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１０時３０分～１２時３０分

１．開　　会

２．議　　題

（１）デンマークにおける最近の出生動向
ー出生率上昇期における家族政策の影響についてー　（資料１）
リスベス・Ｂ・クヌードセン　デンマーク人口研究センター研究講師

（２）オランダにおける人口問題　（資料２）

ギース・ベーツ　オランダ学際人口研究所研究員

３．閉　　会

Not-final version

Recent Fertility Trends in Denmark - a Discussion of the Impact of Family Policy in a Period with Increasing Fertility.

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ABSTRACT

From 1963 a strong decline in Total Fertility Rate was observed in Denmark. Twenty years later fertility increased again, but not in all ages. This paper presents details about the trend in fertility in Denmark over the latest three decades. The observed changes are discussed in relation to recent family policies and changes in the Danish Society in general.

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Introduction

This paper presents main features of fertility trends in Denmark and discusses the observed trends and changes in relation to contemporary social policy, norms and living conditions in the Danish society.

The first part of the paper describes trends in fertility and outlines important reproductive regulations and acts since the turn of the century, dividing this large time span into four periods according to characteristics of the fertility: 1901-1933, 1933-1963, 1963-1983 and 1983 onwards. Subsequently, the two last periods will be dealt with in more details as regards societal changes, social policy and factors which might have influenced the different patterns of fertility in these periods.

It is a staring point for the paper, that fertility in Denmark to-day, in most cases is the result of a deliberate decision about having a child, either by stopping (or avoiding) use of contraceptives or by not choosing pregnancy interruption. In a historical perspective it is a new situation for the couples to have legal access to both effective contraceptive means and to safe induced abortion on request. Nevertheless, previous generations in Denmark managed to limit the number of children even before oral contraceptives were released (in 1967) and induced abortion made available on request (in 1973), by use of other, less effective methods (Knudsen 1993, Matthiessen 1985). This underlines the crucial role of the population's attitude to and motivation for birth control, even though both the effectiveness and safety of birth control depends on the legal and practical possibilities (Murphy 1993; Potts 1997; Wielandt & Knudsen 1997).

The decision to have a child or to accept an unplanned pregnancy is considered to be a joint decision of the couple as the overwhelming part of births in Denmark (more than 90%) are by women living with a male partner. The couple's decision-making is influenced by various factors, among which the picture of their anticipated future as a family with child or more children than they already have, is considered most important. This picture comprises both actual stage and expectations regarding education, income, aspired living conditions, daily time structure and leisure possibilities.

In order to make the decision, the couple compares their actual situation with the situation of other couples with or without children, which makes conditions in families with small children an important aspect in the discussion of fertility trends. However, childbearing can not solely be regarded as a rational choice; neither macro or micro economic theories have been sufficient to explain actual fertility but must be supplemented with other theories. Also individual norms, values and attitudes towards family, children and interruption of pregnancy plays an important role.

The decision is still much dependent on the woman's situation. She has to consider possibilities to complete her education, get a job and take care of both the job and the family. She will most probably be responsible for most of the domestic labor, including care of the children even if she works full-time in the labor market (Levevilkår 1997) - a fact, which is probably

reflected in the lower average number of children among women in high, demanding and time-consuming occupational positions (Knudsen 1993).

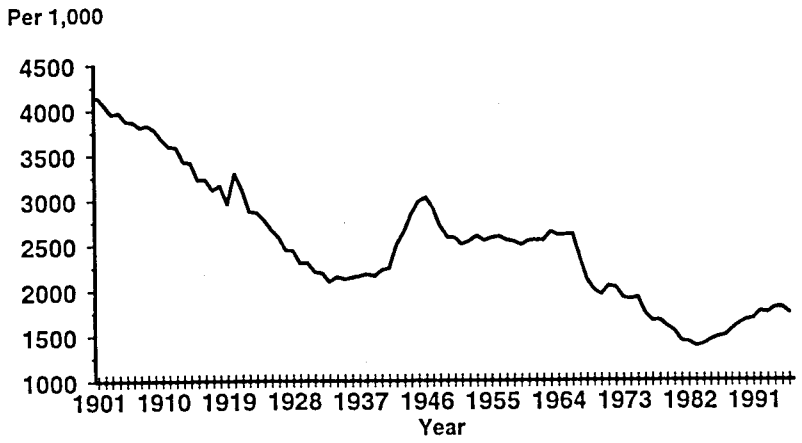
The fertility decisions are placed in the triangle between State, Market and Family and in the following observed fertility trends are regarded as the result of an active adjustment between the three. Type of family, fertility and thus the size of the family is considered heavily influenced by both conditions in the Market and the State and also internal conditions in the family and the situation in the family must be interpreted in relation to the two others.

Outline of fertility trends in Denmark since the turn of the century

The first period: 1901-1933

The total fertility rate in Denmark began to fall before the turn of the century and this decrease continued up until the mid-1930s: From a total fertility rate (TFR) of 4,139 per 1,000 women in 1901 to 2,095 in 1933. Apart from the youngest women (age 15-19) this decrease took place in each age-group, most markedly in women above 25 (cf. Figure 1), but due to the size and age composition of the female population, the number of live births did not decrease until the 1920s: From 73,000 live births at the turn of the century, 76,000 in 1908 and 1909 to 78,000 in 1920 and 66,000 in 1930 (Befolkningsudviklling og sundhedsforhold 1966).

Figure 1. Total fertility rate in Denmark 1901-1996



These average figures result from an underlying distribution characterized as an "undemocratic motherhood", (or even better: parenthood) as many women (and men) never had economic possibilities to establish their own family. Furthermore, average age at first marriage was high. According to census data from 1901, 1911 and 1921, respectively, approximately 75% of women, age 20-24, were "never married". For women slightly older, 25-29 years, the corresponding figure was 40%. It is noteworthy, that these figures are higher than in 1996, where 60%, respectively 34% in these age groups, were living alone (a category comprising both never married, divorced

and widowed) among women in these ages (Befolkningsudviklling og sundhedsforhold 1966; Vital Statistics 1996 1998).

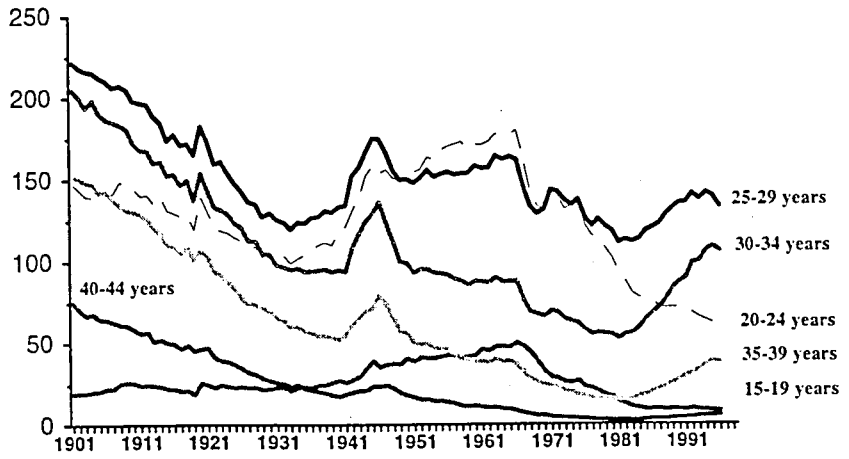
Of the cohorts of women who were born in 1907/08, 16% gave birth before they were 20, and less than half had given birth before they were 25 - a situation which is similar to the beginning of the 1980s (Knudsen 1993). The proportion giving birth before 20 decreased slightly a few years, but then increased in the later cohorts to 23% among women born 1924/25. Throughout the first two decades of the century, more than half of very young mothers were unmarried (Befolkningsudviklling og sundhedsforhold 1966).

1933-1963: A period with diversity in fertility trends

In contrast to the very parallel declines in the beginning of the century the Age-Specific Fertility rates (AFRs) showed increasing diversity after mid-1930s, where the TFR turned upwards. The very specific circumstances during the second world war, which influenced the reproductive behavior, will not be dealt with here. For all ages, a peak was observed during the war - least expressed among the youngest women. However, if these years are disregarded, the period from 1933 to 1963 shows a continuously increasing separation of fertility trends: *increasing* for women below 30 and *decreasing* for women above.

For the youngest women the most marked increase was seen during the 1940s and 1950s, and in parallel, the percentage unmarried among young mothers declined to 31% in 1956-60. For women above 30 the birth rate continued to decrease, but with a slower speed.

Figure 2. Age-specific fertility rates in Denmark 1901-1996



Average age at first marriage dropped; for women to 23 and for men to 26 years in 1960 (Befolkningsudvikling og sundhedsforhold 1966). Especially the 1950s were characterized by a low age at marriage, many teenage-mothers, few women in the labor force and the period has been named "the housewife parenthesis" by Danish researchers, a label also used to characterize the situation in other countries at the same time (e.g., Borchorst 1993; Hoem & Hoem 1997). In

1950 two-thirds of the adult population was married - a proportion which did not decline substantially until the 1980s (Levevilkår 1997).

Due to lack of contraceptives, some marriages were contracted because of an unplanned pregnancy. Moreover, in many cases, marriage was a necessity to rent an apartment.

Both the calculated probability of staying unmarried all life (a survival curve as unmarried) and the slope of marriage tables, changed dramatically, especially for women. The probability for a woman of age 25 to get married during the next year - increased from 1926/30 to 1951/55 with about 83% (Statistisk Tabelværk 1962). The divorce rate (annually) increased also, but was still low - a peak was seen shortly after the end of the war. Cohort statistics indicate a more stable pattern: Of all marriages, contracted in 1950, 11% was dissolved by divorce during the first 10 years; among the succeeding marriage cohort from 1960 the figure was 12%.

1963-1983: Fertility declines in all ages

In the mid-1960s a strong decline of TFR began. This decline differed from the earlier decline primarily because it resulted from declining fertility rates in all age-groups (Knudsen 1993), most strongly among women below 20, where fertility rate decreased with 75% during the 20 years, while women in their early twenties halved their fertility during the same period.

The strong decrease had two important components: older women wished to halt the growth of their families, while the younger women wanted to postpone their first birth. Whether they deliberately wanted to avoid childbearing completely could not be settled at that time. For women above 30 the trend was more or less a slightly reinforcement of the ongoing decline, while for the young women, it can be interpreted as either a return to the patterns in the early part of the century or as a dramatic change from the increasing fertility rates in the proceeding decades. Oral contraceptives were released (only on prescription) in 1967 facilitating a more effective birth control. Based on sales statistics it has been calculated that 20-25% of women in fertile ages used the pill in the early 1970s (Statistik om prævention og aborter 1980).

Average age at first marriage increased, as cohabitation became more and more accepted and frequent in the population. In 1976/77 69% of all 20-24 year old men and 49% of women of same age, who lived with a partner, was cohabiting. The proportion was much lower among older men and women: only 10% of both sexes among 30-34 year olds (Vital Statistics 1990 1992). In the beginning cohabitation often functioned as a marriage-on-trial, but the increasing popularity of this family form meant that it more and more often was a long, stable relationship in line with legal marriage. However, it was not until the 1980s that cohabitants received the same legal rights as spouses, e.g., regarding inheritance.

In twenty years, from the early 1960s, the proportion of children born outside wedlock increased from less than 10% to 40%. Nevertheless, calculations showed, that most of these children were born by women living in a consensual union with the father of the baby and that the percentage born by really lone mothers was less than 10% (Christoffersen 1993).

In each cohort a smaller proportion was married before a given age, but marriage remained

the dominant family type for couples when all ages are considered (Vital Statistics (1996) 1998).

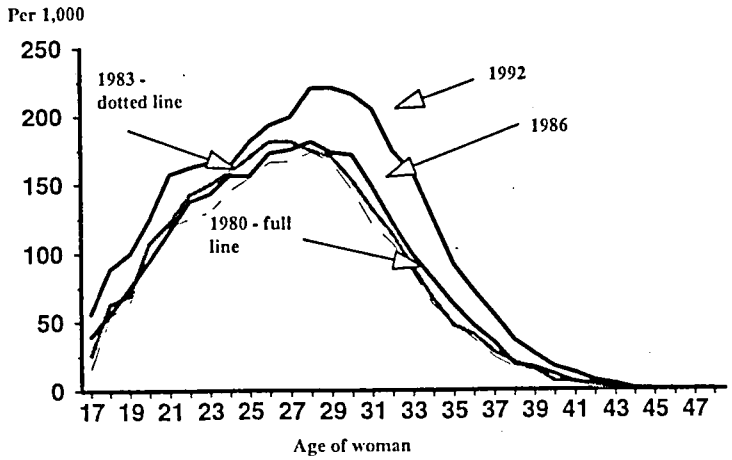
1983-1996: Continued decrease below 25, increases above.

In 1983 the general fertility rate reached it's lowest point at 40.3, with a total fertility rate of 1,377 per 1,000 women in fertile age (15-49) and a number of live births of approximately 51,000. Apart from a slight decrease in 1996, the increasing TFR in the last period has specific characteristics. The decline in AFRs continued among young women (below 25) and in 1996 - after more than 30 years' declining fertility - only very few (8-9 out of 1,000) teenagers give birth and for women 20-24, the rate is approximately 60. Women in above 25 have shown a rather parallel pattern since 1983 with an increasing fertility, strongest among women in their early 30s.

Throughout this period, family formation became more diverse and living in consensual unions grew to be the most prevalent family form among people in their twenties (Knudsen 1997). A little less than 50% of newborns are born by unwed mothers, most of them into consensual unions. Average age at first child is still increasing and was approximately 28 years for women in 1996 and 2 years higher for men. For both sexes the first marriage comes later: women marry for the first time when they are 29,5 years and men when they are 31,9 (Vital Statistics 1996). Age at first birth is thus lower - on average - than age at first marriage.

Since 1983 parity progression rates increased for 2nd and 3rd child, which may slightly imply a preference for larger families than the predominant 1-2 children family type to-day.

Figure 3 Parity progresion from 1st to 2nd child. Denmark. 1990-1992



The divorce rate (per 1,000 existing marriages) peaked in the late 1980s at 14.1, and has been fluctuating a little above 12 since then. Apparently, even if fewer people got married and age at marriage increased, this was no guarantee for a lasting marriage. Of the marriages contracted in 1985 25% was dissolved by divorce before 10 years: Of the marriages from 1965 and 1955 the corresponding figures were 16% and 10%, respectively (Levevilkår 1997).

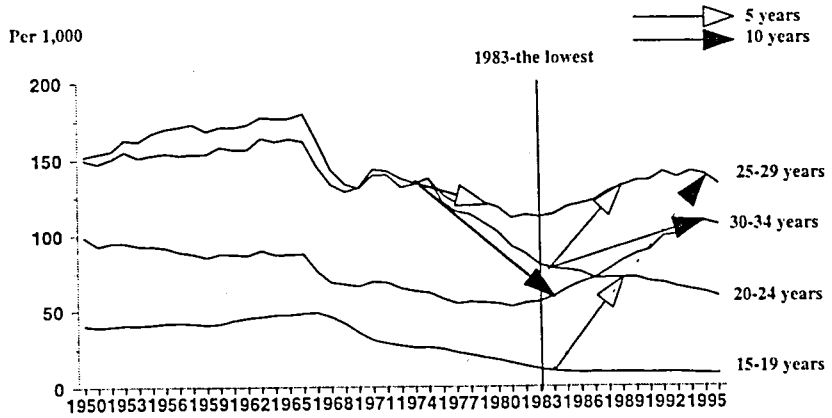
For both sexes the predominant family form in the age group 35-44 years is marriage, with or without children. This continues in the older ages, apart from old women who live alone, mostly due to the longer life-expectancy among women than among men (Levevilkår 1997). The proportion of "singles" vary strongly with age and is highest among the youngest, as it is rather easy for teenagers to move away from their family of origin and live in a small apartment. An acceptance of a number of rather long-lasting partnerships during life-time, separated by periods as single, gives a cross-sectional impression of many people living alone, which by no means should not be regarded as a new predominant way of life for the whole lifetime.

A Cohort-perspective on fertility trends

Analyzes based on measures as TFR and AFRs, which are cross-sectional observations for one single calendar year, must be supplemented with a cohort perspective. Different cohorts of women pass through the various age-groups at different points of time and their behavior, here regarding fertility, might be influenced differently by actual living conditions.

Above, a few remarks on cohort fertility have been noted, e.g. concerning the cohorts's timing of motherhood. In the Figure below changes in fertility behavior among cohorts of women, as they move from one age-group to another are indicated: White arrows indicating 5 years and black arrows indicating a period of 10 years. It can be seen, that the cohorts from 1955-60 who were teenagers in the early 1970s, did not increase their fertility until in their mid- and late 20s. Likewise, women from slightly older cohorts (born 1950-55) did raise their fertility even later: when they were in their 30s (in the early 1980s).

Figure 4. Cohort perspective on fertility



The age-specific patterns of fertility in the cohorts have certain impacts on the cross-sectional observations. As mentioned above, the continuing decrease in fertility rates among the youngest women has resulted in a still increasing average age at time of birth of the first child: From 23,4 in 1970, 25,2 in 1983 to 27,7 in 1996 (Knudsen 1993; Vital Statistics 1996 1998). Only a cohort

perspective can judge whether these young women have been postponing onset of childbearing or whether they end with less children than their predecessors.

Based on cross-sectional AFRs the life-time fertility) has been calculated for cohorts since 1940/45 (Vital Statistics 1996 1998). These rates show that the change in fertility has been most profound in the young ages. The decrease was strong for cohorts born up till 1960 (they turned 25 before or right when the curve shifted (in 1983) and carried the strong downward trend, we have seen in Figures 1 and 2. The following cohorts are more similar in the young ages, but when they pass 30, there seems to be higher fertility among the younger cohorts, a fact which might mean an increasing life-time fertility in these cohorts in spite of an ongoing postponing of onset of childbearing.

Calculations of the average number of children in cohorts by various ages are published annually as part of the routine statistics on births (e.g. Vital Statistics 1996 1998). Figures for the latest available year gives the same hint as above: The women, who are now in their 30s seem to have more children - on average - than the preceding cohorts (back to cohorts from 1949), although the change is only minor and only seen for the for the last couple of years. The cohorts from around 1950 ended with less than two children per woman - on average.

Reproductive policies

The fertility development throughout this century points at a population with a high motivation for birth control, even when only ineffective contraceptives were available. Estimates underline that the rate of clandestine abortions in Denmark in the 1960s were of almost the same magnitude as the rate of legal interruptions after the Act on abortion on request came into force (Knudsen 1998b).

To-day, Denmark can be characterized as a country where both the population and the policy makers have a pragmatic and not moralistic attitude towards sexuality, contraception and pregnancy - a condition, which influences the present development in fertility (Osler et al. 1990). The following section gives an overview of laws and policies leading up to this situation.

The strong fertility decline in the beginning of the century caused serious concern in Denmark and politicians interpreted the decreasing birth rate as a result of the population's strong wish for a smaller number of children. TFR in Denmark reached the lowest level in 1933 with 2,095, which was not at all as low as the 1,700 per 1,000 women which was observed in 1935 in Sweden, the home country of the Myrdals, authors of the book on the population crisis which also in Denmark led to initiatives aiming at improving the care for newborns. One rationale behind this attempt was that an improved survival of the newborns, in the long run might have an impact on the population growth in the long run.

In a longer perspective the initiatives were meant to improve life conditions for the families and thus, by making life with children better in general, influence the willingness to give birth and

work against a declining population size.

These efforts were also directed towards education of the population, as regards knowledge about how to treat and raise kids as it was a general opinion that many new mothers listened to much to old wives' tales instead of being alert to the new scientific knowledge on health care and upbringing. It was an area into which it was necessary to proceed slowly: Many people felt that the initiatives in a way intruded into the very private motherhood, a schism which may be said to be still existing in Denmark (Knudsen & Wielandt 1996). But these kinds of efforts were gradually accepted and from 1937 the municipalities were by law responsible for establishing a local net of community nurses to visit and surveil the conditions in families with newborn babies. This kind of health care is still an obligation of the municipality and without costs for the family.

In October 1945 the first law concerning pregnancy care came into force and in 1937 a bill on help to mothers - especially unmarried and poor mothers - had been approved, but did not come into force until 1939. In the meantime the existing private organization Mother's Aid Centers were expanded and prepared to take over official responsibilities according to the new law. Their tasks became both support to mothers in need and advisory directed towards birth control.

Availability of contraceptive means

Availability of contraceptive means and acceptance of the use of birth control methods has increased gradually. Nevertheless, it was by law prohibited to advertise sales of contraceptive means from 1906 until 1966, although it rarely came to charge in court (Wielandt & Knudsen 1997). The increasing acceptance of birth control was parallel to a broadening of the criteria for pregnancy interruption (see below) and family planning was marketed under a slogan of "Each child ought to be a wished-for-child" - a conscious limitation of the family size was legitimized by a consideration of the children already born (Knudsen & Wielandt 1995).

In the 1960s family planning services and contraceptive counseling became incorporated in the National Health Insurance Scheme, thus making contraceptive counseling available and free of charge to all residents regardless of income. The Mothers' Aids centers existed till 1976 where the counties by law was given the responsibility for the provision of this service either at the general practitioners or in public clinics (Osler et al. 1990). The activities in these counseling clinics are often used as supplement to the sexual education in schools. Not all of the 16 counties established the clinics and as a critical reaction to this and in recognition of a still persisting need of support of women, a group of people established a new "Mothers' Aid as of 1983" to offer pregnant women and women with children practical and economic support, and counseling. This is still functioning.

In 1967 a governmental committee had been appointed with the aim of analyzing the level of knowledge and the behavior of the population regarding sexual issues and contraception. The conclusion promoted the adoption of a law on compulsory sexual education including contraception in the schools in 1970 (Betænkning nr 484).

Today, contraceptives are accessible at pharmacies and shops almost anywhere in Denmark. However, to get oral contraception, a diaphragm or an IUD, the woman needs to have a prescription from a physician.

Induced abortions

The first separate act on interruption of pregnancy came into force in 1939. Until that abortion were part of the penal code (from 1866, revised in 1930) and until 1930 interruption was only legal if pregnancy or birth was considered a treat to the woman's life (Christmas-Møller 1984).

Compared to the previous regulations, this new act gave access to pregnancy interruption after extended and more well-defined criteria for indications, that is for medical (woman's disease), ethical (e.g., rape) and eugenic (hereditary diseases) reasons. In spite of the strong wish for effective birth control in the population a suggested indication of pure social reasons (based on the women's social and familial conditions) was not approved by the politicians (Wielandt & Knudsen 1997).

The next act from 1970 introduced a social indication and gave right to interruption for e.g., woman above 38 years and women with at least 4 dependent children (aged under 18) living at home. This was not far from the act on abortion on request passed in 1973 (Act no. 350 of 13 June 1973), giving every woman aged 18 and over a right to interruption on request in a public hospital at no cost to herself without stating any reasons, only provided she is resident in Denmark and the interruption is performed before the end of 12th pregnancy week. Later interruption is only possible after a special permit. This act is still in force in Denmark (Rasmussen 1994, Knudsen 1998a).

Relation between births and interruptions

In order to understand fertility development in a modern society with easy access to and morally accepted use of effective contraceptives and also access to legal interruptions of pregnancy, trends in contraceptive use and induced abortions must be included in the picture.

Induced abortion will not disappear even if the population practices a prevalent and constant use of effective contraceptives, but the number of interruption a woman will experience in her fertile age-span is much less than the high number (10+), which would be experienced if there was no access to safe abortions. Thus the rate of interruption reflects whether the population is used to and have possibility to practice effective birth control by other means as well (Kulczyki, Potts & Rosenfield 1996).

Figure 5. Trends in induced abortion and live births in Denmark 1950-1996. Per 1,000 women, 15-49 years old.

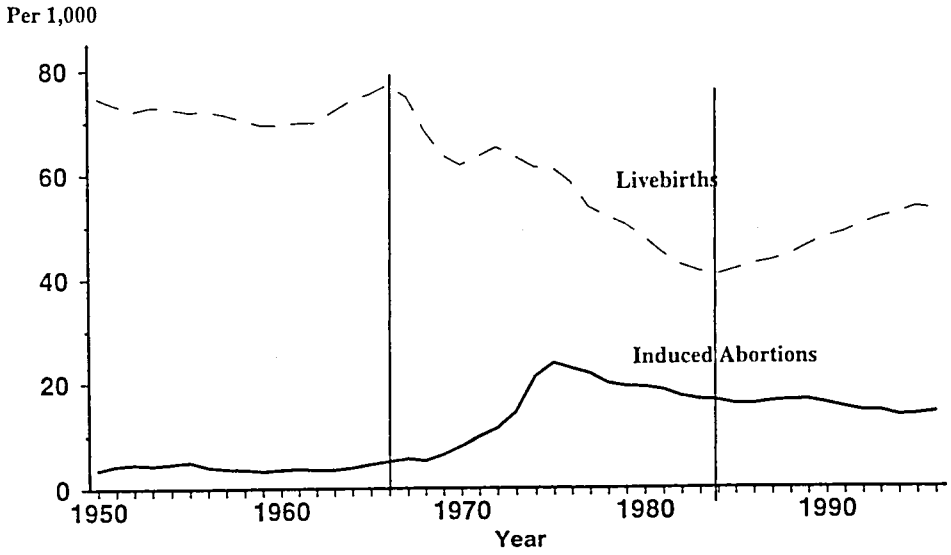


Figure 5 gives the rates of induced abortion and live births in Denmark 1950-1996, per 1,000 women in fertile age (15-49 years). There are several important remarks about this development, of which the most important is, that interruptions and births have not complemented each other. After 1975 rates of both births and interruptions declined.

Moreover, after 1983, where the rate of fertility began to increase, the rate of abortion has been decreasing, but much slower than to be "responsible" for the increasing fertility. In this period, the ratio of induced abortion (the rate of induced abortion expressed in relation to the rate of live births) - diminished by 41 %.

To-day, more debate concerns how to avoid induced abortion than how to increase the propensity to have children. Both the Ministry of Health and the National Board of Health discusses how to improve the use of contraceptives even if all studies and statistics indicate a prevalent use of contraceptives. The following sections will deal with policies in other areas of the society, which might influence childbearing behavior.

A changing Danish Society

Denmark is one of the Nordic Sociodemocratic Wellfare-states, with relations between State, Market and the Family that differ remarkably from what is seen in Southern part of Europe and in the United States. Most laws, rights, benefits and obligations are directed at the individual people, not at the family, which was previously the dominant form. This individual orientation has had great influence on the women's position in the family and in relation to the labor market (Borchorst 1993).

A few examples will be illustrative of the development: In 1857 men and women gained equal inheritance rights and unmarried women were granted full legal competence. Married women had right to dispose of their own income from 1880 but did not get personal legal autonomy until 1899. From 1922 married women had equal rights in parental custody matters and from 1925 the partners in a marriage have had mutual maintenance obligations (Borchorst 1993). However, a rest of familism was still seen: Married couples had joint taxation up to 1970 and Borchorst (1993) also underlines, that until 1970 a married man received higher benefits in case of unemployment, irrespective whether there was children in the family and whether the wife had paid work. Even women, who were de facto lone-parents, had lower benefit.

Also children are considered equal individuals, implying that part of the laws, influencing family life and thus probably also the decision about having or not having a(nother) child, are directed towards children, e.g., the formulation of the right to day-care facilities, and some of the financial support (se below).

The women will be considered to be the key person in the fertility decisions: The various role expectations to their lives and activities meet in the triangle between state, market and family and in order to handle these different roles, obligations and responsibilities, women must seek some active adjustment between the three. The family has been and is still strongly affected by changes in the women's position in the other parts of society: Age at first child and the number of children in a family are strongly related to the woman's education and position in the labor market - and in quite another way than to that of the male partner (see below). This was apparent in surveys already in the 1970s (e.g.,Bertelsen 1981) and has been repeatedly shown later in both surveys (e.g., Emerek 1986) and register studies (e.g., Knudsen 1993).

However, also the family direct demands towards the women and in fact, the changes affect both genders. The women's obligations in the family are important and demanding within a time-perspective that differs from the obligations on the labor market following a fixed time-schedule. The state influence family life by economic support, by offering day-care facilities and by laws regulating the labor market, as regards salary, rights to leave, vacation etc.

In 1970s - in the period with decrease - the family changed dramatically – the number of children declined and division of domestic labor came under discussion.

Labor market

The 1950s and 1960s were characterized by a continuous improvement of the economic situation and living standard in Denmark. Unemployment was almost non-existing in the 1960s and there was a constant need of expanding the labor force – a demand for the female workforce and also for migrant workers. From 1973/74 the economy went slower and almost stagnated, and the decreasing production in several trades meant an exploding unemployment, peaking in 1983.

In 1958 the number of working hours per week was by collective bargaining changed from 48 to 45 and the vacation to three weeks. In 1974 the working week was 40 hours, 39 in 1987 and 37 in 1990. The length of vacation increased gradually to 5 weeks per year (in 1979).

Female labor market participation.

The women's participation in the labor force increased most strongly throughout the 1960s from less than half of all 15-69 year old women in 1950 (47%) and 1960 (42,5%) to 54%, 65% and 71% in 1970,1980 and 1990, respectively (50-års oversigten 1995). This was a relative increase from 1950 to 1960 of 27%. Especially for women age 20-24 year old the increase was strong in these years: from 28% in 1960 to 84% in 1981 (Ebsen 1996). Married women more than doubled their activity rate from 23% to 49%. There was increased demands for labor force which meant both women and foreign workers and studies and statistics from that time show detailed information about the family situation of women, in order to estimate the possibilities to include them in the labor force.

Women were needed in the production, but subsequently also in the sectors, that fulfilled some of the tasks that women had previously dealt with in families, such as care taking of the children and the old people. The increasing production of goods increased the families' felt need for money to purchase the various consumer durables.

The female life-cycle as regards family and occupational activity changed during this period. In the 1950s women were part of the labor force when they were young and participation rate dropped among women in their 20s and stayed at a level of app. 40% till about age 60 where it dropped further. Thus, a typical pattern was to be home while the children were under school age or in the first grades, although there were certain class differences. The development meant two new conditions: The activity rate decreased among young women due to prolonged number of years in school and further education and main part of women kept their attachment even with small kids. For men the cycle changed for the youngsters as well, but else the pattern remained as before with an increasing employment rate up to almost 100% at age 20-25, which stayed at that high level til app. 60 years.

Women found employment in the industry, but foremost in the public sector, in the 1970s especially within the strongly expanding social- and health services. In 1979 as many as 28% of all gainfully employed women in 1967-1979 were employed in this, very highly gender-segregated sector: 85-87% were women (Borchorst 1984). They were engaged as salaried employees at low and medium level, or as unskilled workers, the latter being a more insecure employment, and often in part-time occupation (or by season).

The generally poorer economic conditions from 1974 did not make the women go back to be housewives. On the contrary they managed to keep their attachment to the labor market. One explanation could be, that the income of the wife might have been considered even more important now when the male breadwinner had a risk of unemployment. The labor market was highly segregated according to sex and the man and woman could work in completely different sectors and experiencing very different risks of unemployment. In relation to fertility this pressure to keep the income could have imposed on the women a whish to limit the number of children.

Unemployment rate for both men and women rose very quickly in the mid-1970s and reached a peak in 1983. From the late 1970s female unemployment was higher than among men.

After 1983 the participation rate among women (percentage active of all women in relevant ages) are still at the high level and very close to that of the men, which in turn is somewhat lower than in the 1950s (50-års oversigten 1995).

Very few women are housewives: A survey in 1989 among mothers 20-49 years old, showed that a proportion as low as 4% was housewives (Hjorth Andersen 1991). Fertility remained higher among women outside the labor market, but has been decreasing at a later time (Knudsen 1993 ; data from The Fertility Database). The number of dependent children (living home) decreased from 1,9 in 1974, 1,7 i 1985 and 1,5 in 1990/91 for housewives (Christoffersen 1993).

In spite of the decreasing number of working hours per week, the total number of hours spent by the parents outside the family is higher today as both adults are normally gainfully employed and distance and also time spent on transportation between home and workplace has increased. During the late 1980s and the early 1990s conditions at the labor market has changed: Part-time work has diminished - a smaller proportion of Danish than of women in the other Nordic Countries work Part-time and Part-time in Denmark is more hours than in the other countries.

The employers demand more flexibility from the employees as regards number of working hours per day and the time of the day and employment after "function" or "task" is replacing employment to a settled number of hours per month. This kind of work is difficult to combine with the demands form a family with children and may be one of the reasons why the extended rules of leave have been so popular.

Family Policies

As mentioned above the main part of laws and regulations in Denmark are directed towards the individual person - woman, man and child - to whom both rights and obligations are ascribed (Borchorst 1993). As a consequences of this Denmark do not have a separate ministry of family, but rules and regulations that govern and influence conditions of families are issued by various ministries, primarily by the ministry of Social affairs (Knudsen 1997).

Thus, many parts are involved, when the situation of the families and of children have been put on the agenda of the public debate. Much concern is expressed as regards the well-being of children and the initiatives have to be coordinated between the involved groups and authorities. Below, I address the part of policy that have been shown to or which will probably influence the families' conditions and thus also the decisions of those who are contemplating on having a child.

The increase in fertility in Denmark since 1983 is not due to a pro-natalist policy. As was the case early in this century the Danish policy focus on the situation of the families with children, which indirectly may have an effect on fertility if parents-to-be find life with children an attractive alternative.

The policy which may have had the strongest influence on the fertility in the period 1983-1995 regards the relation between family and employment.

Maternity leave and parental leave

Right to maternity leave was very restricted in the 1960s and 1970s - only women in certain positions were entitled to leave through their collective bargains. In case of sickness before birth, the number of weeks were subtracted from the total length of the leave (14 weeks), so that the length after birth was shortened even if the kind of women who were sick before the birth also might be the women who had the most outspoken needs for a longer leave after birth. This was changed in 1981 by an act which allowed women to begin their maternal leave 4 weeks before the expected time of birth without losing some of the time or have reduced compensation after the delivery. Three years after (1st July 1984) the length was extended to 20 weeks and a year after to 24 weeks. By the same changes, the father became entitled to use some of the weeks - among those after week 14 - instead of the mother and to take leave the two first weeks after the birth together with the mother (Rasmussen, Kamper-Jørgensen & Madsen 1985).

The rights to leave have thus been improved in the period with increasing fertility. Parental leave up to 12 months can be held as long as one child is less than 8 years and has increasingly been used by families to change the daily pressure, either by letting the woman extend the period after maternity leave or letting one or both of the parents stay home for a certain time. During the leave, the parent get an economic compensation, relatively compared to the normal salary, but not higher that 85% of the highest unemployment benefit.

Studies have shown that the relative income of the spouses plays a role for how the right to leave is used. If the man has the highest salary the woman uses the leave, while in families, where the income is almost equal, the proportion of men using the leave is highest. And if the woman's salary was highest it was often the case that she did not use the right to leave for more than a few weeks. The reasons for the small proportion of men taking leave was named as wage, not accepted at the workplace (Rasmussen, Kamper-Jørgensen & Madsen 1985).

In 1985 40 % of all fathers to newborns had leave for the first two weeks after birth. In 1995 this had increased to 58%, but still very few fathers, less than 3%, use their right to parental leave part of the weeks after 14th week (Levevilkår 1997). This could mean a step backwards: If long leaves are almost exclusively used by women, both the increasingly individualistic careers in the laboor market and division of domestic labor, including care-taking of the child, will act in favor of the fathers.

The rules are not made exclusively in order to help young families, but were partly linked to attempts to reduce unemployment. Therefore it was a precondition for the permit to leave, that the employer hired a temporary employee. This condition has recently been removed.

Recent bargains between trade unions and employers' unions have secured "care-days" in some trades, e.g., as two days per year per child under 14. Public servants have a right to 10 days per year for children born or adopted after April 1st, 1997.

Day care facilities

Today day-care facilities are very widespread, but they hardly existed when the women entered the formal labor market in the 1960s. In 1973 less than 25% of the children age 0-2 were enrolled

in day-care institutions or in day-care in private homes under public supervision and with public support. Compared to an activity rate of 43% of all women with children in that age, it is obvious that the families had to find other solutions either in private homes (the black market) or by other family members (grandmothers). For some women part-time work (e.g., cleaning during evenings or nights) was a solution.

In the 1970s is was highly debated whether it was good for the children to stay at home with the mother - it was not completely accepted to deliver the child in a nursery home already a couple of months after the birth, which was, however, a necessity if the women had to go back to the labor market.

Today day care facilities are widely established and run by the municipalities, but the parents have to pay a monthly fee, depending on the income. Prices vary between municipalities according to political orientation and financial situation. Previously, also private institutions, e.g. related to the local church, offered daycare.

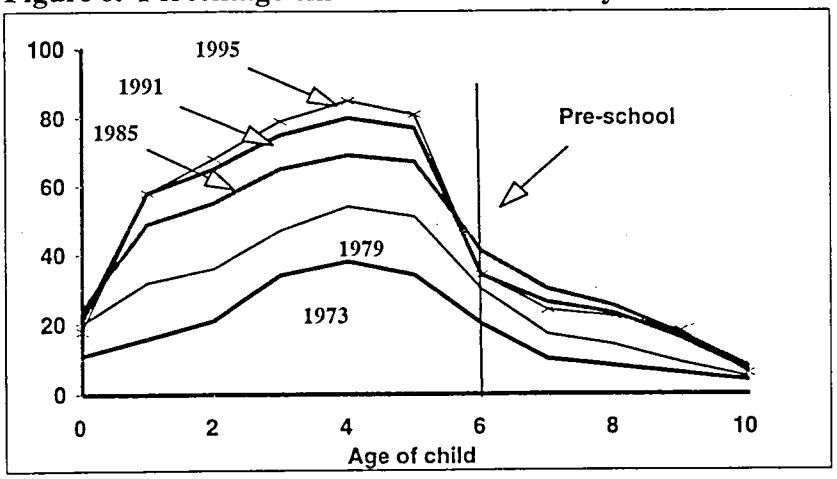
The system, which gradually evolved normally divide the children according to their age. Day-nurseries are for children age 0-3 and kindergartens for the slightly older children, age (2)3-6 (school age). During the 1970s so-called "age-integrated institutions" were established paying regard to the parents' wish that siblings attend the same institution. In 1967 daycare in private homes with public supervision was started, regarded as a contemporary arrangement but this type is still very popular, both because it has a great flexibility for the municipality and because some parents prefer this instead of larger institutions, e.g. because of a smaller risk of infectious disease.

Preschool classes (3-4 hours a day) were established in 1964 and covers 98% of the children (since 1990). This is not regarded as care and the children have to be enrolled in some other kind of care during workdays. Institutions situated at the school, but more a place to be looked after than with a pedagogical idea have been established throughout the latest decades.

Regarding newborns, municipalities are obliged to provide guarantees for the requested number of places in day-care. Often parents apply for a place as soon as they know about the pregnancy (at time of birth of the child) - and hope to get the offer when the mother ends her maternity leave. The parental leave is sometimes a solution to a shortage of day care.

The development shows that the increase was most expressed from 1979 to 1985 and that there has been almost no increase for the youngest children since 1985, most probably due to the prolonged maternal leave.

Figure 6. Percentage children enrolled in day care. Denmark



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Parents pay up to 35% of the expenses by running a day-care institution. The price is highest for creches where more personal is needed, and decreases as the child enters the other types. As of 1998, the price for children 0-2 years are approximately 2,000 Dcr. per month (equalling 350 US$).

Economic support for families

Living in a family with children means a need for relatively stable income, especially because the requested housing conditions for families with children are expensive. Various studies in Denmark have shown, that for both men and women rate of employment is higher for people in families than for those living alone, which may partly be due to a positive selection of people, who chooses to have a child, but it may also indicate, that parents have to have a stable employment.

One of the intriguing factors in the latest period considered here is that economic conditions for families with small children have improved relatively more than for other families.

Since 1970 all families with dependent children receive an allowance, irrespectively of income and with an extra allowance for lone parents. Until 1975 children were considered dependent till their 19th birthday, 1975-1897 till the 17th birthday and afterwards to the 18th. The allowance has a fixed size per child, irrespective the number of

From 1984 to 1988 the economic differences between families with children (at least one child below 18) became less and the situation among families with children improved more that among families without children. (Hansen 1990).

Family forms

The increasing female labor force participation had large impact on the family life in Denmark -

both the family formation, size, duration and division of the domestic work in the household.

Part of the strong decline in fertility from 1963 was due to the older women's wish to diminish the size of the family, that is, the number of children, in order to be able to handle both to be housewife, mother and economically active (Bertelsen 1981). At the same time young women had improved access to effective contraceptives, and as their education prolonged more and more women wanted to postpone the birth of the first child - and the family formation.

In the period 1963-1983, living in consensual union became widely accepted and the partners gradually gained same mutual legal rights as spouses had. In spite of the overall and age-specific fertility decreases, fertility rates outside marriage increased for women over 20, due to the changing forms of family.

Marriage patterns changed accordingly. Average age of marriages increased in both periods and remarrying increased. For both sexes the rate of marriage decreased most strongly during the 1970s while average age at first marriage has shown a more constant trend and continues to increase, even in the 1990s (Knudsen 1997).

In statistical terms new definitions of family nucleus was constructed, although delayed, so that register statistics could illustrate the development (Vital Statistics). Consensual unions began among the young people and especially students. During the 1980s this form spread even in case of childbirth: In 1981 6% of families with 1 child was cohabiting, 64% married, while for families with at least 3 children only 1 % was cohabiting. In 1990 the corresponding figures for cohabitation were 11 and 6%, respectively (Knudsen 1997).

Table 1. Key statistics on marriage in Denmark. 1965-1995

	1965	1970	1980	1990	1995
Number of marriages contracted	41693	36376	26448	31513	34736
Rate of marriage per 1,000 never-married					
Women	59.9	50.5	28.7	27.6	29.4
Men	81.4	67.2	36.7	33.3	35.1
Average age at 1st marriage					
Women	22.9*	24.6	24.8	27.6	29.4
Men	26*	27.3	27.5	30.2	32.6
% of marriages between bachelor and spinster	83.3	75.7	62.3	62.3	62.6

Note: * = data from 1960

Attitudes towards families

Rather few inteviewstudies have been performed in Denmark concerning attitudes towards families and children in the latest period. In the 1970s, however, during the increasing female

labor force participation, several studies were conducted and also pulic statistics in those days seem to be more detailed about family situation linked to participationrate.

When the Fertility Database was established in Denmark, a comparison of the number of children in specified cohorts of women, equalling those interviewed two decades ago. The result was, that the cohorts had less children that the wished-for number, expressed in the interviews (Knudsen 1993).

The high age at marriage to-day means that the main part of the couple have been living together some years before marriage and they may even have one or more child or planned to have children. They worship the family as an institution, and this attitude seems to be increasing among young people - a condition which is almost opposite the attitutdes in the late 1960s and the 1970s, where individual freedom and release from traditions were outspoken values (Gundelach 1993).

Young Danes still wish to fullfill their own needs and to experience self-realization before they establish a family - even to a higher degree than previous generations. Their advantage is that they can marry by choice - not by necessity.

There is no firm indication that the family will disappear in Denmark, but new forms have evolved and are still changing in order to fullfill the needs of the adults as today.

Division of domestic labor

In a family type where the man is the main breadwinner, women takes care of most domestic work. With the increasing proportion of women involved in gainfully employment, a new way of dividing the tasks in the family was needed. In the long perspective - up till to-day, division of labor in the families changed gradually. Again a stronger change was seen during the 1970s than in the late 1980s onwards.

In 1965 one of four men did some domestic work each day - 15 years after 3 out of 4 worked at home. However, the increasing amount of time the male partners have spent at domestic work (2 hours during the 1970s and 2 hours during the 1980s) is not at all of the same magnitude as the 7 plus 4 hours with which women have diminished their domestic responsibility (Bonke 1995).

The proportion of men with responsibility for more than 50% of domestic work increased from 4% in 1976 to 5 and 11 in 1987 and 1995, respectively. For women the corresponding figures changed from 80 to 62%. In 1995, women outside labor market had the main responsibilities at home but almost 50% of women who are full-time employees claim to be responsible for more than 75% of domestic work. The female responsibilities are especially shopping, preparing of food and care giving. Interesting enough, when answers from men and women are regarded (belonging to the same family) the male partner feels to be more involved in domestic work than the female partner claims he is.

Also in this area the strongest change occurred during the 1970s, indicating the need for adjustments in the family when both parents spent much time in the labor market.

Social differences in fertility

The observed fertility pattern in Denmark has shown strong relation to the social characteristics of both women and men, but in different ways. The highest number of children - on average - and the smallest proportion without children at the end of childbearing ages, are for women seen in the groups of women outside labor market (including housewives) and women with short education and subordinate position at the labor market. The women with a long further education or in superior positions at the labor market began their childbearing late, have fewer children on average and a large proportion childless at the end of their fertile period (Statistiske Efterretninger 1993). Furthermore, most of the women, who give birth at very young age, do not complete any education afterwards (Knudsen 1994). The differences seemed to grow during the 1980s but preliminary figures indicate a slightly more equal patterns in the early 1990s.

For men the pattern is somewhat different. Firstly, the differences between groups of men are not as outspoken as between women and secondly, a large proportion among men outside or in the bottom of the labor market have no children. Men with higher education and high occupational positions have on average more children than women in similar positions, which indicate that the women still feel a need to limit the number of children in order to be able to manage both family and job (Knudsen 1993; Knudsen 1996).

The low fertility among highly educated women indicate their difficulties to combine child-care with the job responsibilities. It was mentioned above, that this group take leave less frequent than other groups if they have a child, which again may reflect job demands.

Concluding remarks

The causes of the very different fertility patterns in the two periods are manifold. The decrease seems to be more easily explained than the subsequent increase in fertility.

The first period considered here - 1963-1983 - was characterized by huge changes in the Danish society: Increasing welfare, prolonged education, increasing female labor participation and changes in the families as the roles of women and men changed. Much of the policy may be considered as efforts to establish a supportive infrastructure necessitated by female engagement in occupational activities.

Public demands were directed towards establishing of and improving the coverage of day-care facilities, but also to maintain a high quality of the care-giving institutions, especially when budgetary cut-downs began in the early 1970s.

On the labor market women struggled through the unions to be accepted as a full-time, permanent part of the workforce - and not a reserve which could be temporarily included in the workforce.

In the subsequent period - from 1983 to 1995 - public debate focused more on the family and various political initiatives aimed at the reconciliation of working life and family life.

However, even if the circumstances in families with children were focused the political initiatives were directed towards acts that regulated working life or social benefits.

Public demands were now - and especially in the 1990s - increasingly directed towards time structure and possibilities for spending time in and with the family. Some of these discussions may be seen as a result of the demands from the labor market to have a flexible workforce. The families have to ensure a right to time outside labor in another way, when the fixed working hours are disappearing from more and more jobs.

So, in conclusion one may say, that where the first period was marked by a tremendous change, the second period was a time to adjust the policy to the new dual-earner family which became the far most predominant form among families with children. For the families it is important to insist on maintaining the support.

The hot issues in the late 1990s are labeled : "a family friendly labor market". The plans put forward in a recent governmental report include more flexible and family friendly framework at the workplaces, improved possibilities for part-time and to increase the awareness of family policy in the personnel policies of the enterprises. The flexibility should also include the timing of the summer vacation and a possibility to place vacation when the children has a need. At the local level, more flexible day-care as regards opening time is proposed.

The focus on the time spent at work and with the family can be interpreted as a result of a gradually more demanding labor market as regards time spent at work. Even if the number of weekly working hours has decreased and the length of vacation increased, there is a strong tendency - at least in the private business - not to be engaged for a fixed number of hours, but to a certain function or a project, which means, that the time spent at work will depend on how the project is progressing. To comply with the needs of people with late working hours, new laws permit shops to extend the opening hours late at night, which again become a problem for those employed in the shops.

For the nearest future it seems resaonably to expect a continued high age at first birth. One factor which might draw in the opposite direction is the increased focus on the reduced possibilities to become pregnant at high age and problems with involuntary childlessness.

The total increase in TFR since 1983 is composed of increase among older women while there is a continued decrease among women below 25. Thus it may not be interpreted as a new value orientation to have children. Danish data in the European value study shows that younger people worship the family – but still, they postpone to establish a family with children. In this respect it is of considerably importance that the women and the couples are not forced to have a child unless they deliberately choose so. They control their fertility and avoid childbearing for more than ten years (average age for first sexual intercourse in 16 years). As a consequence most children are planned and wished-for.

However, the highly expressed worship of family might make it more difficult to make a decision to chose and define the situation as suitable and as perfect as they want it to be.

The lates increase can thus be considered to be a result of delayed childbearing, but also a

slightly increased wish not only to have one child, but build a larger family: Parity progression from 1st to 2nd and from 2nd to 3rd child has increased.

In relation to family policies this gives a picture of young people with no room for children while they are under education or because they focus on individualistic values and self-realization till they are in their late twenties. For the older group fertility seems to overtake that of previous cohorts, although their expected life-time fertility is below two.

It seems reasonably to believe that the development in this group has been affected by the recent family policies.

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Did Family Policies have an impact on increasing fertility in Denmark ?

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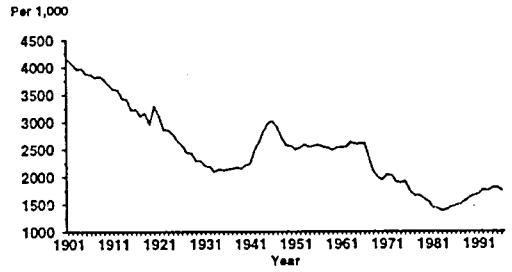
Total fertility rate

Denmark 1901-1996

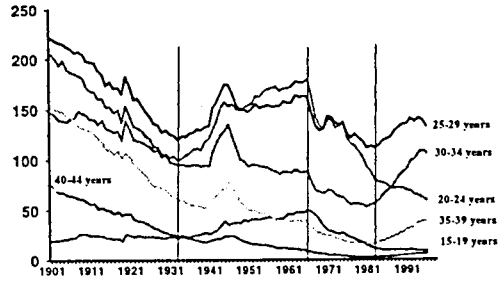


Four periods with different characteristics

- 1901 - 1933
- 1933 - 1963
- 1963 - 1983
- 1983 =>

Age-specific fertility rates

Denmark 1901-1996



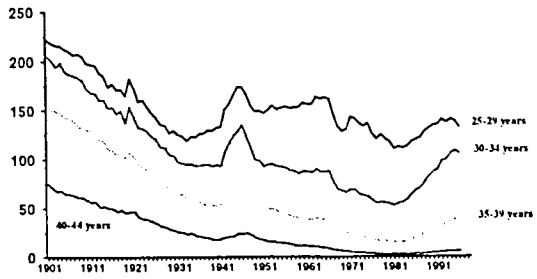
1901-1933

Decline above 20 years

- Total fertility rate halved
- Late onset of childbearing
- More than half of young mothers were unmarried

Age-specific fertility rates

Denmark 1901-1996. Women above 25



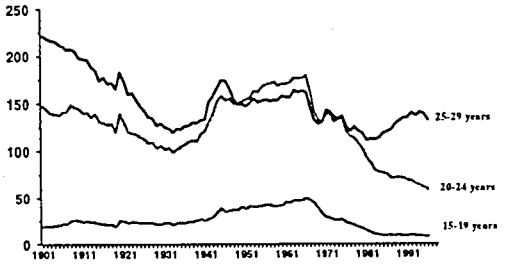
1933-1963

Diversity in fertility rates

- Increasing Total fertility rate
- Decreasing fertility rates from age 30
- Increasing fertility rates below 30
- Early onset of childbearing
- Fewer unmarried young mothers

Age-specific fertility rates

Denmark 1901-1996. Women below 30



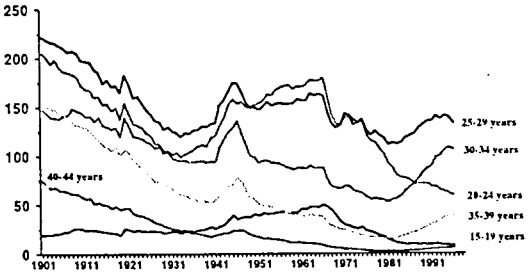
1963-1983

Fertility decline in all ages

- Declining Total fertility rate
- Postponing of first birth
- New family forms emerged
- Increasing proportion unmarried mothers among older women

Age-specific fertility rates.

Denmark 1901-1996



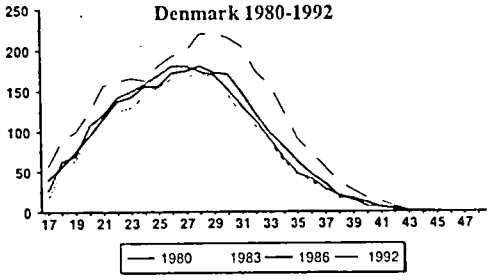
1983->

Increase above 25

- Increasing Total fertility rate
- Continued decline below 25
- Consensual unions prevalent - especially among young couples
- 50% born by unwed mothers
- Age at first marriage higher than age at first child

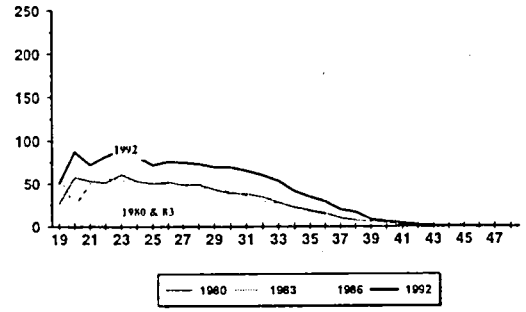
Age-specific rates for 2nd child

Denmark 1980-1992

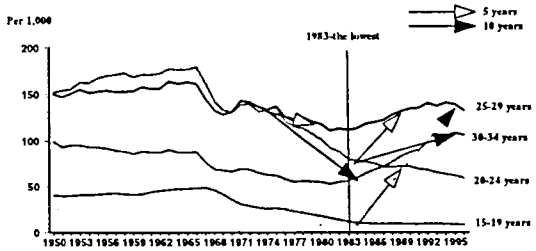


Age-specific rates for 3rd child

Denmark 1980-1992

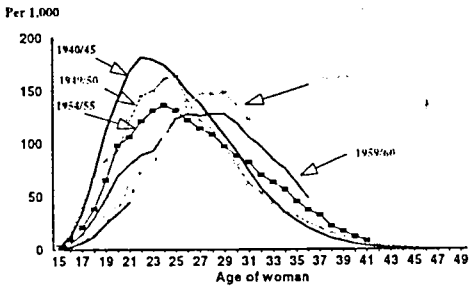


A cohort perspective on fertility



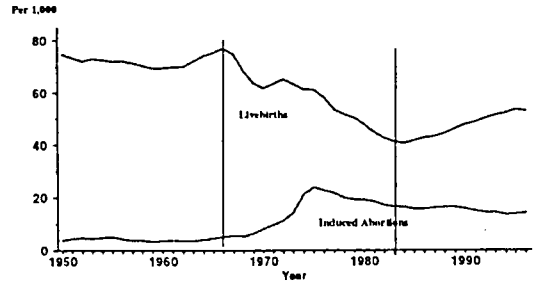
Age-specific fertility in cohorts

Women in Denmark



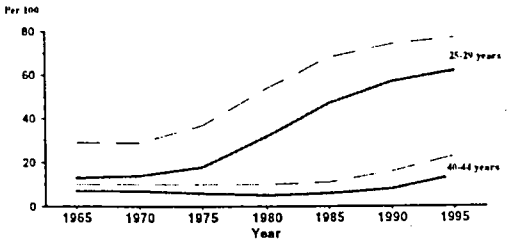
Livebirths and Induced abortions per 1,000 women

Denmark 1950-1974



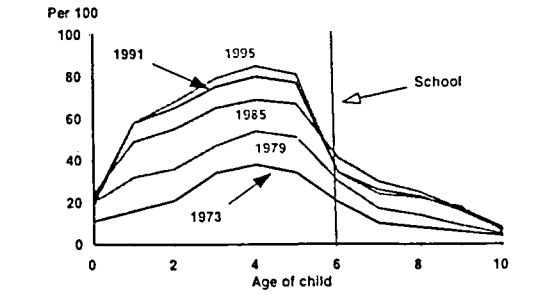
Percentage never marriaged

Dotted (blue) line = Men Full (red) line = Women



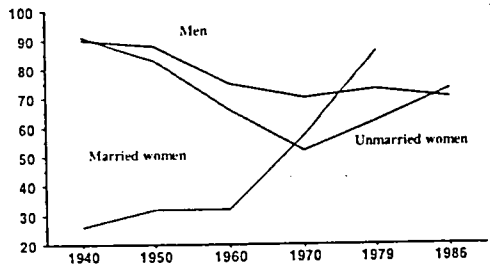
Children enrolled in day-care institutions

Denmark 1973-1995, by age of child



Activity rates for women and men according to marital status

Denmark



Men and Women in Denmark. Cohabitating as precentage of all couples.

	Men			Women		
	20-24 yrs	25-29 yrs	30-34 yrs	20-24 yrs	25-29 yrs	30-34 yrs
1976-77	69	30	10	48	19	10
1982-83	79	54	24	68	38	18
1986-88	58	61	34	77	44	21

Number of children vary with family form

- Among families with one child:

	1981	1990
Cohabiting	6%	11%
Married	64%	58%

- - with 3+ children:

Cohabiting	1%	6%
Married	89%	84%

Even to-day

Average number of children January 1st, 1997

Single men	1,24
Single women	1,50
Married couples	1,81
Cohabiting	
-with joint child	1,60
-no joint child	1,42
All families	1,70

Average number of liveborn and percentage without children

From the Fertility Database

	Women			Men		
	1981	1987	1993	1981	1987	1993
Av.no						
-age 35,37	1,96	1,77	1,69	1,77	1,58	1,46
No child						
-age 25, 27	47	60	67	56	66	70
-age 35, 37	11	14	17	18	22	27

Impact of Family Policies ?

Denmark in the 1990s

- Young people still postpone to have their first child
  - - they are under education, wish for self-realization
- For those with children, a slightly growing propensity to have a 2nd or 3rd child is observed
  - - which might be due to improved possibilities for families with children
  - - but which may have negative effects on male/female- equality

Population issues in the Netherlands

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1. Introduction

Labour and space issues are the 'hottest issues' in the Dutch welfare state. The Netherlands is densely populated, space is scarce, and, as in probably all countries, policies aim at making the life of its citizens as long and pleasant as possible. People may decide what is best for themselves to a very large extent. As soon as one comes under the level of reasonable subsistence one can ask the authorities for support. The welfare state guarantees basic (minimum) incomes for everyone, and the layer of people in poverty is relatively small. Increasingly the country is a melting pot of people who live side by side with various socio-economic and socio-cultural backgrounds. Deviant behaviour is tolerated to a large extent as long as it does not harm other people too much.

An official population and/or family policy does not exist. No demographic targets are set. Policies are of a humane, accommodating and 'laissez-faire' nature, and not directive.

Like is the case for many other West-European countries more or less detailed population data are available in the Netherlands from the beginning of the 19th century onwards. They show that around 1800 the area which is now called the Netherlands was inhabited by about 2.1 million persons, as against nearly 15.7 million by 1998 (*Figure 1*).

After Germany (82 million), France (59 million), Italy (57 million), Spain (40 million) and the United Kingdom (58 million) the Netherlands currently is the 6th most populated country in the European Union.

Around 1840 (with 2.9 million inhabitants) the area of the Netherlands got the topographical shape as it still is today, although the inhabitable area increased substantially due to turning water areas into 'polders' (= under sea level land): within a total of (land+water) area of 41,000 km^2 the overall inhabitable land area increased from 32,600 (=80%) to currently 33,900 km^2 (=83%). These days about 27% of the total land area is under sea level. Dunes, dams and dikes protect the country against sea and river water, while electric pumping equipment keeps the ground water continuously at levels lower than the sea.

Japan is with about 380,000 km^2 nine times larger than the Netherlands. However, with an average of 380 persons per km^2 (460 per km^2 inhabitable land) the Netherlands is more crowded than Japan (with an average of 330 persons per km^2) and belongs to the top-10 of most densely populated countries in the world.

National population density figures only are rough indicators: local population density figures vary in the Netherlands between 6,000 persons per km^2 in the The Hague area and 25 for the least populated areas.

As the demographic situation of a country at a given moment reflects a history of population dynamics which spans decades this paper overviews first of all the main population trends and dynamics in the Netherlands over the past century (section 2) and the expected trends (forecasts) for the coming 50 years (section 3). In section 4 the main Dutch population and family issues will be viewed from a policy perspective.

2. Population dynamics in the 20th century

2.1. Population size

The 20th century started with 5.1 million persons in the Netherlands. The mark of 10 million inhabitants was reached in 1949, while the 15th million inhabitant arrived in 1990.

Figure 2 shows that the rate of population increase (per 1,000 population) fluctuated: an acceleration took place from about 1860 to 1920 and immediately after the Second World War, but since the 1960s population increase diminished rapidly. Migration fluctuates more heavily now than natural increase. Absolute natural increase (*Figure 3*) rose almost constantly up until after the post-war baby boom, although also dropped in the inter-bellum (the economic crisis in the 1930s). At the moment that natural increase started to drop significantly (late 1960s) the country changed from a more or less zero-migration –but during the 1950s with a significant emigration surplus– to a status with an immigration surplus. Currently the yearly increases due to a birth surplus versus an immigration surplus have about the same significance. However, the Dutch government does not label the Netherlands as an 'immigration country' since there is no specific policy aiming at immigration. Officially the Netherlands does not have any population policy directed at specific demographic targets (see section 4).

2.2. Fertility and family

Probably the most significant demographic phenomenon in the Netherlands since 1840 is the 'enormous' post-war baby boom. Compared to many neighbouring countries the Netherlands had a 'high' and 'long-lasting' boom (*Figure 4*). Although the fertility rate dropped already before the Second World War, the war turmoil probably produced a revival of the traditional bourgeois-type family values. Many of these baby boomers are still relatively young now and in their fertile age range. As a result the Netherlands is still relatively young. Although family size is low the high numerical number of families results in a large number of babies. These facts will change rapidly in the decades to come.

The total period fertility rate (TPFR) dropped from an level at about four around 1900 to the current level at about 1.6. It indicates at least the (almost) complete disappearance of

unwanted pregnancies. However the total cohort fertility rate (TCFR) has not dropped under the level of 1.8 (for cohorts with completed fertility = up until female birth cohort 1955). *Figure 5* shows both the period (TPFR) and the cohort total fertility rate (with an interval of 28 years indicating that women born in the year X will on average have their children in the year X+28). Also the replacement level (TRFR) is shown, indicating the number of children needed to replace the parental generation under the given (child) mortality regimes.

The TCFR dropped almost continuously without making many ups and downs. It indicates the number of children at the end of reproductive life, and thus is independent of the timing of fertility. It tells us that large family sizes are disappearing: currently more than half of the people who opt for children have a family with two children.

The current Dutch TPFR is not the lowest in the Europe. The curve shows the impressive post-war baby boom and its aftermath. However this indicator is dependent on the age at fertility. A more or less general rule is that, if women tend to have their children earlier in their life than women from previous birth cohorts, then the TPFR will level higher than the TCFR, but if they tend to have their children later then the TPFR will level lower. From 1950 to 1970 there was a tendency to have children increasingly earlier, thereafter increasingly later. Currently the Netherlands stands out as 'world champion late motherhood': as far as known there is no country where women start having children so late (from 1970 to 1997 the average age of women at first birth increased from 24.0 years to 29.0 years). However, many Western countries show increases in age at first birth as well, and quite a few follow closely.

The low and late fertility rates are partly a result from the fact that the Netherlands stands out as the country with one of the lowest teenage pregnancy and abortion rates. The country once was labelled as 'one of the most perfectly contraceptive nations' (Jones *et al.* 1986). Teenagers and young adults have the challenges, knowledge and easy access to initially prepare for other life course options than mainly for a family career: the increasingly higher levels of education, also for women, and the labour market are the main reasons for young adults to delay getting married and have children. After finishing education and finding a job they are economically independent, they feel free and want to be able to stand and go where they want for a while. However at almost the same age that young adults got married in previous decades, most of them now start to cohabit. So the age at first union increased only very little. But unmarried cohabitation is not so stable: many split up after a while. It is increasingly the second or third partner with whom people marry. Ultimately the majority of Dutch adults marry, mainly because marriage is preferred when children are wanted or coming. So, non-marital fertility rates are low compared to many neighbouring countries.

Information on methods of birth control is already widely available in secondary education. Since most young adults use them effectively, the Netherlands ranks high with the share of still childless women in their late twenties or early thirties. Currently highly educated women have their children at the age of 34 years on average, but also medium and lower educated women started to delay childbearing (*Figure 6*). The fact that educational level is still increasing in general, is a likely sign that the age at childbearing will continue to rise and not (yet) level off or drop in the coming years..

The increasing challenges of the globalizing, urbanizing and secularizing world make family values change. Sequential relationships are for example getting more popular, which makes that the rise in childlessness is also a result from the increasing share of women that

does not have a partner with whom they would like to have children right at the moment that they would like to become a mother. Voluntarily childless couples are also increasing.

Increasing educational levels stimulate the call for combining family and labour market careers. Female labour market participation increased significantly in the Netherlands, but it still ranks low compared to other European countries. Up until the early 1960s women were even dismissed from their jobs as soon as they got married, and most people did not accept mothers having a paid job. The bourgeois-type of the 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 quite exceptional: part-time work. It is normal now that families with two parents and one or two children have one and a half income (the father works full time and the mother part time). Economically active mothers are an almost completely accepted phenomenon now, but many of them complain about timing and 'energy' problems when trying to combine family and labour market commitments. Especially the shortage in child care facilities is felt: mothers still feel more or less pushed to choose for child caring above raising an income. Although the choice for child caring *and* having a paid job is getting slightly easier –many more women continue to work after the birth of the first child– 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, mostly temporarily, after the birth of the second one.

Since rising educational levels lead to higher female employment rates it seems to be more likely that the future will bring a continuation of rather low, under replacement fertility rates than fundamentally rising rates.

All these issues are part of what has been labelled the 'Second Demographic Transition' (Van de Kaa, 1987 and 1994): an increasing pluralization of Western society in which from about 1965 the traditional family type gradually lost popularity. Rising educational levels, rising labour force participation rates (especially for women), emancipation, increasing non-marital unions, postponement of marriage and childbearing, increasing voluntary childlessness and non-marital fertility, smaller families, all these issues express a change in family patterns with a value system stressing survival and economic security to one stressing self-expression and autonomy. Egalitarian role patterns between partners become more important. And, family forms become much more diversified. More families are now observed in which the parents are living together unmarried. They are not viewed nor see themselves as deviant. Moreover there are increases in the numbers of unions without permanent co-residence (the so called LAT relationship). Mothers may choose now not to marry if they prefer not to live with the father of the child. Various 'family' forms exist side by side as a result of deliberately making different choices. Union formation and childbearing is negotiated. Opting for legal marriage may increasingly only be done by those who want to have children.

From fertility surveys we know that most young adults prefer a family with children, that many doubt about the best timing of having children and therefore delay having the first one. Before children are born many women have a higher family size in mind than finally is observed. It means that family size is reduced during the process of family building (De Beer & Van de Giessen, 1989). May be, every time a new baby is born initial ideas are reconsidered (Monnier, 1987). Or is an initial number people have in mind before family building only a rather vague concept?

The 'loss of fertility' can be attributed to delaying so long that sub- or infertility problems prevent the start or continuation of a pregnancy leading to a vital baby, to separation or divorce before the final family size is reached, or to a more rational reconsideration of the earlier view. Only in a very few cases a family may end up larger, for example because of having a multiple birth.

These findings may gain policy interests: if the welfare state makes labour and family careers more compatible, family building could benefit (see section 4). However in the 1980s the economic situation was not encouraging those young people who just entered the labour market to easily find a job. The conditions of employment were rather insecure, which also contributed to postponing childbearing. People do not prefer to have children in financially insecure and less prospective circumstances.

2.3. Mortality

From an international perspective the Netherlands is not only characterized by low and late fertility but also by low and late mortality. The general state of health of the population has improved spectacular over the past century: life expectancy at birth almost doubled (*Figure 7*). Also at other ages the change in life expectancy was impressive (*Table 1*). Infant mortality rates are at biological minima. Childbearing does not occur any more because children may die.

If there is a societal field where policy measures with a (unspecified) demographic target are active then the field is health and mortality. Physical doctors are raised to prevent early death (the oath of Aesculapius): life should last as long as possible.

As in other countries the major advances were the result of continuous (policy support for) medical and health care progress which reduced avoidable health problems and premature mortality (prevention, healthy food processing), the strengthening of action (policies) aimed at maintaining and improving the quality of life of chronically ill people, policies on absence from work due to illness and inability to work, and policies to reduce differences in health for those who did not benefit to the same extent from improvements in the general state of health (immigrants, homeless and lower socio-economic strata).

The overall objective of the Dutch health system is to ensure that each citizen will have efficient quality care available. The promotion of efficiency, cost control, and the fostering of solidarity between the citizens as well as mutual responsibility among all those involved, are elements which are taken into account in the ongoing modernization of the system. Medical developments have, as said, positive effects, also regarding the major causes of death such as cardiovascular diseases, cancer, and injuries after accidents. People suffering in a terminal phase from incurable illnesses may voluntarily choose for euthanasia.

Table 1. Life expectancies at selected ages, Netherlands

	Age 0		10		40		60		80	
	M	V	M	V	M	V	M	V	M	V
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

2.4. Migration

From *Figure 8* we see that immigration and emigration have been rather small in the earlier decades of the 20th century but increased substantially in the second half. The Netherlands always had quite a few of its citizens abroad, either travelling as traders, engaged in commercial travel or transport companies, or temporary or more permanently settled in for example the (former) Dutch colonies (now Indonesia, Suriname, Netherlands Antilles).

Substantive immigrant populations of foreign descent are of more recent dates. Next to a substantial number of people who have roots in what is now called Indonesia (over 400,000) other larger non-European Union subpopulations are from Turkey (271,000), Suriname (254,000), and Morocco (225,000). Depending on how these populations are defined, the total number of people with foreign roots make up for some 7 to 8% of the current population of the Netherlands.

In addition to family reunion and family formation migration, especially the currently unstable economic and political situation in large parts of the world give rise to substantive flows of refugees and asylum seekers. Migration with other member states of the European Union is of course 'free', since Union citizens may move freely.

Both the government and the citizens realize that international migration will continue to be a substantive factor in population dynamics in the Netherlands, like is also the case in many other member states of the European Union.

2.5. Age structure: ageing

Although fertility is low and late now, the legacy of a relatively young population and continued population growth mainly results from the large and relatively long lasting post war baby boom (1946-1969). These birth cohorts left 'heavy marks' in Dutch society since the Second World War and will continue to do so in the coming decades.

In the beginning of the 20th century, like in most countries, the population age pyramid was a real pyramid. As a consequence of the epidemiological and demographic transition to lower birth and death rates (lower TFRs and higher life expectancies) the resulting effect was not only population growth but also population ageing. Up until the 1960s the percentage of the population aged 65 years or over increased almost continuously but slow. From the 1970s the curve rises much steeper, mainly due to the drop in fertility. However, even currently the Dutch curve lags behind most other European countries. The 'impressive' high and long post war baby boom is the main reason. Currently the declining share of the youngest population has run most of its course, while the main thrust of population ageing still has to come: as soon as the baby boom reaches the age of 65 years the ageing process will gain momentum (*Figures 9, 10 and 11*).

The dependency ratio is currently lower than in the past few decades, again due to the drop in fertility. It means that the share of young people (0-20 years) significantly declined compared to the 'active' age groups (20-64 years). In contrast, the dependency of the elderly (people aged 65 years or over compared to those aged 20-64 years) gradually increased. However, it should be noted that not all persons in the 'active' age group are truly active on the labour market due to unemployment, disablement, or early retirement (*Figure 12*).

Currently much research is in progress on numerous aspects of an ageing society. Also due to changed demographic behaviour (nuptiality and child bearing) but also to different life course experiences in the socio-economic realms (labour market participation and income

generation) the post war baby boom cohorts have 'better' perspectives than the current elderly. Family networks, costs and benefits, social security, inter-generational transfers, living arrangements, leisure time activities after retirement, employment trends of older workers, health care issues, all these topics are part of research (many via surveys) and a lot of speculation and extrapolation is the outcome.

The Netherlands is aware of the fact that the large post war baby boom gives an extra 'demographic bonus' right at this moment[1]: also because the Dutch economy is relatively prosperous in the 1990s it gives the opportunity to have a large share of the population participate on the labour market which raises additional tax incomes for investments now and savings for tomorrow.

3. Population dynamics in the next century

3.1. Population forecasts

Quite a few remarks have already been made on possible trends for the near future. Demographers have special expertise in looking forward. Forecasting the life course of cohorts that have already been born is easier than forecasting the size and course of cohorts that are still to come. Compared to other forecasts, for example economic, population forecasting seems to be relatively easy and, more important, has a better chance of being accurate. However also population forecasts will almost always fail to be completely exact.

The most recent (1996) official national population forecast, since 1900 periodically prepared by Statistics Netherlands, is of the cohort-survival type and consists of three variants (Low, Medium and High) to express uncertainty about the future demographic trends. In all variants demographic behaviour is modelled according to age-specific fertility rates for successive female birth cohorts (parameters: TCFR, percentage of childless women at age 50, and mean age at first birth), to sex and age mortality rates (parameter: male and female life expectancy at birth), and to absolute numbers of immigrants and emigrants with a specific age-sex structure. All fertility and migration parameters start changing from current levels but level off and end constant within the coming decades.

Table 2 shows the basic input indicators. Of course such indicators are subject of discussions. For every new forecast Statistics Netherlands consults several experts. Right at this moment that actually is the case, as new forecasts are to be released by the end of 1998.

3.2. Population size

Different than in many other European countries the population of the Netherlands will most likely continue to grow for one, two or three decades more. It is expected to start decreasing in the (most likely) Medium variant from the year 2033 onwards, at 17.2 million inhabitants (Figure 1 again). The uncertainty about the number of inhabitants by the year 2050 is sizable: the gap between the variants amounts to nearly 9 million people, in between 12.7 and 21.4 million. Moreover it will make an extreme difference for a country and its population whether population size will continue to increase or level off at a certain moment and start to decline.

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[1] See UNFPA (1998) for literature on the 'demographic bonus'.

Table 2. Main indicators in the 1996 population forecast, 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 childless women	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 (x 1,000)	100	123	146
emigration (x 1,000)	100	88	76
net migration (x 1,000)	0	35	70

3.3. Fertility

The fact that population size in the Netherlands follows a rather exceptional European path is to be attributed to the still relatively young age structure: there are many women of child bearing ages. Although each of them only gets a very few children, they all together give birth to many more new born babies than the number of people dying. However, as soon as the birth cohorts of the 1960s have finished reproduction a drop in the number of live born children is most likely. It is self evident that waves will affect the future age-sex structure.

Given the fertility indicators in Table 2 the number of live born children will vary as shown in Figure 4. In the Low and Medium variants the numbers tend to decrease, in the High variant an increase is visible. The difference in family size between the High and Low variant of 0.6 children (2.0 versus 1.4) turns out to yield an enormous difference by the year 2050 (over 250,000 versus around 100,000). Such differences also result from the variation in the number of women of childbearing ages available in a population. Since the post war baby boom was so large, and responsible for a follow-up boom in the early 1990s, the future curve will most probably continue to show booms and busts.

One point of criticism on the fertility indicators used in the most recent population forecast could be the absence of variation in the age at first birth. As previously indicated the current age at first birth is (probably) the highest in the world and a further rise is expected. The assumed levelling off at 30 years may be too low. As increasing concern about late parenthood is notified, the minister of Social Affairs in the Netherlands requested NIDI last year to prepare an inventory of available literature on the determinants and consequences of late fertility (Beets, 1997). The report shows that, compared to the overwhelming quantity of literature on the number of children born in the most obvious age range of mothers, there is only very little literature on starting a family at ages 28 to 30 or over. Determinants have already been overviewed in section 2.3. Here only the forecasted distribution of the number of children per educational level is given (*Table 3*). One should recall the rising numerical importance of the medium and higher educational levels which lead to a small increase in family size for those who opt for parenthood but since childlessness is also much higher among higher educated people the overall number of children will hardly be influenced.

The Dutch minister wanted to know whether variation in the age at first birth would have an effect on the numbers of future children to be born, in order to prepare for the future entrance to the labour market (the future age-sex structure). To answer the minister some quick exercises were prepared. These will be overviewed shortly in section 3.6.

Table 3. Assumed distribution of women by number of children and average family size, per educational level, 1996, Netherlands

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

Source: De Jong (1997).

3.4. Mortality

The assumptions on the future course of life expectancy at birth are the only ones not levelling off (Figure 7). The basic idea still is that those societal factors that improve health conditions (medical and hygienic developments, spread of information on and prevention of unhealthy risks) will prevail above factors that may bring down the duration of life (unhealthy life styles and environmental risks).

Another important factor is the assumed slight decrease in the gap between male and female life expectancy that is foreseen in all three variants. Starting in the 1960s the gap increased from an original level of about two years in favour of women, reaching just over six and a half years at its maximum in the 1980s and decreasing afterwards, probably due to the fact that female life is increasingly getting more similar to male life (rising labour market and traffic participation rates).

The outcomes show ongoing increases in the absolute number of people dying (Figure 4). The difference between the variants is not very substantial. Since the highest life expectancy is combined with the highest fertility rate into the High variant it is obvious that this variant has the largest numbers of inhabitants: initially the number of deaths is lower in the High than in the other variants but around 2039 the numbers become equal and cross. In the Low variant the post war baby boom is already 'gone' by then.

The graph also shows clearly that the number of deaths will cross the number of live born children in each of the variants at certain moments in the foreseeable future: the moments that natural increase will start to be negative also in the Netherlands, situations that exist already in several neighbouring countries. Only net immigration may then postpone the real moment that population size will start to drop.

3.5. Migration

International migration flows are difficult to foresee, but the fact that current projections take a positive net international migration balance into account are perfectly realistic. It should be noted that asylum seekers are only counted as migrants after admission procedures have been completed or after a stay of at least one year in the Netherlands.

The forecast assumptions consist of absolute numbers of immigrants and emigrants (Figure 8). As said earlier, the Netherlands is assumed to have continued net immigration.

While 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 the year 2034, i.e. the year that the difference between the numbers of children being born and people dying exceeds 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 in all three variants. The percentage of the population aged 0-19 years will drop in all three variants from the current level of about 24, to 17 (Low), 21 (Medium) and, in the High variant first to 23 around 2023 to increase to 24 again by the year 2050 (Figure 10).

The share of people aged 65 years or over will (almost) double in all variants. The current level is 13.5%. In the Low variant a rise is expected to 27% by 2040 when a decrease will start to 26.3% at the end of the forecast period (2050). In the Medium and High variant these percentages are lower: maximums of 24.9% and 23.3%, respectively, around 2040 and drops to 23.9% and 22.2%, respectively, by 2050. So, after 2040, when the post war baby boom has died out, the ageing process starts to diminish. If the forecast calculations had been continued to an even later moment, then the most likely outcome would be that the share of people aged 65 years or over would level off somewhere around 20 to 23%. In the next century the share of the elderly (65+ years) will most likely be larger than the one of the youngest age group (0-19 years).

The age group in between, those of 20-64 years, follows a somewhat different path. Currently the level is 62.3%. The future shows mainly a lower levels, but with fluctuations.

Taken together the gaps between the variants are substantial for the age group 0-19, fairly small for those aged 20-64, and substantial again for the aged people.

Since life expectancy is increasing many people have at the retirement age of 65 years still a lot of healthy years to go. Nowadays an increasing share of our population reaches the age of 80 years ('the very old'). Its share of the population used to be unimportant (about 0.6% around 1900), but is currently of increasing interest. Today it stands at 3% and it is expected to continuously increase up to 8% around 2050.

The demographic burden (dependency ratio) will 'wave' as well (Figure 12). Currently the total dependency is relatively low, but it will increase almost only because the share of the elderly increases. However, it is not expected that there will be more than 0.9 dependents per one independent. Higher levels than are expected by 2040 have been the case for the Netherlands around 1900, but dependents were children then, almost by definition.

Two more items will be discussed shortly under this heading: the variation in the age at first birth and its effect on ageing, and the so called 'family care taker potential'.

The lower the fertility rate, the higher is the effect of the timing of fertility on the yearly number of births. In that sense the timing of fertility may have an effect of the age structure. Beets (1997) modelled some of these effects by assuming several possible fertility trends. First of all the 1996 national population forecast is given as published by Statistics Netherlands (*SN*), i.e. the 1996 Medium variant. Then *Model A* assumes extra postponement: the same TFR as in *SN* but the age at first birth rises to 32½ years in stead of levelling off at 30. *Model B* assumes only a 10% lower TFR than in *SN*. *Model C* finally assumes a combination: a 10%-lower TFR and a rise in the age at first birth to 32½ years. In every model all other variables (fertility, mortality and migration) are exactly the same as in *SN*.

Table 4 depicts the results in 2010 and 2025. The calculations were not continued after 2025 since the minister of Social Affairs, who asked NIDI to produce these extra forecasts, was mainly interested in the effects for the future age groups entering the labour market.

Table 4. Main ageing results of variation in timing of fertility, Netherlands

	1995	2025			
		SN	A (later)	B (lower)	C (later+lower)
Population size (millions)	15.42	17.08	16.77	16.76	16.52
Number of life 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

What is clear from the exercise is that these assumptions for a further 2½ year delay definitively have an effect, almost equal as a 10% lower TFR, on population size (of course lower) and on the age distribution (extra ageing). It means that an even further delay would have a larger effect than a 10% lower TFR. Self evidently a combination of the two indicators will have stronger consequences.

The so called 'family care taker potential' tries to illustrate the balance between the number of elderly people (the maximum number that may request help) and the number of people that normally may provide elderly care. The first indicator is set here at the total population of persons aged 70 years or over, and, more in particular, the total non-married population of persons aged 70 years or over[2], the second at the total number of women aged 45-69 years.

[2] The Netherlands' population forecasts produce not only output for the age-sex distribution of the population but also by marital status up to 2020.

This of course is a very rough indicator. *Figure 13* shows that both indicators have the same direction of the curve, and that the potential number of care providers increases slightly first but will diminish after 2010: there is on average about 1½ woman aged 45-69 per person aged 70 years or over, and around 2½ to 3 per non-married elderly person. The last indicator assumes that many married elderly people will help their partner in case of frailness.

4. Population policies

4.1. Royal Commission on Population Issues

Quite different from the fear for depopulation issues which already existed even before the Second World War in some European countries (England & Wales, France, Germany, Sweden) and were dealt with in official Commissions of Population Issues and in Family and Welfare Associations (Gauthier, 1996), up until the Second World War hardly any one in the (mainly religious) Netherlands had concerns about population issues or it must have been the high density. However, the post-war baby boom did rise some concern about the continued high fertility rate and the concomitant rate of population increase. Emigration was stimulated in the 1950s, and around 620,000 citizens emigrated: many of them started a new life in Australia, Canada, New Zealand or the United States of America. However, in the same period 490,000 immigrants arrived, among them many Dutch nationals from the Dutch East Indies after the declaration of independence of Indonesia.

Deliberately reducing the family size started to be discussed already before the Second World War and certainly in the course of the 1950s but mainly within some non-religious, high educated circles. Politically spoken family planning remained in the taboo spheres up until the 1960s, although the high population density was discussed at several occasions. The legal introduction of the birth control pill took only place after heavy and emotional disputes in parliament in the early 1960s. Although 'pill consumption' increased spectacular from the very introduction, it took a while before the birth rate started to drop (the post-war baby boom was becoming of age and the ages at marriage and childbearing were still decreasing). The diffusion process (mainly from higher to lower social strata) went rapidly.

Shortly after the arrival of the 12 millionth inhabitant, Statistics Netherlands published in 1965 a new population forecast. Now, the expectation of nearly 21 million inhabitants by the year 2000 produced a shock effect. The number of disputes on how to accommodate the future population of the Netherlands rose, both within and outside parliament. Finally it was decided that a Royal Commission on Population Issues should make a complete inventory of all demographic and non-demographic issues related with such population growth (fear for overpopulation). Moreover the Commission should advise on possible accommodation policies. The Commission, installed in 1971 and chaired by the physician prof. Muntendam, reported in 1976. However, at the very beginning of its life the Commission was already confronted with an almost paradoxical issue: although it had received by 1971 the task to explore all societal population-growth-related issues and formulate ways to accommodate over 18 million by the year 2000 –the 1967 population forecast had produced a slightly lower population size by the year 2000 than the 1965 forecast– the spectacular drop of the fertility rate from 1970 onward had not yet been incorporated in the Commission's initial task. However, new forecasts in 1970, 1972 and 1975 did not come with such 'dramatic'

population sizes for the year 2000 any more, but with an 'ageing society'. So, the final report mainly gave an overall picture of an ageing population (Royal Commission, 1976).

The Royal Commission also advised on several other points: right in the beginning (1971) it already gave the final green light for the establishment of a national demographic research institute (→NIDI), aiming at the extension of research capacity and means for population issues. But also outside NIDI survey research capacity was broadened, for example at Statistics Netherlands, where the research units for population forecasting methodology and for (both retrospective and prospective) family and fertility research were enlarged.

One of the main points the Royal Commission stated was that the Government should aim at ending natural population growth as soon as possible and strive to a stationary population. In a following parliamentary debate (1983) the preferable stationary size was set at a bit smaller but certainly not larger than the population had at that time (13 to 14 million). Since fertility was already below replacement it was officially decided that for the time being no further policy intervention was required. Non-intervention in population issues remained to be essential for Dutch policy.

However, very important was the fact that information and research were stimulated. The Government expressed in 1983 the desirability of conducting research on possible policy measures which would be acceptable for the population to contribute to the desired population trends (Moors, 1995). It set the way for NIDI to start periodic research on attitudes towards population-related policies. This coincided very nicely with the fact that new policies encouraging the economic independence of (young) women were obstructed by social arrangements that did not seem to facilitate the smooth compatibility of labour and family careers. Next to that the Government also decided to be periodically informed on the main population issues. To this end the so called Working Party on the Periodical Reporting on Population Issues was established, existing of representatives of many ministries, the official planning agencies, and Statistics Netherlands. The NIDI director is chair person (currently prof. Jenny Gierveld), while NIDI is also secretary (currently Nico van Nimwegen and Gijs Beets). In 1984, 1987, 1991, 1994 and 1997 reports have been handed to the Government.

4.2. Family policy

The core of Dutch policy is labour and space related. The current welfare state aims at making employment available for everyone who wants/needs that, to reduce unemployment and poverty, to financially support people who are partly or completely unable to work, and to care for the retired people. Next to that educational services, having easy and inexpensive access to medical services, to lengthen healthy life, to combat crime, to protect the environment and to carefully plan the use of space by so many people in a relatively small country are essential issues. As the Netherlands is member of the European Union, Dutch socio-economic policy is increasingly imbedded in Union policies.

The structural weakness of the political system in the Netherlands with respect to formulate clear-cut policy lines is based on the differentiated landscape of political parties and financial means to implement new policies (Kuijsten & Schulze, 1997). Transferring public money from one sector to the other is relatively difficult since so many financial streams are earmarked by legal regulations.

The Dutch welfare state was established rather late. Although the family has been the corner stone of society for ages, it initially was based on the bourgeois-type one-income family (the father full-time at work, the mother taking care of household and children). For many years it was rather easy to run a (large) family with one income, thanks also to the system of child allowances, which focusses on making available the same absolute amount of money per dependent child under aged. However, this amount of money covers only a minor share of the direct costs of children.

Up 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 as 'emancipation' or making 'child care and labour careers' more compatible. It means that family policy is not a very explicit, harmonized, coordinated and consistent issue.

An outstanding Dutch characteristic is the high share of part-time working women (the 'Dutch solution'). Since so many women were not at work at all, and the labour market needed them, many more part time and flexible hour jobs were created in order to also reach those 'housewives' who certainly would not join in full time jobs.

Like in many other countries the normal legal regulations like maternity and parental leave exist. Maternity leave schemes has recently been adapted to normal European levels (16 weeks) with full salary. Parental leave schemes, however, fall basically short, since they are mainly unpaid: having no income substitute and the requirement to continue at least part time work after maternity leave makes the rule almost purely symbolic (Kuijsten & Schulze, 1997).

Next to that families are supported in case of the loss of the basic income-earner (for example after widowhood or divorce). From the beginning of this century the system of widow and orphan allowance exists. Also available is the support for people losing their job (unemployment benefit) or becoming ill (sickness benefit). Having a job is based on a system of minimum wages.

Since the 1960s more liberal legislation was introduced to deal with emerging issues like birth control (1969), divorce (1971) and abortion (1981). They all express the women's claims for greater equality and independence. However, up to today the main household cores are in the hands of women (they perform about 70% of all unpaid tasks, while men do about 70% of all paid tasks in the Netherlands).

Legal support has also been introduced for helping low-income people paying the rent of their house. Especially one-parent families, mainly women with their child(ren) make use of this form of financial support. And, partners plus children can at low costs be added to the health insurance of employees with an income under a certain level (compulsory health insurance system).

Child care has for a long time been perceived as the family's private responsibility. Result is an absolute lack of available facilities. Although increasing, and after the recent doubling of financial support, the number of places remains low (the number of full-time places equals about 10% of all children).

The high fertility rates up to the end of the 1960s secured replacement. The modern family and the current problems with combining family and labour career do however not only focus on caring for children. Since childbearing is late, many adult people active on the labour

market also experience having their (grand)parents becoming frail, so that these are not easily available as (grand)child care taker. In that sense the request for extending family care policy aims at giving employees more possibilities to care for children or parents. Ageing and family policy go together here.

Gauthier (1996) shows that the Netherlands is not the most generous country when looking to supporting people shaping their life as they wish. A lot of creativity and own material and/or financial investments is necessary. Dutch people want it that way. To a certain extend the labour market also reacts and adapts to what people want: if women are only available part time or want flexible shifts then an increasing supply of part time and flex jobs result.

4.3. Policy effects on fertility

So, Dutch policies have never aimed at a specific fertility level, but on making family and labour market careers more compatible at the household level. Moreover policies stress economic independence. However, we know from fertility surveys, as said before, that most couples prefer a family with children and that many end up with a somewhat smaller number than initially perceived. Research has focussed on the determinants that make people decide to finally have lower numbers. The government is interested in the possibilities of influencing people not to finish with a lower number.

As said, the 'loss of fertility' can be attributed to determinants that may be difficult to take away: delaying 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, or to a more rational reconsideration of the earlier view. Only in a very few cases a family may end up larger, for example because of having a multiple birth.

However, what fertility rate could be expected if labour market and family careers would be much better compatible and if, for example, men would increase their share in household tasks? On the last point: it is known that men are willing to do so, if they also are stimulated to do paid work less hours per week. However, for men part time work is less likely than for women. The high rates of divorce and lone-parenthood are unlikely to disappear. Modern life is much more flexible than before, people are making their ways after being confronted with many challenges. People are better educated and society is much more individualized. Large family sizes are not popular and practical any more. Therefore it is very unlikely that fertility rates will rise spectacularly. In that sense the medium fertility assumption is very realistic.

The high population density, the fact that population size is still increasing, the rising concern about ecological issues, which certainly also are related with population pressures, and the fact that humane integrity and private responsibility score high, makes that the government will not very soon decide for policy changes. Moors (1996) shows that most citizens prefer to see a stationary or smaller population size. Continued ageing is evaluated rather negatively, but the declining number of children per woman receives large support, since that is related to 'wanting to live more comfortably', 'increased female labour force participation', and 'the growing desire among men and women for independence and personal advancement'. That makes that the realization of parenthood goes increasingly together with other obviously competitive goals. Social policy on fertility behaviour only has a chance if it aims at more than only family careers. But even then people are more interested in a happy

life, and in their happiness with children, than in a large family: they are probably more in favour of investing in the quality of children than in the quantity.

Moors (1996) further found that parents strongly approve of measures providing financial support, if they are asked what kind of measures would allow them to better make all their life goals compatible. But it is questionable whether parents would use additional money for additional children. They probably prefer to have more money available for the children already born. People without children yet, particularly those in the younger age groups and living with a partner, evaluate leave and work arrangements and child care facilities as more important. Obviously still childless people anticipate on possible material problems to come: they are trying to arrange how to deal with daily life activities when having children and, since mostly both partners have a job at that time, are not (yet) concerned about costs.

There are hardly indications that policy measures could significantly stimulate the number of children. The decision to become a parent is a crucial threshold in people's life which is almost not susceptible to change. Only a minor share would consider having an extra child when hypothetical policies which they considered important would be effective (better leave and work arrangements, child care facilities, financial incentives).

However, much more effect may be expected on the timing of having children. People are considering having children earlier if the combination of different life careers becomes easier. Since parenthood is late in the Netherlands a certain baby boom could be expected when new policy measures would indeed take away one or two years of doubting and discussing about how to deal with combining household and labour tasks. Whether the age at first birth would indeed drop the depends also on the numerical effects of the still rising share of higher educated people.

Surveys indicate that increasingly more people are now in favour of the *supplementary household model* (the woman takes care of the children and supplements the income via part time work) and the *egalitarian household model* (both partners share paid and unpaid tasks almost equally) than the *traditional (bourgeois) model* (the man works full time and the woman takes care of the children and household). The popularity of the *no-child household model* increases only slightly (Beets *et al.*, 1997). Research also indicates that job facilities may influence female economic activity rates: offering flexible working hours make more people decide to stay in the labour market and fulfil their wish to live in a 'supplementary' or more 'egalitarian' household. The quality of child care facilities does not have so much effect. However, also attitudes have to change. Policies should be developed that foster more egalitarian views on gender roles in private life and in society.

With respect to late fertility the government is considering now to stimulate information, education and communication activities on the possible social and medical implications of late parenthood to foster informed decision-making of potential parents. Since fecundity declines with the increasing age of women, a growing demand for assisted reproduction is noticeable. There is increasing evidence that late parenthood and birth intervals shorter than one year negatively influence the fecundity prospects of daughters. Many couples finally ending up without children regret having postponed so long.

These measures do not have any pronatalist background. The measures enable parents to combine parental responsibilities with (paid) employment, also with a view to equal opportunity objectives. But they focus largely on the issue of welfare of the family and not on

the strict fertility question. However, the effect could be a slight rise in the period fertility rates, mainly because people may feel encouraged to have their babies slightly earlier, or they may feel themselves better supported to realize the family size they always had in mind. A fundamental change in the ultimate number of children per cohort is not very likely.

4.4. Migration

International migration flows are difficult to foresee, but current projections take a positive net international migration balance into account. In addition to family reunion and family formation migration, especially the currently unstable economic and political situation in large parts of the world give rise to substantive flows of refugees and asylum seekers, who are only counted as migrants after admission procedures have been completed or after a stay of at least one year in the Netherlands. Despite restrictive admission policies, which particularly aim to reduce economically motivated migration from outside the European Union, the government and the citizens realize that international migration will continue to be a substantive factor in population dynamics in the Netherlands, like is also the case in many other member states of the European Union. Restrictive admission policies will be continued, also with a view to maintaining and strengthening support for humane policies for refugees and asylum seekers. Admission policies are focussed on responsible and rapid procedures for assessing applications for temporary and permanent residence, as well as humane and effective repatriation procedures.

4.5. Ageing

Population ageing comes at a cost: although the elderly are increasingly better educated, had better positions on the labour market, are 'richer' than previous generations (higher pensions), have fewer children to share their capital with, their increasing numbers will face society with increases in social security costs (pensions), but also in the health and welfare sectors. The government recently created a special fund to be funnelled by the profits of current economic prosperity in order to secure the public pension schemes (AOW) for future generations. In this sense the government is already 'saving for the future'.

Although the main thrust of population ageing is yet to come, its impact is already noticeable on the labour market, with the current ageing of the labour market. This process is being stimulated by labour market policies with, among others, the aim to increase the labour force participation of the elderly. Careful governance of human resources is a goal in itself, which is only reinforced by the need to increase labour force participation levels in order to absorb the growing costs of an ageing population. Integrated social and labour market policies should try to reconcile the diverging needs of macro-economic policy (higher activity rates), cost-benefit analyses of employers who aim to reduce the higher costs (seniority) of an ageing work force, and the individual wishes and needs for early retirement. Careful governance of human resources also calls for increased schooling and training efforts in a setting of 'life long learning', which should benefit both individual employees, labour organizations and society at large.

To soften ageing curves via extra age-specific immigration would involve so many more migrants than currently arrive in the Netherlands (adding to an even larger population density) that such an option is not considered at all. Moreover also migrants will age.

5. Conclusion

Population dynamics are intricately related to long lasting processes of social, economic and cultural change. The population and government of the Netherlands strive for optimizing the health situation, the income, and the labour participation and hope for people who are satisfied with their well-being (health, family, house, income, networks). 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 people prefer a less populated country. Fertility is more or less stable at below replacement level without indications for major changes, Women have their children at relatively advanced ages (late motherhood). Dejuvenation of the population (i.e. the declining share of the youngest population) has run most of its course, while the main thrust of population ageing (i.e. the increasing share of the oldest generations) still has to come.

Life time education is stimulated and so is female labour force participation to make as many people as possible economically independent. For mothers many flexible and part time jobs have been created so that the one-and-a-half income family is now rather popular. Having two full time jobs and raising a family is getting more and more difficult.

Next to labour and health, space is an issue. Space is extremely scarce and ecological constraints threaten. Therefore the issue of humane immigration (asylum seeking) may be put, by certain groups in the population, within the 'The Netherlands is full'-debate. But more often real spatial items are considered within that debate: where to create a new international airport, new infrastructure of highways, new (high speed) railroads, the possibly rising sea level, etc. It means that the demographic outlook calls for careful governance of valuable resources: spatial and housing policy implies on the shorter run the need for 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 both the needs of the 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, nor changed in view of the new outlook of emerging population decline, although in the longer run a stationary population is viewed as most desirable. Policies will remain to be of an accommodative instead of a directive nature.

Concerns about late parenthood are increasing, not in the sense that late parents would not be as good as earlier parents, but because fecundity drops with age, and not all people are able to have the 'happy family' they planned and wanted. They thought that conception would start at about the moment that they stopped using birth control methods and were not aware of the age-specific chances. Especially those who finally remain childless complain about society that made them postpone so long. If they had known earlier they would have tried to have a baby earlier in their life. Information and education on how to prevent becoming pregnant will be extended with age-specific information on conception chances. Again, this information is mainly focussing people's well-being (making one's wishes become true).

Within the discussions on the (second) demographic transition ageing is mainly viewed in the Netherlands as an irreversible and 'natural' process': it is the positive outcome of combatting (early) mortality and health improvements over the last centuries plus the perception that family size is more the outcome of opportunities to invest in the 'quality' of children than in

its 'quantity'; it is part of a changing world in which pure survival and economic security are making place for self-expression and autonomy.

So, ageing is mainly perceived as a challenge and hardly at all as a problem. It is seen as 'demographic maturity'. Moreover, the post-war baby boom gives a special 'demographic bonus'. Never before people had such a high healthy life expectancy, although it is too bad that the gap between healthy life expectancy and overall life expectancy seems to increase slightly in the Western world. That is part of the paradox that a successful health care programme may lead to increases in (extensions of) unhealthiness and physical limitations. However, that is a challenge for the future as well: try to combat untimely health constraints and mortality.

Next to that the Netherlands is still in favour of a more or less stationary population. It means that smooth fertility curves are favourable above booms and busts. Booms may create new problems in the further future, which may have life long effects. The Dutch solution is one of reluctance to interfere in demographic issues: laissez-faire again. After the disappearance of the large baby boom (2040) stationarity will have much better perspectives.

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Figure 1. Population size, 1840-2050, Netherlands (population forecasts for 1996-2050)

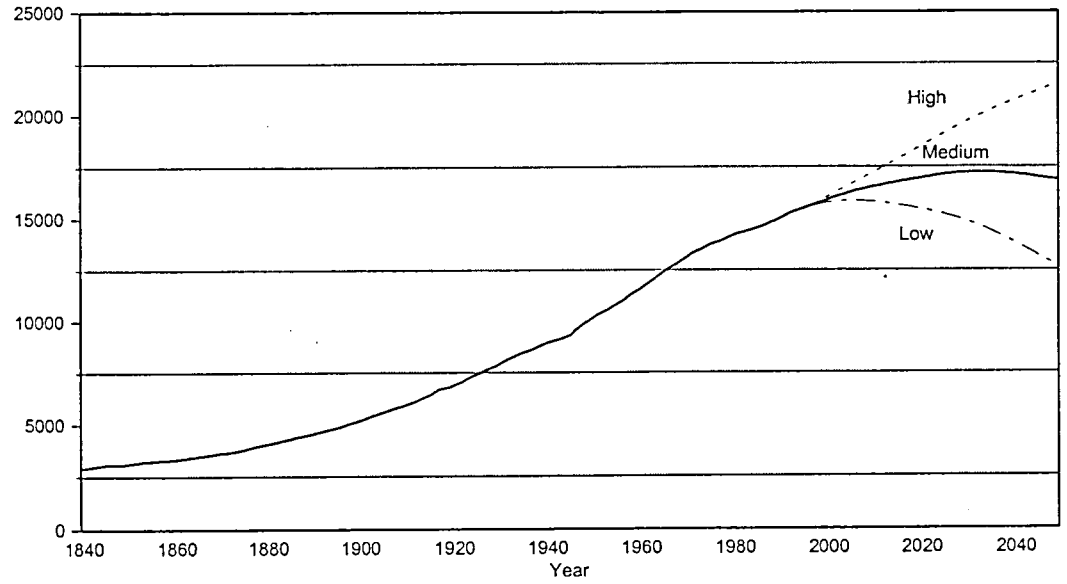


Figure 2. Yearly population increase, 1840-2050, Netherlands (population forecasts for 1996-2050)

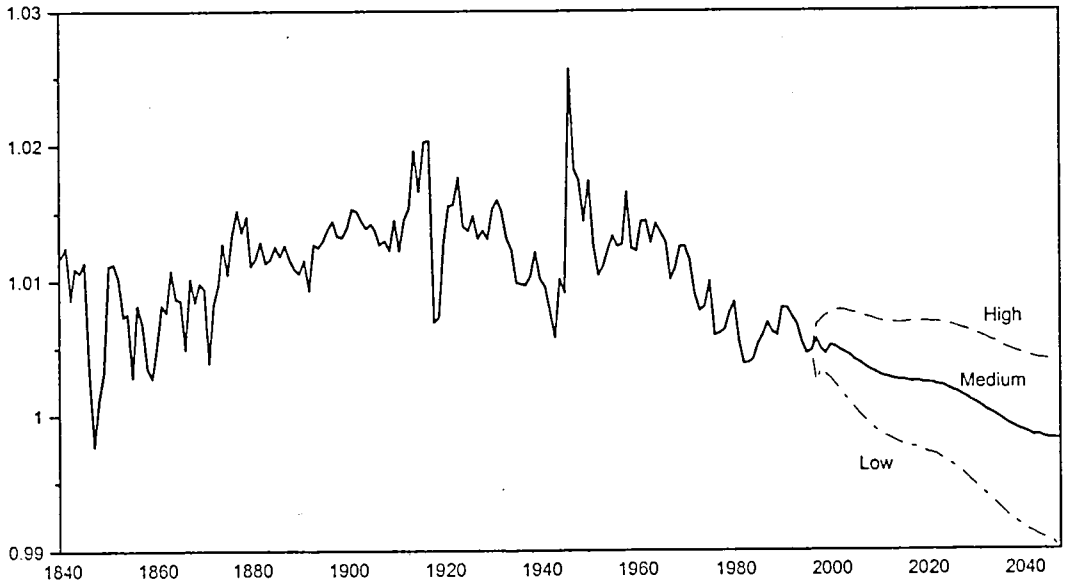


Figure 3. Natural population increase and net migration, 1840-2050, Netherlands (population forecasts for 1996-2050)

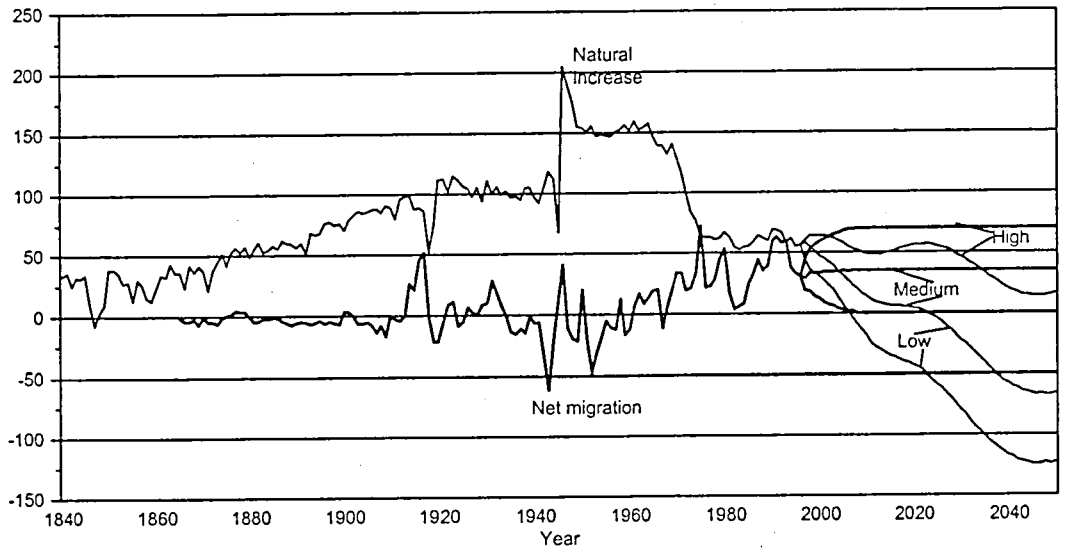


Figure 4. Number of live births and deaths, 1840-2050, Netherlands (population forecasts for 1996-2050)

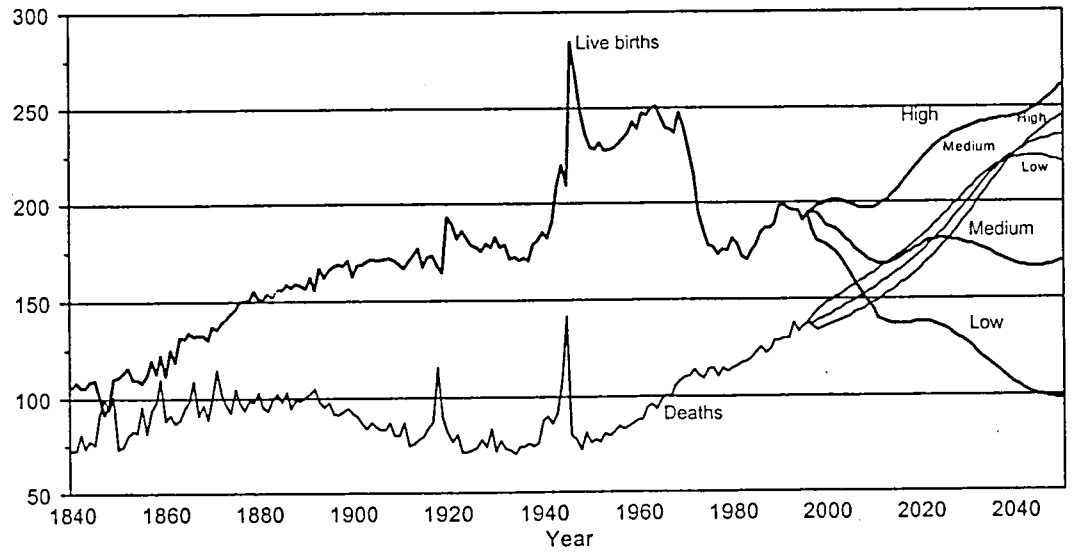
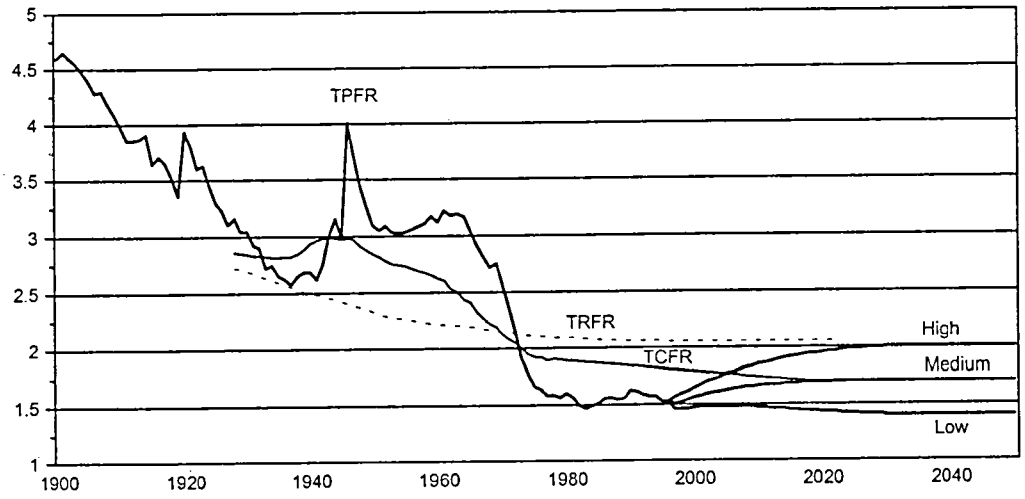


Figure 5. Total fertility rate, 1900-2050, Netherlands (population forecasts for 1996-2050) (Van Poppel & Ekamper, 1999)



TPFR = total period fertility rate, 1900-2050
TCFR = total cohort fertility rate, period 1928-2022 = cohorts 1900-1995
TRFR = total (cohort) replacement fertility rate (number of children needed per woman to replace the parental generation), period 1928-2022 = cohorts 1900-1995

Figure 6. Percentage women still childless by age 28 per level of education, birth cohorts, Netherlands (Statistics Netherlands, 1994)

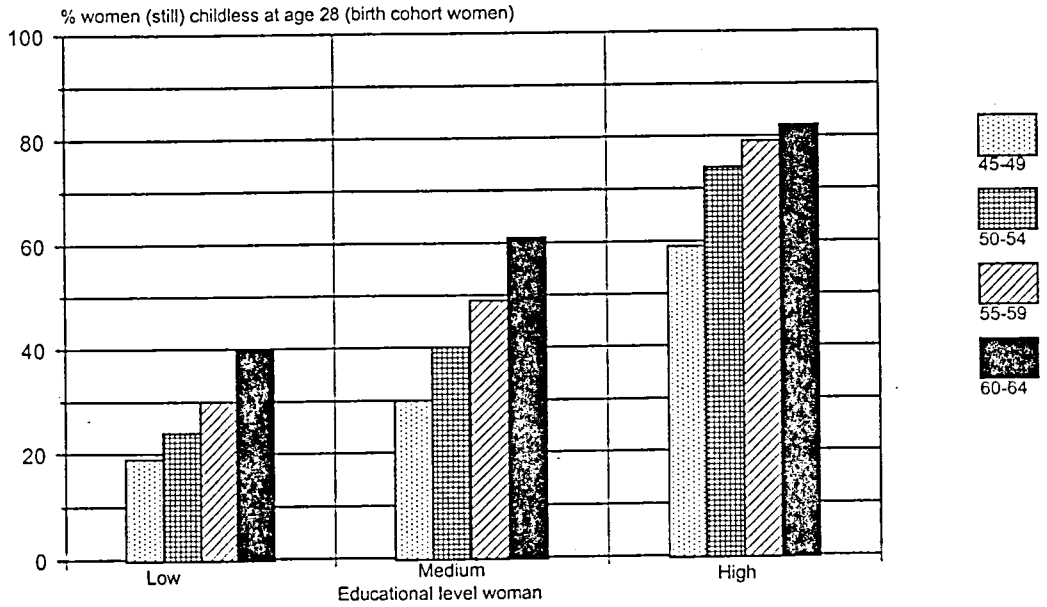


Figure 7. Life expectancy at birth, 1900-2050, Netherlands (population forecasts for 1996-2050) (Van Poppel & Ekamper, 1999)

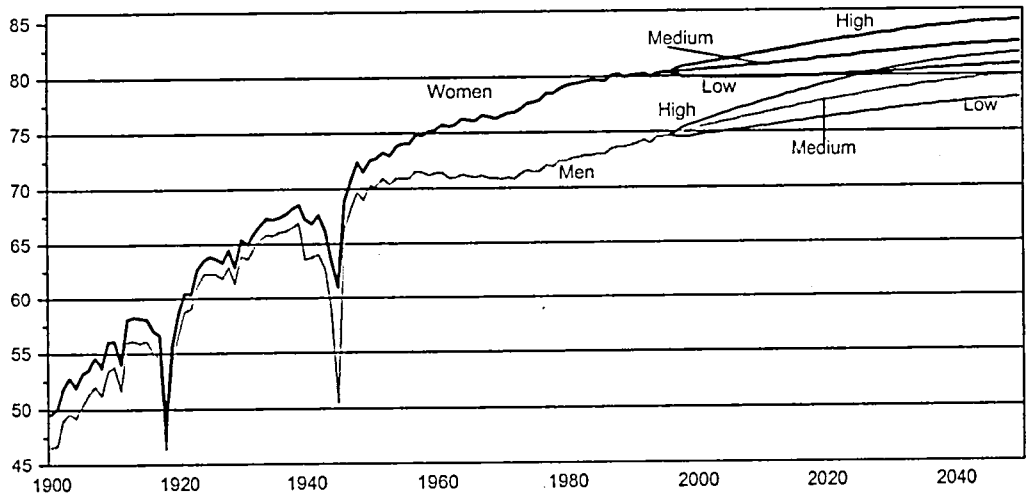


Figure 8. Yearly number of immigrants and emigrants, 1840-2050, Netherlands (population forecasts for 1996-2050)

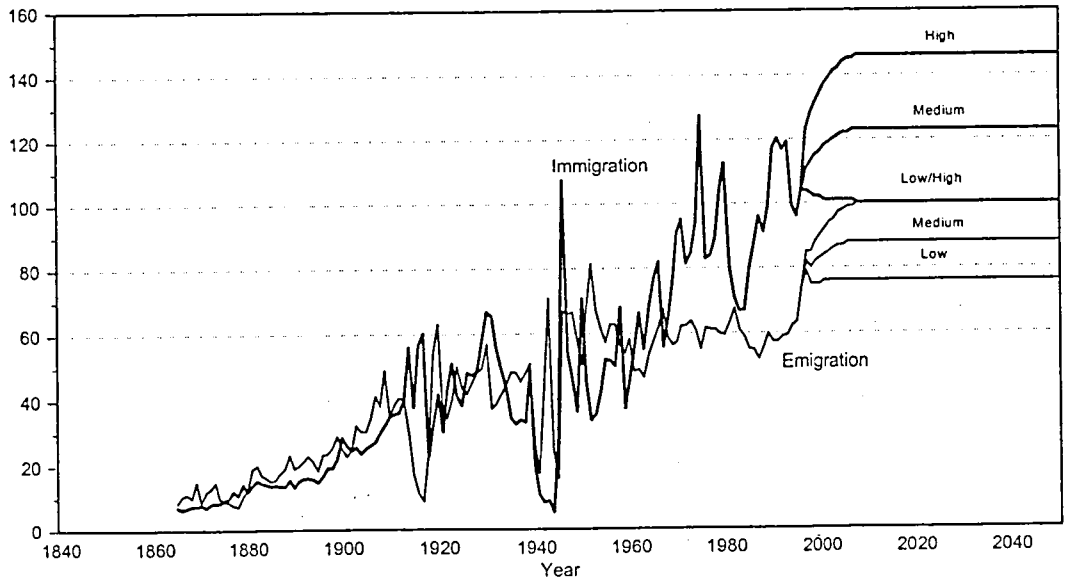


Figure 9. Population by age groups (%), 1840-2050, Netherlands (medium variants in population forecasts for 1996-2050)

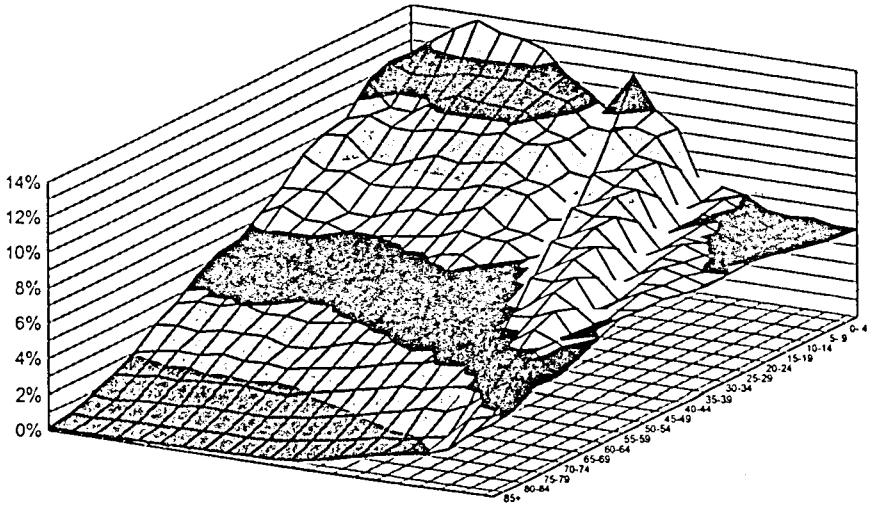


Figure 10. Population by age group (%), 1850, 1900, 1950, 2000 and 2050, Netherlands (medium variants in population forecasts for 2000 and 2050)

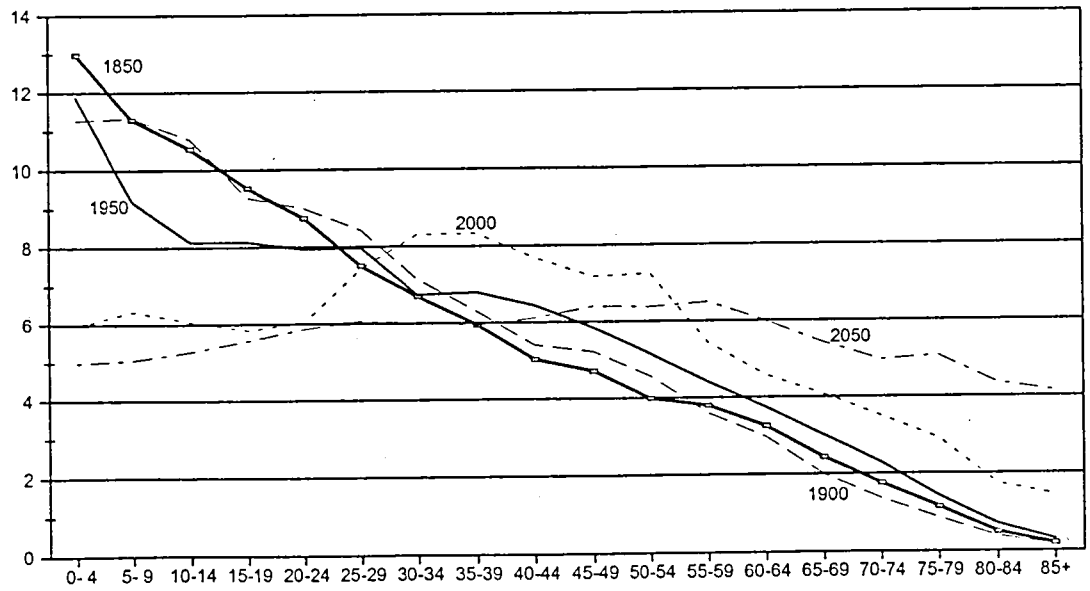


Figure 11. Percentage of the population aged 0-19, 20-64, 65+ and 80+ years, 1840-2050, Netherlands (population forecasts for 1996-2050)

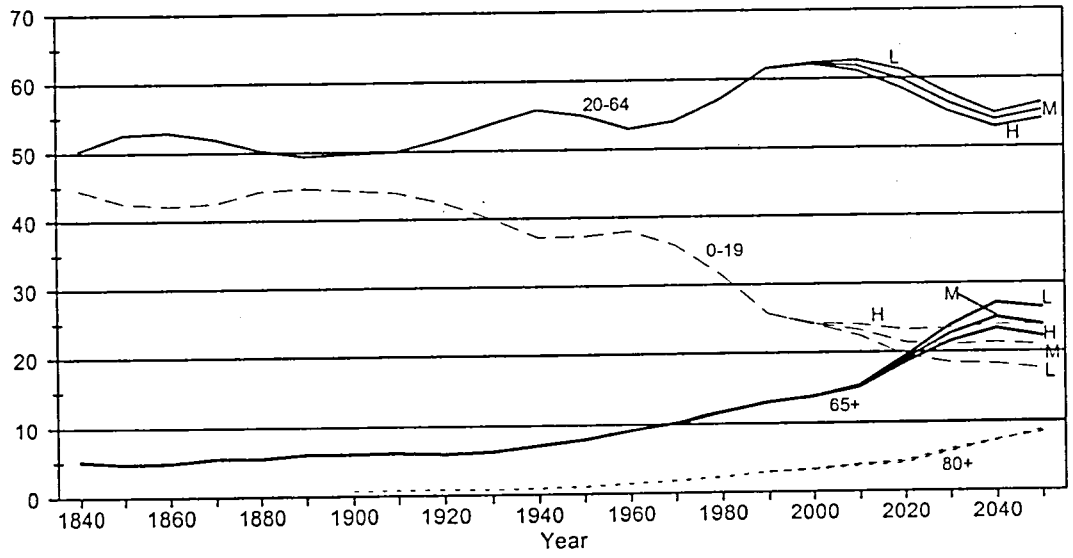


Figure 12. Demographic burden (persons aged 0-19, 65+ and 80+ respectively per person aged 20-64 years), 1840-2050, Netherlands (population forecasts for 1996-2050)

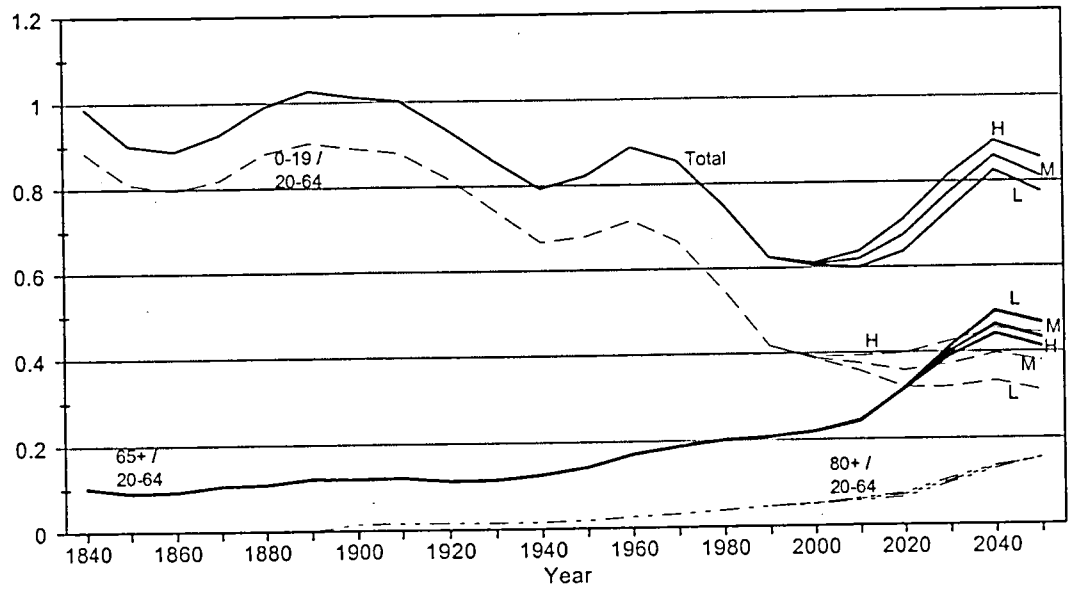


Figure 13. Family care taker potential (number of women aged 45-69 per person aged 70+), 1920-2020, Netherlands (population forecasts for 1996-2020)