



**Demographic Research** a free, expedited, online journal  
of peer-reviewed research and commentary  
in the population sciences published by the  
Max Planck Institute for Demographic Research  
Konrad-Zuse Str. 1, D-18057 Rostock · GERMANY  
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## **DEMOGRAPHIC RESEARCH**

**VOLUME 19, ARTICLE 21, PAGES 743-794**  
**PUBLISHED 01 JULY 2008**

<http://www.demographic-research.org/Volumes/Vol19/21/>

DOI: 10.4054/DemRes.2008.19.21

### *Research Article*

## **The Netherlands: Childbearing within the context of a “Poldermodel” society**

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This publication is part of Special Collection 7: Childbearing Trends and  
Policies in Europe (<http://www.demographic-research.org/special/7/>)

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## **The Netherlands: Childbearing within the context of a “Poldermodel” society**

**Tineke Fokkema<sup>1</sup>**

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### **Abstract**

The Netherlands has seen a considerable decline of the period total fertility rate and delayed childbearing, just like all other European countries. The drop in fertility, however, has not been as sharp as in many other regions of Europe. The period total fertility rate in the Netherlands has stabilized since the late 1970s at around 1.6 children per woman, and it has even risen slightly since 1995. In addition, although the Netherlands has one of the oldest first-time mothers, completed fertility is still rather high compared to other European countries, suggesting a strong “catching up” of births by women in their thirties. This chapter provides a comprehensive overview of the main driving forces behind specific fertility trends in the Netherlands. Among other factors, it focuses on changing patterns of home leaving and union formation, declining partnership stability, and the growing acceptability and use of contraception. The chapter also looks at prolonged education, rising labor-force participation of women, economic uncertainties, the growing migrant population, and family policies. Data allowing, and to the extent possible, we examine the effects of these factors on decision-making about parenthood and the timing of childbearing.

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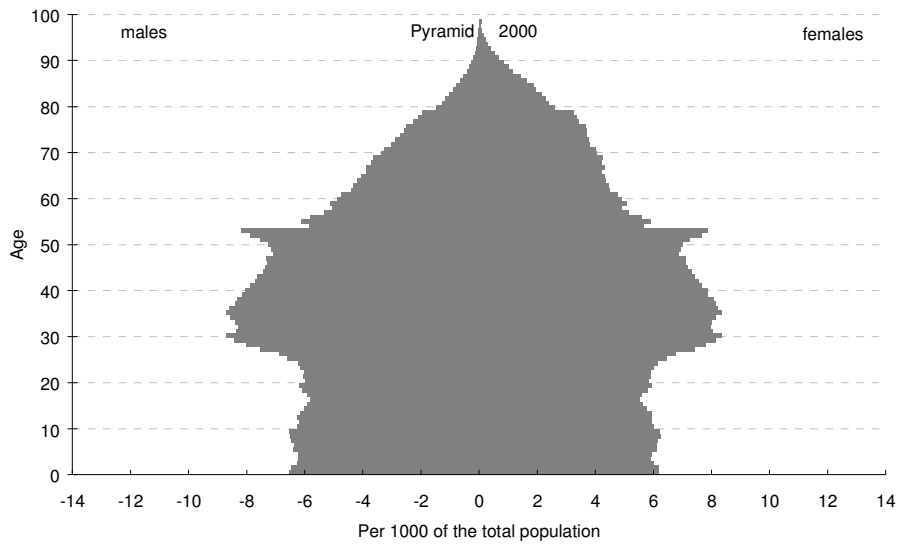
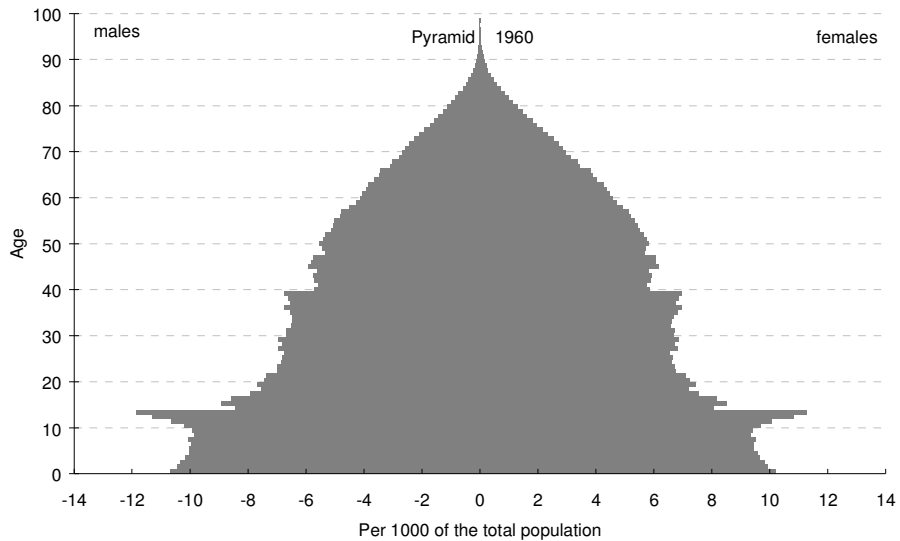
## 1. Introduction

In 2005, the Netherlands had a registered population of 16.3 million. With 484 persons per square kilometers, it is the second most densely populated country in the EU after Malta. Over the last century, the population of the Netherlands has risen by about 100,000 people a year. Nevertheless, population growth has been slowing down rapidly since 2000 due to a declining number of births, falling numbers of immigrants, and rising numbers of emigrants. In 2005, the population grew by only 30,000 persons, which is the lowest level of growth recorded since 1900. Current projections (base year 2006) by Statistics Netherlands expect growth to remain close to zero in the coming decades (Garssen and Van Duin 2006). After 2035, the population size is expected to decline at a rate of some 15,000 persons a year.

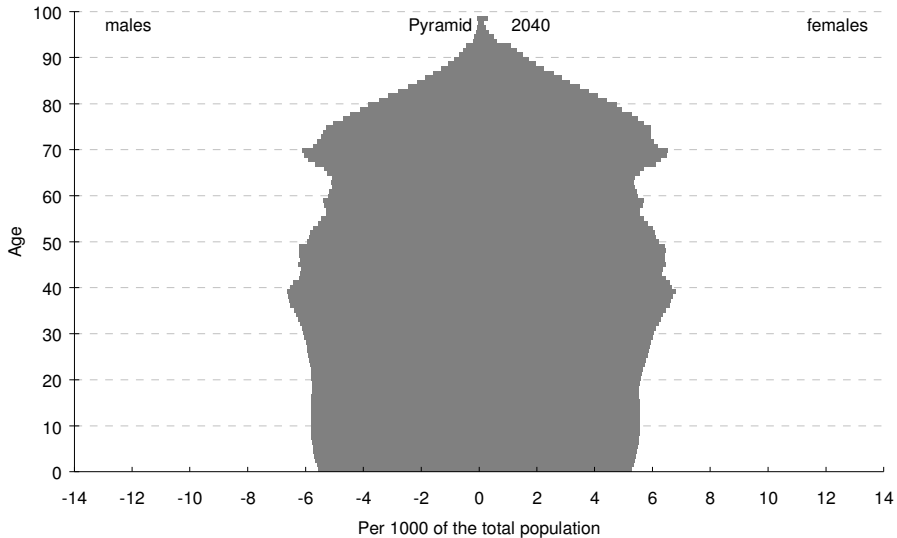
Around 1970, the Netherlands experienced a substantial decline in the number of births. The period of high fertility (the so called “baby boom”) after the end of the Second World War ended in the late 1960s. Between 1969 and 1975, births were reduced by a third. Within a decade (1965–1975), the period total fertility rate fell from 3.04, conspicuously higher than the European average, to 1.66, below the EU–15 average. Declining fertility in the Netherlands, however, came to a halt in the mid-1970s and even a slight recovery has been observed since 1995. However, the fertility rate has never been above replacement since 1973.

As a direct result of the sharp drop and subsequent stabilization in fertility, together with lower mortality, the Dutch population has been steadily aging, and this will continue in the near future (see Figure 1). The proportion of people aged 65 or over increased by 1.2 percentage points each decade. Currently, 14% of the population is 65 years old or over. In 2010, when the baby-boom generation will start to reach the age of 65, aging is expected to accelerate to a rate of 4 percentage points each decade. The period of aging is projected to end around 2040, when 24% of the population will be 65 years old or over. In the decades after 2040, the percentage of elderly is expected to fluctuate around this level.

**Figure 1: Population age structure of the Netherlands, 1960, 2000, and 2040**



**Figure 1: (Continued) Population age structure of the Netherlands, 1960, 2000, and 2040**



Source: Statistics Netherlands.

In addition to declining fertility, the mean age of mothers at first birth has drastically increased. For many years now, the Netherlands have had the oldest first-time mothers in the world. The mean age at first birth rose from 24.8 years in 1970 to 28.9 years in 2004. Although Dutch women have postponed childbearing more than in almost any other European country (only Spain had a higher mean age at first birth, 29.3, in 2004), women in the Netherlands also displayed a pronounced “catching up” of delayed births after age 30. Accordingly, women who have completed their families (now in their late 40s) had 1.87 (born in 1957) to 1.85 (born in 1960) children on average, which is quite high compared to other European countries.

The rapid descent from high post-war fertility and delayed childbearing after the 1960s follows the pattern generally observed in Western Europe and are symptomatic of the Second Demographic Transition. Whereas the main characteristics of the First Demographic Transition (at the beginning of the last century) are a drop in mortality levels and a decline in birth rates, the second transition has brought about major changes in family formation and partnership relations. Essential features of the Second Demographic Transition are the postponement of major conventional union

commitments and transitions (e.g., delayed marriage, the postponement of leaving the parental home), lower levels of commitment between partners (e.g., replacing marriage by cohabitation or other unconventional living arrangements), more egalitarian relationships between partners, and a lower stability of partnerships (Lesthaeghe and Van de Kaa 1986, Lesthaeghe and Surkyn 1988, Van de Kaa 1987). These changes are explained by socio-economic as well as cultural shifts in society (Liefbroer and Dykstra 2000). Since the mid-1960s, contraceptive use has become increasingly widespread and more efficient, thus weakening fertility desires. The latter was also impacted by rising educational attainment and the growing participation of women in the labor force. Changes in norms, values, and attitudes toward union formation and (gender roles within) partner relationships as well as parenthood and first birth timing have contributed to this change in fertility. Processes of emancipation, individualization and secularization have fuelled these changes in values (Beck 1990, Lesthaeghe and Van de Kaa 1986).

The Dutch “Poldermodel” helps us to understand why completed fertility in the Netherlands is still rather high by European standards. This successful consensus-model of the 1990s is based on the fact that employers, trade unions, and the government tackle socio-economic problems together. Through agreement on wage restraint, adjustments to the social security system, and the development of an active labor market policy, the economic crisis of the 1980s<sup>5</sup> (“the Dutch disease”) turned into economic recovery in the 1990s (“the Dutch miracle”), seeing one of the lowest unemployment rates in Europe (5.7% in 1997). Consensus on wage restraint was gained in exchange for more part-time and flexible jobs. Together with an expansion of child-care services, these arrangements facilitated childbearing and employment compatibility among women (Liefbroer 1999).

The aim of this chapter is to give a comprehensive overview of the expected main driving factors behind specific fertility trends and the current situation in the Netherlands. After a detailed description of fertility trends among the Dutch population, Section 3 examines family changes that have influenced fertility. Section 4 focuses on family planning by looking at changes in contraceptive and abortion behavior. Trends in social and cultural conditions and their association with fertility are the main focus of Section 5, concentrating on the fertility impact of the business cycle as well as immigration. Section 6 deals with major family policy measures, current and preferred, and their perceived effects on fertility. The chapter ends with a summary and some concluding remarks.

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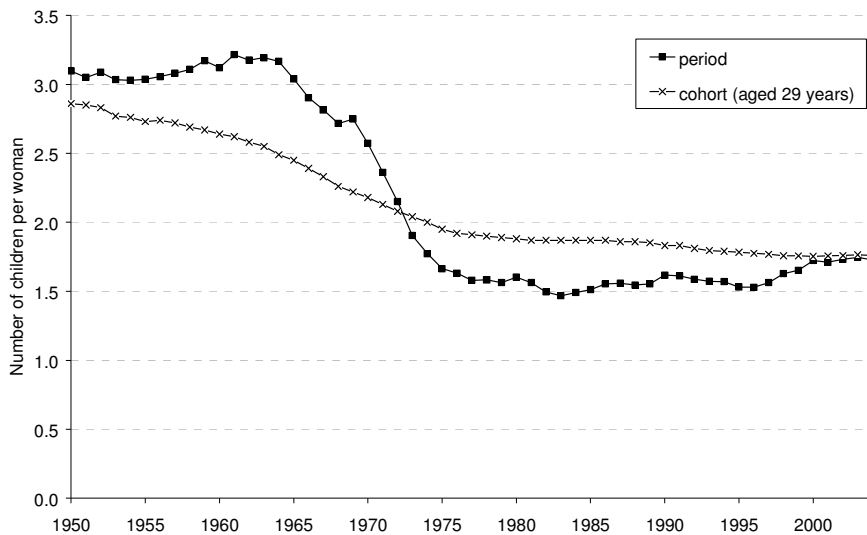
<sup>5</sup> The economic crisis was marked by low economic growth, high unemployment, a high influx of disabled employees, and a high burden of taxation.

## 2. Fertility trends

### 2.1 Period and cohort fertility

Figure 2 compares the Total Period Fertility Rate (TPFR) for each calendar year between 1950 and 2004 and the ultimate level of fertility of cohorts (TCFR) aged 29 in that year (the average age at childbearing in the 1975–2004 period). As the ultimate number of children for young generations is not yet observed, the figures on cohort fertility are partly based on the most recent Dutch population projections produced by Statistics Netherlands in 2006 (see [www.cbs.nl](http://www.cbs.nl)).

**Figure 2: TPFR and TCFR (cohort + 29 years), the Netherlands, 1950 (cohort 1921) – 2004 (cohort 1975)**



Source: Computations based on CBS Statline database



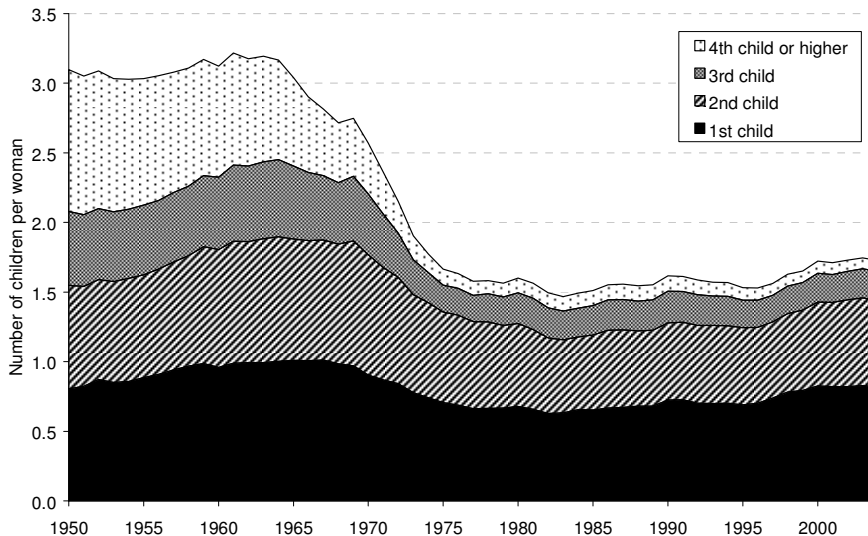
The TPF<sub>R</sub> sharply declined in the Netherlands since the mid-1960s and fell below the replacement level (2.1) in 1973. It reached its lowest level in 1983, 1.47 children per woman. During the following decade, it stabilized and slightly reversed, ranging from 1.49 to 1.62 children per woman. Since 1995, the Netherlands has even been witnessing an increase in the TPF<sub>R</sub> to the current (2004) level of 1.73 children per woman. The recent trend sharply contrasts the persistent TPF<sub>R</sub> declines in Southern, Central, and Eastern Europe to levels below 1.3 children per woman. Nonetheless, in the Netherlands the TPF<sub>R</sub> has been well below replacement level for more than three decades.

A substantial decline in cohort fertility started for women born after 1921, falling from 2.9 children to below replacement from the 1943 cohort onwards. Cohort fertility has declined only slightly across cohorts born between 1950 and 1975, however, from 1.9 to 1.8 children. Although the fertility of the cohorts from about 1965 onwards is still rather uncertain (these women have not yet finished their reproductive life), there are no indications for a strong downward or upward trend of their TCF<sub>R</sub>. Thus, the oscillations in the TPF<sub>R</sub> in the 1980s and 1990s, which were partly affected by the business cycle (see below), did not produce significant changes in completed cohort fertility. In other words, the fluctuations in the TPF<sub>R</sub> have been due to changes in the timing of fertility rather than changes in the ultimate level of fertility.

## **2.2 Family size**

Figure 3 shows the TPF<sub>R</sub> broken down by birth order for the period 1950–2004. The sharp decline of the fertility rate between the mid-1960s and the mid-1970s was almost exclusively caused by the virtual “disappearance” of large families. In 1960, 17% of all births were of third order and no less than 26% of fourth or higher order. By 2004, however, third-order births declined to 12% and fourth or higher-order births were only 5% of all births.

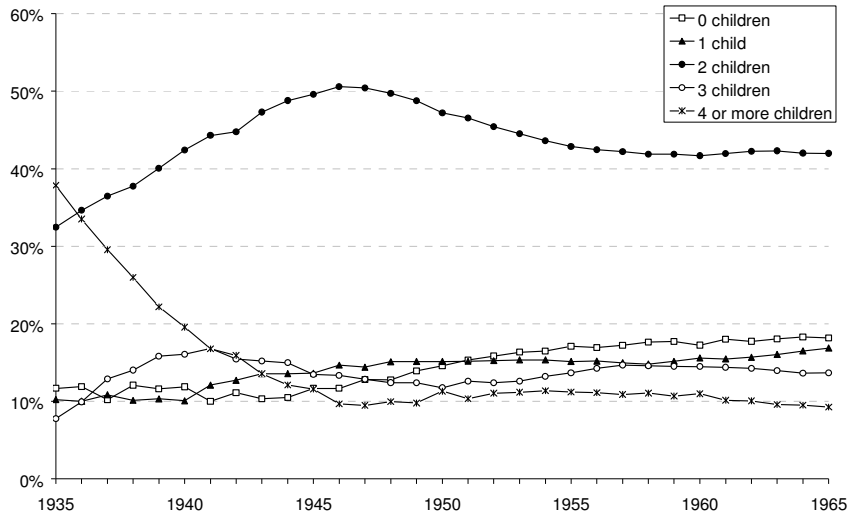
**Figure 3: TPFR by birth order (cumulative), the Netherlands, 1950–2004**



Source: Statistics Netherlands

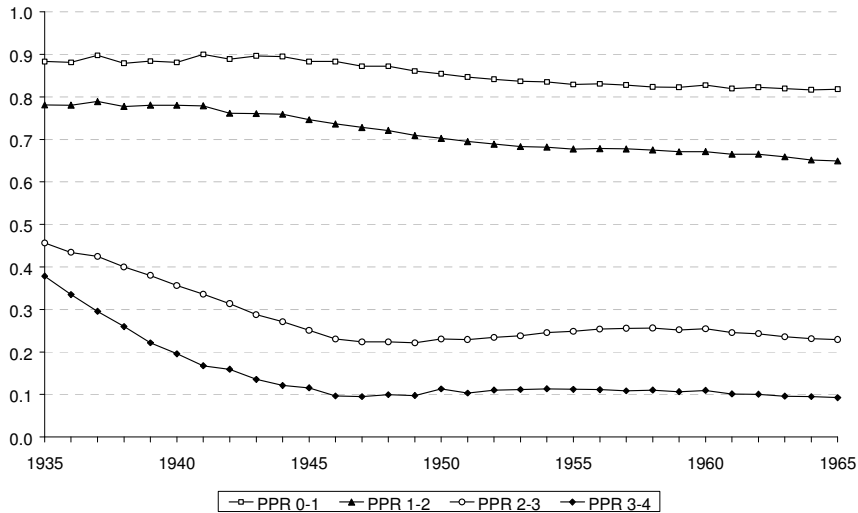
The reduction in large family sizes can also be noted when looking at cohort parity distribution and parity progression ratios among women born between 1935 and 1965 (Figures 4 and 5). Most notably, among these cohorts the percentage of women with four or more children has continuously declined (from 38 to 10%) and the two-child family has become increasingly popular (an increase from 33 to 50%). The progression rates to third and fourth-order birth have dropped from 0.46 to 0.22 and from 0.38 to 0.10, respectively. Starting from the post-war generations, the proportion of two-child families has decreased slightly while there has been a steady rise in the proportion of childless women. Whereas 12% of the 1935 female cohort had no children, 18% of the 1965 cohort is estimated to remain childless. However, note that the rise in childlessness is less pronounced than was expected some 15 years ago. The projections in the 1980s, suggesting a rise in childlessness to 25%, turned out to be too high. A large majority of Dutch women ultimately and at ever-increasing ages (see next subsection) opt to have at least one child.

**Figure 4: Cohort parity distribution, the Netherlands, cohorts 1935–1965**



Source: Statistics Netherlands

**Figure 5: Parity progression ratios, the Netherlands, cohorts 1935–1965**

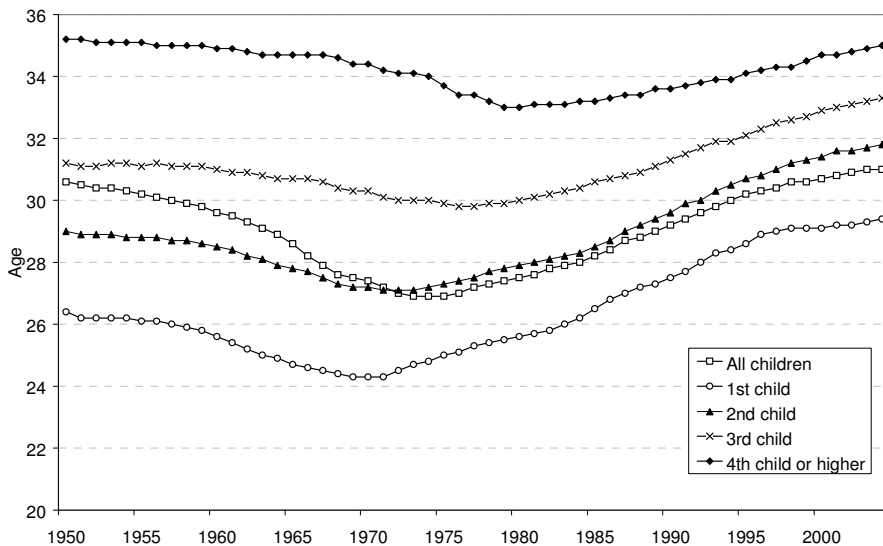


Source: Statistics Netherlands

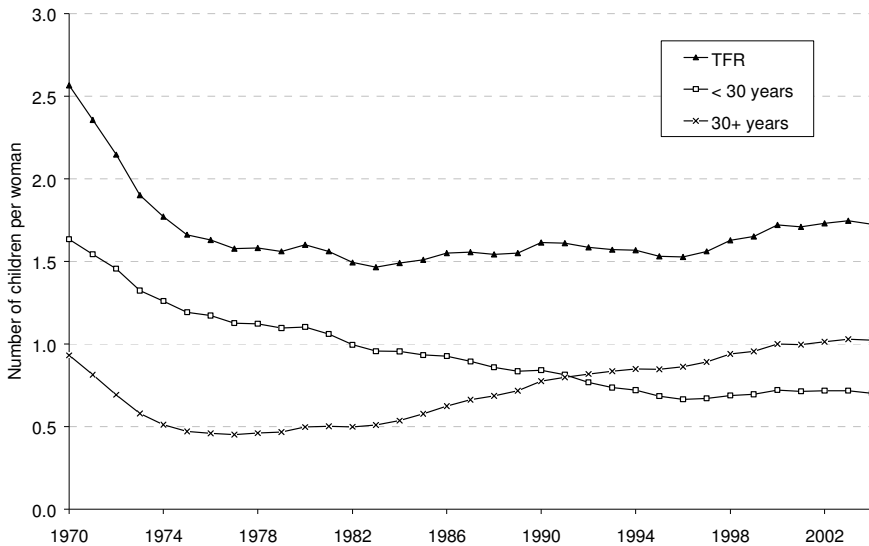
### 2.3 Age at motherhood

Dutch women have one of the highest ages at first birth worldwide. In 2003, the average age at which they had a child was 30.4 years compared to 29.5 years in EU–15. Since 1950, the mother’s mean age at childbirth has dropped initially, but started to rise from 1971 onwards for first-born babies, narrowing the timeframe for fertility (Figure 6). Since 1970, the mean age at first birth has increased by more than 4 years, from 24.8 to 28.9 years in 2004. The trend towards delayed childbearing contributed to a substantial decline in the TPFRR in the 1970s (see Figure 2). Whereas the sharp reduction in the TPFRR between 1965 and 1975 was caused by TCFRR decline among the 1935–1945 cohorts, the development of the TPFRR since 1975 has mainly been affected by changes in the timing of childbearing rather than by changes in the TCFRR. Until the mid-1990s, the TPFRR remained more or less constant due to declining fertility at young ages from the first half of the 1970s onwards on the one hand, and rising fertility at

**Figure 6: Mean age of women at childbirth by birth order, the Netherlands, 1950–2004**



Source: Statistics Netherlands

**Figure 7: TPF by age of women at childbirth, the Netherlands, 1970–2004**

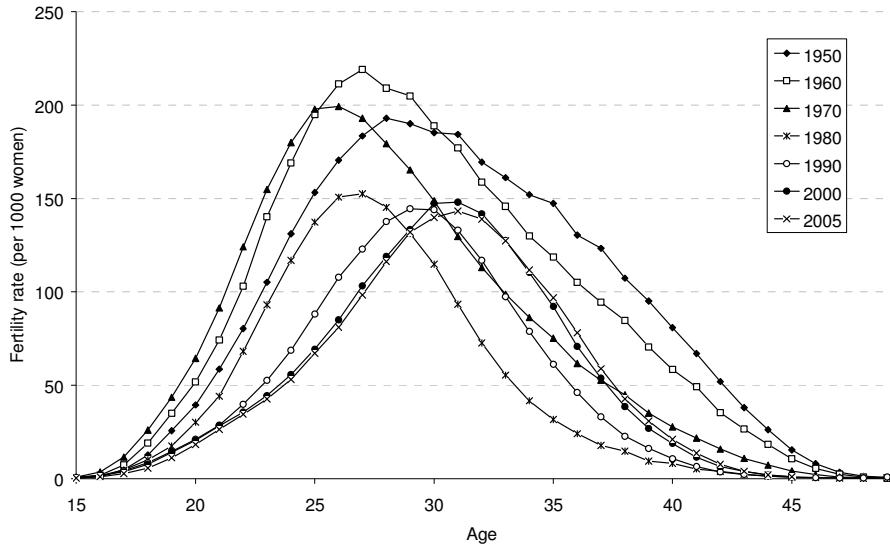
Source: Statistics Netherlands

older ages on the other (see Figure 7). At the same time, the TPF has constantly been lower than the TCFR. In the mid-1990s, the decline of fertility rates at young ages came to an end, but fertility increase at older ages has been continuing since. As a consequence, the TPF started to rise in the mid-1990s and approached the fertility level of cohorts around the turn of the century.

The trend towards delayed childbearing and towards narrowing the timeframe for fertility is illustrated best by comparing age-specific fertility rates across a number of years (see Figure 8). In the period 1950–1970, fertility rates increased among women at prime childbearing ages and declined among women at older ages. In 1970, fertility reached highest levels at ages 25–26. In the next decade, fertility rates declined at both younger and older ages, with a lower fertility level and a less pronounced peak at ages 26–27 in 1980. Since then, fertility rates at younger ages have further been declining, while the fertility of women aged 30 and above has risen. As a result, the peak in fertility rates has shifted to ages 29–31.

Figure 2 shows that completed fertility has hardly declined for cohorts born after 1950. Thus, the postponed childbearing of cohorts born in the 1960s has been compensated almost fully by rising fertility rates at higher ages.

**Figure 8: Age-specific fertility rates among women aged 15–45, the Netherlands, selected years 1950–2005**

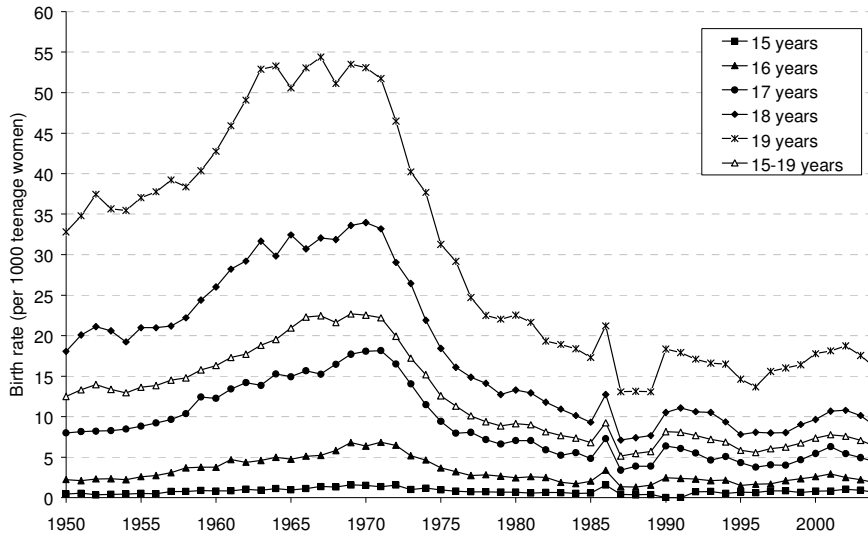


Source: Statistics Netherlands

## 2.4 Teenage pregnancy

As contraceptive use became more widespread in the late 1960s and early 1970s (see Section 4.1), the teenage birth rate began to fall drastically (Figure 9). While in 1970, 23 of 1000 women aged 15–19 gave birth, 5 to 6 did so in the late 1980s. In the early and second half of the 1990s, teenage fertility rose temporarily but noticeably. Because of renewed attention to preventing teenage pregnancies, the birth rate among teenagers has been falling again since 2002 (Garssen 2005). For years now, the Netherlands has been one of the countries with the lowest rates of teenage motherhood.

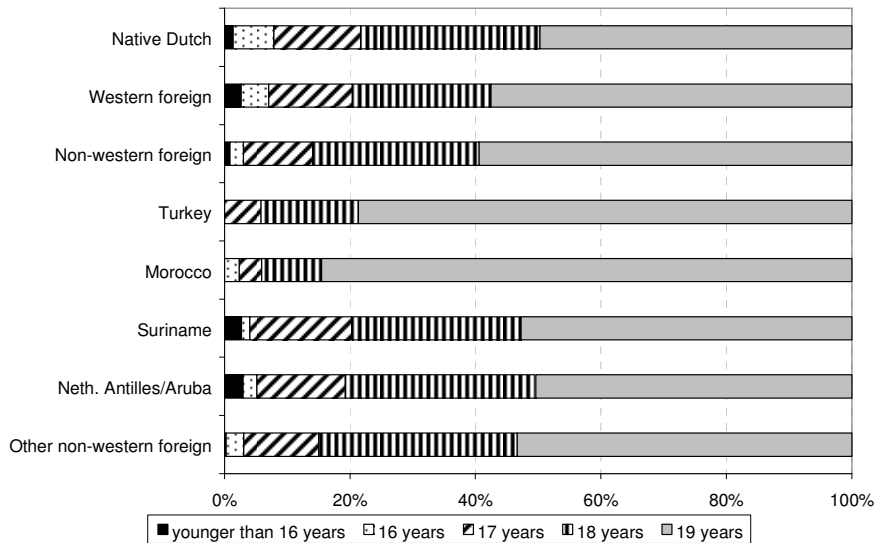
**Figure 9: Birth rates per 1000 teenage women by age, the Netherlands, 1950–2004**



Source: Computations based on CBS Statline database

Preventive measures prove to be most effective among very young women (Garssen 2006). In addition, the recent decline in teenage fertility was largely caused by a relatively sharp fall in the birth rate among foreign-born girls. Nevertheless, the risk of teenage motherhood among girls with a non-western background is still much higher than among native Dutch teenagers. In 2001, for example, the former were more than 6 times as likely to have a baby, and in 2004 they were 4.5 times as likely (Garssen 2005). Within the group of non-western girls, however, there are striking differences by ethnic origin (Figure 10). While the majority of teenage mothers with a Turkish or Moroccan background are married and 19 years old at first childbirth, Surinamese and Antillean/Aruban teenage mothers are often unmarried and younger.

**Figure 10: Teenage motherhood by age and ethnicity, the Netherlands, 2004**



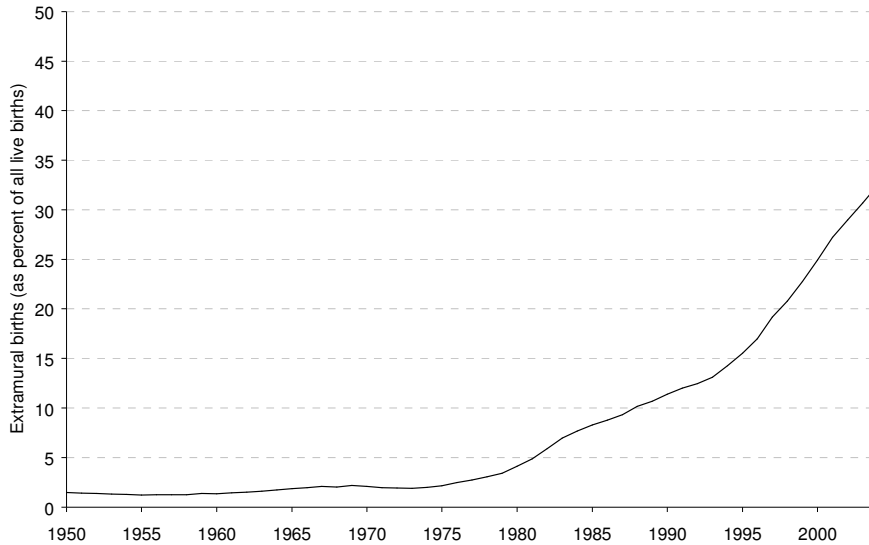
Source: Statistics Netherlands

## 2.5 Extramarital fertility

Figure 11 shows extramarital births as a proportion of all live births. The Netherlands had a rather stable percentage of births out of wedlock until the early 1970s, lower than in most other European countries. After 1975, however, a sharp increase can be observed. In 1975, 2.1% of children were born outside marriage, whereas in 2004, 32.5% of all live births were outside marriage. Besides the higher proportion of extramarital births currently seen, there is another important difference to the past. In the 1960s and the early 1970s, these “illegitimate” children were mainly born to young single women with a low level of education who had not planned to become pregnant. Today, most of the children born to unmarried mothers are born within a relationship, usually to a couple in their late 20s or early 30s who have made a conscious decision to have a child and obviously do not (yet) see the necessity to marry. The proportion of extramarital births is considerably higher among first children than among second or later children. Many unmarried couples enter into marriage after the birth of their first child.



**Figure 11: Extramarital births as a percentage of all live births, the Netherlands, 1950–2004**



Source: Statistics Netherlands

### 3. Life course transitions

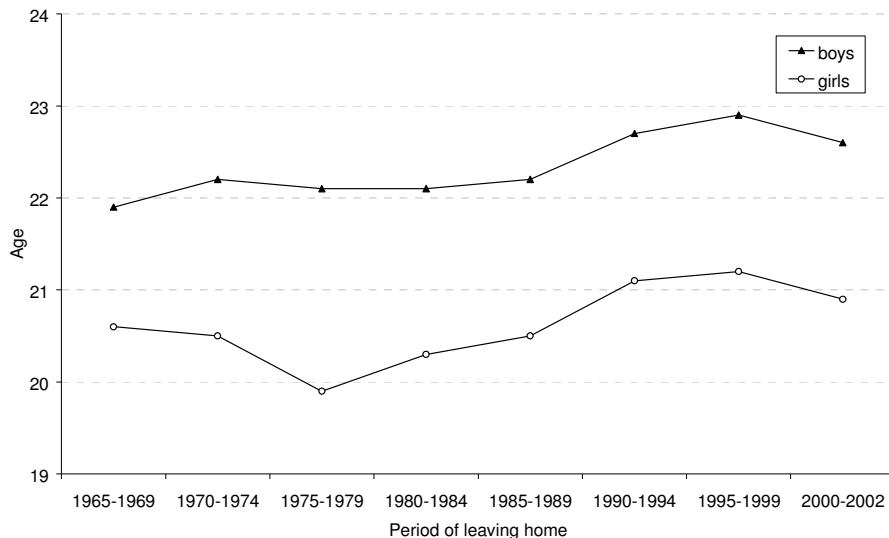
#### 3.1 Leaving the parental home

In the Netherlands as well as in other industrialized countries, the patterns of leaving home have changed considerably during the past decades. Until the 1960s, leaving home and marriage were very much related. At the end of the 1960s, two-thirds of young adults left the parental home to enter marriage or cohabitation, while independence was the main reason for only 5% of home leavers. In 2000–2002, four of ten young adults left the parental home to live together or to marry, with independence having been the main reason for one quarter of young adults. Leaving the parental home without a clear necessity but for reasons of independence thus became more important over time, resulting in an increasing number of young adults who live on their own for a certain period of time after they have moved out of the parental home (Liefbroer 1999).

Together with the growing importance attached to independence, the median age at which young adults leave the parental home has declined. This applies in particular to the 1941–1960 cohorts (Liefbroer and Dykstra 2000). For young adults born after 1960, the trend reversed: They stayed with their parents longer, resulting in higher ages of leaving home in the 1980s and 1990s. Among the factors that have contributed to this delay are an increase in the age of completing secondary education, smaller families, larger houses, greater parental tolerance towards their children, and the financial burden of starting a one-person household (Van Hoorn 2001). At the beginning of this century, however, the age of home leaving decreased again, among other factors possibly as the result of low youth unemployment. Cohort analyses by Liefbroer and Dykstra (2000) on patterns of leaving home furthermore show that the time span in which young adults leave the parental home has been narrowing in the cohorts born since 1900: The age is more compressed for cohorts born after 1941.

On average, Dutch girls are leaving home at a younger age than boys, a pattern that has been observed for several decades (Figure 12). While most Dutch girls

**Figure 12: Average age at leaving home by gender, the Netherlands, 1965–2002**



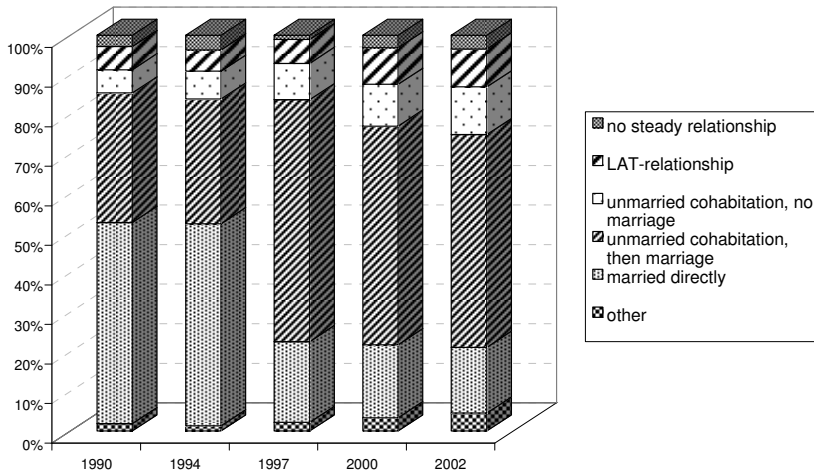
currently leave their parental home at around 20–21 years of age, most boys do so two years later (Van Hoorn 2001). In addition, the lower their education, the longer do young adults stay with their parents. Vocational college and university are often not situated in the neighborhood of their parental home and this may be one of the reasons why young people pursuing higher education leave home at a younger age on average.

### **3.2 Unmarried cohabitation and marriage**

Among people born before 1950, the large majority started to live with their partner within the context of a married union. Among subsequent cohorts, unmarried cohabitation with a partner became ever more important. Of all young people born between 1961 and 1970, 69% started to live with a first partner in an unmarried union (Liefbroer and Dykstra 2000). Today, the majority of young adults start their relational career with cohabitation. In 2005, 67% of 20–29-year-old couples cohabited compared to 49% among the same age group ten years earlier. Even though unmarried cohabitation is now widely accepted and increasingly viewed as a suitable alternative to marriage, most of the young couples ultimately get married. This is especially the case when they want to become or just have become parents (Alders and De Graaf 2001). As a result, the percentage of cohabiting couples is reduced to 31% among those aged 30–39 years (2005).

Data from Dutch Population Policy Acceptance Surveys also show a rapid change in preferences for different types of relationships (Figure 13). In the early 1990s, the majority of the Dutch population (1990–1997: 18 years or older; 2000–2002: 16 years or older) preferred to be married directly (i.e., without preceding cohabitation). Since the mid-1990s, an increasing number of people have preferred unmarried cohabitation, followed by marriage. In 2000, 55% of the Dutch population would opt for this type of relationship if they were free to choose (once again); only 18% wished to be married directly. The sudden decline in the popularity of direct marriage has probably to do with a change in preferences among the older married cohorts who initially considered the trend of unmarried cohabitation as negative. The increasing prevalence of starting a relational career with a period of cohabitation in the mid-1990s might have convinced them to opt for this relationship form if they were free to choose once again (Esveldt et al. 2001: 26). Figure 13 also shows a gradual increase in the proportion of Dutch people who either prefer cohabitation without subsequent marriage (from 6% in 1990 to 12% in 2002) or a LAT (Living apart together)-relationship (from 6% in 1990 to 10% in 2002). Having no steady partner at all remains to be an unpopular option. In 2002, only 3% of the Dutch population showed a preference to have no steady partner relationship.

**Figure 13: Preferences for different types of relationships, the Netherlands, 1990–2002**



Source: Population Policy Acceptance Surveys (own calculations)

Figures of the Family and Fertility Survey 2003 show that adults who are in a partner relationship but who are not cohabiting with their partner are the majority among the youngest age groups. The majority of them intend to live with their partner in the future. Around 20% of persons aged 30–60 are in a steady relationship but do not live together with their partner. Around 40% of them have no intention of living together and thus prefer to have a LAT-relationship. It is in particular women aged 40+ who prefer a LAT-relationship. A substantial share of them is divorced and has children from a previous relationship (De Graaf and Loozen 2004).

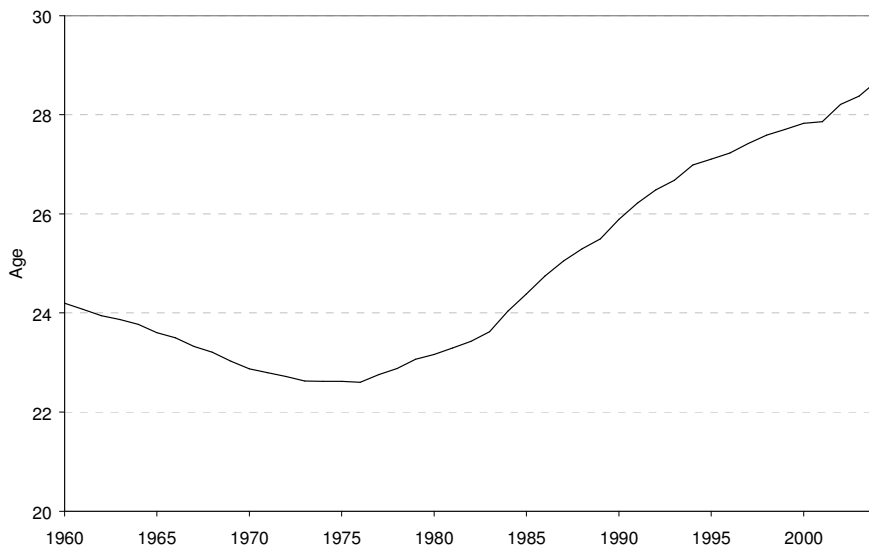
### 3.3 Mean age at first marriage

The age at which young adults start to live with a partner declined between the cohorts born in 1900 and 1960; for the cohorts born since 1961 the age has increased. However, the rise is much less pronounced than the increase in the age at first marriage. Thus,

although younger cohorts postpone marriage, they do not delay much their entry into cohabiting union (Liefbroer and Dykstra 2000).

The mean age of women at first marriage has been increasing steadily since the early 1980s (Figure 14). On average, in 1980 a Dutch woman married for the first time at the age of 23.2. In 2004, the average age was 28.7 years. The trend is similar to trends seen in the mean age at first birth (see Figure 6).

**Figure 14: Mean age at female first marriage, the Netherlands, 1960–2004**

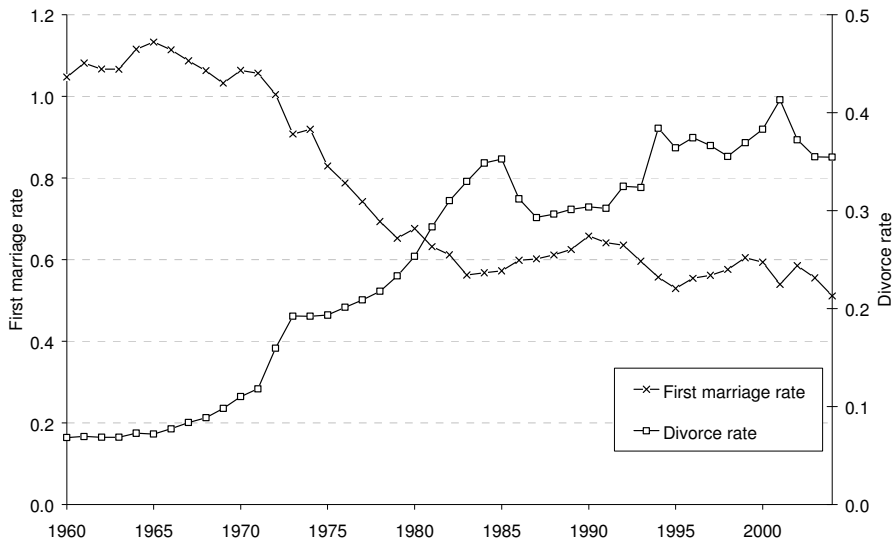


Source: Statistics Netherlands

Delays in entering a married union have also contributed to a decline in marriage rates between 1975 and 1985. Since the mid-1980s, the total first marriage rate for women below the age of 50 has hardly been changing in spite of the continuing rise in the age at first marriage (Figure 15). The introduction of registered partnership in 1998 hardly affected the number of marriages. Although the majority of registered partnerships were contracted by couples of opposite sex, partnership registration was popular among couples of the same sex as it was the option for them to register their relationship officially. The number of partnership registrations of same-sex couples fell

after 1 April 2001, the date homosexual couples can officially marry. Since then, between 2 and 3% of all new marriages have been marriages between two men or two women. The introduction of same-sex marriages, however, did not prevent the total number of marriages from decreasing rapidly.

**Figure 15: Total female first marriage rate (<50 completed years) and total divorce rate, the Netherlands, 1960–2004**



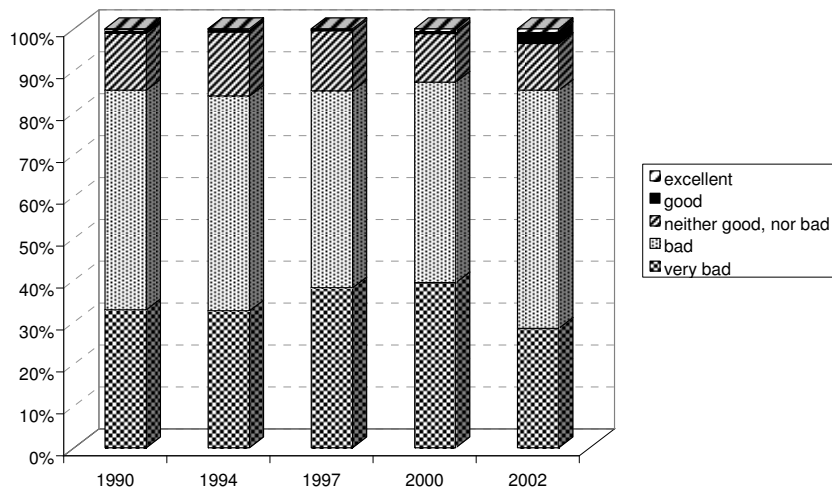
Source: Statistics Netherlands

### 3.4 Divorce

Not only marriage as an institution but also its durability is taken less for granted nowadays. For people married in 1970, divorce was rather exceptional; the likelihood to divorce was 12%. For the most recent marriage cohorts, the percentage is assumed to be between 25 and 30 (De Jong 1999). Between 1965 and 1985, the annual number of divorces in the Netherlands rose from 6000 to more than 34,000. The Dutch divorce rates skyrocketed from 7 per 100 marriages in 1965 to 41 per 100 marriages in 2001 (Figure 15).

As Van Poppel and De Beer (1993) showed, the rapid increase of divorce in the late 1960s and early 1970s is partly related to the liberalization of the Divorce Act in 1971. If both parties sign a petition declaring that they think the marriage has irreversibly failed, divorce is granted automatically<sup>6</sup>. The legal change resulted in a normalization of divorce in Dutch society. This does not mean, however, that the Dutch population views the increasing number of divorces as desirable. Recent data from the Dutch Population Policy Acceptance Surveys show quite the reverse (Figure 16). In 2002, for example, more than 80% considered the trend of divorce as bad or very bad. This percentage has hardly changed since 1990.

**Figure 16: Opinion on the increasing number of divorces, the Netherlands, 1990–2002**



Source: Population Policy Acceptance Surveys (own calculations)

<sup>6</sup> Prior to this legislation, married couples could only obtain a divorce if both parties gave their consent and if they could prove the marriage had irretrievably failed on one of the following four grounds: adultery, physical assault or ill-treatment, desertion with malicious intent of five or more years, or a prison sentence of four or more years imposed after the marriage took place. The new Act made it possible for couples to jointly petition for divorce without having to prove any of the above grounds. The net result of the Act was that it lifted divorce out of the realms of guilt and shame.

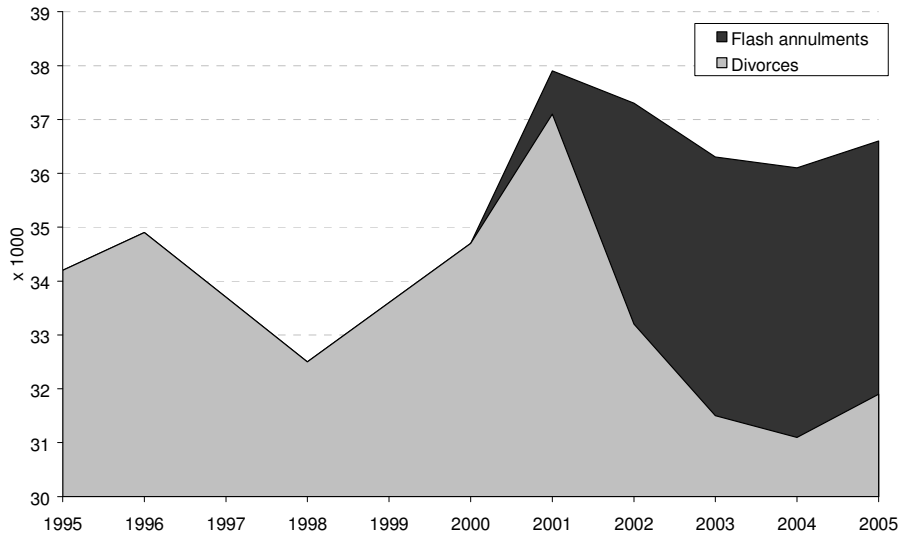
The rise in divorce is partially attributable to the steady rise in educational attainment and female labor-force participation (see Sections 5.1 and 5.2), which eroded the binding attributes of the traditional gender division within marriage and reduced the so-called exit costs (Becker 1981). Many studies have reported partial or full support for this, the so-called economic independence hypothesis (see e.g., Brines and Joyner 1999, Trussell et al. 1992). Dutch research, however, produced only empirical evidence for the economic independence hypothesis among older cohorts of women (Fokkema and Liefbroer 2004). Women’s greater economic independence does not seem to play an important role in divorce decisions among the younger cohorts in the Netherlands (Poortman 2002). This has probably to do with the expansion of the welfare state since the 1960s. In 1971, a few years after the introduction of the General Social Security Act, divorced non-working women were also given entitlement to the minimum of financial support provided by the State (social security benefits). This meant that they were no longer economically dependent on their former partners (Van den Akker 1984). Divorce has therefore also become an option for women who devote all of their time to homemaking and childrearing. This is not to say, however, that managing on social security benefits alone is an easy task for one-parent families (Corpeleijn et al. 1998).

Since the mid-1980s, the number of divorces has more or less stabilized, varying between 28,000 (1987 and 1988) and 37,000 (2001). The reason most often mentioned is the rapid popularity of cohabitation which started in the 1970s (see Section 3.2). People in unmarried cohabitation are more likely to separate than married people. Consequently, the least stable relationships are dissolved before it comes to marriage. In addition, although cohabitation effectively amounts to a “trial marriage”, previous studies show that marriages are more stable among couples who did not cohabit previously (see e.g., Fokkema and Liefbroer 2004, Lillard et al. 1995). The rationale is that married couples who do cohabit prior to getting married have less traditional attitudes (Axinn and Barber 1997).

From 2001 onwards, the number of divorces fell again, from 37,000 in 2001 to 31,000 in 2004. This decrease, however, is largely counterbalanced by a rising number of divorces according to an accelerated procedure, so-called flash annulments (Figure 17). A flash annulment, introduced into the Dutch legal system on 1 April 2001, makes it possible to end a marriage without a formal divorce. In a formal divorce procedure, the partners have to appear in court. In a flash annulment procedure, a couple mutually decides to downgrade their marriage to a registered partnership. Apportionment of joint property and the granting of alimony are settled in an agreement. The partnership is subsequently annulled by a solicitor or notary; intervention by the court is unnecessary.



**Figure 17: Annual number of divorces and flash annulments, the Netherlands, 1995–2005**



Source: CBS

A recent study of Kalmijn and Gelissen (2002) has shown that divorced women and, lesser so, divorced men who have a child from an earlier marriage and who are remarried are less likely to have another child in their second union than those who are remarried without bringing a prior child into that union. These findings are similar to results on France and Austria (Toulemon 1997, Buber and Prskawetz 2000) but differ from the findings for Sweden and the United Kingdom (Vikat et al. 1999, Jefferies et al. 2000). The study further shows that remarried women without a prior child are more likely to have a child than first married women. So it seems that remarried women are “catching up” on missed fertility opportunities in their first marriage. Their total fertility, however, remains lower as a result of age restrictions, indicating that divorce has a negative effect on subsequent fertility.

## 4. Family planning

### 4.1 Contraception

Up to the 1960s, family planning was taboo in Dutch society as it was regarded contrary to the objectives of marriage and as promoting promiscuity. Thus, it was forbidden to sell or advertise contraceptives. The situation changed spectacularly between 1965 and 1975. Within a decade, family planning gained increasing acceptance, prompted by concerns about the prospect of overpopulation (see Section 6.1). In 1969, the government removed the statutory prohibition on contraceptives; in 1971, contraceptives were covered by national health insurance, resulting in the widespread use of them. Two years later, sterilization was added to the coverage. In addition, special family planning clinics became eligible for government grants. So, within a short space of time, reliable use of birth control has become common practice in the Netherlands.

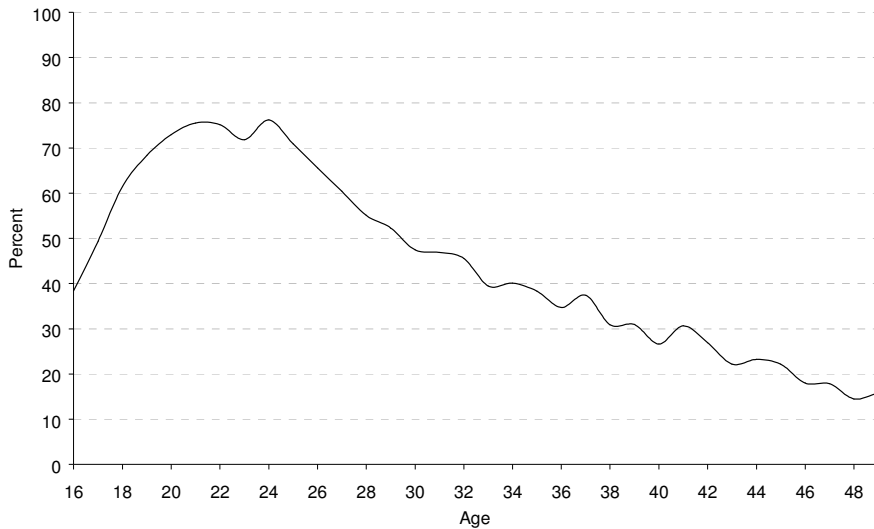
The proponents of the Second Demographic Transition have repeatedly stressed the catalytic role of modern contraception in the behavioral and cultural change that characterizes this transition (Sobotka 2004). Modern contraception has facilitated fertility postponement and has opened up opportunities for new aspirations to be fulfilled prior to parenthood (Lesthaeghe and Neels 2002: 333). Van de Kaa (1994: 114) links increased contraceptive use with changes in living arrangements and intimate relations. Thanks to efficient contraception, women are able to have sexual relationships without the fear of unwanted and “mistimed” pregnancies and births. Furthermore, Beets et al. (2001: 21) have aptly pointed out that in the Netherlands modern contraception has changed the obvious perception of “having children” (*kinderen krijgen*) to decision-making as to whether or not to “take children” (*kinderen nemen*).

In 2003, two-thirds of all Dutch women aged between 18 and 45 used contraceptives. About 8% was pregnant or wanted to become pregnant, 8% was infertile and only 17% did not use any kind of contraceptive method. Detailed analyses reveal that it is mainly females without a (steady male) partner or with a partner with whom they do not live who do not rely on contraception.

The pill, the most efficient contraceptive method, is by far the most widely used method of contraception in the Netherlands; (voluntary) sterilization, IUDs, and condoms only play a minor role. From the early 1980s onwards, the percentage of women using the pill increased yearly, from 27 in 1981 to around 45 in 1994. After that it decreased slightly to 41 percent in 2003. The slight decline in recent years is caused by an amendment to national health coverage: Since 1 January 2004, the pill is no longer funded for women aged 22 years and above.

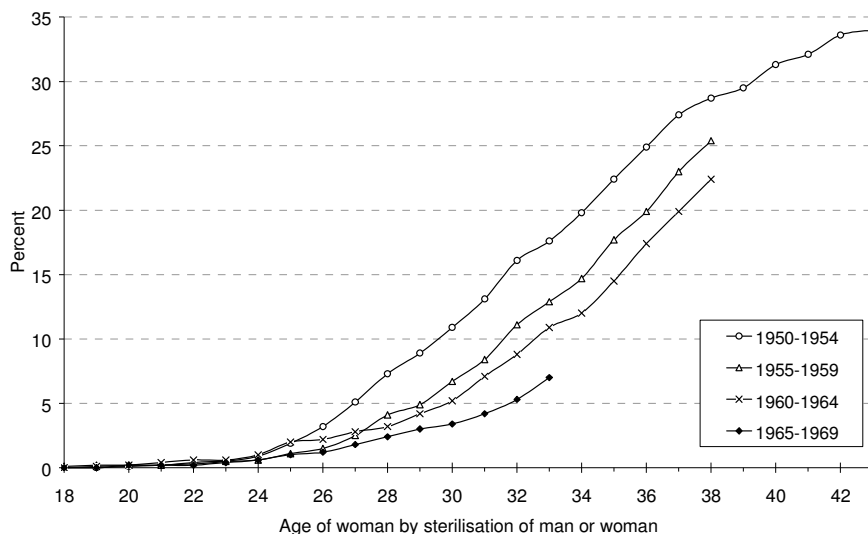
The pill is especially popular among “younger” women: As we see in Figure 18, the percentage of women who use the pill increases steeply, from 40% starting at the age of 16 to 75% among 22-year-olds. After this age, it decreases gradually to around 15% of women aged 49 years. Obviously, the decline in pill use is strongly related to the desire to start a family. Once women have completed their family, they often switch to other forms of contraception, such as IUD or sterilization. However, because women enter motherhood later in life (see Section 2.3), sterilization has gradually shifted to an older age over time: The proportion of women born in the late 1960s who are either sterilized or have a sterilized partner is smaller than the corresponding proportion of women born in the 1950s or early 1960s (see Figure 19).

**Figure 18: Women using contraceptive pill by age, the Netherlands, 2003**



Source: Statistics Netherlands

**Figure 19: Sterilized women and women with a sterilized partner, by birth generation, the Netherlands, 2003**



Source: Statistics Netherlands

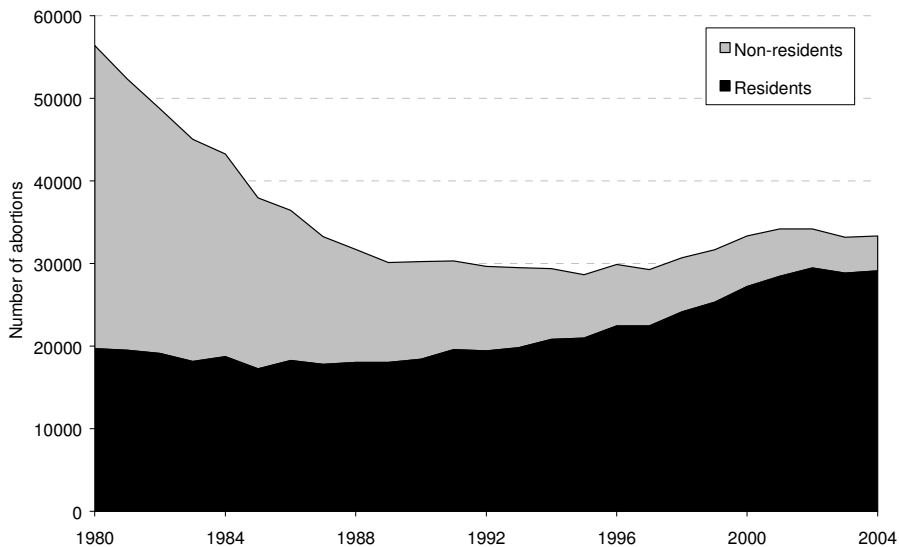
## 4.2 Abortion

Due to the sudden widespread acceptance and practice of family planning from the second half of the 1960s onwards, abortion assistance was getting under way as well. Since 1971, the number of private non-profit clinics that provide safe, reliable abortions has increased rapidly, even though abortion at the time was still illegal. Liberalizing the abortion laws was a difficult process. The Termination of Pregnancy Act was eventually enacted in November 1984; however, before then convictions based on the old legislation were relatively rare.

The aim of the Act is to ensure that any decision to terminate pregnancy be given careful consideration, and that the termination is performed only if the woman's circumstances leave no alternative. By law, women may terminate an unwanted pregnancy within 24 weeks of conception in a hospital or clinic that is licensed to do so. However, to be sure they remain within the time limit, most doctors will perform the

procedure no later than 21 weeks and a few days into the pregnancy. Women resident in the Netherlands are able to obtain an abortion free of charge. The costs of a termination are covered by national health insurance.

**Figure 20: Number of induced abortions among resident and non-resident women, the Netherlands, 1980–2004**



Source: Health Care Inspectorate

In 1980, 56,400 induced abortions (including those induced by abortion pills) were performed: Of these, 19,700 women were residents in the Netherlands and 36,700 were not (Figure 20). Since then, the yearly number of abortions has declined considerably, e.g., it was down to 29,266 in 1997. During 1998–2004, however, the total number of abortions increased again, from 30,714 to 34,168. Nevertheless, the country still has one of the lowest abortion rates in the world and this is closely connected with the widespread use of contraceptives (see Section 4.1): The number of abortions can be seen as a mirror of unplanned and unwanted pregnancies.

The recent increase in the number of abortions is not due to growing numbers of abortions performed on non-residents. Just the contrary: As most European countries had introduced laws legalizing abortion by 1986, there has been a steady decline in the

number of women from other European countries who come to the Netherlands for an abortion (Figure 20). Neither is it fully attributable to an increasing number of women at fertile ages (15–44), since the abortion rate (the total number of abortions divided by the number of women aged 15–44) has risen as well: from 6.5 in 1997 to 8.7 in 2002 per 1000 women.

The main inter-related explanatory factors of the recent increase in abortions are: less effective use of contraception compared to previous years, a declining number of men and women in the “older” fertility age groups who are sterilized (Arnolds et al. 2000, De Graaf 1998), growing numbers of young women who do not use contraception at all (Beerthuizen 2003, De Graaf 1998), and an increasing share of well-known risk groups: teenagers and women from ethnic minorities. About 15 of 100 women who terminate a pregnancy are younger than 20 years of age. In addition, some 60% of abortion clients have an ethnic minority background. Roughly 30% of this group originates from Suriname and the Netherlands Antilles, 15% are of Turkish or Moroccan origin, and the remaining 55% originate from other countries in Africa, Europe, and Asia. The abortion rate of the four main ethnic minority groups (Suriname, the Netherlands Antilles, Turkey and Morocco) is between three and almost ten times higher than that of the rest of the Dutch population.

Although the abortion rate among teenagers is extremely low by international standards and although it is also below the abortion rate of other women of reproductive age, the Dutch government takes the problem very seriously. Sex education is now an important issue in schools, and special services are available for teenagers. Special attention is also given to ethnic minorities. Over the past 15 years, family planning research in the Netherlands has specifically targeted the Surinamese, Antillean, Turkish, and Moroccan communities.

## **5. Social and cultural conditions**

### **5.1 Education**

The educational level of the Dutch population has increased substantially since the early 20<sup>th</sup> century. Among people born 1925–1934, only a third had merely a primary education; this corresponds to only 7% for the 1965–1974 cohorts. At the same time, 40 and 74% of the respective cohorts had at least gained a medium level of education (Vogels 2005). The educational level of women in particular has increased. Nevertheless, the overall educational level of men is still somewhat higher than that of women. At the same time, women participating in the labor force are slightly higher educated than working men (CBS 2005).

Cohort analyses by Liefbroer and Dykstra (2000) show that higher educated women have a first child at a much higher age than the less educated. This difference increased among the younger female cohorts. Figure 21 shows an overview of the median ages at first birth for women with different educational levels by cohort. The rising age at childbirth started and is strongest among the higher educated women. It is often suggested that the lower educated follow this pattern.

The ultimate family size differs by women's educational level as well. While women from the 1960–1964 cohort with a low or medium level of education have an average family size of 1.9 and 1.8, respectively, women with the highest level of education have on average 1.6 children. The smaller family size among the highly educated women is mainly caused by a higher percentage of childlessness: 29 compared to 16 (low) and 18 (medium), respectively.

**Figure 21: Age at which 50% of women had a first child per educational level and per 10-year birth cohort**



Source: Liefbroer & Dykstra, 2000, p. 105

The literature provides different explanations on these fertility differentials by educational level: One of the explanations is that higher educated women postpone childbearing and are more reluctant to start a family because it is difficult to combine a career with motherhood. As higher educated women made substantial investments in their education, they are held to be more strongly attached to career building, leading to higher “opportunity costs” of having a child (Liefbroer 2005). Another view holds that individuals with higher education are less resistant to normative pressures and embrace values such as independence and personal autonomy (De Feijter 1991). Yet another explanation is that higher educated women spent a substantial period of time in education, thus resulting in a higher age at which family formation is started (Beets 2004, Liefbroer and Corijn 1999, Liefbroer and Dykstra 2000). Beets et al. (2001) estimates that an increase in the educational level explains about half of the rise in the mean age at first birth among Dutch women born 1931–1940 and 1961–1965.

## **5.2 Female labor-force participation**

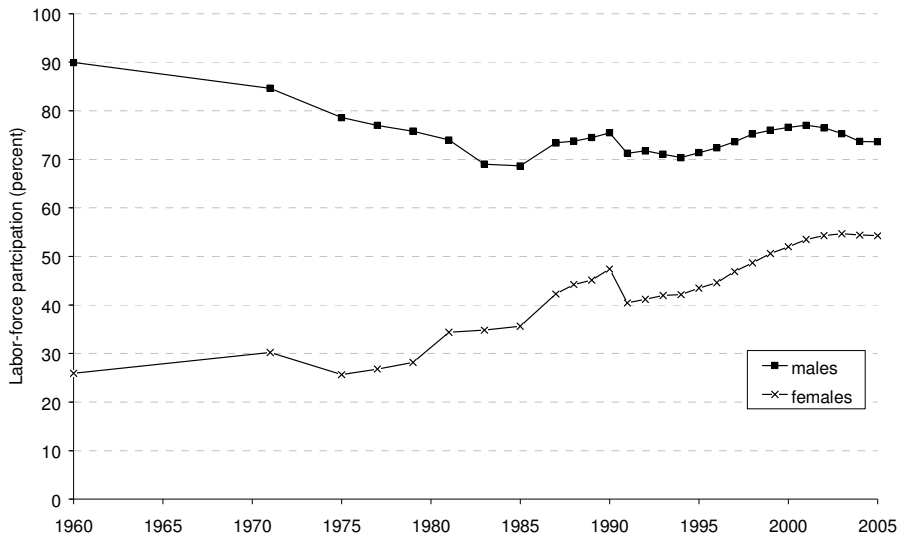
The labor-force participation of women in the Netherlands has risen substantially, starting from the mid-1960s. Until then, there was a clear division of tasks among couples: Men were bread-winners and women were homemakers. Figure 22 shows the development of the labor-force participation of men and women aged 15–64 in the period 1960–2005. The increase in the educational level of women, emancipation, wider child-care facilities, and the rising number of part-time jobs all contributed to the growing numbers of women participating in the labor market. In 2005, half of all women aged 15–64 had a paid job compared to 75% of men.

At the international level, female labor-force participation was very low in the Netherlands for many decades. Today, the proportion of Dutch women participating in the labor market does not diverge from the European average. In two respects, however, current labor conditions in the Netherlands differ from those in other European countries (see Table 1). One difference is the high proportion of employees with flexible working hours. Another difference is the high proportion of women with a part-time job, resulting from the “Dutch Poldermodel” (see above). In the 1980s and 1990s, working times were reduced by early retirement, longer holidays, and an increase of part-time work. Since many young mothers prefer to take care of their children at least several days a week, the availability of part-time jobs offered them the possibility to combine having a job and having children. Consequently, although a substantial proportion of couples in the Netherlands are dual earners, one-and-a-half earner households are predominant among couples with children. Whereas most men continue to work full-time after first childbirth, many women decide to work fewer hours. Of all



working women with children, around a third had a paid job for 12 to 19 hours and around 50% did so for 20 to 34 hours a week in 2002 (Alders et al. 2003). Still, among 35% of 30-year-old women with children and their partners, the male was the breadwinner and the female the homemaker in 2000 (Garssen et al. 2001). The traditional gender roles differ by educational level: Among the lower educated women, participation is lower than among the higher educated women. This pattern is more pronounced after the birth of a first child.

**Figure 22: Labor-force participation of men and women (age 15–64), the Netherlands, 1960–2005**



Source: Labour Force Survey

The emancipation and growing labor-force participation among women since the 1960s has also affected attitudes towards women's labor-force participation and the division of housework. While in 1965, 84% of the Dutch population objected to married women with school-age children having a paid job, this percentage dropped to 29 in 1985 (SCP 1986: 381). In 1981, 6 of 10 agreed that a paid job and household work have to be shared equally by the man and woman (SCP 1986). Today, about 70% of the Dutch population is of the opinion that couples should share household responsibilities.

However, Keuzenkamp and Oudhof (2000) note that Dutch women, including those who have a paid job, still tend to take on most of the housework and child caring responsibilities, this despite the egalitarian gender role attitudes (Alders et al. 2003).

### 5.3 Business cycle and swings in period fertility

The TPF<sub>R</sub> shows short-term fluctuations that are affected by the business cycle. People become more optimistic in times of economic upturn. This is measured by an increase in the index of consumer confidence. When the index rises, the TPF<sub>R</sub> increases after a time lag of about two years. Similarly, a decline in consumer confidence is followed by a drop in the TPF<sub>R</sub>. The index explains 49% of the variance of the TPF<sub>R</sub> in the period 1975–2004.

**Table 1: Flexible working hours and part-time jobs in several Western European countries**

	<b>% of employees with flexible working hours</b>	<b>% of women having a part-time job</b>
Austria	22	21
Belgium	26	21
Denmark	25	18
Finland	22	6
France	26	15
Germany	33	27
Greece	23	2
Ireland	19	17
Italy	19	11
Netherlands	36	45
Portugal	20	5
Spain	20	8
Sweden	32	20
United Kingdom	32	30

Since 1975, the TPF<sub>R</sub> twice has seen a periodic decline and increase. Between 1975 and 1983, it fell from 1.66 to 1.47, followed by a rise to 1.62 in 1990, a drop to 1.53 in 1996, and another rise to 1.75 in 2003 (see Table 2). The table shows that in times of decreasing consumer confidence, the fertility of women younger than 30 years

dropped more steeply than in times of rising confidence. The fertility of women aged 30 or over, however, climbed only slowly in periods of decreasing confidence and rose strongly in periods with a positive economic climate. This clearly shows that changes in the timing of fertility are affected by the business cycle: When people are pessimistic, they tend to postpone having children until they become more optimistic and then “catch up”.

Changes in the level of confidence affect first births as well as second-order births, but have less impact on higher-order births. Table 2 shows that in pessimistic periods, first and second-order births declined, whereas they rose in times of economic optimism. The extent of the effects is estimated on the basis of regression analysis. It turns out that a rising index of consumer confidence by 10 points is followed by an increase in the TFR by .04, half of which can be attributed to a rise in first birth and the other to an increase in second-order birth.

**Table 2: TPFR and its relationship with the index of consumer confidence**

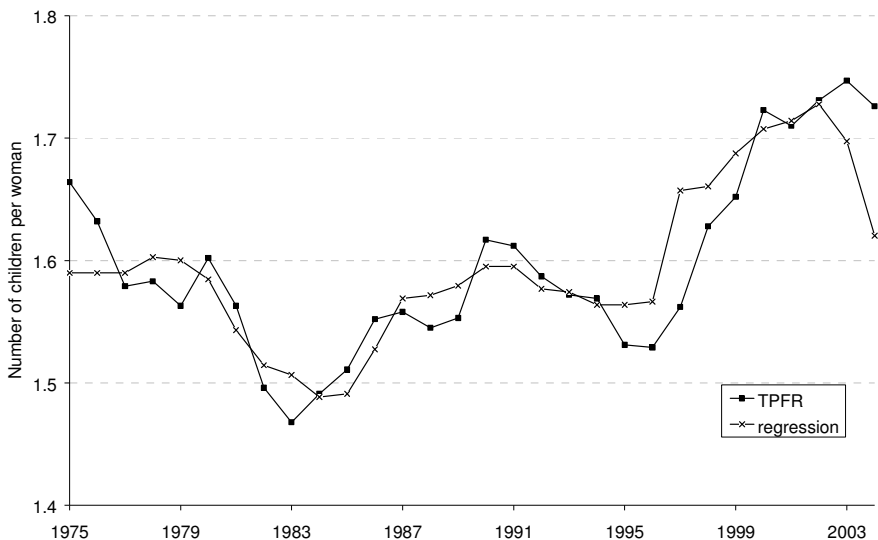
	TPFR	TPFR by age		TPFR by birth order			Index of consumer confidence (lagged 2 years)	effect of consumer confidence on TPFR
		Below 30 years	30 years or over	1 <sup>st</sup> child	2 <sup>nd</sup> child	3 <sup>rd</sup> or more children		
1975	1.66	1.19	0.47	0.71	0.65	0.31	114	
1983	1.47	0.95	0.51	0.63	0.52	0.31	78	
1990	1.62	0.84	0.77	0.72	0.56	0.34	103	
1996	1.53	0.66	0.86	0.70	0.55	0.28	98	
2003	1.75	0.72	1.03	0.83	0.63	0.29	115	
changes								
1975–1983	–0.19	–0.24	0.04	–0.08	–0.13	0.00	–36	–0.08
1983–1990	0.15	–0.11	0.26	0.09	0.04	0.03	25	0.09
1990–1996	–0.09	–0.18	0.09	–0.02	–0.01	–0.06	–5	–0.03
1996–2003	0.22	0.06	0.17	0.13	0.08	0.01	17	0.13

Source: Statistics Netherlands, own calculations.

Figure 23 shows that the changes in the TPFR over the last 30 years are described rather accurately by the regression model, the latter which explains the TPFR by the level of consumer confidence. The relationship between the TPFR and consumer confidence seems to have changed over time. Both the length of the time lag and the level of the regression coefficient seem to have changed. The time lag seems to be

smaller in the first two sub-periods than it is in the last two periods. In the last period, however, the relation between the amount of the change in the TPF and that in the index seems to be different than in the other periods. For this reason, in the regression model the TPF in the first two sub-periods is explained by the level of consumer confidence lagging one year, whereas in the last period, the lag is two years. The last column of Table 2 indicates that the changes in the index explain about half of the changes in the TPF in the four sub-periods.

**Figure 23: TPF and regression model**



Source: Statistics Netherlands, own calculations

## 5.4 The impact of immigration

The Dutch TPF is currently one of the highest in Europe owing to fertility stabilization since the 1980s and a slight recovery since 1995. In 2004, the Netherlands ranked seventh among the 25 EU countries, with a TPF of 1.73 (0.24 above the EU average). It is interesting to examine whether the TPF, rather high compared to other EU countries, is related to a rising proportion of migrants in the total Dutch population.

Over the last three decades, the migrant population in the Netherlands more than doubled, i.e., from 1.3 million (9.2%) in 1972 to 3.1 million (19.2%) in 2005. Half of this group consisted of foreign-born migrants (first generation) and the other half was made up of children from these migrants, who were themselves born in the Netherlands (second generation). Around 1.5 million of the current migrants in the Netherlands are of non-western origin. Of these, roughly two-thirds are of Turkish, Moroccan, Surinamese or Antillean/Aruban descent. The first two groups started to arrive in the 1960s as labor immigrants to alleviate labor shortages in the booming Dutch economy. In the 1970s, a new immigration flow from these countries set in as the initial labor migrants reunified with their families in the Netherlands. Starting from the second half of the 1980s, family formation of new families became an important reason behind immigration from these countries. Also today, young people from Morocco and Turkey move to the Netherlands to marry migrants already living there. Most of the Surinamese migrants arrived in the Netherlands in the second half of the 1970s and the beginning of 1980, i.e., around the time when Suriname gained independence from the Netherlands. The Dutch Antilles and Aruba are still part of the kingdom of the Netherlands. As a result, no immigration restrictions apply. Migration from the Antilles to the Netherlands has traditionally taken place for educational reasons. More recently, limited employment opportunities in the Antilles prompted many young adults to leave for the Netherlands (Van Leusden 2001). Migrant births account for a substantial share of all births in the Netherlands; e.g., in 2004, about a quarter of all newborns had a mother with a migrant background.

Several studies on the Netherlands and on other western countries have shown that fertility is considerably higher among migrant women, more particularly first generation migrants originating from non-western countries (Coleman 1994, De Valk et al. 2004, Lodewijckx et al. 1997). This is documented in Table 3 which provides the TPFs of migrant women living in the Netherlands, by country of birth for 1999 (the most recent figures available for such a wide range of countries). All migrant women are found to have higher TPFs than women born in the Netherlands. Women born in Iran are the only exception, as their TPF is 1.1 children and thus lower than the 1.6 children for Dutch-born women.

**Table 3: TPFR by country of birth of the mother, 1999, and number (absolute, x 1,000 and, in brackets, %) of women aged 15–29 and 30–49, by country of birth, 2005**

	TPFR, 1999			Total		
		15–29		30–49		15–49
Native Dutch	1.6	1089.6	(75.0)	1972.6	(79.5)	3062.2 (77.8)
Western migrants		128.5	(8.8)	243.8	(9.8)	372.3 (9.5)
Non-western migrants		235.1	(16.2)	264.1	(10.6)	499.3 (12.7)
Suriname	1.7	42.5	(2.9)	62.4	(2.5)	104.9 (2.7)
Turkey	2.5	50.0	(3.4)	52.7	(2.1)	102.6 (2.6)
Morocco	3.3	47.1	(3.2)	38.7	(1.6)	85.8 (2.2)
Antilles/Aruba	1.8	19.8	(1.4)	19.6	(0.8)	39.4 (1.0)
China	2.8	8.2	(0.6)	6.7	(0.3)	14.9 (0.4)
Iraq	3.4	4.5	(0.3)	6.0	(0.2)	10.6 (0.3)
Afghanistan	2.3	4.8	(0.3)	4.6	(0.2)	9.4 (0.2)
Iran	1.1	3.5	(0.2)	5.0	(0.2)	8.5 (0.2)
Somalia	4.4	2.9	(0.2)	2.8	(0.1)	5.6 (0.1)
Total		1453.3		2480.5		3933.8

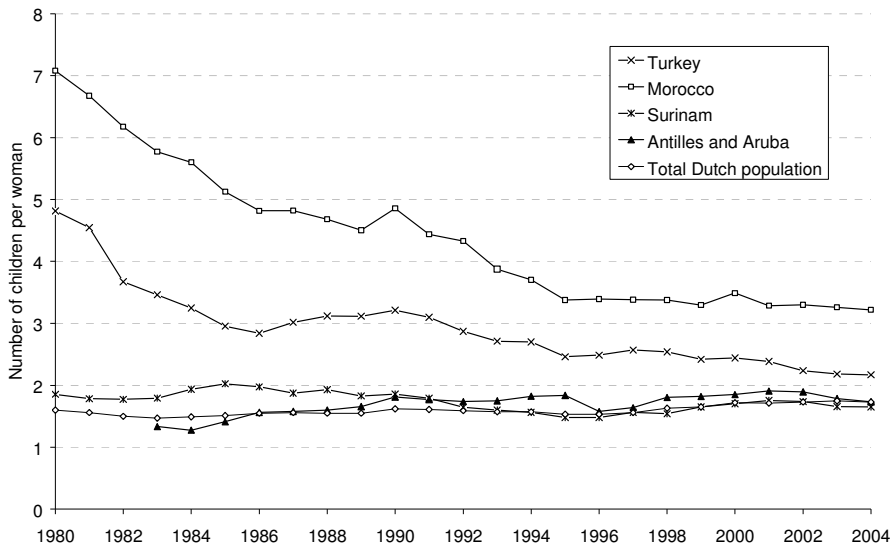
	1st generation			2nd generation		
	15–29	30–49	15–49	15–29	30–49	15–49
Native Dutch						
Western migrants	55.5	114.5	170.0	73.0	129.3	202.3
Non-western migrants	130.6	246.7	377.3	104.5	17.4	121.9
Suriname	14.8	55.6	70.4	27.7	6.8	34.5
Turkey	22.5	50.0	72.5	27.4	2.7	30.2
Morocco	24.2	37.4	61.5	23.0	1.3	24.3
Antilles/Aruba	12.6	16.5	29.1	7.3	3.1	10.3
China	6.7	6.2	12.9	1.6	0.5	2.0
Iraq	4.4	6.0	10.4	0.1	0.0	0.2
Afghanistan	4.7	4.6	9.4	0.0	0.0	0.0
Iran	3.2	4.9	8.1	0.2	0.0	0.3
Somalia	2.8	2.8	5.6	0.0	0.0	0.0
Total	186.1	361.2	547.3	177.5	146.7	324.3

Source: De Valk et al., 2004, Statistics Netherlands.

Figure 24 gives an overview of the changes in the TPF<sub>R</sub> of first generation migrant women from the four largest non-western countries and for the Dutch population as a whole over the 1980–2004 period. The figure shows that the TPF<sub>R</sub> of migrant women compared to the total population declined: While the TPF<sub>R</sub> of Dutch women rose slightly, the TPF<sub>R</sub> of non-western migrants decreased. The modest rise in the TPF<sub>R</sub> is the result of the fact that many Dutch women delayed childbearing in the 1985–1995 period.

The TPF<sub>R</sub> of Surinamese and Antillean/Aruban women in the Netherlands is around 1.75. Their TPF<sub>R</sub> hardly changes over time and is comparable to that among native Dutch women. Much higher TPF<sub>R</sub> levels are found among first generation Turkish and Moroccan women. Nevertheless, the TPF<sub>R</sub> among the two groups has clearly declined since the 1980s. In 1980, the TPF<sub>R</sub> among first generation Moroccan women was just over 7, whereas in recent years it has been around 3.3 children.

**Figure 24: TPF<sub>R</sub> of first generation women by selected countries of birth**

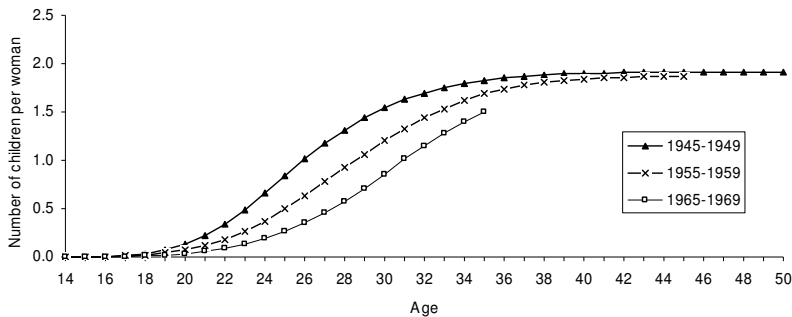


Source: Garssen & Nicolaas, 2006.

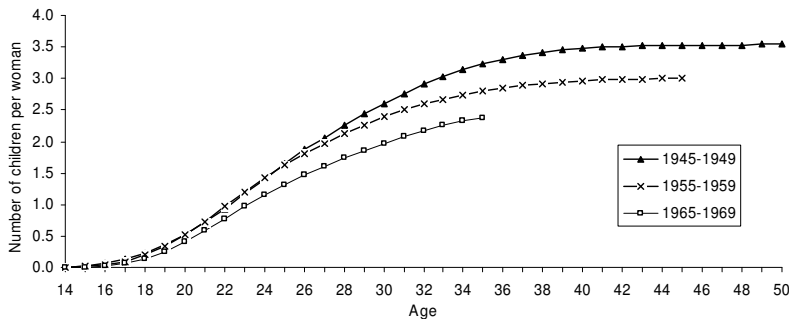
One explanation for the higher TPF of migrant women is that they start to have children at younger ages than Dutch women. To get deeper insights into changes in fertility behavior among the migrant population, the cohort fertility of the younger and older cohorts (restricted to the first generation by country of birth) is shown in Figure 25 (based on Garssen and Nicolaas 2006). The cohort fertility of the four largest migrant groups in the Netherlands is considered: Turks, Moroccans, Surinamese, and Antilleans/Arubans. Overall, Garssen and Nicolaas (2006) conclude that younger cohorts of women have children at a later age than do older cohorts. This conclusion holds for women born in the Netherlands as well as for those born in Turkey, Morocco, and Suriname. Antillean/Aruban women are the exception, as no clear shifts over cohorts are evident.

**Figure 25: TCFR of first generation mothers by country of birth and age**

**The Netherlands**



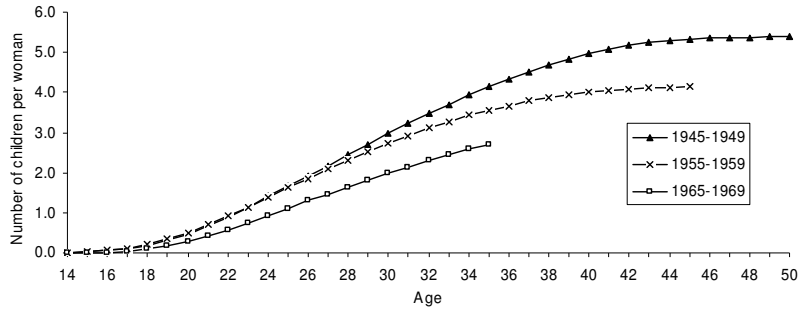
**Turkey**



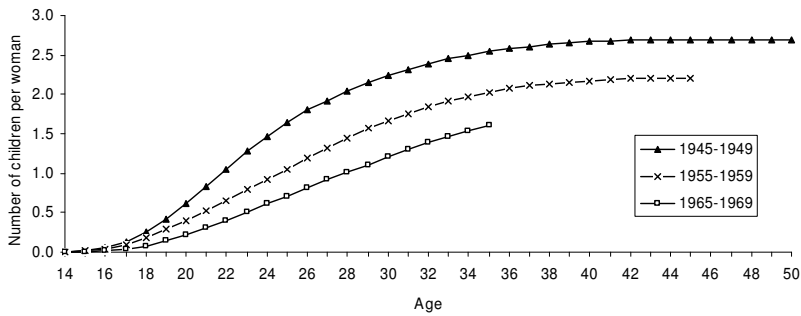


**Figure 25: (Continued) TCFR of first generation mothers by country of birth and age**

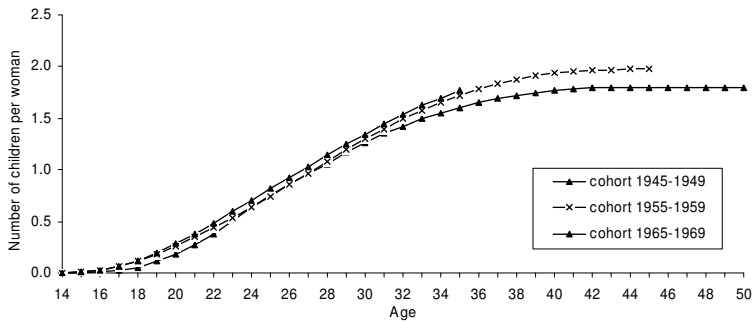
**Morocco**



**Suriname**



**Antilles and Aruba**



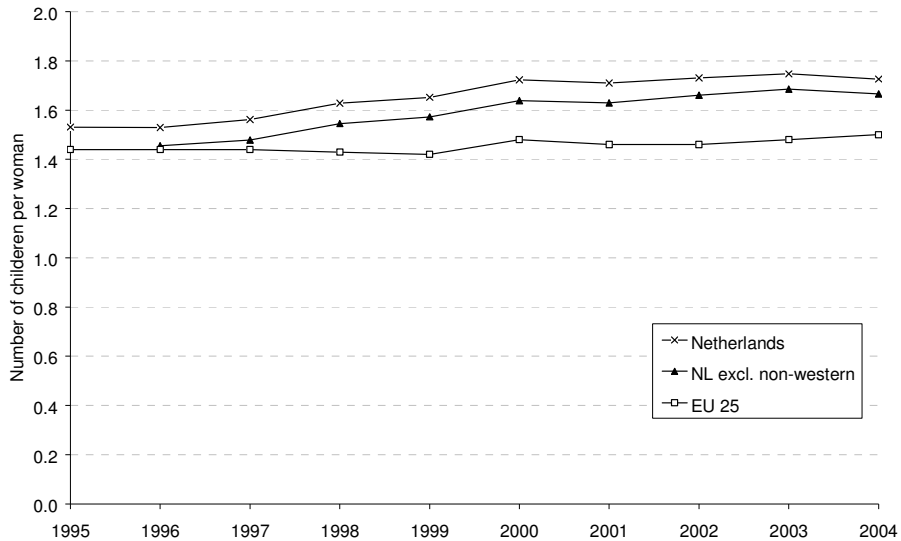
Source: Garssen & Nicolaas, 2006

Among all migrant groups and for all cohorts, the level of childlessness is higher among second generation migrant women. For example, whereas at age 25 (year of birth: 1975–1979) the majority of first generation Turkish and Moroccan women has had a child, the majority of second generation women from these groups is still childless at this age. This indicates that the timing of having children clearly differs between first and second generation migrant women.

So far, we have focused on fertility behavior among different migrant groups and Dutch women. In order to assess the impact of the migrant population on total Dutch fertility rates, we examined what would have been the TPF<sub>R</sub> from 1995 onwards if no immigration had taken place. Contrary to common expectations, our analyses reveal that women with a non-western background have only a limited influence on the TPF<sub>R</sub> in the Netherlands as a whole. They yield a positive contribution of 0.06 to 0.08. (Figure 26). This influence has remained unchanged in the period 1995–2004, this despite rising absolute numbers of non-western migrants. Redoing the analyses by excluding all migrant women (from both western and non-western origin) showed even less impact on the total TPF<sub>R</sub> in the Netherlands. The lower TPF<sub>R</sub> among western women compared to Dutch women is compensated by the (somewhat) higher fertility levels among non-western women. As a result, the effect of excluding all migrant women reduced the TPF<sub>R</sub> in 2004 only by 0.03 points.

Two factors explain the rather limited impact of the migrant population on total Dutch fertility levels. First, compared to the total population, the non-western groups are still relatively small (see Table 3). Migrant groups with a relatively high TPF<sub>R</sub> (e.g., from Somalia and Iraq) have relatively few women at childbearing ages, making for small absolute numbers of births among these groups compared to the total number of births in the Netherlands. Second, although the group of second generation migrant women aged 15–49 is growing (this applies in particular to Turks and Moroccans), most of them are still younger than 30 years of age. As women from the second generation postpone childbearing, many of them have not reached their final number of children yet. Hence, although it is expected that they ultimately have less children than their mother’s generation (De Valk and Liefbroer 2007), it is likely that the impact of immigrant women on the Dutch TPF<sub>R</sub> will increase in the near future.

**Figure 26: TPF for the total population, for the Dutch population (excluding non-western migrants), and for the EU 25, 1995–2004**



Source: Statistics Netherlands, Eurostat, own calculations

## 6. Family policies

### 6.1 The governmental view

Although an increasing number of European governments are concerned about their low fertility rates, the Netherlands along with the Nordic European countries, Germany and Belgium, did not consider their present fertility levels too low (United Nations 1998, 2001). In 1976, 7 out of 29 (24%) surveyed European countries reported that their present fertility level was perceived as too low. In 2001, 17 out of the 29 (59%) countries were concerned about their fertility level. An increasing number of European countries have policies aimed at raising fertility. While in 1976, only 24% of the surveyed European countries had such policies, 41% did so in 2001, among which are many countries in Central and Eastern Europe. The Dutch government has not taken pronatalist steps, however.

The Dutch lack of concern about low fertility may partly be explained by the fact that the Dutch public and government were concerned about the prospect of overpopulation in the late 1960s and early 1970s (Coleman and Garssen 2003). In the 1960s, the Netherlands was one of the most densely populated countries in the world, and the population forecasts were alarming. The fear of overcrowding is possibly best expressed in the official statement of the Dutch Royal Commission on Population 1977 (Staatscommissie Bevolkingsvraagstuk 1977) that “termination of natural population growth is desirable”, noting the advantages of a more or less stationary population structure. The government agreed that “the perspective of growth coming to an end as a consequence of below-replacement fertility is welcomed” (Tweede Kamer der Staten Generaal, 1983). Recent and more muted official statements still maintain that “in the longer run a stationary population is viewed as desirable” (Government of the Netherlands 1999: 135). In addition, the Netherlands is probably the only European country where, for many subsequent years, a substantial part of the population (29–37%) would like to see a declining number of inhabitants (Esveldt et al. 2001, Kontula and Miettinen 2005). Furthermore, while in many other European countries the majority of the population currently perceives the declining number of births as negative, only 21% of the Dutch population does so (Dorbritz et al. 2005: 6).

This does not mean, however, that the Netherlands has no specific policies aimed at families. Just like all other European countries, the Dutch government has implemented so-called family-friendly employment policies, i.e. policies that are aimed at enabling families to combine work and child care, providing subsidies to families with children and special financial measures to assist families with dependent children who are struggling financially. The primary aim of these policies, however, is not to increase fertility but to improve the well-being of families with children, to allow couples to combine family formation with work, and to keep the poorest ones from becoming socially excluded. The intended impact on fertility is secondary. Therefore, these policies fall under the area of social welfare policy rather than pronatalist policy.

Table 4 presents a short list of the main current family policy measures in the Netherlands. Here, we will restrict our attention to three specific family policy measures: child allowance, parental leave, and childcare facilities. Subsequently, we review attitudes among the Dutch population towards a number of current and hypothetical family policy measures and the expected impact of these policies on fertility behavior.

**Table 4: Current family policies in the Netherlands**

Child allowance:		
Basic principles	-1946:	income related
	1946-2004:	universal
	-1995:	related to the number of children
	1995- :	unrelated to family size
	1983-:	related to the age of the child
Upper age limit		17
Discriminating age ranges		0-5, 6-11, 12-17
Min. level for first child in Euro		58.87 (2.1)
per month (and % of average gross earnings)		
Maternity leave:		
Duration	1990-:	16 weeks (female (un)employed persons)
Compensation		100%
Paternity leave:		
Duration	2001-:	2 working days within the 4 weeks after the day of the birth
Compensation		100%
Parental leave:		
Duration	1991-:	6 months
Compensation		unpaid (some branches offer part of wage)
Maximum age of child	1997-:	8 years
Rights		
	2001-:	part-time equal right to mother and father right to take leave in 3 separate periods
Taxation:		
Tax unit		individual
Family based tax deductions		tax deductions for children, child care costs
Childcare:		
% of children -4 yrs in day care	2004:	25
% of children 4+ yrs in after school care	2004:	6
Hours per week children -4 yrs spent in day care	2004:	20
Hours per week children 4+ yrs spent in after school care	2004:	7

## **6.2 Child allowance**

Until 1946, means-tested child allowance was provided in the Netherlands. Ever since, all families with children have been entitled to receive child allowance. The Population and Policy Acceptance Survey 2002 shows that the majority of the Dutch population is not content with the current system of income-unrelated child allowance, however: 43% prefers a scheme that varies with family income and 11% like to see that child allowances are only paid to low-income families (Fokkema and Esveldt 2006).

Children are not treated equally. Since 1983, the benefit level has been increasing with the child’s age. This is in line with the statistics showing that the costs of children have risen with the age of the child (Kontula and Miettinen 2005). Discriminating age limits are set at ages 6 and 12, and child allowance is paid up to the age of 17. Until 1995, in order to provide greater support to larger families than to one-child families, child allowance was also increased according to family size: the greater the family size, the higher the benefit level for each child. Consequently, from 1995 onwards, there have been two different child allowance schemes in operation in the Netherlands: Child benefit for children born before 1995 is paid according to the age and number of children; for children born since 1995, the amount of allowance depends solely on the age of the child. It seems that the Dutch government has succeeded in convincing the public of the benefits of the recent change in the allowance: the majority of the Dutch population prefers child allowance to rise with the age of the child, i.e., an allowance that is not dependent on the number of children (Fokkema and Esveldt 2006).

The minimum level for the first child is nearly 60 euro per month. Unlike many other Europeans, the majority of the Dutch are satisfied with the amount of child allowance they receive: 59% finds the level of allowances as reasonable versus 41% who state that the received level of benefit is too low (Fokkema and Esveldt 2006). The relatively high level of GDP and socio-economic welfare in the Netherlands possibly explains the positive assessment of the allowance level.

## **6.3 Parental leave**

Around childbirth, women in the Netherlands have a legal entitlement to take 16 weeks of maternal leave. Most often, the period is split up into six weeks before and ten weeks after delivery. Thereafter parents are entitled to apply for parental leave. It is unpaid, although trade-union agreements may provide for some pay.

The duration of parental leave in the Netherlands equals the number of working hours per week multiplied by 13. For example, a person who has a full-time job may work half time for six months. This seems to be enough, according to the majority

(61%) of the Dutch population (Fokkema and Esveldt 2006). The underlying motive for the Dutch government to implement parental leave on a part-time basis is to encourage part-time work rather than to encourage an interruption of mothers' employment in order to reconcile the conflicting roles in- and outside the household. Parental leave can be taken until the child is 8 years old. Since the introduction of the Flexible Parental Leave policy, parents are legally entitled to take parental leave in three separate periods. These part- and flexible-time regulations correspond quite well with the preferences of the Dutch population: Whereas 42% are in favor of part-time leave and 38% support flexible-time leave, only 21% prefer full-time leave. Agreeing with the latter statement suggests that the attachment to the labor market outweighs the benefits of parents themselves looking after their children, which may be a less attractive option in periods of considerable uncertainties in terms of employment/unemployment and government support for families, even more so (or especially) when there are young children (Gauthier 1998). Finally, in line with the EC Directive on parental leave, entitlement to parental leave constitutes a social right for both mothers and fathers. In addition, mothers and fathers have the same number of months in terms of parental-leave entitlements and they can share the leave as they wish.

#### **6.4 Childcare**

For a long time, childcare in the Netherlands was perceived to be mainly an individual responsibility. Only since the early 1990s has public provision of childcare become more common. From then onwards, the policies on childcare have aimed at sharing responsibility between the government, employers, and employees (parents) (Den Dulk 2001). In 2005, a new childcare act introduced shared and equal responsibility between the government, employers, and employees to pay for the cost of childcare. The government's financial contribution depends on the parental income. Ideally, the employer would contribute towards the childcare costs of both male and female employees; however, employers were not obliged to do so. Since 2007, the government has been paying a third of the actual childcare costs and an income-dependent share of the costs.

In 2004, 25% of 0–3-year-olds and 6% of 4–12-year-olds were enrolled in day care and after-school care. In total, 42% of working women with children aged up to 4 used these formal childcare facilities. Higher educated women use the formal childcare provisions most; mothers with a lower and intermediate education more often turn to their informal networks. Overall, children aged 0–3 years who attend a day care center spend there around 20 hours a week, whereas children in after school care (4–12 years) spend 7 hours a week there (Portegijs et al. 2006).

Although the opinion of the Dutch on labor-force participation is becoming increasingly positive, still 30% of the population believes it to be problematic when a woman leaves her child to childcare in order to have a paid job (Gilsing 2007, Portegijs et al. 2006).

### **6.5 Preferred family policy measures and their expected impact on reproductive behavior**

Which family policy measures do Dutch people prefer to be implemented or improved by the government? The Population and Policy Acceptance Survey 2002 shows that parents give priority to other family policy measures than childless people do (Fokkema and Esveldt 2006). Knowing how expensive children are, Dutch parents accord the highest priority to measures aimed at reducing the financial burden of childbearing and child rearing. This is expressed in their choices of available survey answers: “A substantial rise in child allowance”, “Decreasing the costs of education”, and “Lower income tax for people with dependent children”. Childless people, by contrast, attach the greatest importance to leave and work arrangements in order to reconcile work with family duties (“Flexible working hours for working parents with young children” and “More and better opportunities for parents with young children to work part-time”) and to child-care facilities for children under the age of 4.

No more than 17% of parents and 14% of childless people in the Netherlands who do not want to have a(nother) child say that they would *reconsider* the possibility of having a(nother) child if the policy measures preferred were introduced or improved by the Dutch government. The percentages who state that they would probably *decide* to have an additional child are even lower: 13% and 10%, respectively. Consequently, if all of the expressed intentions were put into practice, the total policy effect would range from 8 (probably to decide to have a(nother) child) to 13 (reconsider having a(nother) child) children per 100 women. Given the low percentages, we may conclude that the Dutch do not expect much of the fertility-enhancing effects of governmental family policy measures. This may (partly) be explained by the fact that the Dutch consider fertility decisions their private domain and that they do not like a government that interferes with their fertility decisions (Esveldt et al. 2001).

## **7. Summary and concluding remarks**

Just like all other European countries, the Netherlands has experienced a considerable decline in fertility. The decline, however, is not as sharp as in most other parts of



Europe. While especially Southern and Central Eastern Europe is faced with a persistent and pronounced drop in the TFR to a current level well below 1.5, the decline of the Dutch TFR came to a halt and has even slightly risen since 1995. Consequently, the Netherlands now has one of the highest fertility rates in Europe: 1.73 children per woman. The business cycle, changes in the Dutch population structure due to immigration, and postponement of child bearing are some of the factors that have affected the development of the TFR. It is likely that the Dutch TFR will rise rather than decrease in the near future, given the recent economic upturn, increasing numbers of second generation migrant women at childbearing ages, comparatively high fertility rates, and the fact that the decline in fertility rates at younger ages has come to an end.

Dutch women have one of the highest ages at first childbirth in the world: 28.9 years in 2004. This is not so much due to low fertility rates at young ages. Rather it is the result of the relatively high fertility rates of women in their 30s. In addition, the Netherlands has one of the most liberal attitudes towards abortion, contraception, and sexuality worldwide. Access to abortion has never been severely restricted, there is a widespread availability of reliable contraceptives, and the intercourse rate at young ages is relatively high. However, since reliable methods of birth control are used widely, the Netherlands has one of the lowest abortion and teenage pregnancy rates in the Western world. Therefore, childbearing in the Netherlands has increasingly become more salient among women in their late 20s and early 30s.

The Dutch government has never taken pronatalist steps but it has implemented family policies, as did other European countries. Besides financial support to families, the measures are especially oriented towards enabling couples to combine family formation with a paid job. The emphasis, however, is on women's employment rather than on stimulating fertility. The expansion of part-time and flexible jobs and the improvement of child care regulations have encouraged women to participate in the labor market, a mode that perfectly fits the "Poldermodel Society". Considering the relatively high level of fertility and the substantial rise in women's labor-force participation, the so-called family-friendly employment policy seems to have had its desired effect.

Despite the growing labor-force participation of Dutch women, equality along gender lines is far from optimal. Whereas most Dutch men continue to work full-time after the birth of their first child, the overwhelming majority of Dutch women exchange their full-time job for a part-time job in order to alleviate the double burden; most of the household and child care tasks are still mostly done by women, irrespective of the number of working hours. Therefore, the next major challenge is to entice men to take more child care responsibilities without this having a negative effect on fertility.

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