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Abstract	<p>Fertility in the Netherlands has never dipped to the extremely low levels observed in some other European countries. The Netherlands has always maintained a total fertility rate (TFR, average number of children per woman) above 1.7. In 2009, the TFR was 1.88. The absence of direct family policies and the fact that the Netherlands is a highly secular society both make the country's relatively high fertility, in a European context, appear as a paradox. The Dutch government provides substantial welfare benefits, but, given concerns about high population density, no specific policies have been implemented to raise fertility. Dutch society is characterized by a strong value preference for fathers to be the primary breadwinners and mothers to care for children at home. As a result, the Netherlands stands out as having the world's highest fraction of women in the labor force who are part-time workers. Women tend to work in occupations that allow part-time work and higher work-family reconciliation, resulting in what has been termed unequal work for unequal pay. The state has had a paternalistic role—supporting mothers to work part time and providing child allowances and, until recently, free higher-level education and generous benefits. The Netherlands shows that religion is not necessarily a prerequisite for fertility and that work-life reconciliation and individual control of fertility can sustain moderate fertility levels. The recent financial crisis, however, has called the sustainability of this system into question and has signaled the end of many generous state policies, combined with increased calls for women to become less reliant on their husbands and more economically independent.</p>
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Keywords (separated by “ - ”)

Netherlands - Fertility - Family policy - Secularization - Welfare state
- Political regimes - Gender roles - Education - Housing - Immigrant
fertility

Chapter 9

The Dutch Fertility Paradox: How the Netherlands Has Managed to Sustain Near-Replacement Fertility

Melinda Mills

Fertility research in Europe and East Asia has often focused on the “lowest-low fertility” (Kohler et al. 2002; Jones 2007; Balbo et al. 2013). Less attention has been placed on the lessons we might learn from countries that have maintained fertility at near the replacement level of 2.1 children per woman. The exception has been research on Scandinavia, where the focus has been on the link between fertility and higher-level parity with emphasis on the role of strong family-leave policies and explicit gender-equality goals (e.g., Duvander et al. 2010). There is a country in Western Europe, however, that has sustained near-replacement fertility for many years. But in this country there has been virtually no direct family or fertility policy, more than 60 % of the population state no religious affiliation, and gender equity is not a driving factor. This country is the Netherlands.

This chapter will argue that an historical path dependency and unique constellation of inadvertent national institutions have created what could be termed the “Dutch fertility paradox.” It is a paradox in the sense that many institutional factors, upon first sight, appear to contradict one another, yet together they have operated to enable near-replacement fertility. For instance, it appears to be contradictory that there is near-replacement fertility in the absence of any active fertility policies. Or that one of the most non-religious, secular societies in Europe has such strong norms for primary mother care combined with an aversion to formal childcare. The aim of this chapter is to unravel this paradox and attempt to understand how various direct—but, even more important, inadvertent—national policy constellations have created the Dutch fertility regime. We then conclude by examining the lessons we might learn from the Netherlands.

The first section of the chapter presents an overview of the main population trends in the Netherlands, with a focus on fertility. This is followed by a brief elaboration of the theoretical framework—Coleman’s (1990) macro-micro-macro

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32 theory—that is used as a heuristic to link institutional policies and constellations to
33 fertility decisions and behavior at the individual level and to determine how these
34 lead to the macro-level fertility outcomes we observe at the national level. Family
35 policies are then examined in more detail, with the recognition that due to a fear of
36 overcrowding and high population density, the Dutch have been less concerned than
37 policymakers in some other European countries about dropping fertility levels.
38 Other related factors often considered in fertility research are then described, such
39 as family planning, childcare, child allowance, and parental leave. The final part of
40 this section discusses the strong cultural and normative values about parental—but
41 particularly maternal—care in the Netherlands and the aversion to women working
42 full time.

43 Until now, the majority of demographic fertility research has focused on fertility
44 primarily in relation to family policies and institutional or macro-level factors such
45 as economic trends and welfare regimes (for reviews see Balbo et al. 2013; Mills
46 et al. 2011). Not only direct family policies, however, shape fertility intentions and
47 behavior. For this reason, the second half of the chapter is devoted to the impact of
48 inadvertent national constellations and historical path dependency. The section
49 starts with a description of the paternalistic welfare state and political history to
50 understand how Dutch gender roles have emerged with the prominent male-
51 breadwinner and one-and-a-half-earner model. Labor-market flexibility and the
52 right to part-time work are also addressed, since these are core features of the Dutch
53 labor market that strongly affect women and their ability to combine work and fam-
54 ily. This is followed by an overview of not only how higher levels of education
55 affect family formation, but also the role of educational field of study, education
56 systems, and the cost of higher education. The Netherlands is one of the most non-
57 religious, secular societies in Europe, and this fairly recent phenomenon has influ-
58 enced fertility, particularly at higher-level parities. The section ends with a reflection
59 on how housing systems and immigration affect fertility. It concludes with a sum-
60 mary of the most prominent aspects of the Dutch fertility regime, a reflection on
61 whether the Dutch system is sustainable, and the lessons that we might learn from
62 the Dutch case.

63 **A Brief Demographic Overview of the Netherlands**

64 The demographic landscape of the Netherlands has several striking and interrelated
65 characteristics: an extremely high population density, an aging population coupled
66 with increasing life expectancy, a rapid decline and postponement of fertility, and a
67 shift to unmarried consensual unions. Located to the west of Germany and with
68 Denmark and Norway to the north, the Netherlands has a small population—around
69 16.8 million people in 2013—but with 484 persons per square kilometer, it has one
70 of the highest population densities in Europe. Since 2000, the Netherlands has experi-
71 enced continued and rapid population decline, which has been linked to falling
72 birth rates. Due to persistent in-migration, however, population numbers are now

expected to remain stable until 2035. At that time, the population is projected to 73
begin declining again (Garssen and Van Duin 2006; Fokkema et al. 2008). As in 74
many Western European countries, the Dutch population is also aging. The number 75
of persons aged 65 and above has increased by 1.2 percentage points per decade, 76
and the proportion of the population age 65 and above is projected to increase 77
until 2040, when it will reach 24 % and remain stable at this level (Garssen and Van 78
Duin 2006). 79

Another remarkable change since the 1950s has been the rapid decline in ferti- 80
lity. The tempo-adjusted total fertility rate (TFR) from 1951 to 2009/2010 is shown 81
in Fig. 9.1 for selected countries. Until the early 1960s, the Netherlands stood out 82
for its relatively high fertility rate, comparable with high-fertility countries such as 83
Ireland, Portugal, and Poland. The figure shows that the Netherlands experienced a 84
“baby boom” from around 1953 to 1964, followed by rapid fertility decline, with 85
the TFR dropping from 3.1 in 1964 to 1.7 in 1977. In 1974, the TFR fell below the 86
replacement level of 2.1, and it has remained below replacement ever since. Just 87
below the levels of the United States and Sweden, the Netherlands is considered a 88
“middle-range” fertility regime, with higher levels than in Eastern European coun- 89
tries such as the Russian Federation and Asian countries such as Japan. One reason 90

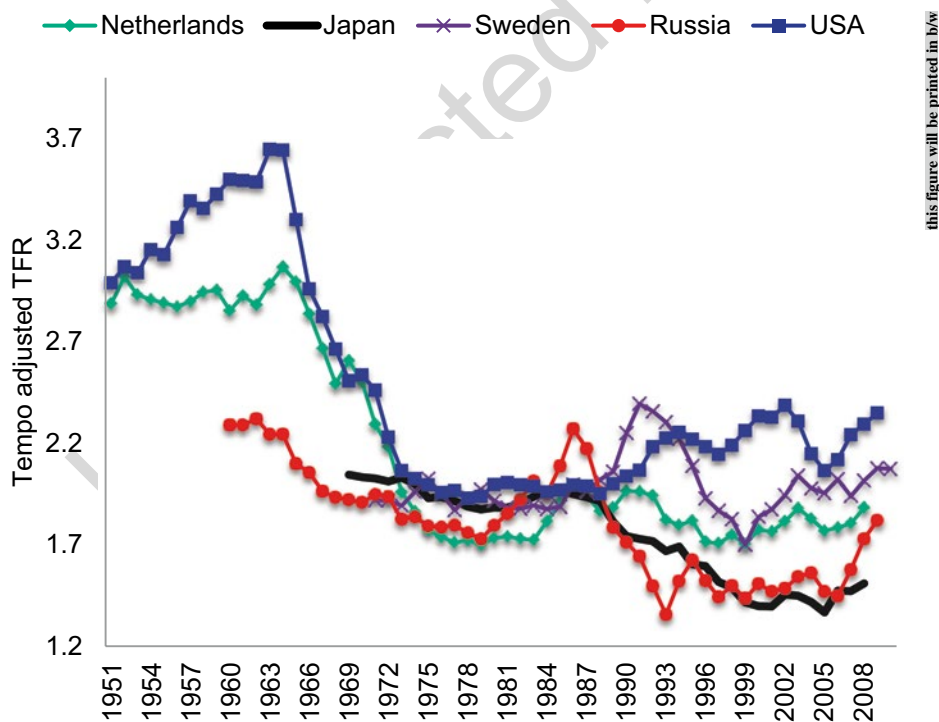


Fig. 9.1 Tempo-adjusted total fertility rates, Bongaarts-Feeney method, selected countries (Max Planck Institute for Demographic Research/Vienna Institute of Demography 2014; dates vary depending on data availability)

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91 for the decrease in fertility was the drop in third and higher-order births. By con-
92 trast, until about 1938, about 40 % of Dutch women had three or more children.

93 The Netherlands is also characterized by very late fertility, ranking among the
94 societies with the oldest first-time mothers in the world. Figure 9.2 shows that the
95 average age at first birth for women in the Netherlands is now above 29, having
96 increased steadily since the 1970s. This is similar to increases in the age at first birth
97 for women in countries such as Sweden, Japan, and Italy. Another characteristic is
98 that Dutch women have compressed fertility and generally have their second child
99 soon after the first. Women who are now in their late 40s have an average of almost
100 two children (about 1.87 for women born in 1957 and 1.85 for women born in 1960)
101 (Fokkema et al. 2008).

102 Partnership formation has likewise undergone significant changes over the past
103 decades (Dykstra and Komter 2006). This includes the postponement of entry into
104 first partnership, postponing and forgoing marriage, and differences in the level of
105 symbolic and legal commitment by relationship type (Liefbroer and Dykstra 2000;
106 Poortman and Mills 2012). Between the late 1980s and the late 1990s, the share of
107 people aged 25 and above who entered consensual unions without being married
108 more than doubled (CBS 2011), a trend that has continued in the past decade.
109 Another striking development is that not only are more and more people living
110 together without being married, but they also do so for longer periods of time
111 (Fokkema and Liefbroer 2008; Poortman and Mills 2012). The Netherlands has
112 experienced not only an increasing number of couples who postpone marriage, but
113 a smaller proportion who eventually marry. This is attributed to changes in Dutch
114 partnership laws, such as registered partnerships and cohabitation contracts that

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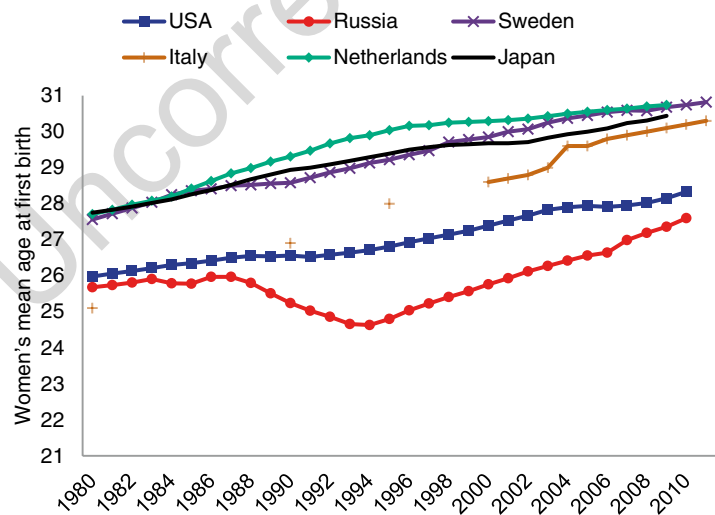


Fig. 9.2 Women's mean age at first birth, 1980–2010, selected countries (UNECE 2014 for Italy; Max Planck Institute for Demographic Research/Vienna Institute of Demography 2014 for remaining countries, which shows the period mean ages at first birth by age 40)

were introduced in the late 1990s, which mean that individuals no longer need to get 115
married for legal reasons or to clarify the rights of children. This has also meant a 116
surge in the number of children born in “out-of-wedlock” consensual unions, which 117
is now more than one in five, with almost 90 % legally acknowledged (*erkend*) by 118
the father (CBS 2012). 119

Toward a Multilevel Theory of Fertility Change 120

In order to understand how different national policy constellations and cultural 121
schemas might affect population and fertility levels, the theoretical model shown in 122
Fig. 9.3 serves as a useful guiding heuristic. It is implausible to assume that macro- 123
level (or institutional, national) policies lead directly to the macro-level fertility 124
rates that we observe (the dotted line). It is therefore useful to adopt Coleman’s 125
(1990) macro-micro-macro model to understand the link between macro-level sys- 126
tems, micro-level intentions, decision-making processes, and behavior, and in turn, 127
macro-level national fertility levels. 128

Following Coleman (1990), the macro-level consists of the social system, which 129
is made up of various institutional policies and also more general cultural schemas 130
and values that often underlie policies. What is central in this model is that the dif- 131
ferent levels of the analyses are causally linked, which is useful for understanding 132
how macro-level systems, institutions, or cultural norms and values at the national 133
level serve as an antecedent to micro- and macro-level consequences. It also clari- 134
fies that macro-level fertility outcomes can only be described by linking them to a 135
micro-level analysis—albeit an often daunting empirical task. Macro-level policies 136
and schemas operate in the form of a contextual mechanism or national filter that 137
enables or constrains decision-making and fertility behavior. In other words, the 138
institutional and normative context discussed in the pages that follow is envisaged 139
to shape the way that Dutch people think about families and children and their 140
“action formation,” or how they are able to realize their fertility desires. This, in 141
turn, either sustains or transforms the macro-level fertility trends that we observe. 142
The remaining discussion goes into more detail about how these direct and inadver- 143
tent policies, institutional changes, and cultural norms have developed in the 144
Netherlands. 145

Family Policies 146

Although the Dutch government has never promulgated direct fertility policies, 147
there are a myriad of institutional features that affect fertility in either an intended 148
or unintended manner. These include family-related policies, often aimed at work- 149
family reconciliation and aiding women to enter the labor market, but there are also 150
indirect national-level policies such as employment-protection legislation and the 151
cost of higher education that either enhance or hamper fertility. 152

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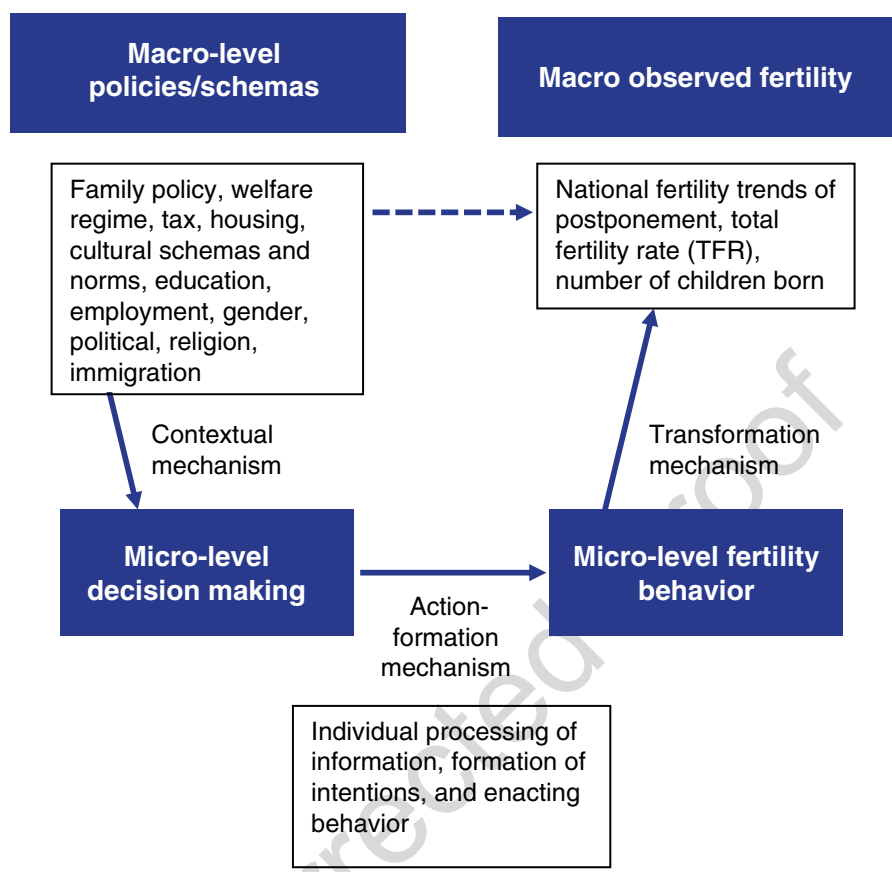


Fig. 9.3 Multilevel theoretical framework to illustrate how national-level institutions affect observed fertility levels

153 ***“The Netherlands Is Full”: Fear of Overcrowding and Fertility***

154 Although several European countries have been concerned about low fertility levels
 155 for some time, the Dutch government has never perceived the fertility level as too
 156 low, nor has it ever initiated any pro-natalist policies. Rather, due to high population
 157 density and disturbing population forecasts that were made in the 1970s, the gov-
 158 ernment became concerned about overpopulation. As Fokkema et al. (2008) chron-
 159 icle, a Royal Commission on Population in 1977 concluded that natural population
 160 growth should be halted and argued for the advantages of a stable population size.
 161 This view was repeatedly supported in Parliament, and official government state-
 162 ments argued that “in the longer run a stationary population is viewed as desirable”
 163 (Government of the Netherlands 1999, p. 135). The last formal Royal Speech of
 164 Queen Juliana of the Netherlands in September 1979 showed the spirit of the times

with the now often-repeated words: “*Ons land is vol, ten dele overvol* (Our country is full, partially overcrowded).” This fear of overcrowding has remained in the Dutch public debate, with the slogan “The Netherlands is full” adopted by various anti-immigration parties. The focus on overpopulation has been fuelled by large-scale non-Western immigration (Bail 2008) and a surge in ethnically and culturally diverse minorities, in particular Muslim groups. Survey data show that the Netherlands is the only European country in which the majority would like to have a smaller population (e.g., Kontula and Miettinen 2005; Dorbritz et al. 2005), with only one-fifth perceiving a drop in birth rates as negative.

Family Planning: Contraceptive Use and Abortion 174

As in most Western countries, contraceptive use was forbidden and largely taboo in the Netherlands until the 1960s. The prohibition on contraceptives was removed in 1969, and they began to be covered by national health insurance in 1971, which ensured the widespread usage that still persists today (Fokkema et al. 2008). It should be noted, however, that in 2004, national health insurance rules changed, and contraceptives are no longer provided free to women above the age of 22. Nevertheless, the use of reliable birth control became common practice in the Netherlands and still persists today. The pill is the most common method used, followed by voluntary sterilization, IUDs (intrauterine devices), and, to a much lesser extent, condoms (Fokkema et al. 2008). The peak ages of pill use are from 16 to 28, clearly intended for effective birth control.

The Netherlands has one of the lowest rates of legal induced abortion in Western Europe, and this has been true for some time. In 2003, for example, the annual rate of legal abortion was 8.6 per 1,000 women of reproductive age, compared with 18.7 in Sweden, 16.5 in France, and 68.4 in the Russian Federation (Frejka 2008, Table 3). The Netherlands also has the lowest rate of teenage pregnancies in the world (CBS 2010), which has been attributed to various factors such as open sexuality and sex education and high and early use of effective oral contraceptives (Ivanova et al. 2014). Abortion and teenage pregnancy rates range from 3 to 10 times higher among the four main ethnic minority groups, originating from Surinam, Netherlands Antilles, Turkey, and Morocco, compared with the non-minority population (Beerthuisen 2003; Fokkema et al. 2008; CBS 2010).

Childcare: Use It, But Not Too Much 197

The Netherlands has a complicated relationship with formal childcare. Due to the political climate, historical development of the welfare state, and religious legacy, there is a strong cultural norm for at least one of the biological parents to care for children, preferably the mother (Portegijs et al. 2006; Mills and Täht 2010). In fact,

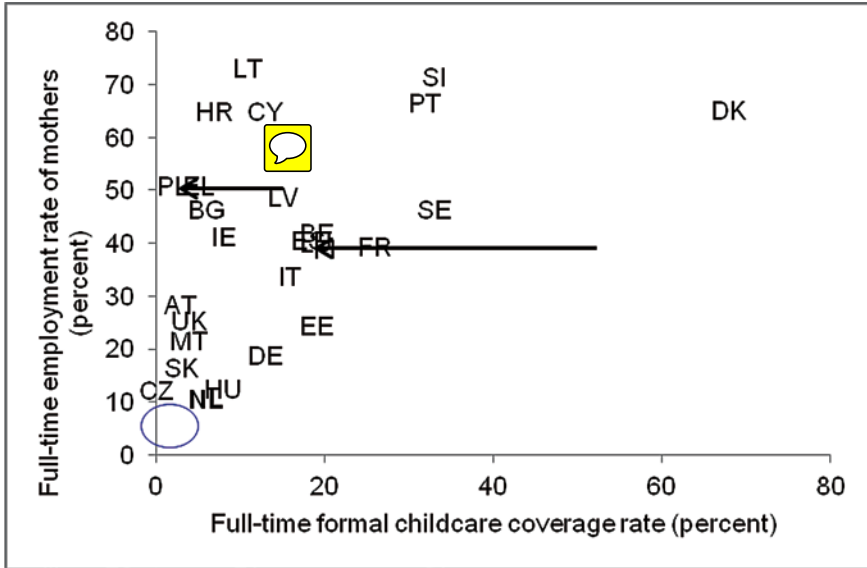
202 it was not until the early 1990s that formalized public childcare became accessible.
203 In the past decades, the government has made multiple changes in childcare poli-
204 cies, and since 2007, and particularly since 2011, there have substantial reductions
205 in state support.

206 The Central Childcare Act, introduced in 2005, recommended that the govern-
207 ment, employers, and parents share the costs of childcare (Den Dulk 2001). Since
208 employers were only urged to participate voluntarily and were not formally required
209 to contribute to childcare costs, many did not. The rules were changed in 2007
210 because it had become apparent that many employers were not helping to pay for
211 childcare, and serious administrative problems had arisen. In 2007, the Dutch gov-
212 ernment began paying one-third of childcare costs, but payments were income
213 adjusted. Employers continued to resist paying their share, but in 2012, after dem-
214 onstrations and lobbying by large labor unions (FNV Bondgenoten 2014) and oppo-
215 sition parties, employers were formally required to pay one-third of childcare costs.
216 The childcare sector received four substantial financial cuts in 2011 and three addi-
217 tional cuts from 2012 to 2015. These cuts included lowering the amount provided
218 for second children in 2012 and ending childcare subsidies to parents who together
219 earn more than US\$160,660 (€118,000) in 2013.

220 Compared with the rest of Europe, children in the Netherlands spend a very lim-
221 ited number of hours in formal childcare, which is related to the large number of
222 Dutch women who work part time. Childcare centers are generally open during
223 standard business hours only, and women often adapt their work hours around the
224 school times of their children (Mills and Täht 2010). Children start school at age
225 four, but many come home for lunch and are out of school on Wednesday and Friday
226 afternoons. Although in-school lunches and after-school care have been increasing
227 since the early 2000s, particularly in urban areas, school schedules still appear to
228 limit the hours that Dutch women work. It is important to note, however, that grand-
229 parents and other informal caregivers play a key role in childcare. More than 40 %
230 of children under the mandatory school age are cared for, on average, for one a day
231 week by grandparents or other family members (Mills et al. 2013).

232 Childcare became a central issue in many European countries after the introduc-
233 tion of the Barcelona Targets in 2002. The Barcelona Targets provide a prime exam-
234 ple of how the family policies of European countries might be influenced by
235 supra-national entities such as the European Commission or the European Union.
236 Specifically, the intention was to encourage member states to “remove disincentives
237 to female labor-force participation and strive, taking into account the demand for
238 childcare facilities and in line with national patterns of provision, to provide child-
239 care by 2010 to at least 90 % of children between 3 years old and the mandatory
240 school age and at least 33 % of children under 3 years of age” (European Council
241 2002). Although measurement remains challenging, a recent report showed that the
242 Netherlands meets the Barcelona objective of 33 % childcare coverage for children
243 under three, but the use of formal childcare is predominantly part-time (Mills et al.
244 2013). In this respect, the Netherlands and the United Kingdom, with high rates of
245 female part-time employment, differ dramatically from other European countries.

246 Figure 9.4 compares full-time employment rates for mothers of 0–2 year olds
247 with full-time formal childcare coverage rates for European countries in 2010. In



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Country Code	Country name	Country Code	Country name
AT	Austria	IT	Italy
BE	Belgium	LT	Lithuania
BG	Bulgaria	LU	Luxembourg
CY	Cyprus	LV	Latvia
CZ	Czech Republic	ME	Montenegro
DE	Germany	MK	Macedonia
DK	Denmark	MT	Malta
EE	Estonia	NL	Netherlands
EL	Greece	NO	Norway
ES	Spain	PL	Poland
FI	Finland	PT	Portugal
FR	France	RS	Serbia
HR	Croatia	SE	Sweden
HU	Hungary	SI	Slovenia
IE	Ireland	SK	Slovakia
IL	Israel	TR	Turkey
IS	Iceland	UK	United Kingdom

Fig. 9.4 Full-time employment rates of mothers and full-time (30+ hours per week) formal childcare rates for children up to 3 years old in European countries, 2010 (Data from European Union Labour Force Survey (EU LFS) and European Union Statistics on Income and Living Conditions (EU SILC), see Mills et al. 2013)

248 general, we see a weak relationship between mother's full-time employment rates
249 and full-time childcare coverage. The association is strong in the Netherlands, how-
250 ever, with low full-time childcare coverage and very low rates of full-time mother's
251 employment.

252 *Child Allowance*

253 A means-tested child allowance has been provided in the Netherlands since 1946,
254 not as a pro-natalist policy, but to support family welfare. The minimum level for
255 the first child is almost US\$82 (€60) per month (Fokkema and Esvelde 2006).
256 Benefits are paid until age 17, increasing with the age of the child from ages 6 to 12.
257 Before 1995, child allowances were paid according to the age and number of chil-
258 dren in order to provide higher benefits to large families. During this period, the
259 larger the family size, the higher the benefit level for each child. After 1995, how-
260 ever, this seemingly pro-natalist policy was discontinued, and the allowance was
261 paid only according to the age of the child. After the recent financial crisis, the
262 generous spending on child benefits was cut by about US\$1 billion (€700 million)
263 in 2013, from an annual total of US\$13.6 billion (€10 billion) to US\$12.6 billion
264 (€9.3 billion) (Rijksoverheid 2014). The cut in benefits was also designed to encour-
265 age poorer parents to work. The annual child allowance (*kinderbijslag*) for children
266 age 12–17 is scheduled to go down from about US\$1,270 (€932) in 2013 to
267 US\$1,045 (€768) by 2016. The annual allowance for children age 6–11, which was
268 US\$1,491 (€1,096) in 2013, is scheduled to be reduced in a similar manner over
269 time (for a detailed summary in Dutch, see Rijksoverheid 2014).

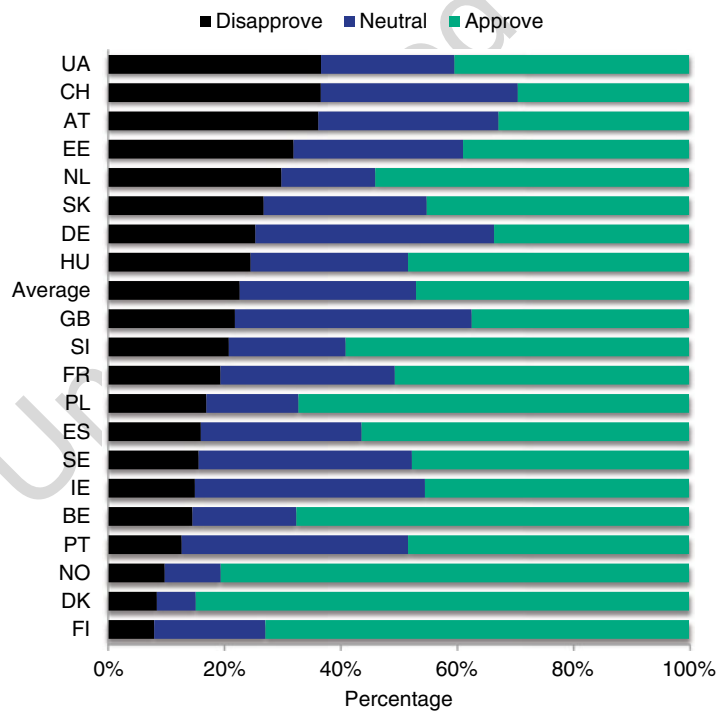
270 *Parental Leave: Maternity and Paternity Leave*

271 Women in the Netherlands have a legal entitlement to 16 weeks of maternity leave
272 at 100 % pay. The Labor Act of 1919 and the Working Hours Act of January 1996
273 stipulated that women should not work for at least 8 weeks after childbirth and
274 2 weeks before their due date. Today, maternity leave falls under the Sickness
275 Benefits Act, with employees entitled to a total of 16 weeks, including 4–6 weeks
276 to be taken before a birth (*zwangerschapsverlof*) and the remainder after the birth (*bev-
277 allingsverlof*). This provision for fully paid maternity leave is typical of many
278 European countries such as Germany (14 weeks at 100 % pay), Switzerland
279 (14 weeks at 80 % pay), and Austria and France (16 weeks at 100 % pay) (ILO
280 2013). Women in Sweden are entitled to more than 1 year (480 days) of maternity
281 leave at up to 80 % of salary, with the possibility of transferring some of the leave
282 to the father. Other countries have 52 weeks at either full or partial pay (e.g., United
283 Kingdom at 90 % and Denmark at 100 %) (ILO 2013).

In the Netherlands, mothers and fathers are also entitled to parental leave to care for young children. This varies by employer. Some trade-union or collective-bargaining agreements stipulate some pay for a specified number of hours, generally up to 1 day during the first year after the birth of a child. A father also had the right to paternity leave immediately after a child is born. This increased from 2 to 5 days in 2014.

Cultural and Normative Values About Parenthood and Childcare

The previous figures suggest that other factors beyond the availability and use of childcare are related to women's decisions to participate in the labor force or have children. Using the European Social Survey, which was collected in 2006/2007, it is possible to situate the Netherlands in a comparative context in relation to cultural and normative values about parenthood and childcare. Figure 9.5 provides a comparative European view of the level of approval, ambivalence (neither approval nor disapproval), or disapproval of whether a woman with a child under 3 years old should have a full-time job.



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Fig. 9.5 Approval or disapproval of a woman with a child under age three working full time, selected European countries (European Social Survey (ESS) 2006/2007, author's calculations; see note to Fig. 9.4 for a key linking country codes to full names)

299 In more than half of the countries, only 50 % approve of a woman with a child
300 under three having a full-time job. There is a striking similarity between the level of
301 approval of women with young children working full-time and the actual levels of
302 childcare enrolment and employment shown in the previous figures. The low levels
303 of approval in countries such as the Netherlands, Switzerland, Austria, and Germany
304 suggest why these countries have non-existent or ineffective policies on childcare
305 and female employment. The negative views on full-time female employment may
306 help explain the lack of momentum to create policies on women's employment
307 and childcare.

308 **Inadvertent National Constellations That Affect Fertility**

309 *The Paternalistic Welfare State and Importance of Political* 310 *Regimes*

311 The Dutch welfare state emerged out of Keynesian economic policies, which were
312 introduced in the 1950s and 1960s, focusing on the role of the state and corporate
313 institutions. During this time, life-course risks (e.g., unemployment, disability)
314 were transferred from citizens and families to paternalistic state institutions, often
315 (co)governed by corporatist institutions such as trade unions or employer's organi-
316 zations. The government sought to implement an ideal of the "the good life," with
317 signals that were a mixture of accepted practices, such as married women staying
318 out of the labor market, and the realization of social and political ideals, such as
319 state pensions and insurance against unemployment and disability, a healthcare
320 plan, and policies to increase educational attainment (Wielers and Mills 2011).
321 These policies were codified in a number of laws that assigned citizens more rights,
322 to which they, generally willingly, adapted their lives.

323 During this period, the role of the full-time housewife was promoted by the gov-
324 ernment and codified in various regulations (e.g., taxes). Although this traditional
325 division of gender roles was not enforced, the constellation of social-security arrange-
326 ments made certain life choices more attractive and thus prevalent, and there was
327 little public resistance to these options. Although there were women with full-time
328 jobs in the 1960s, they were generally unmarried without children. The political,
329 cultural, and moral implications of the paternalistic state were put into question in the
330 1960s by young people and the women's movement, which organized itself around
331 the issue of abortion and later the division of paid and unpaid labor (Kool-Smit
332 1967). The Social-Democratic¹ government changed its position toward more moral
333 liberalism, which was staunchly resisted by the large political group of Christian
334 Democrats, who disagreed with the idea of individual freedom on moral issues.

¹The term "Social Democrats" refers to a political stance that emerged in the latter half of the twentieth century in Western and Northern Europe from democratic socialism. It is often equated with "social democracy" or Scandinavian welfare regimes. It is characterized by collective bargaining and a broadly based welfare state, yet still within the framework of a capitalist economy.

One consequence of the government's paternalistic policies was very low flexibility in the Dutch labor market, which made it vulnerable to economic shocks. The economic crises in the 1970s, and particularly the 1980s, fueled a growing recognition that the welfare state could not fund long durations of unemployment or disability (Mooi-Reci and Mills 2012). These crises were followed by considerable job growth, relative stability in job quality, a clear rise in labor-market participation (particularly of women), and increased flexibility in the labor market by means of temporary jobs, part-time employment, and the growth of temporary employment agencies.

From about 1918 to 1994, the Christian Democrats took part in all elected governments, in which they upheld many traditional views and laws related to the family and individual rights. In 1994, a new government was formed, consisting of Social Democrats and Liberals.² Several cultural issues that had been pending for decades could now be resolved, and the new government implemented multiple pieces of social legislation that had been held back on "moral" grounds, such as legalizing gay marriage, prostitution, and euthanasia. The main goal of the new cabinet was, like that of its predecessors, to increase labor-market participation. It was only in the mid-1990s that new policies related to the family were introduced such as fiscal equality between men and women, expansion of childcare, the extension of shop opening hours, and the right to part-time work.

Dutch Gender Roles: The Right to Part-Time Work and the One-and-a-Half-Earner Model

In the middle of the 1990s, employment in the Netherlands started to grow rapidly, particularly the number of part-time jobs and the number of hours worked in part-time jobs. The stagnant Dutch labor market improved its flexibility and became highly successful (Visser and Hemerijck 1999). This created a tight labor-market situation, with improvements for workers in flexible jobs. The government developed legislation to drive out wage discrimination in part-time jobs and to provide a legal "right to part-time work," under which every employee was granted the right to reduce his or her number of work hours (Visser 2002). This right was championed by Dutch "part-time feminists" as a way for women to remain at home and still participate in the labor market. Importantly, part-time workers had the same benefits as full-time workers, such as healthcare coverage and pensions. These new laws were enacted in 1997 and 2000 (Wielers and Mills 2011). In addition, legislation was introduced to reduce the risks of temporary jobs. An employer can extend a temporary contract with an employee only twice and, at maximum, for a period of 6 years. After that, the employer has to offer the employee a longer-term contract (Remery et al. 2002).

²In the Dutch system, several parties often group together to form ruling and opposition coalitions. In 1994, the "Purple Cabinet" was formed by the VVD (equivalent to a conservative or Republican party), the D66 (a more center-left party), and the PvdA (Labor Party).

373 Increased flexibility in the labor market has had mixed effects on the life courses
374 of individuals in the Netherlands, with detrimental effects on some groups such as
375 new labor-market entrants and women (Remery et al. 2002; de Vries and Wolbers
376 2005). Although the growth of fixed-term contracts and part-time work has permit-
377 ted young people and women to enter the labor market in large numbers, these have
378 often been “stop-gap” jobs for young people or unequal or dead-end jobs for women.
379 At the same time, the persistence of the “modern male breadwinner” or “one-and-a-
380 half-earner” model, where the man works full time and the female partner works
381 part time, has meant that men’s careers have remained relatively stable (de Vries
382 and Wolbers 2005). The degree of employment security, the ability to enter or re-
383 enter the labor market, and the possibility to balance work with family
384 responsibilities—all these are pivotal conditions for individuals to make long-term
385 commitments to have children (Mills and Blossfeld 2005).

386 *Unequal Pay for Unequal Work*

387 Feminism in the Netherlands has historically focused on the right to part-time work
388 or to remain out of the labor force and less on equal wages or career opportunities.
389 The Netherlands is truly exceptional in international terms in its high share of part-
390 time jobs, with most women employed part time. In 2005, 61 % of women were
391 working in part-time jobs, as well as 15 % of men (SCP 2006, p. 145, based on data
392 from the Organization for Economic Cooperation and Development—OECD).
393 Typical female jobs are in personal services, mostly labor intensive and poorly paid.
394 Schippers (1987) characterized the situation as one of “unequal pay for unequal
395 work,” and this segregation has continued. This is in contrast to Hakim’s (2000,
396 2003) more positive take on Dutch women’s part-time work as offering favorable
397 part-time career paths. Although she is correct that women are protected in stable
398 part-time careers, several researchers (e.g., Schippers 1987; Kalmijn and Luijkx
399 2006; Luijkx et al. 2006) demonstrate that there is no equality in the careers of
400 Dutch men and women. This inequality and the resulting economic dependence
401 become particularly problematic for women in the event of a divorce or death of a
402 spouse, when they become economically vulnerable (Uunk 2004).

403 **Education Level, Field of Study, and the National** 404 **Education System**

405 *Education Level, Field of Study, and Fertility*

406 The relationship between level of education and fertility has been a central focus
407 within demography (Rindfuss et al. 1980, 1984, 1996; Balbo et al. 2013). Higher
408 education (particularly of women) operates to postpone the timing of fertility and

particularly the age at first birth (Bulatao and Casterline 2001). Longer educational enrolment can also limit the quantum of fertility by leaving a shorter reproductive period to have more children. Highly educated women in the Netherlands are more likely than less-educated women to remain childless (CBS 2004). If they do have children, many postpone first births and compress higher-order births, or in other words “catch up” by having higher-order children at short intervals (Sobotka 2004).

Women in the Netherlands have made considerable gains in education, now exceeding men in higher education levels (Mills and Praeg 2013). An area that has received less attention is specific fields of study, which lead to particular occupational trajectories that may or may not be amenable to combining family and employment. A growing number of studies have linked educational and occupational fields to fertility (Hoem et al. 2006; Lappegård and Rønsen 2005; Martin-Garcia 2010; Van Bavel 2010; Begall and Mills 2013). This research generally shows a positive association between “classic” female educational fields—such as teaching and health-related studies—and higher fertility. Possible explanations may be either self-selection of women into jobs that offer working conditions supportive of work-family balance (Cook and Minnotte 2008; Begall and Mills 2011) or preferences of women with high family orientation for occupations with stereotypical feminine qualities such as contact and caring (Van Bavel 2010). Another explanation is that socialization and formative educational institutions infuse particular attitudes and values in girls and boys. Although it is difficult to distinguish these different processes, Begall and Mills (2013), examining Dutch cohorts born between 1940 and 1985, found that women who studied technical, economic, or cultural subjects had a significantly lower transition to first birth than women with a degree in educational studies (teaching). They likewise found that women in occupations with a higher proportion of women had a significantly faster transition to first birth.

Education System, Free Higher Education, Child Well-Being, and Fertility

Although education systems are a central topic within stratification research in sociology, they are often ignored in demographic fertility studies. Education prepares young people for the transition to the labor market, and the costs of education and level of competition are pivotal for the early life course. National education systems differ in many aspects, such as the number of school years required, how certificates and job training are valued, the costs of education, how the education offered matches the demands of the labor market, and how “easy” it is for young people to translate their skills into jobs and develop the stability often desired to start a family (Allmendinger 1989; Mills and Blossfeld 2005; Shavit and Müller 1997). In general, vocational training that allows more immediate entry into the labor market can give young people stability at an earlier age than other types of higher education.

The price of higher education is likely one crucial factor in parents’ decision making about how many children they can afford. In some countries, parents or

450 students need to take out personal or student loans to finance their education (Lebeau
451 et al. 2012). In the Netherlands, very few children attend private, fee-paying schools.
452 Until 2012, public education was virtually free through the university level, and
453 students also obtained a monthly financial payment from the state. Thus, when
454 weighing fertility choices, previous cohorts were not likely to view higher education
455 as a prohibitive cost of having children, but rather as a right. A recently proposed
456 change to move from free university education to a system of student loans, to be
457 initiated in the autumn of 2014, will likely have far-reaching consequences in
458 this respect.

459 Another aspect of the relationship between education and fertility is the position
460 of children growing up, investments by parents, and children's well-being. The
461 Netherlands is virtually free of any notion of "cramming" or the competitive prepara-
462 tion for school that occurs in some East Asian countries. This may be one reason
463 why UNICEF (2013) recently ranked Dutch children as the happiest in the world in
464 terms of material and educational well-being, behavior, housing, and environment.
465 Dutch children start school at age four, are generally not required to do any home-
466 work until they finish primary school at age 12, and are often involved in extra-
467 curricular (non-academic) activities after school. At age 12, children take a
468 nationwide test called the CITO, which determines their general academic level and
469 streams them into higher or vocational education. The lack of competition even
470 among high-school students is also likely fostered by the fact that, until now, there
471 has been no formal competition for admission to university. Nearly all tertiary-level
472 studies (with the exception of medicine and other limited areas) are open to all stu-
473 dents who finish a higher-level, university-streamed high school (VWO in Dutch),
474 with no additional selection criteria for grades. Since Dutch universities are not
475 formally ranked, there is likewise little pressure to enter the "right university."

476 **Religion: Secularization of Dutch Society**

477 Changes in cultural norms and ideation associated with secularization are one of the
478 pillars of the second demographic transition (Lesthaeghe 1995). Previous research
479 has shown a high correlation between religious variables and number of children
480 across countries (e.g., Adsera 2006). One of the strongest predictors of family size
481 has been shown to be church attendance (Adsera 2006). Others have even argued
482 that religion is one of the main drivers of fertility and that "conservatives will inherit
483 the Earth" (Longman 2006). Although the Dutch population tended to be religious
484 in the past, the high level of secularization today, combined with a relatively high
485 level of fertility, at least for Europe, seems to challenge the association of religiosity
486 with family size, as noted by Frejka and Westoff (2008).

487 The Netherlands had one of the highest levels of fertility in Europe until around
488 the early 1960s (see Fig. 9.1), comparable to countries such as Ireland. These high
489 fertility levels were largely driven by the Catholics in the southern part of the coun-
490 try (Van Poppel 1985; Engelen and Hillebrand 1986). As Fig. 9.1 illustrates, there

was a relatively dramatic decrease in fertility over the next decades, but the Netherlands remained a country with moderately high levels of fertility, with a TFR of 1.9 in 2009 (Max Planck Institute for Demographic Research/Vienna Institute of Demography 2014). Historically, the Dutch population consisted primarily of Christians who were geographically divided, with Protestants in the north and Catholics in the south, and with very limited intermarriage. In churches and religious schools, pro-natalist and pro-family Christian teaching was prevalent (Berghammer 2009). Regular social meetings and strong social networks among church members provided both instrumental and emotional support to parents raising children. There was also strong appreciation of motherhood and particularly of the primary care provided by mothers to their own children.

Until the mid-1960s, Dutch society was characterized by what has been called “pillarization,” which started at the end of the nineteenth century. This meant that Dutch society was divided by affiliation to Protestant, Catholic, or non-religious “humanist” beliefs, reflected in highly structured social institutions, from clubs and sports teams to schools (Bryant 1981; Dekker and Ester 1996). As Dutch society became secularized, many people shed these divided institutions, and now only remnants exist. Beginning in the mid-1960s, the Netherlands has become a highly secularized, non-religious nation (Need and de Graaf 1996), with around 40 % of the population not affiliated to any religion—one of the highest proportions in Europe (Statistics Netherlands 2007, p. 116). There has also been a sharp drop in church attendance, even among those who claim a religious affiliation (Berghammer 2009; De Graaf and Te Grotenhuis 2008). Religion has largely lost prominence in daily life and is rarely used today as a reference for behavior (see De Graaf and Te Grotenhuis 2008). Need and de Graaf (1996) argue that a central reason for secularization has been rationalization, which refers to the notion that the Netherlands is a technologically advanced society where scientific-based knowledge tends to undermine religious faith. The process of rationalization has been spurred by higher educational attainment over time. At the same time, the social-integration role played by religion has become weaker and less influential in shaping fertility behavior. Due to this secularization, denominational differences in fertility have become negligible since the mid-1960s (Somers and Van Poppel 2003).

Housing Regime

Although often ignored, housing regimes can have indirect effects on fertility. Housing regimes are characterized by differences in levels of home ownership, difficulties in accessing mortgages, housing prices, and the availability of affordable rental housing (Mulder 2006; Mulder and Billari 2010). Housing markets may affect fertility by restricting the ability of young people to leave the parental home and establish their own home or cohabiting household with a partner. In the Netherlands, students leave home relatively early, often to study and live in small apartments. This is in contrast to their counterparts in Italy, for example, who often

532 stay in the parental home considerably longer. The Dutch housing market has a
533 fairly large and affordable rental sector for one-person or student living, which
534 allows young people to leave the parental home to study at fairly young ages. In the
535 past, however, there was a high unmet demand for other types of housing, and par-
536 ticularly an extreme shortage of affordable housing for families in the larger cities,
537 such as Amsterdam. In recent years, the government has responded by building
538 more single-family homes in urban areas (Mulder 2006).

539 The norm that access to a high-quality house is a necessary precursor for form-
540 ing a union and starting a family remains strong (Liefbroer 2005). A common
541 Dutch proverb for settling down is “house, tree, pet” (*huisje, boomtje, beestje*),
542 which reflects a size and quality of housing not always possible in this very small
543 and densely populated country. Several studies have demonstrated that the timing
544 of childbirth is closely related to acquisition of a single-family home (Feijten and
545 Mulder 2002; Mulder and Wagner 2001). Others have linked delayed childbirth in
546 southern European countries to the low access to high-quality houses (Castiglioni
547 and Dalla Zuanna 1994). Expensive housing could also affect a couple’s decision
548 to have two or more children, since a larger family would entail additional expenses
549 or even a move to a larger house. Another theory is that high costs of home owner-
550 ship might lower fertility by competing with the high costs of having and rearing
551 children. In fact, studies in the United Kingdom have linked home ownership with
552 low, rather than high, fertility. This is possibly because mortgages in the United
553 Kingdom require a sizeable deposit, which means that individuals must accumulate
554 savings before they can obtain a mortgage, whereas in the Netherlands, there is no
555 need to accrue savings in order to obtain a mortgage (Hakim 2003; Murphy and
556 Sullivan 1985).

557 A striking cross-national difference is the distribution of age at home ownership.
558 Whereas the peak distribution of homeownership is in the mid-1960s in Italy and
559 Austria, it is 15 years earlier, at around age 50, in the United States, Canada, the
560 United Kingdom, and Australia (Chiuri and Jappelli 2003). The authors attribute
561 this to differences in financial systems and the availability of credit.

562 Housing markets have also been shown to affect family formation and dissolution.
563 A tight housing market, for instance, has been shown to be related to divorce
564 or separation, with homeowners less likely to divorce than renters (Mulder and
565 Billari 2010). The causality is not straightforward, however, since a joint investment
566 in a house may reflect the level of commitment in a relationship, with married indi-
567 viduals more likely to own a home than those in consensual cohabiting unions
[A568] (Poortman and Mills 2010). Several studies have shown a positive relationship
569 between union formation, particularly marriage, and home ownership (e.g., Clark
[A570] et al. (1994) for the United States and Kendig (1984) and Mulder and Wagner (1998)
571 for the Netherlands and Germany).

572 Mulder and Billari (2010) classify housing markets into various housing regimes
573 according to the level of homeownership and the difficulty in acquiring a mortgage.
574 The Netherlands is characterized as a “lower-level, mortgage finance: career home-
575 ownership regime.” Other countries in this regime include, for example, Denmark,
576 Germany, the United Kingdom, and the United States. Countries such as Austria,

France, and Portugal are characterizes as “elite homeownership regimes,” while the European countries with the highest fertility (Ireland, Iceland, and Norway) have an “easy homeownership regime.” The most “difficult homeownership regimes” are found in Italy, Spain, and Greece, where mortgages are difficult and intergenerational transfers are the imperfect solution. Mulder and Billari (2010) show that just over 50 % of people in the Netherlands own a home, with the rest living in private rental, or more commonly state public, housing. The total amount of mortgage loans as a percentage of national gross domestic product (GDP) is extremely high in the Netherlands compared with the situation in other European countries due to state co-financing of mortgages (*hypotheekrenteaftrek*). There have been various public debates on whether the government should abolish this generous mortgage policy, which allows large low-income families and young people to buy homes.

Immigration: Do Migrants Sustain High Fertility Levels?

One hypothesis, often raised but rarely tested, is that the relatively high level of fertility in the Netherlands may be attributed to an increasing number of migrants with high levels of fertility. In 2011, about 11.2 % of the Dutch population was foreign born, compared with 14.7 % in Sweden, 12 % in Germany, 11.2 % in France, 8.8 % in Italy, and 1.4 % in Poland (European Union 2011). This includes only foreign-born or first-generation immigrants. The Dutch population also includes a similar proportion of second-generation individuals who were born in the Netherlands to immigrant parents. The current stream of migration into the Netherlands began in the early 1960s, composed largely of labor immigrants or supposed “guest workers,” mostly from Turkey, Morocco, Surinam, the Antilles, and Southern Europe (Italy, Greece, and Spain) (Triandafyllidou et al. 2007). An additional influx came in the 1970s from the same countries, largely composed of the families of the former the “guest workers.” In the late 1970s and early 1980s, Surinam gained independence from the Netherlands, which brought an additional influx of immigrants from that country. People from Morocco and Turkey still immigrate to the Netherlands, largely to marry Dutch-born individuals of Moroccan or Turkish descent.

Fokkema and colleagues (2008) argue that “migrant births account for a substantial share of all births in the Netherlands,” with about 25 % of all births in 2004 to mothers with a migrant background. Whereas native Dutch people had a total period fertility rate (TPFR) of 1.6 births per woman in 1999, fertility was higher for immigrants from Iraq (3.4), Morocco (3.3), Somalia (4.4), Turkey (2.5), China (2.8), and Afghanistan (2.3) (De Valk et al. 2004). Garssen and Nicolaas (2006) show, however, that since 1980, fertility of second-generation immigrant women has come to resemble that of the native-born Dutch population. Although fertility among migrants from Turkey and Morocco still remains relatively high, even they have started to reduce fertility levels slightly. A central reason for higher fertility among these groups is related to religious norms, but younger ages at childbearing also

618 plays a role as well as the fact that people tend to immigrate when they are at their
619 peak childbearing years (Garssen and Nicolaas 2006).

620 In a more detailed analysis of fertility levels from 1995 to 2004, Fokkema et al.
621 (2008) conclude that women with a non-Western or migrant background had only a
622 limited impact on the TFR of the population as a whole, increasing overall fertility
623 by 0.06–0.08 children per woman, even though this was a period during which the
624 migrant population was increasing. The TFR was higher among all immigrant
625 groups than among the native-born population, but the impact may have been limited
626 because among the non-Western groups with high fertility (e.g., Somalis) there
627 were fewer migrants and even fewer women of childbearing age. A second explanation
628 is that many second-generation Turkish and Moroccan women are still less than
629 30 years old. Second-generation migrants tend to have children later in life, resembling
630 the Dutch native-born population. Since these second-generation migrants are
631 still of childbearing age, they may go on to have children and this may affect the
632 TFR, albeit less than the first generation (De Valk and Liefbroer 2007). One factor
633 that has not yet been researched is the impact of recent Dutch emigration on fertility
634 rates. Many of those who emigrate are of childbearing age. Just as with minority
635 immigrants, however, emigration is likely to have a minimal impact on overall fertility
636 levels.

637 Conclusion

638 Summary

639 The Netherlands appears at first glance to be a “fertility paradox” in the sense that
640 it has maintained moderate levels of fertility despite concerns about a highly dense
641 population, virtually no pro-natalist policies, and a largely non-religious society.
642 The goal of this chapter has been to unravel this paradox by examining how various
643 direct and indirect policies, institutions, and cultural norms and schemas have generated
644 the Dutch fertility patterns we observe. Using a multilevel theoretical framework as a
645 guide, we argued that the macro-level policies and cultural schemas of this country
646 (e.g., family policy, welfare regime, housing, gender norms) affect individual-level
647 decision making, including how individuals process or frame information and form
648 fertility intentions and behavior. These micro-level processes, in turn, have generated
649 the macro-level fertility trends that we observe.

650 In contemporary times, the Netherlands has always had a high population density,
651 which produces underlying pressures to reduce fertility or maintain a stable population.
652 Although fertility dropped from the late 1960s, the Netherlands has consistently
653 maintained a TFR above 1.7, reaching even 1.88 in 2009 (Max Planck Institute for
654 Demographic Research/Vienna Institute of Demography 2014). It also has one of the
655 oldest ages of mothers at first birth in the world, but many couples with one child
656 go on to have a second child immediately. Partnership legislation in the 1990s
657 opened up new possibilities beyond marriage, and now more than one in

five children are born outside of marriage. Ninety percent of these children are formally acknowledged by their fathers. The use of effective contraceptives is widespread, and, as a result, the Netherlands has one of the lowest levels of teenage pregnancies in the world (CBS 2010).

The only direct government policy that might be linked to fertility is child allowances, but these were not introduced to encourage fertility, and in recent years they have been reduced. In relation to family-related institutions, perhaps the most striking observation is the Dutch aversion to the use of formal childcare. The institutionalized system of formal childcare was only seriously introduced in the Netherlands in the mid-1990s, and since then the system has undergone many changes. The limited number of hours that children spend in formal care is related to the large number of female part-time workers and a strong cultural norm stressing the importance of childcare by mothers or other biological family members such as fathers or grandparents. Compared with other Western European countries, the Netherlands has a short—but fully paid—maternity leave of 16 weeks. Following childbirth, most women reduce their working hours. Most individuals disapprove of women with small children working full-time, similar to attitudes in Austria, Switzerland, and Germany.

In light of these strong cultural norms favoring childcare by the mother or other biological kin and disapproval of full-time working women, one might argue that there is no need to introduce any pro-family or pro-natalist policies in the Netherlands. What is striking is that these strong pro-family, traditional norms exist in a largely secular society. To understand how this apparent paradox might have emerged, we examined a constellation of inadvertent or indirect national policies that affect fertility.

The paternalistic welfare state was developed primarily to protect citizens, but it also prescribed the ideal life course and family constellation, with men considered the primary breadwinners and women responsible for the household. This stance has filtered down to Dutch households even today. Dutch gender roles remain traditional (Mills et al. 2008), with a one-and-a-half-earner model consisting of a male breadwinner and a woman working part time. Women's part-time work is often in marginalized positions, characterized as "unequal pay for unequal work" (Schipper 1987). Contrary to Hakim's (2000) positive view of Dutch women with part-time careers, in the event of divorce or death of a spouse many of these women fall into poverty and remain economically vulnerable (Uunk 2004).

Although fertility research often focuses on the impact of education levels, and particularly on women's gains in education, this chapter also explored education systems, the cost of higher education, and the impact of field of study on labor-market outcomes. Dutch women have high levels of education, but they are often streamed into fields of study that lead to marginal positions in the labor market. It may be that they are socialized into these positions or select themselves into this track, since they know that such an education will eventually lead to a job, such as teaching or healthcare, in which they can combine work and family relatively easily. State-sponsored higher education, with fairly open admissions and little ranking of programs or universities, has meant that parents do not have to limit the number of

703 children they have because of worry about costs or other impediments to sending a
704 child to university.

705 Dutch society has experienced extreme secularization over the past years and is
706 now one of the most non-religious societies in Europe. Higher-parity births were
707 previously attributed to Catholics in the south, but today religion only appears to
708 play a role in fertility in very select, highly religious groups. It may be, however,
709 that even after secularization, the highly engrained norms and values—as well as
710 the policies enacted by a Christian-led government well into the 1990s—have
711 maintained a strong focus on classic family and gender roles. In addition, generous
712 government mortgage and co-financing policies have allowed young people to buy
713 their own homes or qualify for affordable public housing. Finally, although some
714 have argued that recent immigrants are responsible for relatively high levels of fer-
715 tility, evidence shows that this is not the case.

716 *What Can We Learn from the Dutch Case?*

717 The first lesson we can take from the Netherlands is that direct family policy focused
718 on fertility is not always necessary to promote moderate to high fertility levels.
719 Strong norms and values are also important. Second, late fertility combined with
720 rapid catching up and low levels of teenage pregnancies in the Netherlands reflect
721 the strong emphasis on an individual's or couple's control over fertility, including
722 the timing of pregnancies and number of children. The Dutch have a very open
723 attitude toward sexuality both in the education of children and in daily debate and
724 the public media. Although Dutch women score lower than women in some other
725 countries on gender equity in the workplace and the division of household labor,
726 younger cohorts, in particular, are more educated than their male counterparts and
727 have a strong voice in the household and over their own fertility.

728 The third and perhaps the most important lesson is that a flexible labor market
729 with part-time work opportunities for women has translated into relatively happy
730 and healthy parents and children, in addition to higher levels of fertility. It is like-
731 wise important to note that Dutch men work fewer hours than many of their East
732 Asian or European counterparts, and about 15 % work part-time. Some attribute
733 both high fertility and children's well-being to their parent's high level of happiness.
734 Psychologist Ellen De Bruin (2007) has argued that a focus on personal choice and
735 freedom in partnerships, sexuality, and religion has played a strong role in the dis-
736 tinctly low levels of female depression in the Netherlands. This is likewise coupled
737 with the "right to work part time," which contributes to a favorable work-life bal-
738 ance. More recently, an article in the *Huffington Post* (Belkin 2013) entitled "What
739 mothers really want: To opt in between" argued that most mothers would find work-
740 ing part time an ideal option for work-family reconciliation. Other family caretakers
741 beyond mothers can also play a role. For example, Dutch men with young children
742 are increasingly taking off from work for what is termed a "daddy day" (Papa dag)
743 1 day a week when children are small. The structural use of grandparents to care for
744 children also increases work-life balance and family ties.

Is the Dutch System Sustainable?

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The focus on part-time work and the “good life,” free education, support for unemployment and disability, co-financing of mortgages, and generous child allowances and support for childcare have also taken a toll on the state. The part-time work culture of Dutch women may become economically impossible. Dutch couples continue this one-and-a-half model of the division of labor because they can afford to, but recent cuts in government benefits may push more women into the labor market and both parents into longer working hours.

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The controversial female politician and Minister of Education, Culture, and Science, Jet Bussemaker, has continuously worked to bring the gender inequality issue of Dutch women into the public debate. She has repeatedly argued that Dutch women should feel guilty because the Dutch state invests so much in their education and then they pull out of the labor market. There have been policy suggestions that Dutch women should pay the state back for their free education if they leave the labor market and do not use the training they received. Minister Bussemaker also sparked a nation-wide debate in 2013 when she argued that “Too many women live off of their husbands” (*Te veel vrouwen teren op hun man*) and “Women need to get rid of the eternal guilt about their family” (*Vrouwen moeten af van dat eeuwige schuldgevoel over hun gezin*) (Abels 2013).

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The recent financial crisis has meant that many formally generous policies have had to be reduced. This includes cuts to childcare and also child allowances. A recently proposed change to move from free university education to a system of student loans, to be initiated in the autumn of 2014, also shows that there are increasing cracks in the system and limits to state generosity. Only the future will tell whether it was these generous policies, enabling Dutch women to remain in the home, that have sustained the Netherlands’ relative high levels of fertility.

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Uncorrected Proof

Author Queries

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Queries	Details Required	Author's Response
AU1	Reference Poortman and Mills (2010) is not provided in the reference list. Please provide.	
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