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Paper to be presented at the XXIVth IUSSP General Population Conference,
18-24 August 2001 in Salvador, Bahia, Brazil
Session: S33 Social policy and demographic behaviour (Anne Gauthier)
Version: 15 June 2001

Labour market behaviour and wish for children: is a call for policy measures becoming relevant?

Abstract

Due to population ageing the demand for labour is increasing in many European countries. Also women with young children are increasingly called to be economically active more extensively. Although policies have been directed to make work and family careers more compatible, many women still complain about the dual burden. Only to a minor extent their male partners alleviate these burdens.

One of the consequences is that many childless women postpone the birth of the first child. Their numbers increase. However, with rising age of the woman the so-called 'waiting-time-to-conception' diminishes. We know a lot about contraception but our knowledge on conception is surprisingly small.

A new Dutch data set explores the knowledge people have about this issue. In a multivariate analysis we found surprisingly little knowledge on the diminishing conception chances with increasing age for all groups. The paper pleads therefor for changing educational programmes in order to contribute to the population's awareness of conception chances next to those on contraception. In an ageing society avoiding involuntary childlessness as far as possible, may be an easier and more effective policy than changing labour market regulations if one aims at letting people fulfil their family size wishes in harmony with their labour market aspirations.

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Labour market behaviour and wish for children: is a call for policy measures becoming relevant? ¹

Introduction

Due to population ageing the demand for labour is increasing in many European countries. In the past years in many areas of the European Union (EU) the booming economy made unemployment to drop significantly. At the same time immigration pressures from developing countries increased or remained high, in particular to the most open and most successful EU economies. However the demand for labour does normally not match very well with the immigrant labour supply, except for those immigrant streams which arrive due to economic competition, but these may arrive more from developed countries than from developing countries (other EU members, USA, Japan, or increasingly IT personnel from for example India).

We all know that population ageing is mainly caused by drops in the fertility levels and that increases in life expectancy contribute in most cases only to a minor extent. Replacement migration will not be able to compensate for quantity losses on the labour market, even if they would match quality losses (United Nations, 2000).

Since serious ageing of the labour market population and labour market shortages may be the logical result, many countries are now calling upon those population groups who are not participating on the labour market fully enough (yet) or who may have stepped back for a while. The first group consists mainly of unemployed, older workers or disabled workers who could possibly become active for more hours per week than currently. The latter group consists of mothers who can afford to withdraw (fully or partly) from the labour market – maybe only temporarily – to raise their children.

In an earlier paper (Beets, 1997) I showed that educational levels increased significantly over the past decades almost all over Europe (and probably all over the world as well). Moreover I demonstrated the strong connection between educational level and labour market participation: the higher the level, the higher the participation. As a result there also is a strong connection between educational level and the age at first birth: the higher the level, the later the start of motherhood. Lower educated women lay priority foremost with family building, the higher educated with a labour market career. It also means that in an era of rising educational levels more young women are confronted with the dilemma of having or not yet having a child when they just started their working career. Although men are still needed for parenthood this dilemma remains typically a female one. One of the demographic results of this dilemma is the continuing increase of the age at first birth. The Netherlands seems to be the world champion in this respect, but most European countries are following closely.

¹ I would like to thank Edith Dourleijn and Ingrid Esveldt (both NIDI) for their help with the analytical part of this paper and their thoughtful suggestions.

In the Netherlands, for example, lower educated women born in 1921-1930 had a four years lower median age at first birth (26 years) than the higher educated women (30 years). Both lower and higher educated women born in the subsequent decade showed lower median ages. For higher educated women the age at the birth of their first child started to rise again in birth cohort 1941-1950, but it dropped still further for the lower educated. Only for women born in 1951-1960 rises are seen for all educational levels. Obviously the higher educated were frontrunners in this respect (Liefbroer & Dykstra, 2000). Moreover the difference between the age at first birth among lower and higher educated women increased: lower educated women born in 1951-1960 had their first child at the median age of 25 years, whereas the higher educated women became mother at age 32.

What could be the reasons for higher educated women to start having children so much later? One reason is obvious: they were much longer enrolled in the educational system. Having children is probably too difficult to combine with studying. However, another explanation may be that these women more often perceive impediments for their labour market career if having children. Therefore they are more in favour of starting to reproduce when their career is already on its way. Moreover, and that may be more specifically for the Netherlands, the idea still exists that mothers should be at home with (small) children, or at least for a larger share of the week, which may explain also the popularity of part-time work for women. Although policies have been directed to make the careers more compatible, many women still complain about the dual burden.² Only to a minor extent their male partners alleviate these burdens.

One of the consequences is that many (still) childless women postpone the birth of the first child as they are puzzling how to solve the incompatibility more adequately for themselves. The perceived incompatibility manoeuvres them into the difficult decision process of whether or not to have a child (already now), while the lower educated women of whom many already have children cope with the option whether or not to have a job. So, different populations have different dilemmas, which probably calls for different policies.

Whereas at first, emancipation mainly focused on stimulating women to become economically independent by investing in education and becoming economically active without any reference towards how to combine a labour market career with family commitments (“a smart girl is prepared for her future”), nowadays the combination issue is gaining importance. Most people strive for a life with children, and having children is important for the future society. So you may find in my country now a stimulating program on “enough time for the children”.

From the perspective of how to combine different careers this paper will now focus on the ‘peculiarities’ of the labour market supply of mothers in the Netherlands, the effect of education on late fertility, on the population’s view of late fertility and what knowledge people have about conception chances with increasing age. It means that I am not only focussing on the demographic effects of policy measures but also on the policy effects of demographic behaviour.

The potential labour market supply of Dutch mothers

Increasing evidence shows that the extra labour supply, essential in an ageing society, may not be available to the extent that the government expects it to be. The NIDI survey MOAB-2000³ (the 2000 Population Policy Acceptance Survey) shows that part-time working mothers are rather content with their situation in which they can ‘easily’ combine work and family

² First policies have directed towards better education, specifically for women, in order to reach a better position on the labour market and so become more economically independent from others (partners). Recently policies are directed towards how to combine work and family commitments. So policies shifted from more labour market oriented towards more family oriented.

³ MOAB is the Dutch acronym for *Meningen en Opvattingen van Aspecten van het Bevolkingsbeleid*.

tasks. They are by no means eager to extend the number of working hours. To the contrary: a substantial group of them (one third) even prefers to decrease the number of hours per week on the labour market or to quit their jobs temporarily or even more permanently, when there are (young) children. And there is, at least in the Netherlands, a substantial group who did so: mothers who are full-time at home to look after their young children. They can permit to be in this 'favourable' situation since their partner earns enough. One-income households are still stimulated by the fiscal climate, although it becomes increasingly more difficult to live in a family with two or more children on only one income. Women who do, may be part-time available for the labour market only when the children are old enough to be 'independent' for at least a couple of hours per day / week. Only a minority is thinking about joining the labour market before that moment.

However, other preferences do not necessarily lead to changing behaviour: quite a few part-time working mothers who prefer to quit, indicate that they will continue their part-time job presumably because they can not miss the extra incomes.

Young women without children yet, have about the same preferences as slightly older women with children. When asked about what they would prefer if they had children they indicate quite massively that they would consider then to switch from full-time to part-time work or to quit temporarily (a quarter of them).

In total it means that many more women are participating now on the Dutch labour market than before but the total number of worked hours by women did not increase (Esveldt & Henkens, 2001). It is the arrival of children that attributes to switches in the labour market schedules of women, whereas it does not have an effect on the career of men. If employers want to attract more women, they have to create much more flexibility in their contracts, i.e. listen much more carefully to how women would like to participate on the labour market. Most essential is that the labour market regulations are still too much male dominated. The British economist Catherine Hakim recently sighed that if men could bear children themselves they probably had rearranged the labour market already in such a way that caring for children would be the best paid job on earth.

Although childlessness is slightly increasing, most couples still value children highly. Having children is still the norm for most people. It is nice to have children around and it gives a purpose to life. It is the reason to live for and it gives you responsibility (Niphuis–Nell, 1981, p. 257). However, the disadvantage of having children is the lack of freedom. Over the past few decades these items did not change very much in the Netherlands but due to the almost full availability and accessibility of birth control having children changed from a 'gift of God' to a private choice or option. No longer we are getting children, we take children nowadays.

The effect of rising educational levels on late fertility and its consequences

At the time that unmarried cohabitation was 'not done' the number of children and the timing of the first one was mainly dependent on the woman's age at marriage (Van Poppel & Beets, 1998). Between 1950 and 1970 the age at marriage dropped significantly and so did the age at first birth. In first instance the total fertility rate remained high. However, after the introduction of the hormonal pill as well as after the acceptance of other means of birth control both the age at marriage and at first birth started to increase whereas the total fertility rate dropped below replacement (mainly due to the drop in the higher birth orders). Since 1970 the mean age at first birth rose from 24 to currently 29 years.

How much of the rise in the mother's age at first birth can be attributed to the rise in the population's educational level? In order to answer this question Beets *et al.* (2001) estimated the median age at first birth that would have occurred if women born in 1961-1965 would have had the same level of education as those who were born in 1931-1940. We know that in the Netherlands 50% of those born in 1931-1940 were mother for the first time by age 26.0

years, while the median age was 3.3 years higher for those born in 1961-1965. However, if the educational level had not changed during those three decades then the 1961-1965 cohort would have had their first child on a median age of 27.6 years (Table 1).

It means that about half of the rise in the age at first birth (20 of the 39 months) during those three decades is to be attributed to the rising educational levels. Although it also means that the other half is caused by probably a set of other factors, it is remarkable that one factor has such an enormous impact.

In the same study Beets *et al.* (2001) also showed that the rising age at first birth had a negative impact on the ageing process. In short, it means that, in populations with under replacement fertility (and migration), the later the child is born, the earlier population size will reach its maximum and the lower this maximum will be. Moreover, since the continuation of later fertility generates less children than 'earlier' fertility it attributes extra to population ageing, also because women may have a lower final family size than if they had entered motherhood at an earlier age (Figures 1 and 2).

Recently the Dutch ministry of Social Affairs expressed concerns about the ongoing rise in the age at first birth. "The starting point of full-time availability for the labour market poses specific dilemma's for female employees in the sense of having a job *and* a child or having a job *or* a child. The high age at first birth and the increase in childlessness among the higher educated belong to the less distinguished consequences" (Netherlands Ministry of Social Affairs and Employment, 2000, p. 20). It means that there is a rising interest in the relationship between labour market participation and fertility. Nowadays it seems that policy makers are becoming more aware of the fact that it is much more the wish and care for children that directs women to shape their life course with small children than their labour market aspirations. Therefore family policies should much more direct to adapting labour market careers to family careers than vice versa. Such a new strategy could also bend the ongoing rise in the age at first birth. We know a lot on contraception –the Dutch seem to be champions in low teenage pregnancy rates, low abortion rates and so in late motherhood– but our knowledge on conception is surprisingly small. And that is strange in a society where quite a few mainly socio-medical disadvantages of late fertility are becoming evident as well.

The timing of the first child

In 2000 a survey on opinions of the population concerning population issues (MOAB) was conducted by NIDI among people aged 16 or older. One of the questions was: "What do you think is the best age for a woman to have her first child?" This question was asked to persons up to the age of 45 years. The answers given by men and women are presented in Table 2.

In the first column we immediately see the discrepancy between the 'best' age according to parents versus parents-to-be. Although the responding parents were, on average, some ten years older than the parents-to-be, it is striking that both indicate that first motherhood should best arrive at an age which is lower than the current average age at first motherhood (29.1 years). For parents, with an average age of nearly 37 years, this is understandable since they had their first child some ten years ago when the mean age at first child was still much lower than it is now. Parents will not easily admit that they have made a 'mistake' and they may thus 'advise' from experience to start not too late with trying to have children. And do the results suggest that the parents-to-be are listening? It is remarkable to see that they say that the best age is much earlier than the currently observed age. We would like to know what are the precise reasons for this delay: do people consciously postpone the first child further than they indicate as being the 'best' age or did people try to have the child at the 'best' age but were not they successful? At this moment we can only conclude that some forces exist in the Dutch society that bring people to postpone further than they actually like. From an earlier survey (Eurobarometer 1997), however, we established a smaller

difference between the two results for the Netherlands (Moors *et al.*, 1997). In several other countries we saw a discrepancy between the (lower) observed age at first birth and the (higher) wished age for having a first child. That means that some further postpone is still to be expected in other countries but in the Netherlands the maximum may be reached, at least according to the 1997 Eurobarometer.

Table 2 also shows that parents perceive their own behaviour (26,3 years) as about ideal (26,1 years). Parents-to-be (currently 26,8 years) still have about a year to go before having their first child (27,6 years). The discrepancy between parents and parents-to-be is assumed to be the result of life experiences of parents: do not wait too long. However we do not know whether the best age for a woman at first birth around 2000 is the same as the best age around 1989 when the responding parents had their first child (on average). But we know that 44% of the parents had their first child within one year from the 'best' age, and 75% within three years.

From a multivariate regression analysis (with number of children, education, religion, size of municipality, economic activity status, sex, age in 2000 and age of the woman at first birth) it turned out that only the educational level and the observed age at first birth contributed significantly to the 'best' age women announced for having the first child. The higher the educational level and the higher the own age at first birth the higher the age they mentioned as 'best'. These results are not surprising: people generally are inclined to judge their own behaviour as normal and to be content with it, which may be synonym with 'explaining away a possible mistake'. But this result has implications for the future: since the educational level is still rising for women the age at first birth will most probably also rise further.

In the MOAB survey we also asked "when will a woman be too old to have (another) child?" Respondents up until 45 years mentioned an average age of 37.6 years. In a similar multivariate analysis with the same variables the results now show significant contributions of sex, educational level and size of municipality. It means that:

- Compared to men women mention a higher 'age at last birth'. One can only guess what is behind this: his age –on average he is two to three years older than she is– or are men more rational and women more emotional?
- The age at last birth is higher the higher the level of education. It probably just is self-interest for the higher educated to mention a higher age.
- The age at last birth is higher the larger the municipality. We do not know at this moment what could be the ratio behind the separate contribution of this variable next to the earlier ones. Possibly, people in larger cities, including the lower educated, are more often confronted with late parenthood in their surroundings. They might therefore be more inclined to consider this behaviour as normal.

We also asked people how they viewed the timing of their first child. 75% indicated that it was almost exactly a perfect timing. The rest was divided in two equal groups: those who had their first child too early and those who had it too late. According to age at first birth early mothers (or their partners) mention much more often a preference for a later timing, whereas older mothers (or their partners) show preference for an earlier motherhood.

Also for this topic a multivariate analysis was conducted. Three variables turned out to be significant: age of the woman at first birth, age in 2000 and number of children. It means that:

- The younger the woman at first birth the more often respondents indicate that she had better had her first child somewhat later. And vice versa: the older she was at first birth the more often she states that she had better had her first one somewhat earlier. These results indicate that people obviously think it better to start neither too early nor too late with childbearing.

- The higher the age in 2000 the more often respondents think it would have been wiser if a woman had started childbearing later. Here probably we see the result of the changes over time: having the first child used to occur at younger ages than currently. Both younger and older people accept that nowadays the first child arrives later in life.
- A woman with a larger number of children should better have started later with the first child. In first instance we are surprised but the logic behind may be that women with many children normally had an early start with the first one. Since a large number of children nowadays equals to three or four, she could also have started later to reach the same family size. Or maybe they experienced early motherhood as ‘unpleasant’.

The chance of getting pregnant

Over the past few years the scientific (mainly medical) knowledge on the relationship between the diminishing conception chances and age has increased substantially. Table 3 shows evidence from the 2000 MOAB survey on the speed with which respondents indicate that they conceived. The tendency of diminishing chances with age is confirmed but with a few nuances. Conceptions at younger ages (up to age 25) often are ‘accidents’. Pregnancies at higher ages (from age 28 onwards) occur after increasingly longer ‘waiting-times-to conception’.

And again we conducted a multivariate analysis, however without those who became pregnant by accident, since these not-planned pregnancies have different backgrounds than the planned pregnancies. The multivariate model does not have much explaining power. The most significant variables are age at first birth and education. It means that:

- The higher the age of the mother at first birth the longer the waiting-time-to-conception. This result completely tracks with what is known already from earlier research (Menken *et al.*, 1986; Mosher, 1988; Te Velde, 1991),
- The higher the educational level the shorter the waiting-time-to-conception. This maybe a surprising result but it was deducted already in another recent Dutch survey (Steenhof & De Jong, 2000). For the ratio one should think of two possibilities:
 1. The higher educated postpone longer and are, thanks to this higher educational level, better informed on what to do if a wanted conception stays away. That may lead to earlier and more frequent consultations with gynaecologists. In addition it is also possible that they have longer and more intense treatments, also because they have more financial means.
 2. The higher educated have a healthier life style, due to which they also have higher life expectancies (Kunst, 1997). The Utrecht gynaecologist Te Velde suggested recently⁴ that this healthier life style might also shorten the waiting-time-to-conception.

Unplanned pregnancies occur especially among young women. The higher the educational level and the higher the age at first child the higher the number of planned and wanted pregnancies. In 2000 this result does not surprise in the Netherlands. Also not surprising is the finding that 18% of the lower educated admits to have ever had an unplanned pregnancy against 6% of the medium and higher educated women. More surprising is the result that men answer more often than women that the pregnancy was planned. Maybe men rationalise unplanned events more often than women or do men not (want to) recall what happened to an early girl friend that they may have left after finding out about her pregnancy?

⁴ Personal communication.

In order to better understand the concrete knowledge people have about pregnancy chances by age we asked two questions on the speed with which women get pregnant, under normal conditions. Table 4 gives the answers to the question “which proportion of women aged 30 years who want to become pregnant under normal conditions do you think will be pregnant within half a year?” Research by Te Velde (1991) shows that this proportion should be around 74%. In Table 5 the same information is shown for the chance for women aged 35 years. According to Te Velde (1991) this chance lies around 43%.

Both tables show irrefutable that the Dutch population is badly informed. For the 30-year old women one is (with an average estimation of 43%) much more pessimistic than nature in reality is. It is unfortunate that we do not know why the respondents are so pessimistic. The answers to the chances at age 35 are a little better. The respondents indicate 37%, which is only slightly lower than reality. Since it is not likely that this means that one is better informed about this question than the previous we guess that most people just made a guess, also because the correct answer is difficult to find at home (encyclopaedia, internet). Obviously the respondents ‘misgessed’ the first answer much worse than the second. Possibly the formulation of the answering codes lead to this result.

The reduction in conception chances within six months in the ‘natural’ population between ages 30 and 35 –from 74 to 43%– is rather different than the respondents think it is – from 47 to 37%. It would mean that the respondents are rather pessimistic on conception chances anyhow and that they are not aware of the fact that the decrease of conception chances between the ages 30 and 35 is rather strong. It actually is a pity that we did not ask two more questions: on the conception chances at 25 and at 40. In the natural population these chances are 75 and 18% respectively. It would have been of interest to know what the respondents had answered.

Again we conducted a multivariate analysis. Both tables already showed that there seemed not to be a striking difference between the respondent’s answers and sex or mother’s age at first birth. In the multivariate analysis no significant meaning for any other background variables were found. It seems that there is a ‘uniform’ underestimate of conception chances in general as well as of the reduction of those chances with increasing age.

Discussion

In this paper we have seen that people like to have children but are confronted with the question when to have them in their life. Children enrich life and only a minority of people does ultimately have no children (voluntary or involuntary).

Especially higher educated women struggle with the dilemma of the combination of labour market and career responsibilities. They have stronger preferences for participation in both careers than other women. Since they entered the labour market later in their life and want to spend there a few years before the family commitments start, they have their first child when already in their early thirties on average.

From our analysis we learn that the increased levels of education over the past decades attributed to about half of the increase in the age at first birth in the Netherlands. It is reasonable to believe that this outcome will not be much different in other countries.

We have also seen that most people had their first child at about the moment they wanted it, but about a quarter did not. So obviously most women started to conceive at a moment that suited them and they were successful in doing so. It probably also means that, in general, people are satisfied with the fact that they had children at a later stage in their lives than their parents did. However a quarter of the respondents seems not to be satisfied since they had their first child either too early or too late.

There is also evidence that the speed with which a pregnancy starts is related to the age at first birth. The higher the age of the mother at first birth the longer the waiting-time-to-

conception was. But rather new is the finding that the higher educated women have shorter waiting-times-to-conception than lower educated women of the same age. This may have to do with two issues. 1) The higher educated postpone longer and are, thanks to this higher educational level, better informed on what to do if a wanted conception stays away. That may lead to earlier and more frequent consultations with gynaecologists. In addition it is also possible that they have longer and more intense treatments, also because they have more financial means. 2) The higher educated have a healthier life style, due to which they also have higher life expectancies. It is suggested that this healthier life style may also shorten the waiting-time-to-conception.

If we ask questions on how large conception chances are at age 30 and 35 and how much they diminish in that age interval respondents seem to take a guess. It is almost striking how far they are beside reality.

The conclusions of this paper are that in ageing societies, where the labour market is increasing and late fertility contributes to extra ageing itself, societies should be aware of all sides of the (in)compatibility of labour market and family careers. It means that politicians and ministries should have a rising interest in the relationship between labour market participation and fertility. In the Netherlands policy makers are becoming more aware of the fact that it is much more the wish and care for children that directs women to shape their life course with small children than their labour market aspirations. Therefore family policies should much more direct to adapting labour market careers to family careers than vice versa. Such a new strategy could maybe bend the ongoing rise in the age at first birth. A new leaflet on “do we still have time for children” seems to suggest that a shift in policy orientation is at hand (Netherlands Ministry of Social Affairs and Employment, 2001).

In the high school curriculum exchange of information on sexual and contraceptive behaviour is normal. If these courses would also include conception chances by age discussions could lead to more knowledge on the ideal circumstances to have a family and to have other careers as well. Moreover involuntary childlessness may be further reduced.

However, one should not have high expectations from such new policies with regard to demographic behaviour. Although one may expect that under more ideal circumstances of labour market regulations more people will be inclined to have their first baby a bit earlier – which would temporarily lead to a slight baby boom– there is no indication that the ultimate family size will increase. Moreover also the labour market may not profit too much from such new policies. It has to adapt to the employee’s wishes, especially women, if they want to recruit more personnel. And even if mothers would start working much more than they are doing now it may be so that fathers are going to work less. It may sound old fashioned but in the Netherlands respondents still indicate that at least one of the parents should be at home a substantial numbers of hours per week when the children are young. It means that the one-and-a-half income family becomes much more popular. In the short run it may lead to slightly more people available for the labour market, in the longer run may be even more since the share of families with small children is diminishing in an ageing society.

New policies may have effects especially for lower educated, part-timers and those who are not yet employed, as well on those without children (yet) or with only one child. Under more optimal conditions they may be stimulated to be employed more hours than they are now. Higher educated women and full-time workers will most likely switch their number of hours when children arrive.

It is questionable whether that will be enough. That of course is also dependent on other structural changes on the labour market, like globalisation, computerisation, the 24-hours economy, etc., i.e. will it be possible to increase productivity with less employees? If that would occur to be difficult extra immigration might be part of a solution in those countries that can afford such extra immigration, but it may contribute to more economic constraints in the countries of emigration.

Since these issues of population ageing, (late) fertility and migration are interrelated it would be wise if countries develop a concise view on this interrelationship and operate cautiously when making interventions.

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Table 1. Change in median age of mothers at first birth, Netherlands

Birth cohort	Median age at first birth
1931-1940	26.0
1961-1965	29.3
1961-1965, with level of education of those born in 1931-1940	27.6

Table 2. Answers to the question “what is the best age for a woman to have her first child”, average ‘best ages’, observed age and average age at interview, answers from women and men up until 45 years, 2000, %

	Average ‘best’ age of the mother at first birth	Observed average age of the mother at first birth	Average age at interview	N
Total	27.0		30.9	957
Parents	26.1	26.3	36.9	395
Parents-to-be	27.6		26.8	562

Table 3. ‘Speed’ with which a (wanted) pregnancy started, MOAB-2000 (answers of men and women aged 16-44 years)

	Was (almost) directly pregnant (within 3 months)	It took 4-6 months	It took 7-12 months	It took more than a year	Got pregnant by accident	N
Total	56	13	8	15	9	725
Age of the mother at first birth:						
— up to 25 years	56	10	9	8	16	345
— 26-27 years	60	15	7	15	3	124
— 28-29 years	48	19	5	27	1	112
— 30+	55	12	8	23	3	144

Table 4. Answers to the question which percentage of women of age 30 who want to become pregnant, is pregnant within half a year, under normal conditions, answers from men and women aged 16-44 years, 2000, % (correct answer is 74%)

	< 25%	25-39%	40-54%	55-69%	70-84%	85+%	N
Total	11	27	31	21	10	1	1113
Men	11	27	30	22	9	2	505
Women	11	27	31	21	10	1	608
Mothers, age mother at first birth:							
— till 25 years							
— 26-27 years	17	32	34	11	5	2	65
— 28-29 years	13	25	26	21	13	3	72
— 30+	8	27	35	19	11	0	63

Table 5. Answers to the question which percentage of women of age 35 who want to become pregnant, is pregnant within half a year, under normal conditions, answers from men and women aged 16-44 years, 2000, % (correct answer is 43%)

	< 25%	25-39%	40-54%	55-69%	70-84%	85+%	N
Total	27	34	24	11	3	0	1113
Men	29	34	23	11	3	1	505
Women	26	34	25	12	4	0	608
Mothers, age mothers at first birth:	25	34	25	10	5	0	197
— till 25 years							
— 26-27 years	26	39	23	11	1	0	66
— 28-29 years	28	27	22	20	3	0	72
— 30+	23	36	30	9	2	0	63

Figure 1. Population size of the Netherlands by age of the mother at first birth, 2000-2050

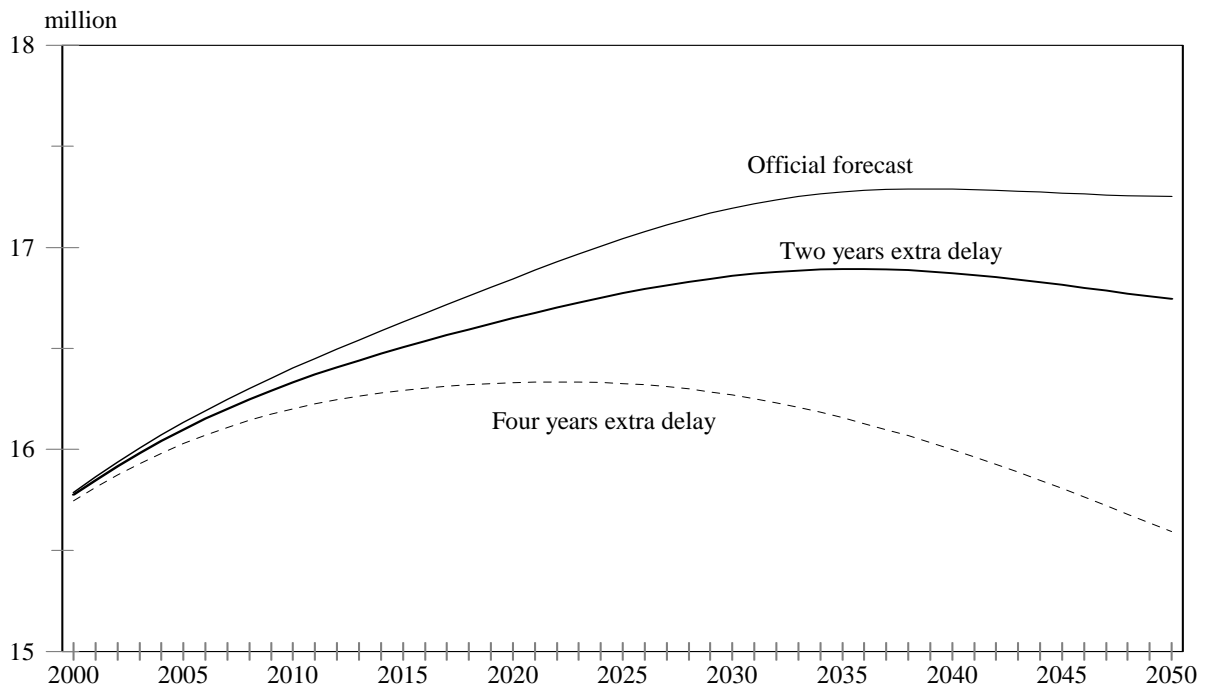


Figure 2. Percentage of the population of the Netherlands 65 years or over by age of the mother at first birth, 2000-2050

