugar sweetened beverages intake

Adults, 2016

References:

Source: Euromonitor International
Prevalence of at least daily carbonated soft drink consumption

Children, 2014

Survey type: Measured


Notes: 15-year-old adolescents

Definitions: Prevalence of at least daily carbonated soft drink consumption (% of at least daily carbonated soft drink consumption)
Prevalence of confectionery consumption

Adults, 2016

References:
Source: Euromonitor International

Definitions:
Prevalence of confectionery consumption (Number of 50g confectionery portions/person/month)
Prevalence of sweet/savoury snack consumption

Adults, 2016

References:

Source: Euromonitor International

Definitions:

Prevalence of sweet/savoury snack consumption (Number of 35g sweet/savoury snack portions/person/month)
Estimated per-capita fruit intake

Adults, 2017

Survey type: Measured
Age: 25+
References: Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/]
Definitions: Estimated per-capita fruit intake (g/day)
Prevalence of less-than-daily fruit consumption

Children, 2014

Survey type: Measured


Definitions: Prevalence of less-than-daily fruit consumption (% less-than-daily fruit consumption)
Prevalence of less-than-daily vegetable consumption

Children, 2014

Survey type: Measured
Age: 12-17


Definitions: Prevalence of less-than-daily vegetable consumption (% less-than-daily vegetable consumption)
Estimated per-capita processed meat intake

Adults, 2017

Survey type: Measured
Age: 25+
References: Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/]
Definitions: Estimated per-capita processed meat intake (g per day)
Estimated per-capita whole grains intake

Adults, 2017

Survey type: Measured
Age: 25+
References: Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/]
Definitions: Estimated per-capita whole grains intake (g/day)
Mental health - depression disorders

Adults, 2015

References:

Definitions:
% of population with depression disorders
Mental health - anxiety disorders

Adults, 2015

References:

Definitions:
% of population with anxiety disorders
Oesophageal cancer

Men, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, oesophagus, adults ages 20+. ASR (World) per 100,000
Women, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, oesophagus, adults ages 20+. ASR (World) per 100,000
Breast cancer

Women, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, breast, females, ages 20+. ASR (World) per 100,000
Colorectal cancer

Men, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, colorectum, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, colorectum, adults, ages 20+. ASR (World) per 100,000
Pancreatic cancer

Men, 2018

Age:


Definitions: Estimated age-standardized incidence rates (World) in 2018, pancreas, adults, ages 20+. ASR (World) per 100,000
Women, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, pancreas, adults, ages 20+. ASR (World) per 100,000
Gallbladder cancer

Men, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, gallbladder, adults, ages 20+. ASR (World) per 100,000
Women, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, gallbladder, adults, ages 20+. ASR (World) per 100,000
Kidney cancer

Men, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, kidney, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Age:

20+

References: Global Cancer Observatory, Cancer incidence rates [http://gco.iarc.fr/] (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, kidney, adults, ages 20+. ASR (World) per 100,000
Cancer of the uterus

Women, 2018

References: Global Cancer Observatory, Cancer incidence rates [http://gco.iarc.fr/] (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, cervix uteri, females, ages 20+. ASR (World) per 100,000
Raised blood pressure

Adults, 2015

References:

Definitions:
Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Men, 2015


Definitions: Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Women, 2015

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A875?lang=en

Definitions:
Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Raised cholesterol

Adults, 2008

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A885

Definitions:
% Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Men, 2008

References:

Definitions:
% Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Women, 2008


Definitions: % Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Raised fasting blood glucose

Men, 2014


Definitions: Age Standardised % raised fasting blood glucose (>= 7.0 mmol/L or on medication).
Women, 2014


Definitions: Age Standardised % raised fasting blood glucose (= 7.0 mmol/L or on medication).
Diabetes prevalence

Adults, 2017


Definitions: Diabetes age-adjusted comparative prevalence (%).
Health systems

Economic classification: High Income

Health systems summary

Sweden has universal healthcare coverage for all legal residents (and undocumented or asylum-seeking children) through a government-funded healthcare system. All levels of government are involved in the maintenance of the health system, with the national government overseeing policy and county councils organising the financing and delivery of services. Government funding of this health system is through general tax revenue that is collected by country councils, municipalities and central government. This allows the public system to provide a comprehensive range of publicly financed health services for adults, adolescents and children, which in turn means that Sweden can generally provide a high level of financial protection.

In 2016, 15% of health spending was out of pocket payments, which was below the European Union average. Health-related financial hardship is mostly due to the cost of dental care, medications and outpatient care.

Indicators

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<th>Question</th>
<th>Answer</th>
</tr>
</thead>
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<tr>
<td>Where is the country’s government in the journey towards defining ‘Obesity as a disease’?</td>
<td>Some progress</td>
</tr>
<tr>
<td>Where is the country’s healthcare provider in the journey towards defining ‘Obesity as a disease’?</td>
<td>No</td>
</tr>
<tr>
<td>In practice, how is obesity treatment largely funded?</td>
<td>Not known</td>
</tr>
<tr>
<td>Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?</td>
<td>No</td>
</tr>
<tr>
<td>Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?</td>
<td>No</td>
</tr>
<tr>
<td>Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?</td>
<td>No</td>
</tr>
<tr>
<td>Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?</td>
<td>No</td>
</tr>
<tr>
<td>Are there any obesity-specific recommendations or guidelines published for adults?</td>
<td>Partial</td>
</tr>
<tr>
<td>Are there any obesity-specific recommendations or guidelines published for children?</td>
<td>Partial</td>
</tr>
</tbody>
</table>
Perceived barriers to treatment

- Failure to recognise or accept all available treatment options
- Lack of financial investment and funding for coverage
- Stigma

Summary of stakeholder feedback

Stakeholders reported that the government does not (neither as an institution nor as the public healthcare provider) fully recognise obesity as a disease. There is, however, a focus on promoting healthy lifestyles. Example initiatives and policies include free school meals, promotion of physical activity in schools and workplaces and promotion of healthy diets.

Treatment options for adults living with obesity is said to be limited, with great variation geographically. The availability and coverage of services and treatment was reported to be dependent on the political climate in the local region and the setup of the local health system. For many, it appears that surgery is the main and only free treatment option. Other treatment, on the other hand, such as behavioural therapy and obesity medication, can be difficult to access.

Stakeholders also noted that people tend to leave the system because they are not referred onto specialist care or treatment failure. One stakeholder reported that individual blame concerning obesity results in many to believe that the health care system has no role to play in obesity management and treatment. It appears that treatment is only offered when comorbidities are present or when the individual actively asks for help with their obesity.

While there are national guidelines for the promotion of a healthy lifestyle, it was recognised that there are no national guidelines on the treatment of obesity in Sweden. There are, however, regional guidelines for treatment available but the extent to they are adhered to is unknown.

There are inadequate numbers of suitably qualified obesity professionals to treat obesity in both urban and rural areas in Sweden and there appears to be limited to no specialist training available.

Based on interviews/survey returns from 3 stakeholders

Last updated: June 2020