

Population Issues in the Netherlands

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Abstract Population dynamics are intricately related to long-lasting processes of social, economic, and cultural change. This article gives the example of the Netherlands and shows that this European country strives to optimize the well-being of its population in terms of health, income, and labor participation. The Dutch population is among the youngest in an ageing Europe and will continue to grow for the time being. Population density is high, making space a critical issue. Many people would prefer a less populated country. Fertility is more or less stable at below-replacement levels without indications for major change. Women have their children at relatively advanced ages. The decline of the youngest population has more or less run its course, while the main thrust of population ageing is yet to come. No specific demographic targets have been set, or changed, in view of the emerging population decline, although a stationary population is viewed as most desirable. Policies will remain accommodative rather than directive.

Lifelong education is promoted, female labor force participation has increased substantially over the past few decades, popularizing the one-and-a-half-income family (father working full-time, mother working part-time). However, concerns over late parenthood are increasing. Due to labor force commitments and the lack of child care facilities many young adults postpone having their babies. Family policies aim at making family and labor market careers more compatible.

1. Introduction

In the Dutch welfare state labor and space are by far the “hottest issues.” The Netherlands is densely populated, space is scarce, and, as in probably all countries, education, health, social security, and environmental policies aim at making the life of the citizenry as long and as pleasant as possible. To a large extent people may decide what is best for themselves. As soon as a person falls beneath the level of reasonable subsistence, he or she can ask for support. The current welfare state guarantees basic (minimum) incomes for everyone, and the number of people in poverty is relatively small. The country is fast becoming a melting pot of people with various socioeconomic and sociocultural backgrounds who live side by side. To a large extent deviant behavior is tolerated as long as it does not harm other people.

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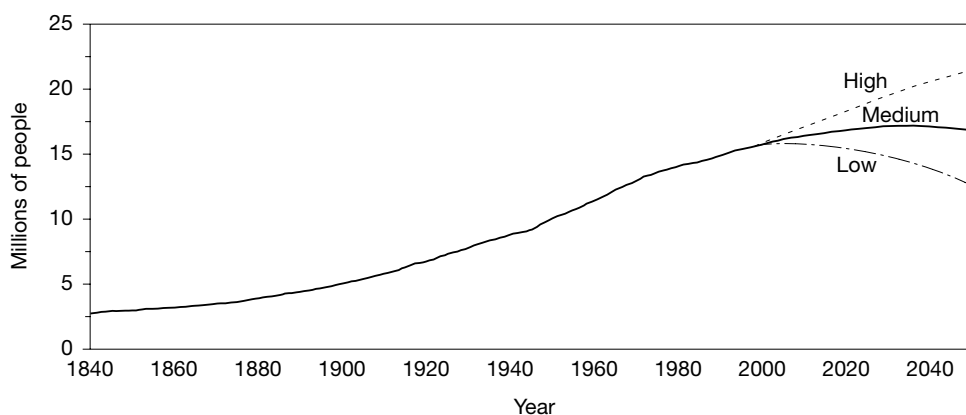


Figure 1 Population of the Netherlands, 1840–2050, including forecasts for 1996–2050

An official population or family policy does not exist; thus no demographic targets are set. Government policies are humane, accommodating, and laissez-faire in nature—not directive. Increasingly, the Dutch political system is directed by European Union (EU) policies. Population dynamics are, of course, intricately related to long-standing processes of social, economic, and cultural change.

Like many other countries in Western Europe, the Netherlands has collected population data since the beginning of the nineteenth century. These figures show that around 1800 the area that is now called the Netherlands was inhabited by about 2.1 million people, as opposed to nearly 15.7 million by 1998 (Figure 1). After Germany (with 82 million inhabitants), France (59 million), Italy (57 million), Spain (40 million), and the United Kingdom (58 million), the Netherlands currently is the sixth most populated country in the European Union.

Around 1840 (with 2.9 million inhabitants) the Netherlands acquired the topographical shape that it maintains today, although its inhabitable area increased substantially due to land reclamation: turning water areas into polders (land under sea level). Within a total (land + water) area of 41,000 km² the overall inhabitable land increased from 32,600 km² (= 80% of the total) to currently 33,900 km² (= 83%). About 27% of the total inhabitable land area is below sea level. Dunes, dams, and dikes protect the country against sea and river water, while electric pumping equipment continuously keeps the groundwater below sea level.

Japan, with about 380,000 km², is nine times larger than the Netherlands. However, with an average of 380 persons per km² (460 per km² inhabitable land), the Netherlands is more crowded than Japan (with an average of 330 persons per km²) and is among the top ten most densely populated countries in the world.

National population density figures are only rough indicators: local population

density figures vary between 6,500 persons per km² in the The Hague area and 25 per km² in the least populated areas. Amsterdam has about 4,000 persons per km². The regional variation in population density in Japan ranges from 19,700 persons per km² in Nakano-ku to 34 per km² in Hinohara-mura. Tokyo-to has 5,400 persons per km², slightly less than The Hague.

The demography of a country at any given moment reflects a history of population dynamics that spans decades. This essay gives an overview of the main population trends in the Netherlands over the past century (section 2) and the expected trends (forecasts) for the next 50 years (section 3). Population and family issues are then considered from the standpoint of policy (section 4).

2. Population Dynamics in the Twentieth Century

2.1. Population Size

When the twentieth century began, the Netherlands had a population of 5.1 million. By 1949 there were 10.0 million inhabitants, and by 1990, 15.0 million. Figure 2 shows that the rate of growth (per 1,000 residents) fluctuated: the population accelerated from about 1860 to 1920 and immediately after World War II, but since the 1960s it has diminished rapidly. Today migration rises and falls

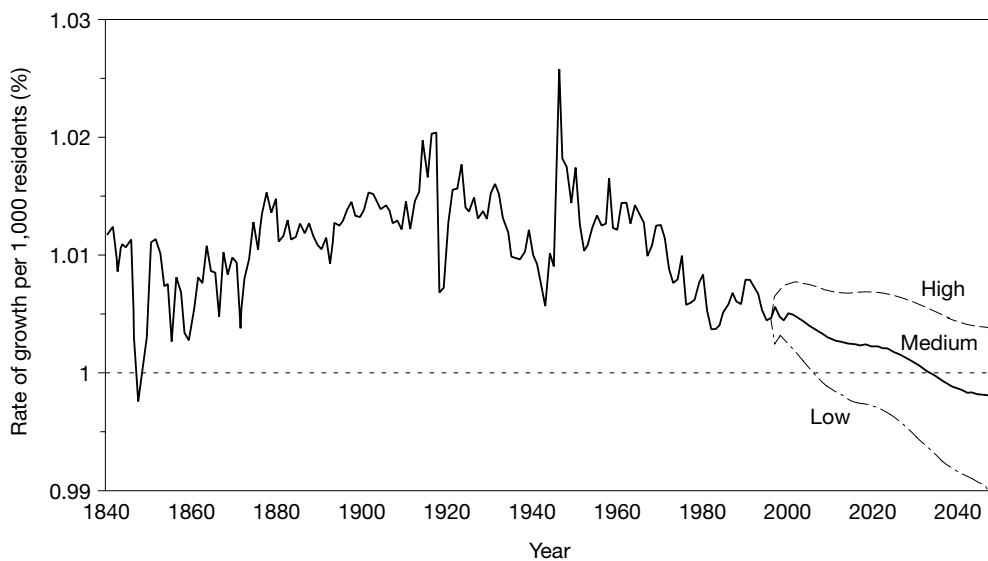


Figure 2 Annual increase in the population of the Netherlands, 1840–2050, including forecasts for 1996–2050

more dramatically than natural increase. Absolute natural increase (Figure 3) rose almost constantly until after the postwar baby boom, although it dropped during the economic crisis of the 1930s.

At the moment that natural increase started to drop significantly (late 1960s), the country moved from a more or less zero migration—but during the 1950s with a significant emigration surplus—to an immigration surplus. Currently natural increase is only slightly higher than the immigration surplus. It is being debated whether the Netherlands should officially be labeled as an “immigration country”: despite this surplus, the government has no specific immigration policy.

2.2. Fertility and Family

Probably the most noteworthy demographic phenomenon in the Netherlands since 1840 is the postwar baby boom. Compared to neighboring countries, the Netherlands had a high and long-lasting boom (Figure 4). Although the fertility rate had already dropped before World War II, the turmoil during the conflict probably led to a revival of traditional family values. Many of these baby boomers are relatively young and fertile. As a result the Netherlands still has a comparatively young population. Although family size is small, the high absolute number of women in the reproductive age range ensures a large number of babies. This will change rapidly in the decades to come.

The total period fertility rate (TPFR) declined from about 4.6 in 1900 to the

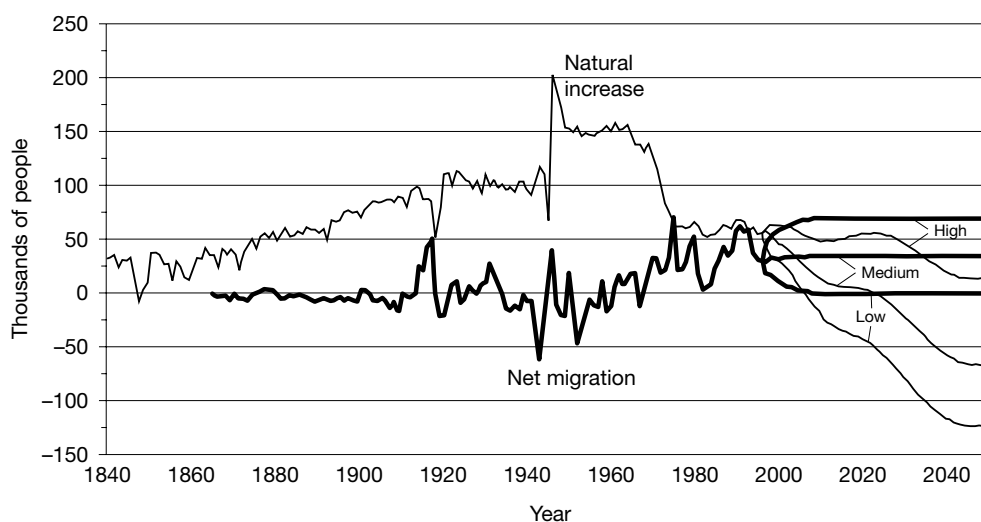


Figure 3 Natural population increase and net migration in the Netherlands, 1840–2050, including forecasts for 1996–2050

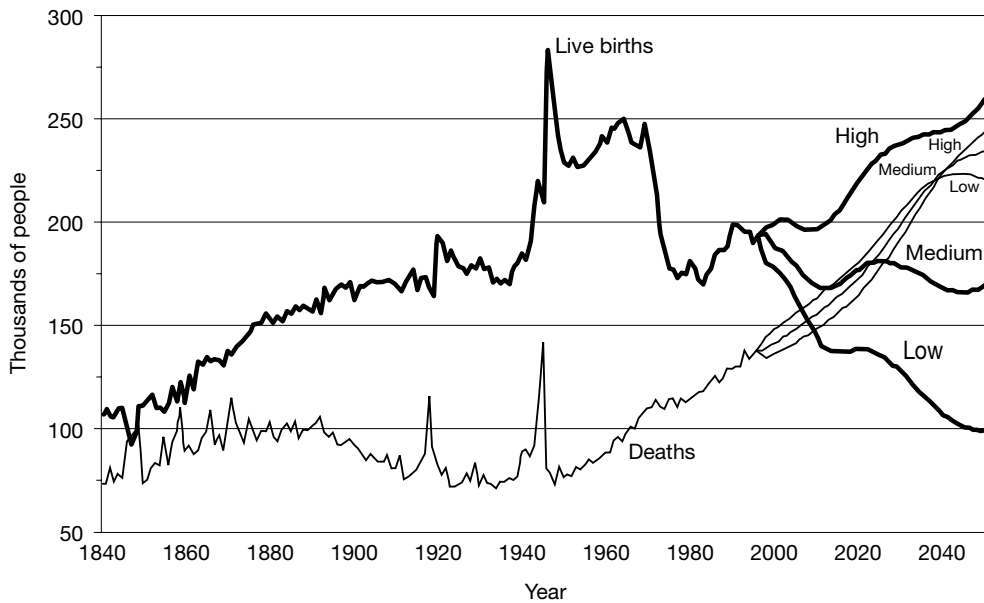


Figure 4 Number of live births and deaths in the Netherlands, 1840–2050, including forecasts for 1996–2050

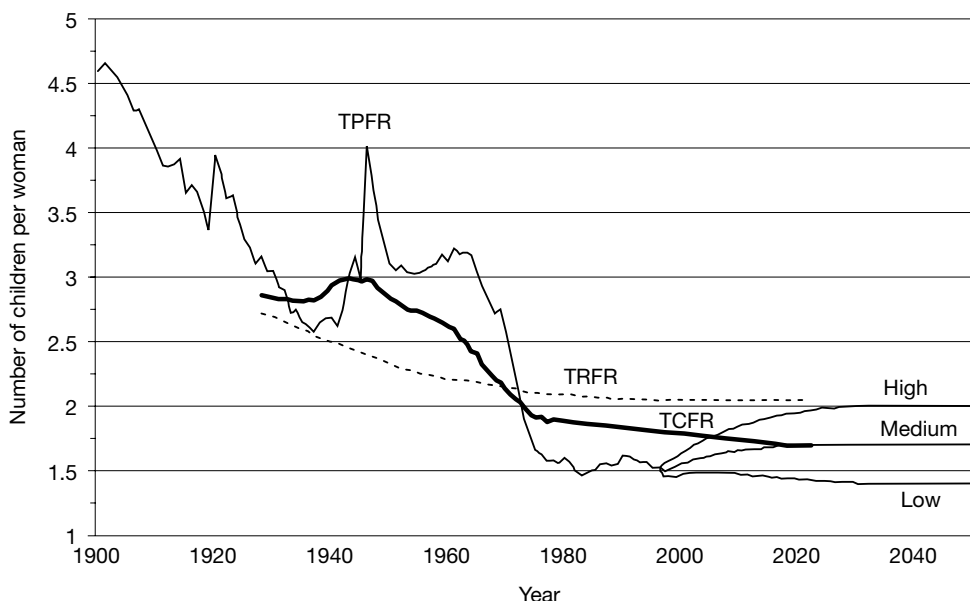
current level of about 1.6. This decrease indicates the almost complete disappearance of unwanted pregnancies. Yet the total cohort fertility rate (TCFR) has not dropped below 1.8 (cohorts with completed fertility = female birth cohorts of 1955 and earlier). Figure 5 shows both the period and cohort total fertility rates (TFRs) (with an interval of 28 years, signifying that women born in the year x will on average have their children in the year $x + 28$). Also given is the total replacement fertility rate (TRFR), indicating the number of children needed per woman to replace the parental generation under the given child mortality regimes.

After World War II the TCFR dropped almost continuously. This rate denotes the number of children at the end of a woman's reproductive life and is independent of the timing of fertility. It tells us that especially large families have disappeared: currently more than half of the couples who reproduce have only two children.

The TPF_R shows the impressive postwar baby boom and its aftermath. For more than two decades it has been below the replacement level. The Dutch TPF_R, however, is not the lowest in Europe. But contrary to the TCFR, this indicator is dependent on the age at fertility. A more or less general rule is, if women have children earlier in life than women from previous birth cohorts, then the TPF_R will be higher than the TCFR; if they have children later than previous cohorts, the TPF_R will be lower. From 1960 to 1970 women tended to have children increasingly earlier, and from 1970 to 1996, increasingly later. This

is shown in Table 1, which gives the age-specific fertility rates from 1960 to 1996. Currently the Netherlands stands as the “world champion of late motherhood”: from 1970 to 1997 the average age of Dutch women at first birth increased from 24.0 years to 29.0 years. However, most Western countries show a rise in the age at first birth as well, and quite a few of these countries follow closely on the heels of the Netherlands.

In research surveys Dutch women have given the following reasons (in order



Source: Van Poppel and Ekamper (1999).

Key: TPFR = Total period fertility rate, 1900–2050

TCFR = Total cohort fertility rate: period, 1928–2023; cohorts, 1900–1995

TRFR = Total (cohort) replacement fertility rate (number of children needed per woman to replace the parental generation): period, 1928–2023; cohorts, 1900–1995

Figure 5 Total fertility rates of the Netherlands, 1900–2050, including forecasts for 1996–2050

Table 1 Age-specific fertility rates in the Netherlands, 1960–1996

	Age							TPFR
	15–19	20–24	25–29	30–34	35–39	40–44	45–49	
1960	12.0	105.9	209.8	160.3	94.5	38.3	4.0	3.12
1970	17.1	122.9	186.9	115.3	53.9	16.7	1.6	2.58
1980	6.8	70.5	143.4	75.5	19.5	4.2	0.4	1.60
1990	5.9	42.1	120.1	113.9	35.9	4.9	0.4	1.62
1996	4.2	33.4	99.1	118.1	44.8	6.3	0.3	1.53

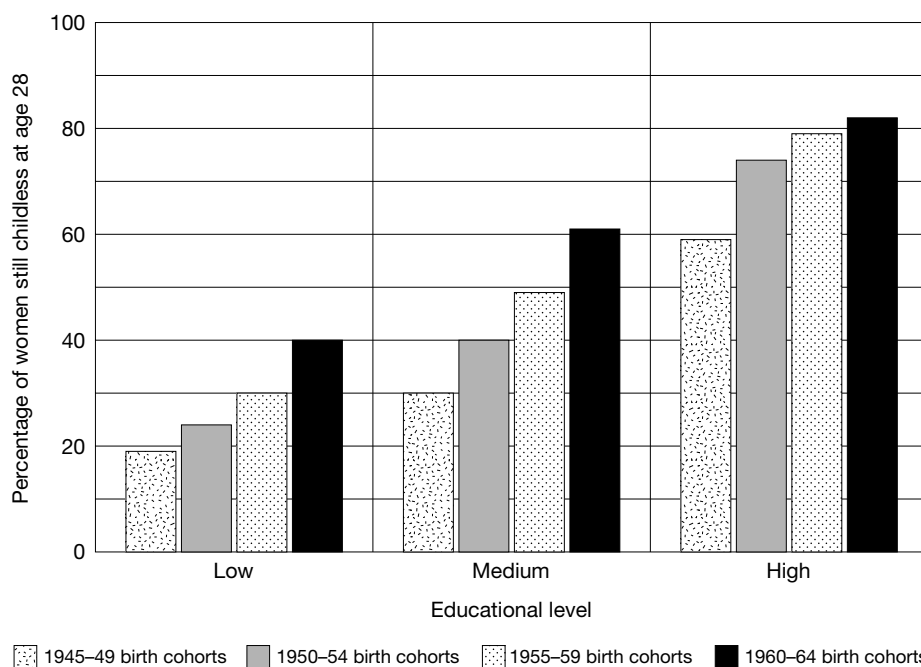
Key: TPFR = Total period fertility rate

of those most frequently mentioned) for delaying first births: at the moment children would not be compatible with my professional career, I do not want children yet, children would be incompatible with my educational commitment, I do not have a partner with whom I would like to share parenthood, I have financial concerns, I have doubts about having children, I do not yet agree with my partner, I'm having a problem getting pregnant, and there are not enough child-care facilities nearby. A few of these reasons may mean the same thing: e.g., "at the moment children would not be compatible with my professional career" and "I do not want children yet."

The low and late fertility rates result in part from the fact that the Netherlands has among the lowest teenage pregnancy and abortion rates in the world. It has been called "one of the most perfectly contraceptive nations" (Jones et al. 1986). Teenagers and young adults have sufficient knowledge of and easy access to family planning and initially prepare for other life course options: the increasingly higher levels of education (for women as well as men) and opportunities in the labor market are the main reasons why young adults delay getting married and having children. After finishing their education and finding a job, they are economically independent; they feel free and want to be able to do and go where they want for a while. However, at almost the same age that young adults previously married, most of them now start to cohabit. So the age at first union has increased very little. But cohabitation is not as stable as marriage: many couples split up after a while. It is increasingly the second or third partner with whom people unite in a first marriage. Ultimately the majority of Dutch adults marry, mainly because marriage is preferred when having children. Thus, marriage is contracted when children are wanted or the woman is already pregnant. As a consequence, nonmarital fertility rates are low compared to those of many neighboring countries, although they are increasing.

Information on birth control methods is widely available in secondary education. Since most young adults use them effectively, the Netherlands ranks high in its share of women who are still childless in their late twenties or early thirties. Currently well-educated women on the average begin having children at age 34, but also moderately and less-educated women have started to delay childbearing (Figure 6). Because the educational level is still increasing, the age at childbearing will likely continue to rise rather than level off or drop in the coming years.

The increasing challenges of globalization, urbanization, and secularization change family norms and values. Individualization is on the rise as well. Splitting up after a relationship is becoming more and more accepted as normal practice. After a while one may have a new partner (sequential relationships). The rise in childlessness also results from the increased frequency of women living without a partner just at the time when they would like to become a mother. Next to that ranks not only the



Source: Statistics Netherlands (1994).

Figure 6 Percentage of Dutch women still childless at age 28, by level of education

growing incidence of voluntary childlessness but also the incidence of involuntary childlessness, as some women postpone childbearing so long that they end up not having any children at all due to problems of subfecundity or infecundity. The levels of assisted reproductive technology in the Netherlands rank among the world's highest but cannot help every couple that seeks help.

Increasing educational levels are prompting the call for combining family responsibilities and a career. Female participation in the labor market has increased significantly in the Netherlands, but it still ranks low compared to that in other European countries. Until the 1960s women were even dismissed from their jobs as soon as they married, and most people did not believe that mothers should have paid employment. The traditional one-income family (with the father working full-time and the mother caring for the household and children) was the norm. Today, the Dutch solution is part-time work; it is normal for two-parent families with one or two children to have one and a half incomes (usually the father works full-time and the mother part-time). Economically active mothers have become an almost completely accepted phenomenon, but many of them complain about time and "energy" problems when combining family and workplace commitments. The shortage of child-care facilities is especially troublesome: mothers still feel more or less pushed to quit their jobs and stay at

home to care for their own children over earning an income. Although family and career are becoming more compatible, the combination seems to be easiest for mothers having a part-time job and not more than one child. Quite a few women quit their jobs, most of them only temporarily, after the birth of their second child. It will still take some time for the social security system, which is based on one income per family, to adapt to the currently more preferred supplementary or egalitarian household that permits dual incomes. As rising educational levels lead to higher female employment rates, however, it is likely that the low, under-replacement fertility rates will continue in the future.

All these issues are part of what has been labeled the “Second Demographic Transition” (Van de Kaa 1987, 1994): i.e., an increasing pluralization of Western society, where from about 1965 the traditional family gradually lost popularity. Rising educational levels and increased participation in the labor force (especially among women), female emancipation, cohabitation, postponement of marriage and childbearing, increasing voluntary childlessness and nonmarital fertility, and smaller families all reflect a change in the family pattern—from a value system emphasizing survival and economic security to one stressing self-expression and autonomy. Egalitarian roles among partners are becoming more important, and family forms show greater diversification. We now observe more families in which the parents are living together unmarried; they are not viewed nor do they see themselves as deviant. Moreover, there is an increase in the number of unions without permanent co-residence, the so-called LAT (Living Apart Together) relationship. A mother may choose not to marry if she prefers not to live with the father of her child. Various family forms exist side by side as a result of deliberately making different choices. Union formation and childbearing are negotiated. Increasingly couples may opt for a legal marriage only if they want to have children.

From fertility surveys we know that most young adults prefer a family with children but many are uncertain of the optimal timing for childbearing and therefore postpone having the first child. Partners engage in much deliberation of how many children to have and when to have them. Many women envision a larger family than they actually have. This means that projected family size is reduced during the process of family building (De Beer and Van de Giessen 1989). Perhaps every time a new baby is born initial ideas are reconsidered (Monnier 1987). Or is the number people initially have in mind only a vague concept?

It turns out that there is a systematic bias between intentions and behavior. In general, to realize plans is much more difficult than people expect: it takes much longer to find a suitable partner and to agree with him or her, and over time new commitments may interfere. As a result, the “loss of fertility” can be attributed to delaying so long that problems of subfecundity or infecundity prevent the start or continuation of a pregnancy leading to a vital baby, to separation or divorce

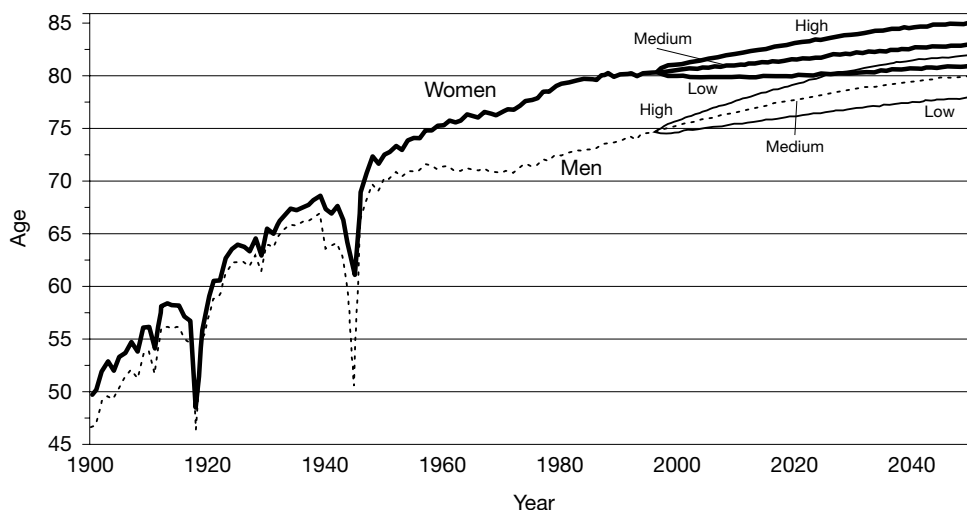
before the ultimate family size is reached, or to a more rational reconsideration of earlier views. Only in a few cases does a family end up larger than planned—e.g., because of multiple births.

These findings may gain policy interests: if the welfare state makes work and family more compatible, family building can benefit (see section 4). In the 1980s, however, the economic situation made it difficult for young people just entering the labor market to find a job. The insecurity of employment also contributed to postponement of childbearing.

2.3. Mortality

From an international perspective the Netherlands is characterized not only by low and late fertility but also by low and late mortality. The general state of health of the population has improved dramatically over the past century, when life expectancy at birth almost doubled (Figure 7). Also at other ages the increase in life expectancy was impressive (Table 2). Infant mortality rates are at a biological minimum. Childbearing no longer occurs with great frequency because so few infants die.

If there is a societal field where policy measures with an (unspecified) demographic target are active, then that field is health and mortality. Physicians are trained to prevent early death: life should last as long as possible. As in other countries, major advances in the Netherlands have resulted from continuous



Source: Van Poppel and Ekamper (1999).

Figure 7 Life expectancy at birth in the Netherlands, 1900–2050, including forecasts for 1996–2050

Table 2 Life expectancy in the Netherlands at selected ages

	Age									
	0		10		40		60		80	
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
1840–1851	36.1	38.5	44.4	46.1	24.1	25.8	12.1	12.9	4.0	4.1
1900–1909	51.0	53.4	54.3	55.4	29.5	30.8	14.7	15.5	4.9	5.2
1951–1955	70.9	73.5	63.4	65.6	34.8	36.6	17.7	18.8	5.8	6.1
1991–1995	74.3	80.2	65.0	70.7	36.0	41.4	18.3	23.1	6.4	8.3

government support of programs to reduce avoidable health problems and premature mortality (prevention, healthy food processing). This has included strengthening measures to maintain and improve the quality of life of chronically ill people, to assist those who cannot work because of illness, and to reduce disparities among those who do not benefit to the same extent from improvements in the general state of health (immigrants, the homeless, and citizens in the lower socioeconomic strata).

The overall objective of the Dutch health care system is to ensure that each citizen has access to quality care. The promotion of efficiency and cost control and the fostering of solidarity and mutual responsibility among all those involved are emphasized in the ongoing modernization of this system. Medical developments have also had positive effects on the major causes of death such as cardiovascular diseases, cancer, and injuries resulting from accidents. Moreover, people in the terminal phase of incurable illnesses may opt for euthanasia to end their suffering.

2.4. Migration

Immigration to and emigration from the Netherlands were inconsequential in the earlier decades of the twentieth century but increased substantially in the second half (Figure 8). A significant number of Dutch citizens have always traveled abroad, as traders, as employees of commercial travel or transport companies, or as temporary or more permanent settlers in the former Dutch colonies (now Indonesia, Suriname, and the Netherlands Antilles).

A substantial number of immigrants have roots in present-day Indonesia (over 400,000); other large non-EU subpopulations are from Turkey (271,000), Suriname (254,000), and Morocco (225,000). Depending on how these groups are defined, people of foreign descent comprise about 7% to 8% of the current population of the Netherlands. In addition to migration for the purpose of family reunion or family formation, the currently unstable economic and political situation in large parts of the world especially gives rise to substantive flows of refugees and asylum seekers. Migration to and from other member states of the European

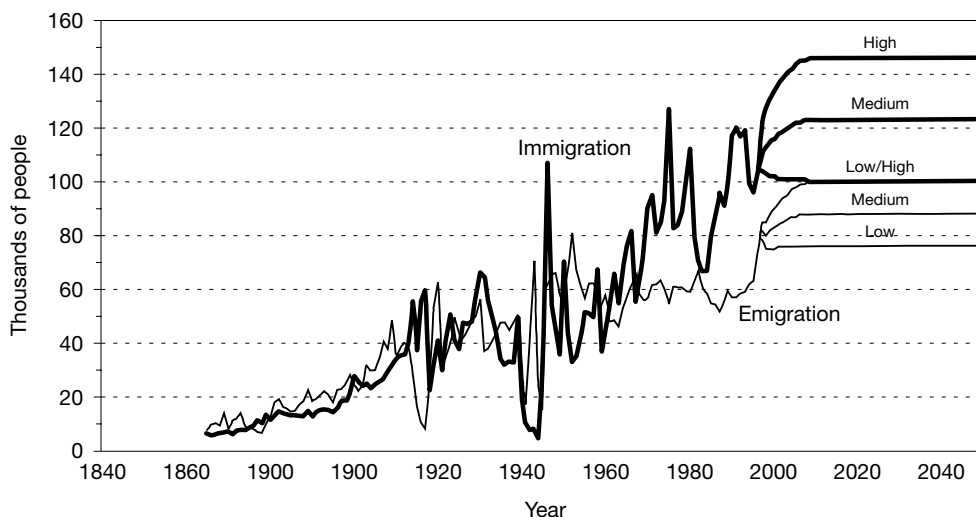


Figure 8 Annual number of immigrants and emigrants in the Netherlands, 1840–2050, including forecasts for 1996–2050

Union is of course “free,” since EU citizens may move without restraint. Like many other EU members, the Netherlands realizes that international migration will continue to play an important role in its population dynamics.

2.5. Age Structure: Ageing

Although fertility is currently low and late, the legacy of a relatively young population and continued population growth results mainly from the large and relatively long-lasting postwar baby boom (1946–69). These birth cohorts have left “heavy marks” on Dutch society since World War II and will continue to do so in the coming decades.

As in most countries at the beginning of the twentieth century, the age pyramid in the Netherlands was a real pyramid. The effect of the epidemiological and demographic transition to lower birth and death rates (lower TFRs and higher life expectancies) was not only population growth but also population ageing. Until the 1960s the percentage of the population aged 65 and over increased almost continuously but at a slow rate. From the 1970s the curve was much steeper, mainly due to the drop in fertility. But even today the Dutch curve lags behind that of most other European countries, primarily because of the “impressive” high and long postwar baby boom. The decline of the youngest population has almost run its course, whereas the main thrust of population ageing is yet to come: as soon as baby boomers reach age 65, the ageing process will gain momentum (Figures 9 and 10).

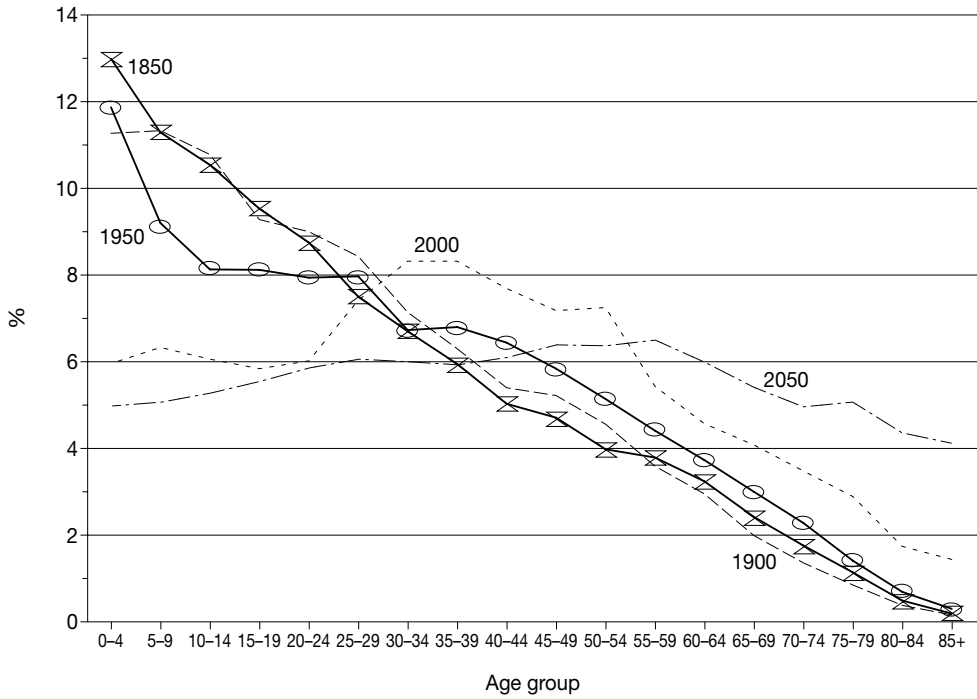


Figure 9 Population of the Netherlands by age group, 1850, 1900, 1950, 2000, and 2050, including forecasts for 2000 and 2050 (medium variant only)

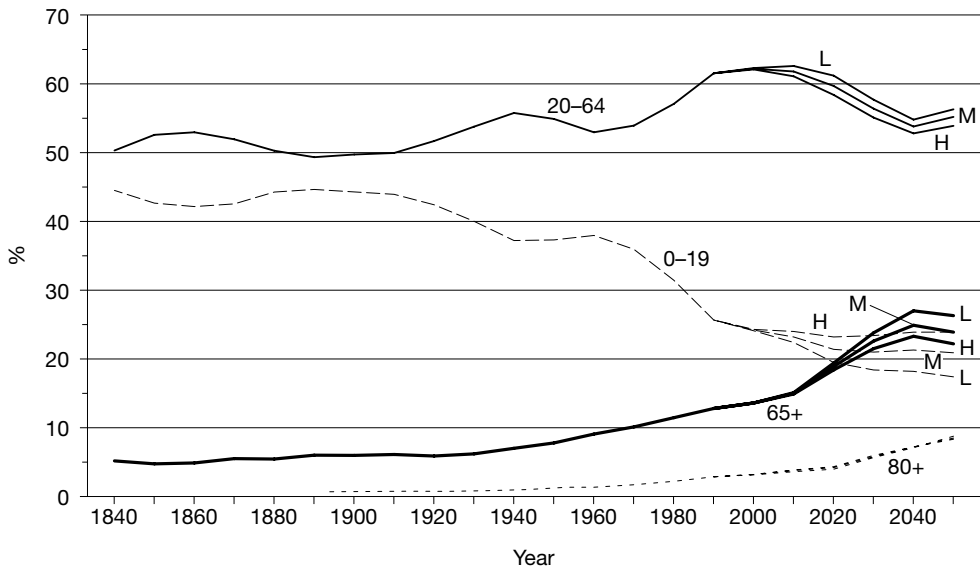


Figure 10 Percentage of the Dutch population aged 0–19, 20–64, 65+, and 80+, 1840–2050, including forecasts for 1996–2050

The dependency ratio is currently lower than in the past few decades, again due to the drop in fertility. This means that the number of young people (0–19 years) significantly declined compared to that of the “active” (employed) age groups (20–64 years). In contrast, the dependency of the elderly (those aged 65 and over), compared to that of those aged 20–64, gradually increased. Yet not all persons in the “active” age groups were truly active in the labor market due to unemployment, disablement, or early retirement (Figure 11).

Much research is in progress on numerous aspects of an ageing society. Due to changed demographic behavior (nuptiality and childbearing) but also to different life experiences in the socioeconomic realms (participating in the labor market and generating an income), the postwar baby boomers have “better” perspectives than those aged 65 and over. Family networks, costs and benefits, social security, intergenerational transfers, living arrangements, leisure time activities after retirement, employment trends of older workers, health care—all of these issues are topics of research (many via surveys), but it remains difficult to understand every mechanism in an all-embracing model. The result is much speculation and various extrapolations.

The Netherlands realizes that the postwar baby boom gives an extra “demographic bonus” right at this moment.¹ Also, the relative prosperity of the Dutch economy in the 1990s enabled a large share of the population to participate in the workforce, which created additional income for investments now and savings tomorrow.

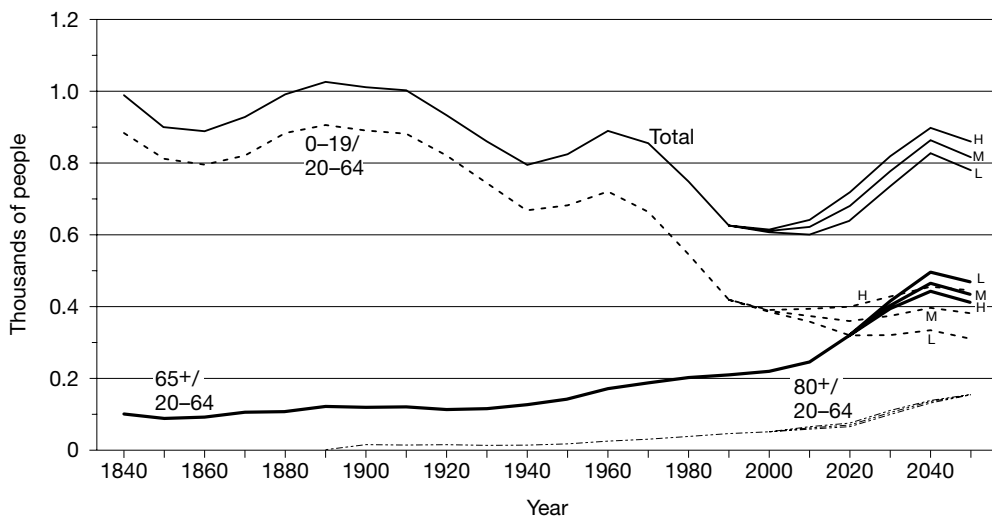


Figure 11 Dependency ratio of the Dutch population aged 0–19, 65+, and 80+, per person aged 20–64 years, 1840–2050, including forecasts for 1996–2050

¹ For literature on the “demographic bonus,” see UNFPA (1998).

3. Population Dynamics in the Next Century

3.1. Population Forecasts

Demographers have special expertise in looking forward. Forecasting the life course of cohorts who have already been born is easier than forecasting the size and life course of cohorts who are still to come. But compared to other types of forecasting—e.g., economic—population forecasting seems to be relatively easy and, more important, has a better chance of being accurate.

The official national population forecast of 1996 (Statistics Netherlands has periodically prepared such forecasts since 1900) is of the cohort-survival type and consists of three variants (low, medium, and high) to express uncertainty about future demographic trends. For all variants, demographic behavior is modeled according to age-specific fertility rates for successive female birth cohorts (parameters: TCFR, mean age at first birth, and percentage of childless women at age 50), to sex and age mortality rates (parameters: male and female life expectancy at birth and sex- and age-specific mortality rates), and to absolute numbers of immigrants and emigrants with a specific age-sex structure. All fertility and migration parameters for the coming decades start changing from current levels but level off and end constant. Table 3 shows the basic input indicators, which result from discussions with experts. For every new forecast Statistics Netherlands consults several experts.

Table 3 Main indicators in the 1996 population forecast for the Netherlands

	Low	Medium	High
Fertility: Female birth cohort, 1995			
TCFR	1.4	1.7	2.0
Mean age at first birth	30.0	30.0	30.0
Percentage of childless women at age 50	35	25	15
Mortality, year 2050			
Life expectancy at birth, men	78.0	80.0	82.0
Life expectancy at birth, women	81.0	83.0	85.0
Migration, year 2050			
Immigration (×1,000)	100	123	146
Emigration (×1,000)	100	88	76
Net migration (×1,000)	0	35	70

Key: TCFR = Total cohort fertility rate

3.2. Population Size

Although different from that of many other European countries, the population of the Netherlands will probably continue to grow for about two more decades. For

the medium variant, it is expected to start decreasing from the year 2033 onward, at 17.2 million (Figure 1 above). The uncertainty about the number of inhabitants by the year 2050 is sizable: the gap between the variants of 12.7 and 21.4 million amounts to nearly 9 million people. Moreover, it will make an extreme difference whether the population continues to increase or whether it levels off at a certain moment and then starts to decline.

3.3. Fertility

The fact that population size in the Netherlands follows a rather exceptional European path can be attributed to the still relatively young age structure: i.e., many women are of childbearing age. Although on average each of them has only a few children, they together give birth to many more babies than the number of people who die. However, as soon as the birth cohorts of the 1960s have finished reproducing, the number of newborns will likely drop. Obviously, fluctuations in live births and deaths will affect the future age-sex structure.

Given the fertility indicators in Table 3, the number of live births will vary, as shown in Figure 4 above. For the low and medium variants the numbers tend to decrease, whereas for the high variant an increase is visible. The difference in family size between the high and low variant of 0.6 children (2.0 vs. 1.4) turns out to yield an enormous absolute difference by the year 2050 (over 250,000 vs. about 100,000). Such differences also result from the variation in the number of women of childbearing age available in a population. Since the postwar baby boom was so large and responsible for a follow-up boom in the early 1990s, the future curve will probably continue to show booms and busts.

One criticism of the fertility indicators used in the most recent population forecast could be the absence of a variation in the age of women on the birth of their first child. As previously indicated, the current age at first birth in the Netherlands is probably the highest in the world, and a further rise is expected. The assumed leveling off at 30 years may be too low. Given the increasing concerns about late parenthood, the minister of social affairs in the Netherlands recently requested the Netherlands Interuniversity (now Interdisciplinary) Demographic Institute (NIDI) to prepare an inventory of available documentation on the determinants and consequences of late fertility (Beets 1997). NIDI's report shows that, compared to the countless publications on the number of children born in the most obvious age range of mothers, there is scant literature on starting a family at ages 28 to 30 or over (for determinants, see section 2.3); indeed, only the forecasted distribution of the number of children by educational level is given (Table 4). The rising medium and higher educational levels led to a small increase in family size for those who opted for parenthood. But since

Table 4 Assumed distribution of Dutch women by number of children, average family size, and educational level, 1996

Level of education	Age group	Number of children					Average expected number of children
		0	1	2	3	4+	
Low	30–34	11	13	51	17	8	2.00
	25–29	12	14	51	17	8	2.00
Medium	30–34	15	14	46	19	7	1.89
	25–29	19	11	45	19	7	1.86
High	30–34	31	16	35	13	5	1.45
	25–29	32	9	38	16	6	1.55
Total	30–34	17	14	45	17	7	1.84
	25–29	20	12	45	17	7	1.81

Source: De Jong (1997).

childlessness is so much higher among people with a higher education, the overall number of children will be more or less stable.

3.4. Mortality

The assumptions for future life expectancy at birth are the only ones that do not level off (Figure 7 above). The basic idea is that those societal factors that improve health conditions (medical and hygienic developments, dissemination of information on and prevention of unhealthy risks) will prevail over factors that may shorten life (unhealthy lifestyles, environmental risks). Another important assumption is the slight decrease in the gap between male and female life expectancy that is foreseen for all three variants. Starting in the 1960s, the gap increased from an original level of about two years in favor of women, reaching a maximum of just over six and a half years in the 1980s, and decreasing afterward—probably due to the fact that, with women’s rising participation in the labor market, female life is becoming increasingly similar to male life.

The outcomes show ongoing increases in the absolute number of people dying (Figure 4 above). The difference between the variants is insubstantial. Since the highest life expectancy is combined with the highest fertility rate for the high variant, it is obvious that this variant contains the largest number of people: initially the number of deaths is lower for the high variant, but around the year 2039 the numbers become equal and cross. In the low variant the postwar baby boomers are already “gone” by then.

The graph also shows that the number of deaths will cross the number of live births in medium and low variant at certain moments in the foreseeable future: i.e., the moment when natural increase becomes negative in the Netherlands, a

situation that already exists in several neighboring countries. Only net immigration may then postpone the actual time when that population will start to shrink.

3.5. Migration

International migration flows are difficult to foresee. The current projections, which take into account a positive net international migration, seem realistic in light of the relative attractiveness of the Dutch economy.² The forecast assumptions consist of absolute numbers of immigrants and emigrants (Figure 8 above). Although natural increase changes to natural decrease in the medium variant in 2015, the assumed net immigration of 35,000 persons per year postpones the moment of population decline to 2034, the year that natural decrease rises above 35,000.

3.6. Age Structure: Ageing

The assumed below-replacement TFRs and the increasing life expectancy add to the ongoing ageing process, which is irreversible for all three variants. The percentage of the population aged 0–19 will drop by 2040 in all three variants from the current level of about 24 to 17 (low), 21 (medium), and 23 (high); the latter figure will then rise to 24. (See Figure 10 above.)

The proportion of people aged 65 or over will almost double in all variants. The current level is nearly 14%. In the low variant, a rise is expected to 27% by 2040 with a slight decrease afterward. In the medium and high variants, these percentages will be somewhat lower. This means that after 2040, when the postwar baby boom has died out, the ageing process will start to diminish. If the calculations had been continued to an even later time, the most likely forecast would be that the share of people aged 65 or over would level off somewhere around 20% to 23%, making it likely that the share of the elderly (65+ years) would be larger than that of the youngest age group (0–19 years). The age group in between—those aged 20–64—would follow a somewhat different path. Currently the level is 62%. The future shows primarily lower levels but with fluctuations. Taken together, the gaps between the variants are substantial for the groups aged 0–19 and 65+ but fairly small for that aged 20–64.

With an increasing life expectancy, many people at the retirement age of 65 still have numerous healthy years ahead. Nowadays an increasing percentage of our population reaches the age of 80. Whereas that group's share of the population used to be insignificant (about 0.6% around 1900), today it stands at

² Asylum seekers are counted as migrants only after admission procedures have been completed or after a stay in the Netherlands of at least one year.

3% and is expected to increase to 8% around 2050.

The demographic burden (dependency ratio) will fluctuate as well (Figure 11 above). Currently the total dependency is relatively low, but it will increase mostly due to the rise in the elderly population. However, it is not anticipated that there will be more than 0.9 dependents per 1.0 independent. Higher levels than expected by 2040 existed in the Netherlands around 1900, but at that time dependents were children almost by definition.

The two final issues in this category include the so-called family caregiver potential and the effect of a woman's age at first birth on ageing. The family caregiver potential tries to illustrate the balance between the maximum number of elderly people who may request help and the number of people who normally provide elderly care—i.e., the number of women aged 45–69 per persons aged 70 or over, particularly per nonmarried persons aged 70 or over.³ Figure 12 shows that both rough indicators point in the same direction: the potential number of

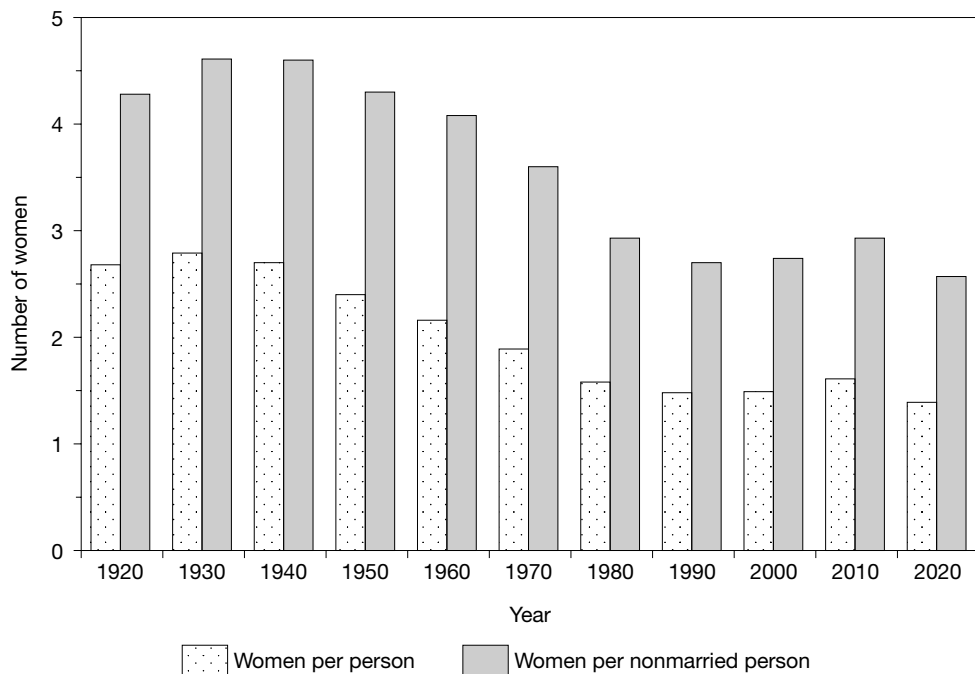


Figure 12 Family caregiver potential in the Netherlands (number of women aged 45–69 per person aged 70+), 1920–2020, including forecasts for 1996–2020 (medium variant only)

³ The Netherlands population forecasts produce data not only by age-sex distribution but also by marital status up to the year 2020.

caregivers will increase slightly at first but will diminish after 2010. There are generally about 1.5 women aged 45–69 for every person aged 70 or over and about 2.5 to 3 women for every nonmarried elderly person. The last indicator assumes that many of the married elderly will help their partners if they are frail.

The timing of fertility has an impact on age structure; moreover, the lower the fertility rate, the greater is the effect of the timing of fertility on the annual number of births. Beets (1997) modeled some of these effects by assuming several fertility trends. Table 5 depicts the results for 1995 and 2025 of the special forecasts NIDI made for the Dutch minister of social affairs, who was interested in the number of young adults entering the labor market in the near future in relation to the cost of the social security system. For the medium variant in the 1996 national population forecast published by Statistics Netherlands (SN), Model A assumes further postponement: the TFR is the same as in SN but the age at first birth rises to 32.5 years instead of leveling off at 30. Model B assumes a 10% lower TFR than in SN. Model C assumes a combination: a 10% lower TFR and a rise in the age at first birth to 32.5 years. In every model all other variables (fertility, mortality, and migration) are exactly the same as in SN.

It is clear from Table 5 that a further 2.5-year delay (Model A) would have a definitive effect—almost equal to a 10% lower TFR (Model B)—on population size and on age distribution (additional ageing). This means that an even further delay would have a larger impact than a 10% lower TFR. Obviously a combination of the two (Model C) would have greater effects.

Table 5 Ageing results of variations in the timing of fertility in the Netherlands

	1995	2025 (SN)	Model		
			A (later)	B (lower)	C (later + lower)
Population size (millions)	15.42	17.08	16.77	16.76	16.52
Number of live-born children (thousands)	191	181	172	168	155
Number of deaths (thousands)	136	186	186	186	186
Percentage of total population in selected age groups					
0–9	12.5	11.0	10.3	10.2	9.6
10–19	11.8	11.1	10.7	10.7	10.4
20–29	15.9	12.9	12.8	12.8	12.8
65+	13.2	19.8	20.1	20.1	20.4

Key: SN = Statistics Netherlands

4. Population Policies

4.1. Royal Commission on Population Issues

Unlike the fear of depopulation that already existed before World War II in some European countries (England and Wales, France, Germany, Sweden) and was dealt with by official Commissions on Population Issues and/or Family and Welfare Associations (Gauthier 1996), until the war no such fear existed in the (generally religious) Netherlands, probably because of the high population density. However, the postwar baby boom did raise concern about the continuing high fertility rates and the concomitant population increase. Emigration was stimulated in the 1950s, when about 620,000 citizens left the country; many of them started a new life in Australia, Canada, New Zealand, or the United States. Yet in the same period 490,000 immigrants arrived, among them numerous Dutch nationals from the Dutch East Indies after Indonesia's declaration of independence.

Discussions on deliberately reducing the size of families had already begun before World War II and certainly during the 1950s but mainly within nonreligious, higher-educated circles. Politically, family planning was taboo until the 1960s, although the issue of high population density was raised on several occasions. The legal introduction of the birth control pill took place only after brief but vigorous debate in Parliament in the early 1960s. The pill was easily accepted by the population and "pill consumption" increased dramatically. Nevertheless, it took a while for the birthrate to drop (the postwar baby boomers were reaching a childbearing age, and the ages at marriage and first birth were still decreasing). The diffusion process (primarily from higher to lower social strata) moved rapidly: starting in the 1960s many changes occurred in family and fertility behavior.

In 1965, shortly after the citizenry had reached the 12 million mark, Statistics Netherlands published a new population forecast. The prediction of nearly 21 million inhabitants by the year 2000 produced shock waves nationwide. How to accommodate the future population was debated both within and outside Parliament. A Royal Commission on Population Issues was established to inventory all demographic and nondemographic factors relating to population growth, as well as to recommend feasible policies. The commission reported in 1976 after an almost paradoxical life: although it had been tasked by 1971 to explore all growth-related issues and to formulate ways to accommodate over 18 million people by 2000—the 1967 forecast had projected a smaller population in 2000 than predicted in 1965—the spectacular drop in the fertility rate from 1970 onward had not yet been incorporated in the commission's initial assignment.

Subsequent forecasts (1970, 1972, and 1975) did not anticipate such large population increases by 2000 but pointed to an “ageing society.” The commission’s final report thus presented an overall picture of how to integrate an ageing population (Royal Commission on Population Issues 1976).

The commission also provided advice on several other points. Early on (1971) it gave the green light to the establishment of a national demographic research institute—NIDI—to broaden the government’s capacity to conduct research on population issues. For example, at Statistics Netherlands the research units for population forecasting methodology and for family and fertility research were expanded.

The Royal Commission emphasized that the government should attempt to end natural population growth as soon as possible and strive for a stationary population. In a subsequent parliamentary debate (1983), the preferable stationary size was determined to be somewhat smaller—but certainly not larger—than the population at that time (13 to 14 million). Since fertility was below replacement, it was decided that for the time being no further government intervention was required. Nonintervention in population issues continued to be deemed essential.

Importantly, these actions stimulated information dissemination and research. In 1983 the government expressed the desirability of conducting research on measures, acceptable to the citizenry, that would contribute to preferable population trends (Moors 1995). In so doing, it paved the way for NIDI to start periodic research on public attitudes toward population-related policies. This coincided nicely with the fact that new policies encouraging the economic independence of (young) women were obstructed by social arrangements that made workplace and family responsibilities incompatible. The government also determined that it needed to be periodically informed about the prevailing population issues. To this end it formed the Working Party on the Periodic Reporting on Population Issues, consisting of the representatives of various ministries, official planning agencies, and Statistics Netherlands. It is chaired and administered by NIDI. The Working Party reported its findings in 1984, 1987, 1991, 1994, and 1997, and a 2000 report is scheduled.

4.2. Family Policy

The core of Dutch family policy is labor and space related. The current welfare state aims to make employment available to anyone who wants or needs it, to reduce unemployment and poverty, to financially support people who are unable to work, and to care for retirees. In addition, the government attempts to deliver educational services, to provide easy access to low-cost medical services,

to facilitate a long and healthy life, to combat crime, to protect the environment, and to carefully plan the use of space by a large population in a relatively small country. As the Netherlands is a member of the European Union, Dutch socioeconomic policy increasingly takes its cue from the EU.

A structural weakness of the Dutch political system is the problem in formulating clear-cut policies based on the differentiated landscape of political parties and the financial means to implement new legislation (Kuijsten and Schulze 1997). Transferring public money from one sector to another is relatively difficult since so many financial streams are earmarked by government regulations.

The Dutch welfare state was established rather late. Although the family has been the cornerstone of society, it initially was based on the traditional one-income family—the father working full-time outside the home, the mother taking care of the household and children. For many years it was relatively easy to support a large family on one income, thanks in part to the system of child allowances, which makes available the same amount of money for each dependent child. Today, however, this sum covers only a minor portion of the direct cost of raising children.

Until recently it was difficult to find the word “family” in the official policy documentation, but now almost all political parties claim that the family is very important, although to be found indirectly under headings such as “emancipation” or “making child care and labor careers more compatible.” This means that family policy is not an explicit, harmonized, coordinated, or consistent priority.

A prominent feature of the present workforce is the large proportion of women who are employed part-time (the “Dutch solution”). Given the labor market’s need for countless women who did not work outside the home, many more part-time jobs with flexible hours were created to attract those “housewives” who could not or would not accept full-time jobs.

Like many other countries, the Netherlands has established regulations to ensure child allowances as well as maternity and parental leave. Maternity leave schemes have recently been changed to correspond with the more standard European plans (16 weeks, with full salary). Parental leave, however, falls short, since it is mainly unpaid: with no income substitute and no requirement that employers continue to employ the individual at least part-time when the maternity leave ends, parental leave is almost purely symbolic (Kuijsten and Schulze 1997).

Families receive financial assistance if they lose the primary income earner—e.g., after widowhood or divorce. An allowance for widows and orphans has existed since the beginning of the twentieth century. Support is also available for people who lose their jobs (unemployment benefit) or become ill (sickness benefit). Having a job is based on a system of minimum wages. Retirement is compulsory at age 65.

Since the 1960s the Netherlands has introduced more liberal legislation to deal with emerging issues like birth control (1969), divorce (1971), and abortion (1981). All of these measures reflect women's demands for greater equality and independence. Yet today most household chores are still performed by women (they do about 70% of all unpaid tasks, while men do about 70% of all paid tasks).

Financial support has also been introduced to help low-income people pay their rent. Especially one-parent families, consisting mainly of women and their children, make use of this assistance. Moreover, for a low cost partners plus children can be added to the health insurance of employees with an income under a specified level (compulsory health insurance system).

Child care has long been perceived as the family's responsibility. The result is an acute shortage of facilities that care for children. Although they are increasing after the recent doubling of financial support, the number of child-care facilities can serve only about 10% of all Dutch children on a full-time basis. As a consequence, mothers feel they must be at home after school hours. This is why many of them opt for part-time jobs. Presently under discussion is a law regarding "the right to have part-time work" that would also permit the normal access to all benefits of the social security system.

The high fertility rates until the end of the 1960s ensured replacement of the population. But the modern family's problems with combining family and work responsibilities do not only focus on caring for children. Many adults in the labor market also have to deal with the increasing frailty of their parents. Ageing and family policy go hand in hand: broadening the country's family care policy would give employees more opportunities to care for children or parents.

Gauthier (1996) shows that the Netherlands is not the most generous country when it comes to enabling citizens to shape their life as they wish. A lot of creativity, personal resources, and/or financial investments are still needed. To a certain extent the labor market also reacts and adapts to what people want: if women are available only part-time or want flexible shifts, then an increasing supply of part-time and flex jobs will result.

4.3. Policy Effects on Fertility

Dutch policies have never aimed for a specific fertility rate, but rather have sought to make family and workplace commitments more compatible. Moreover, such policies stress economic independence. According to fertility surveys, most couples want children, yet many end up with a somewhat smaller number than initially desired. Research has focused on what makes people decide to have fewer offspring. The government is interested in how it may influence the citizenry not to have substantially smaller families.

Yet the “loss of fertility” can be attributed to factors that may be difficult to overcome. These range from delaying childbirth so long that sub- or infertility problems prevent the start or continuation of a pregnancy, to separation or divorce before the final family size is reached, to a couple’s reconsideration of their earlier views. Only in a few cases does a family end up larger than anticipated—e.g., because of a multiple birth.

What fertility rate could be expected if the labor market and the family were more compatible—if, e.g., men increased their share of household tasks? We know that men would be willing to do so if they worked in their paid jobs fewer hours per week. However, men are less likely than women to settle for part-time work since men are generally older and (slightly) better educated than their partners and thus generate a higher income. It is doubtful that the elevated rates of divorce and single parenthood will disappear. Modern life is much more flexible than before; people are making their way after confronting a variety of challenges. The citizenry is better educated, and society is much more individualized. Large families are no longer popular or practical. Therefore, it is unlikely that the fertility rate will rise to any great extent. In that sense the medium fertility assumption is realistic.

The high population density, the fact that the population is still increasing, the rising concern about ecology (which is related to population pressures), and the high degree of personal integrity and private responsibility within the citizenry all suggest that the government will not change the policies already in place. Moors (1995) shows that most citizens prefer a stationary or smaller population. Continued ageing is evaluated rather negatively, but the declining number of children per woman receives large support, since that relates to “wanting to live more comfortably,” “increased female labor force participation,” and “the growing desire among men and women for independence and personal advancement.” Such attitudes demonstrate the realization that parenthood increasingly goes hand in hand with other obviously competitive goals. Social policy regarding fertility behavior has a chance only if it is not limited to family concerns. But even then people are more interested in a happy life, and in their happiness with children, than in a large family: i.e., they prefer to invest in the quality—rather than the quantity—of children.

Moors (1995) further found that couples with children strongly approve of measures providing financial support if such measures allow them to increase the compatibility of all their life goals. As they have already adapted their daily lives to the cost as well as to the time and facilities available, it is doubtful that they would use additional money to increase the size of their family, since they probably prefer to use those funds for the children they already have. People who are still childless, particularly those in the younger age groups and living with a

partner, regard leave and work arrangements and child-care facilities as more important. Obviously these individuals anticipate the material problems to come; they are trying to decide how to reorient their lives once their children arrive, and, since both partners usually have a job, they are not yet concerned about costs.

In considering the question of the future fertility rate under ideal circumstances, then, there is no indication that specific government measures would significantly increase the birthrate. The decision to become a parent is a crucial threshold in people's lives that is seldom susceptible to change. Only a minor proportion of parents would consider having an additional child given the existence of policies they view as important (better leave and work arrangements, adequate child-care facilities, financial incentives). Such policies, however, could be expected to influence the timing of births. People might have their children earlier if combining work and family responsibilities became easier. A kind of baby boom could be expected if new legislation eliminated one or two years of debate about how to integrate household and workforce tasks. Whether the mean age at first birth would drop as well would depend on the numerical effects of the still rising proportion of higher-educated people.

Surveys indicate that people increasingly prefer the *supplementary household model* (the woman takes care of the children and supplements the family income via part-time work) and the *egalitarian household model* (both partners share paid and unpaid tasks almost equally) to the *traditional (bourgeois) model* (the man works full-time and the woman takes care of the children and home). The popularity of the *no-child household model* has increased only slightly (Beets, Liefbroer, and Gierveld 1997). Research also indicates that the labor market can influence female employment rates: the prospect of flexible working hours induces more women to remain in their jobs in order to live in a "supplementary" or more "egalitarian" household. The quality of child-care facilities is less influential. But attitudes have to change. New policies should foster more equitable views on gender roles both in private life and in society generally, especially regarding labor market participation.

With respect to late fertility the government is now considering the use of information, education, and communication on the social and medical implications of late parenthood to promote informed decision-making on the part of potential parents. Since fecundity declines with the increasing age of women, the growing demand for assisted reproduction has been striking. There is increasing evidence that late parenthood and birth intervals shorter than one year negatively influence the fecundity prospects of daughters. Many couples who end up childless regret that they postponed having children so long.

These measures would not have a pronatalist orientation. Rather, they would enable parents to integrate parental responsibilities with paid employment that

encourages equal opportunities. Although government policies focus largely on the welfare of the family, not on the strict fertility question, they could produce a slight rise in fertility rates, mainly because people would be motivated to have their babies earlier or would feel themselves supported to realize the family size they always had in mind. A fundamental change in the ultimate number of children per birth cohort is unlikely.

4.4. Migration

The extent and patterns of international migration are difficult to foresee, but current projections continue to assume a positive net migration balance. In addition to migration owing to family reunion and family formation, the currently unstable economic and political situation in large parts of the world gives rise to substantive flows of refugees and asylum seekers, who are counted as migrants only after admission procedures have been completed or after a stay in the Netherlands of at least one year.

Despite ever more restrictive admission policies, which in particular aim to reduce economically motivated migration from outside the European Union, it is recognized that international migration will continue to be a substantive factor in population dynamics in the Netherlands, as it is in many other member states of the European Union. Restrictive admission practices will be continued, also with a view to strengthening support for humane treatment of refugees and asylum seekers. Admission policies emphasize responsible and rapid procedures for evaluating applications for temporary and permanent residence, as well as for humane and effective repatriation.

4.5. Ageing

Population ageing comes at a cost: although the elderly are increasingly better educated, occupied better positions in the labor market, are “richer” than previous generations (higher pensions), and have fewer children to share their capital with, their increasing numbers will raise the cost not only of social security (pensions) but also of health and welfare services. Ageing per se, however, is not the largest contributor to rising health care costs. More significant are the expected increases in the cost of medical-technological developments and of ageing medical personnel. Recently the government created a special fund subsidized by the profits of the current economic prosperity to secure public pension schemes (AOW) for future generations. In this sense the Dutch government is already “saving for the future.”

Although the main thrust of population ageing is yet to come, its impact is

already felt in the labor market, as government policies stimulate the hiring of elderly workers. Careful management of human resources is a goal in itself; this is only reinforced by the need to increase labor force participation in order to absorb the spiraling costs of an ageing population. Integrated social and labor market policies should try to reconcile the diverging needs of macroeconomic policy (higher activity rates), cost-benefit analyses of employers who aim to reduce the higher costs (seniority) of an ageing workforce, and the individual desire and need for early retirement. Careful management of human resources also calls for increased schooling and training efforts in a setting of lifelong learning, which should benefit individual employees, labor organizations, and society at large.

Softening the ageing curve via age-specific immigration is not an option for the Netherlands, as it would only add to the population density. Moreover, migrants also will age.

5. Conclusion

Population dynamics are intricately related to long-lasting processes of social, economic, and cultural change. The Netherlands strives to optimize the well-being of its people in terms of health, income, and labor participation. The Dutch population is among the youngest in an ageing Europe and will continue to grow for the time being. Population density is high. Many citizens would prefer a less populated country. Fertility is more or less stable at below-replacement levels without indications for major change. Women have their children at relatively advanced ages (late motherhood). The decline of the youngest population has more or less run its course, while the main thrust of population ageing is yet to come.

Lifelong education is promoted, as is female participation in the workforce to make all individuals as economically independent as possible. The number of child-care facilities has been increased and for mothers many flexible, part-time jobs have been created, popularizing the one-and-a-half-income family (father working full-time, mother working part-time). It is becoming more and more difficult to raise children with only one full-time income. Through increased harmonization and coordination of consistent “emancipation” policies, men will be motivated to assume responsibility for some household tasks. A Royal Commission on Future Scenarios for the Redistribution of Unpaid Work reported in 1995 that an ideal solution would be the one-and-a-half-income family in which each of the partners raised three-quarters of the family income.

Next to labor and health, space is a critical issue. The scarcity of space in the

Netherlands produces ecological constraints. Therefore, some doubt the wisdom of humane immigration (asylum seeking) because “The Netherlands is full.” This more or less continuous dispute centers around the fact that the country is already overpopulated and should decrease the size of its population as soon as possible. But more often the controversy involves real spatial issues such as where to build a new international airport, new highways, or new, high-speed railroads, or the concern that the sea level may be rising. The demographic outlook thus calls for careful management of valuable resources. In the short run, spatial and housing needs require additional investments in housing, facilities, and infrastructure. In view of the uneven spatial distribution of the population, policies should also address the issue of how to cope with the demands of both stronger and weaker economic growth regions. In the longer run, the overall perspective of spatial policy will have to change from population growth to population decline. No specific demographic targets have been set, or changed, in view of the emerging population decline, although a stationary population is viewed as most desirable. Policies will remain accommodative rather than directive.

Concerns about late parenthood are increasing—not in the sense that late parents would not be as good as earlier parents, but because late fertility seems to be a factor (although not the most important one) in the development of breast cancer,⁴ and because fecundity declines with age; not all people are able to have the “happy family” that they planned. Many seem to think that conception can occur as soon as they stop using birth control methods. Yet the age-specific curve on the probability of conception is fairly unknown. In particular, those who remain childless complain that society made them postpone having a child. With better information, they say, they would have tried to have a baby earlier in life. The government is now considering proposals to educate the public not only on how to prevent pregnancy but also on the chances of conception at specific ages. Again, this information focuses mainly on people’s well-being (helping to make a wish come true).

In the Netherlands ageing is viewed primarily as an irreversible, “natural” process. It is the successful outcome of combating early mortality and improving health over the last centuries plus the perception that family size is more the result of opportunities to invest in the “quality” rather than the “quantity” of children. Ageing is part of a changing world in which survival per se and economic security are making a place for self-expression and autonomy. Costly health research and technological developments have helped societies to lower mortality rates.

In the Netherlands ageing is generally perceived as a challenge; few regard it as a problem. Ageing is seen as “demographic maturity.” Moreover, the postwar

⁴ The Netherlands is among the countries with a high rate of breast cancer.

baby boom has provided a “demographic bonus.” Never before have people had such a high healthy life expectancy, although unfortunately the gap between healthy life expectancy and overall life expectancy seems to be increasing slightly in the Western world. That is part of the paradox that a successful health care program may lead to extensions of unhealthiness and physical limitations. However, that is a challenge for the future as well: try to combat untimely health constraints and mortality.

The country still favors a more or less stationary population. This means that smooth fertility curves are preferable to booms and busts. Booms may create new problems reaching farther into the future that may have lifelong financial effects. The Dutch solution reflects a reluctance to interfere in demographic issues: it is laissez-faire again. When the baby boomers disappear (about 2040), the perspective on stationarity (demographic stationarity but also financial stationarity) will be more enlightened.

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