# The Baby Boom in Belgium and the Netherlands: Patterns and Determinants of Partnership and Fertility Behaviour

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## 1. Introduction

Japan is faced with the challenge of lowest low fertility. Ever since the early 20th century, the total fertility rate (TFR) has been decreasing, dropping below replacement level in the early 1970s. At the same time, life expectancies have been increasing to reach 78.07 years for males and 84.93 years for females in 2001 (National Institute of Population and Social Security Research, 2003a). This has resulted in a growing ageing problem. The dependency ratio is already high and projected to increase further in the future. Since the mid-1980s, the Japanese government has implemented various policies with the objective of increasing the number of marriages and fertility. Examples include the 1986 *Equal Opportunity Law*, and the so-called *Angel* and *New Angel* plans of the 1990s (National Institute of Population and Social Security Research, 2003b). So far, these policies do not appear to have had much direct effect, however. This is demonstrated most clearly by the fact that the TFR has continued to go down in the 1990s reaching its lowest level ever (1.29) in 2003.

Influencing partnership and fertility behaviour requires a good understanding of its associated patterns and determinants *since any sound remedial public policy must be based on a correct diagnosis of the disease* (Demeny, 1986, p. 338). Therefore, first of all more research is needed on the rapid changes in partnership and fertility behaviour now taking place in Japan. For instance, in the year 2000 the estimated proportion of life-time singlehood reached 12.57% for males and 5.82% for females (National Institute of Population and Social Security Research, 2003a).[1] The question which that raises is whether the postponement of marriage is increasingly turning into the rejection of marriage. That would be worrying given the close connection between marriage and motherhood, and the very small share of extra-marital births in Japan.

In addition to further research on the Japanese situation, however, it appears useful to

[1] Estimated proportion of life-time singlehood: Based on the Population Census of Japan and computed as the mean value of the proportion remaining single at ages 45-49 and the proportion remaining single at ages 50-54.

examine more closely the demographic experience of other countries and assess whether valuable lessons can be learned from that. When did these countries experience periods of high fertility? What were the specific partnership and fertility patterns associated with those periods? What was the deeper causality underlying those periods? What level of complexity characterised this causality? Did policies play any role in raising fertility? If so, were those policies of a more general welfare nature or of a more specifically pro-natalist one? Answering these questions is not an easy task. Most of the recent and not so recent demographic literature has focused on explaining why the TFR continues to go down. This paper turns things around in asking why the TFR went up and stayed high for a rather substantial period of time.

Within this context, this paper takes a closer look at the baby boom period (1950-1965). A number of factors make this an interesting period to look at. The baby boom affected a large number of countries, including most of Europe, the US and Australia, but not Japan. It concerned a considerable increase in fertility, and this increase was also rather sustained. Finally, the baby boom period already lies some time behind us so that it should be possible to look back at it with a clearer perspective.

This paper will focus on two small European countries, Belgium and the Netherlands (Tables 1 and 2). Both countries are sufficiently similar so as to be usually grouped together in multi-country analyses (Calot and Blayo, 1982). But the selection of each country also stands on its own merits. Belgium, for instance, was one of the earliest countries in Europe to experience fertility decline (Lesthaeghe, 1977, p. 4; Coale and Treadway, 1986). Belgium also was and still is a very heterogeneous country, economically, socially as well as culturally. This turns it into *a microcosm of European heterogeneity* and *an interesting laboratory for research on social influences upon such phenomena as fertility levels and fertility decline* (Lesthaeghe, 1977, p. 3-7).

The case of the Netherlands also exhibits some interesting features. On the one hand, the Netherlands is very much part of the European mainstream. The development of second demographic transition theory, for instance, has at least partially been based on empirical evidence concerning the Netherlands (Van de Kaa, 1987). At the same time, however, the country also *diverges in various interesting ways and offers some comments on possible future developments* (Coleman and Garssen, 2002, p. 434). Billari and Kohler (2004), for instance, present the Netherlands as a role model for low and lowest-low fertility countries, because it *delayed the onset of childbearing to very late ages compared with other European countries, but this postponement occurred without substantially reducing quantum of fertility, or equivalently, the number of children born during the life course* (p.167).

The structure of this paper is as follows. In Section 2, some theoretical observations are made. In Section 3, an overview is provided of Belgian and Dutch baby boom partnership and fertility patterns, drawing some comparisons with the preceding and succeeding periods. In

section 4, possible causal factors are discussed, linking back to the theoretical section. And in section 5 some concluding remarks are made and policy lessons for Japan presented.

## 2. Theoretical observations

The focus of most past and also more recent fertility studies (e.g. the European Fertility Project - Coale and Watkins, 1986) has been on the sustained decline of fertility since the second half of the 19th century. The causality behind this fertility decline has been found to be complex. Most explanations pay attention to changes in both the socio-economic and value dimensions, as well as to the interactions between them. At the same time, they are sensitive to historical and cultural peculiarities (Demeny, 1986, p. 343). Explanations of the first demographic transition, for instance, focus on industrialization, urbanization and secularisation, as a result of which since the late 19th century children were no longer seen as an economic utility, and the 'quality' of children became more important than their quantity; important changes in terms of contraceptive behaviour; and ideational shifts (MinEZ - NIS and FDWTCA, 2001, p. 27).

Explanations for the second demographic transition are no less wide-ranging. Van de Kaa (1988), for instance, distinguished between 3 different dimensions in his explanatory framework: structure, culture and technology. Referring to Hoffman-Nowotny (1987), he conceived of structure as the process of modernization, entailing the development of the post-industrial society and the welfare state. Culture was equated with the 'silent revolution' affecting broader values, including increased personal freedom, individualism, and a higher needs orientation. The technological dimension referred to the development of travel, communications, television and contraception. Especially to culture and technology (contraceptive pill) a lot of attention was paid in second demographic transition literature (Van de Kaa, 1997).

An attempt to arrive at a one-dimensional explanation for the second demographic transition - largely free from historical, sociological and institutional insights - was made by the new home economics school of thought. Becker, for instance, hypothesized that for women the price or substitution effect of educational attainment dominates the income effect when it comes to marriage and motherhood (Becker, 1981). This attempt to deny the role played by values and context raised serious concerns among demographers. As a result, the fact that ideational systems affect and are affected by economics and that ideational change is partially dependent on structural economic change and partially autonomous has been reasserted (Demeny, 1986; Lesthaeghe and Surkyn, 1988).

As a more or less sustained period of decisively higher fertility, the baby boom constitutes a historically unique break in the long-term process of fertility decline since the

second half of the 19th century. Easterlin (1961), for instance, described the baby boom as an *apparent abrupt break with historical experience* (p. 897). Trying to explain the baby boom therefore requires something of a paradigm shift, from explaining fertility decline to explaining a unique period of fertility increase. At the same time, it is clear that just as in the case of fertility decline there is a need for an explanation that is both wide-ranging and historically and culturally sensitive.

A good candidate for the core of such a wide-ranging explanation of the baby boom is the work by Easterlin. Over the course of his career, he has advanced a large number of interesting theoretical propositions but among the more relevant ones for our purposes is no doubt his work on the conflict between aspirations and resources: *One of the determinants of the fertility of a married couple is the tension between the couple's material aspirations and their resources – what might be termed the "relative affluence" of the couple. If a couple's resources are abundant relative to their aspirations, they will feel freer to have children. If their resources are scarce relative to their aspirations, they will be hesitant about having children. In assessing resources, the earnings outlook for young adult males is critical, because the more the primary "breadwinner" can support the couple's desired life style, the easier it will be for the couple to have children and the less will be the pressure for the wife to work* (Easterlin, 1976, p. 417). Easterlin also argued that *material aspirations are a product of one's economic socialisation experience* (Easterlin, 1976, p. 420). In this way, he linked his work to Ryder's influential cohort concept. In his *The Cohort as a Concept in the Study of Social Change* (1965), Ryder conceived of a cohort as sharing unique educational, peer-group socialization and historical experiences, which made it different from preceding and succeeding cohorts. The aforementioned relation posited by Easterlin between aspirations and resources has been tested and reviewed many times and no fault has been found with it thus far. This is concluded by, for instance, Macunovich (1998) on the basis of a complete inventory of data and methodologies in seventy-six published empirical studies. In line with his broader theory, Easterlin conceived of the baby boom as a period of **rising real wages** and **rising employment**, which allowed for the more rapid establishment of independent households.

The Easterlin hypothesis cannot easily be applied to the Belgian and Dutch baby boom experiences. There existed quite a number of considerable differences between the Belgian and Dutch baby boom experiences on the one hand, and the US and other European baby boom experiences on the other hand. A first thing to note is that the US and some other European baby booms were considerably larger than the Belgian and Dutch ones. In this regard, Lesthaeghe and Surkyn (1988) made a clear distinction between so-called *large rise countries* and *low rise countries* (p. 33-35). For the US, the difference between the pre-baby boom low (cohort 1906-15) and the baby boom high (cohort 1926-35) for the cohort total fertility rate was 0.81, for Australia

0.76 (cohort 1901-10 vs. cohort 1926-35), for France 0.64 (cohort 1891-1900 vs. 1926-35), and for England and Wales 0.58 (cohort 1901-10 vs. cohort 1931-40). On the other hand, it was 0.22 for Belgium (cohort 1910-11 vs. cohort 1930-31), 0.23 for Switzerland (cohort 1901-10 vs. 1921-30), 0.29 for Denmark (cohort 1901-10 vs. 1926-35), and 0.20 for Finland (cohort 1901-10 vs. cohort 1916-25). Another thing to note is that the fertility increase in the large rise group of countries, much more than in the low rise group of countries, was driven by increases in marital fertility. For the US, the difference between the pre-baby boom low and the baby boom high for the cohort total marital fertility rate was 0.79, for Australia 0.64, for France 0.57, and for England and Wales 0.41. On the other hand, it was 0.13 for Belgium, 0.06 for Switzerland, 0.03 for Denmark, and 0.07 for Finland. A further illustration comes from an analysis of parity-progression ratios. Progression to the second child increased much more in the US and Britain than in Belgium, West Germany or Finland. On the other hand, the US was the only country where progression to the third child increases considerably (See Table 3 and Figure 1 for Belgium and Table 4 and Figure 2 for the US).

On the basis of such evidence, it can be concluded that the Easterlin hypothesis constitutes a necessary but insufficient explanation of the Belgian and Dutch baby boom. In the same sense, Lesthaeghe and Surkyn (1988) argued that **rising real wages** and **low unemployment** were *non-redundant but insufficient* as explanations (p. 31), while Hobcraft (1996) argued that *rising real wages may be necessary but by no means sufficient as an explanation of the marriage boom* (p. 515). In other words, the baby boom period did indeed constitute a period of rising real wages and low unemployment. And this did indeed allow young men to establish independent households earlier than in, for instance, the pre-WWII period. But how to explain that both high rise and low rise baby boom countries experienced increases in the proportion married, but that only high rise baby boom countries experienced increases in marital fertility (Lesthaeghe and Surkyn, 1988, p. 34).

A first important additional determinant to consider is the creation of the **welfare state**, with the organisation of social security systems and the redistribution of income (Lesthaeghe and Surkyn, 1988, p. 36). To the Belgian and Dutch case appears to be applicable what Hobcraft has referred to for Britain: free healthcare, including maternity care; free secondary education; funding of scholarships and fees for university education; family allowances; and the creation of subsidized social housing, as a result of which *the relative costs of parenthood were significantly altered compared with the 1930s* (Hobcraft, 1996, p. 494-495).

**World War II**, and the continuation of military service after its end, are also mentioned as possible explanatory factors for Britain, but may also have played a role in Belgium and the Netherlands. Early separation from the home environment, and the early receipt of wages, weakened parental control and forced young men into adulthood at an early stage, so that setting

up an independent household became more imperative. Alternatively it led to earlier sexual intercourse, which gave rise to marriages because of accidental pregnancies (Hobcraft, 1996, p. 516).

**Values** also played a role as the baby boom period was characterised by the spread of the bourgeois 2-child male breadwinner type family ideal (emphasising the qualitative aspects of domestic life, and a division of labour between the sexes) within a context of temporarily slowed down or even reversed secularisation and conservative values. As Lesthaeghe and Surkyn (1988) summarise: *What is crucial is the combination of such cultural, political and economic factors. The baby boom corresponds therefore to the heyday of an older familial model whose achievement had been frustrated by depression and war, but that spread thereafter to all social strata and even to those who did not become 'affluent workers'* (p. 36).

A special note is required on **contraception and abortion**. They hardly appear at all in explanations of the baby boom. The importance of the relative unreliability of contraceptive methods in this period (Glass, 1966; Glass, 1968), and of the repressive policies against contraception and abortion dating back to the pre-war period, is clear, however, from the significance ascribed to the arrival of the pill in explaining the baby bust.

These repressive policies against contraception and abortion, together with the aforementioned creation of the welfare state, raise the tricky issue of **population policies**. More specifically the question is raised to what extent the baby boom was the result of such policies. That first begs the question of what is meant by population policies. Some confusion appears to exist in this regard. Various authors only refer to policies relating to contraception and abortion when they talk about population policies. Other authors recognise that many policies have the potential to affect people's partnership and fertility behaviour and therefore include in the notion of population policies also the provision of family allowances, day-care, free schooling, social housing, etc: *A system in which housing is inadequate, education and medical care expensive and working mothers hardly provided for, is one in which, other factors (degree of modernization, income, education, etc) being equal, procreation and child rearing are less favoured than in a system which does not suffer from these disadvantages* (Livi-Bacci, 1974, p. 197).

Taking a broader approach towards the notion of population policies raises the difficulty, however, of determining whether such policies were developed with the explicit intent of influencing partnership or fertility behaviour, or with another (e.g. redistributive) intent. In this regard, Dumon (1987) distinguished between policies *aimed at* the family and policies *affecting* the family. Glass (1966) distinguished between conscious, integrated population policies that are explicitly pro-family in attitude, and pro-family measures of one kind or another not organised with a populationist objective in mind. Livi-Bacci (1974) distinguished between provisions directed to extend, amplify and guarantee individual human rights, measures designed to increase

social justice and equality by the elimination or attenuation of inequalities between different social groups, and all those legal and economic measures designed to encourage or to discourage certain types of behaviour. A further difficulty is that in origin many population policies are welfare policies, but that at some point in time perhaps they acquired a pro-natalist flavour, afterwards perhaps again losing this flavour.

The confusion this generates is clear from the different characterisation of population policies in post-war Europe by different authors. Glass (1966) found that France, Belgium and Sweden had conscious, integrated population policies that were explicitly pro-family in attitude. Livi-Bacci (1974), however, found that *in practice, no country in Western Europe, with the possible exception of France, has adopted a well-defined demographic policy* (p. 192).

For this paper the choice has been made to focus on effects rather than intent and discuss in Section 4 - in addition to rising real wages and rising employment, and values - all those policies that can have had an effect on partnership and fertility behaviour, regardless of whether they were developed with such an intent or not. One would then distinguish between policies affecting access to contraception and abortion, and policies affecting the prerequisites for and direct and indirect costs of parenthood, including security.

Having discussed what could be understood by population policies, another question to answer is whether it is legitimate for government to intervene in the area of fertility at all. Most governments' social policy agenda is already overcrowded, and there exists ideological opposition towards social engineering. Authors like Demeny do find, however, a justification for government intervention in the notion of market failure: *in a large society the spontaneous and voluntary interaction of individual actions can, and often does badly fail to deliver desired macro-demographic patterns* (Demeny, 1986, p. 339-340). Yet in the same article, Demeny immediately adds a note of caution. The fact that there exists some abstract rationale for pronatalist policies does not mean that these should also be implemented, since neither the long run negative consequences of low fertility nor the future course of fertility are clear.

A final question pertains to the effectiveness of population policies. Demeny finds that *the modal finding is that the effects are nil or negligible* (Demeny, 1986, p. 350). Livi-Bacci finds that even in non-neutral systems the pro-natalist effect of family allowances is very small, given their modest value as a percentage of family income and the rapid erosion causes by the increasing cost of living (Livi-Bacci 1974).

## 3. Partnership and fertility patterns in Belgium and the Netherlands

This section consists of a rather detailed description of partnership and fertility patterns in

Belgium and the Netherlands in the baby boom period, running roughly from 1950 to 1965. Such an in-depth description will allow for a better understanding of what it is precisely that will need to be explained in the next section. A range of indicators is discussed in this section: the birth rate; the total (period) fertility rate (TFR); completed (cohort) fertility (CF); the mean age at marriage; the mean age at (first) birth; and the proportion married. In order to bring out better the special characteristics of the baby boom period, brief comparisons are made with the periods before WWII and after the baby boom.

### Birth rate

During the baby boom period, the number of living births per 1000 population consistently exceeded 16 in Belgium, even approaching 17 around 1960 (Table 5 and Figure 3). This was substantially higher than in the immediate pre-WWII period, when the number was around 15. After the baby boom, the birth rate declined significantly - though sometimes hesitantly - to drop below 11 in 2002. The baby boom period was characterised by considerable diversity between the Flemish, Brussels and Walloon regions. This was in line with the pre-WWII period, but different from the post-WWII period, when inter-regional heterogeneity was reduced (Lesthaeghe, 1977; MinEZ-NIS and FDWTCA, 2001, p. 25-29).

Throughout the baby boom period, the Dutch birth rate was substantially higher than the Belgian one, consistently approaching or exceeding 20 (Table 5 and Figure 3). Compared to the pre-war period, the Dutch evolution differed from the Belgian one, however. Contrary to the Belgian case, Dutch baby boom birth rates were considerably lower than in the pre-WWII period. After the baby boom period, birth rates declined rapidly and then more or less stabilised, just like in Belgium.

### Total (period) fertility rate (TFR)

In Belgium, the TFR increased from just over 2 in the period 1945-50 to a maximum of 2.7 in 1963-64 (Table 6 and Figure 4). Compared to the pre-WWII period, this constituted a significant rise. From 4.5 in the period 1846-66, the TFR had dropped to 2.2 in 1930. After the baby boom, the TFR declined rapidly. It breached replacement level in 1973, and reached a low of 1.5 in the early 1980s. Since that date the TFR has been fluctuating between 1.5 and 1.7. As in the case of the birth rate, the TFR differed substantially between the Flemish, Brussels and Walloon regions during the baby boom period, less so thereafter (Table 4; Calot and Blayo, 1982; MinEZ-NIS and

FDWTCA, 2001, p. 13-14 and 25-29).

The Dutch TFR exceeded 3 in the period 1945-50, and increased more moderately in the period 1950-65, thus generally maintaining higher levels than Belgium during the baby boom period (Table 6 and Figure 4). Dutch baby boom TFRs were considerably higher than those in the immediate pre-WWII period. The Dutch TFR still exceeded 4 at the turn of the century but decreased quickly thereafter to reach 2.67 in 1940. After the baby boom, the TFR breached replacement level in 1973, just like in Belgium. A low of 1.6 was reached in 1977, and a stabilisation/slight reversal followed thereafter.

Therefore, Belgium and the Netherlands were representative of both the European heterogeneity in terms of fertility during the baby boom period and the trend towards increased European homogeneity after the baby boom. European TFRs were both high and heterogeneous in the period 1945-50 and either remained constant at a high level or increased in the period 1950-65 - with the exception of Ireland (increase from already high levels) and Finland (decrease). In the period 1965-1975, however, European TFRs decreased everywhere, falling below replacement level except in Ireland and Greece. By 1975, TFRs had reached very low levels in some countries. But they stabilised or even went up thereafter, especially from the 1980s (Calot and Blayo, 1982).

## Completed (cohort) fertility (CF)

As already mentioned above, compared to the US and some other European countries, the baby boom was of rather limited size in Belgium and the Netherlands and not driven to the same extent by increases in marital fertility. In neither Belgium nor the Netherlands, ultimate family size increased significantly in the baby boom period as compared to the pre-WWII period. Compared to pre-WWII levels, Belgian CF increased moderately during the baby boom period (Table 7 and Figure 5). For the 1906-15 birth cohort (the pre-baby boom period low), the cohort total fertility rate was 2.1, while for the 1926-35 birth cohort (the baby boom period high) it was 2.3. The corresponding figures for cohort total *marital* fertility were 2.42 and 2.55 respectively (Festy (1979) as quoted in Lesthaeghe and Surkyn, 1988, p. 33; It has to be noted that Council of Europe figures for the 1930 birth cohort (2.29), for instance, differ quite substantially).

The development of Dutch cohort fertility was somewhat atypical. The cohort total fertility rate was 2.8 for the birth cohort 1901-10, reached an early and high maximum of 3.0 for women born in 1911-20, and then declined to 2.7 for cohorts born in 1926-35. For cohorts born in 1946-55, it was 1.9 (Table 7 and Figure 5). For the Netherlands, therefore, the baby boom period constituted a period of a temporary slowdown in the decrease of the cohort total fertility rate

rather than a period of temporary increase in CF over previously low levels. That means that the difference between baby boom and post-baby boom fertility levels was much higher in the Netherlands than in Belgium but that the post-baby boom period was one of increasing convergence between the countries (Calot and Blayo, 1982; Lesthaeghe and Surkyn, 1988; Engelen and Hillebrand, 1986).

It is interesting to compare the evolution of the TFR with that of CF over time, thus obtaining further insights into fertility patterns in the two countries. In both Belgium and the Netherlands, CF was exceeded by the TFR during the baby boom period. Thus the TFR provided an exaggerated image of the fertility level of actual birth cohorts in this period. Since the 1970s, however, the TFR has been exceeded by the CF. In this period, therefore, the TFR provided an understated image of fertility (Calot and Blayo, 1982; Hobcraft (1996) notes the same for Britain).

### Parity progression

As mentioned above, in neither Belgium nor the Netherlands, ultimate family size increased significantly in the baby boom period as compared to the pre-WWII period. However, the deviation around the mean was reduced as both the number of childless women and the number of women with truly large numbers of children were reduced (See Table 3 and Figure 1 for Belgium and Table 4 and Figure 2 for the US).

### Period and cohort mean age at first marriage

The reason for the TFR exceeding CF in the baby boom period, and for the TFR being exceeded by CF after the baby boom, can be found in the dramatic changes in partnership and fertility behaviour in each of these periods. Women first of all increasingly married earlier in the baby boom period, and increasingly postponed marriage after the baby boom (Figure 12 and 13). In Belgium, the period mean age at first marriage decreased to 22.8 years in 1960 and 22.0 years in 1975 (lowest point), and increased again to 23.1 years in 1985 and 26.3 in 2000. The cohort mean age at first marriage, on the other hand, decreased from 22.9 for the 1933 birth cohort to 22.1 for the 1945 birth cohort, and increased again to 22.3 years for the 1955 birth cohort (Council of Europe, 2003).

On average, Dutch period mean ages at marriage were higher than Belgian ones. In the Netherlands too, however, the baby boom period decreases and the post-baby boom period increases in the period mean age at marriage were clear. The period mean age at first marriage

decreased from 25.6 years in 1950 to 23.3 years in 1965 and 22.6 years in 1975. Thereafter, it increased again to 24.4 years in 1985. The cohort mean age at first marriage decreased to 24.7 years for the 1930 birth cohort and 22.6 years for the 1960 birth cohort, and increased again to 27.3 years for the 1970 birth cohort (Council of Europe, 2003).

### Period and cohort mean age at (first) birth

Earlier marriage in the baby boom period resulted in a clear trend towards earlier childbearing (See Figures 8 to 11 for period and cohort age-specific fertility ratios, and Figure 6 and 7 for period and cohort mean ages at birth). Compared to the pre-WWII period, the mean age at first birth decreased. After the baby boom, the mean age at birth increased again (Calot and Blayo, 1982). In Belgium, the period mean age at first birth decreased to 24.8 years in 1960 and 24.4 years in 1975. Afterwards it increased to 27.3 years in 1995. In the Netherlands, on the other hand, the period mean age at first birth decreased from 26.4 years in 1950 to 25.6 years in 1960 and 25.0 years in 1975. By the 1990s, the Dutch had become record holders as far as late motherhood was concerned as their mean age at first birth hit 29.1 years.

### Proportion married

Another major change in the baby boom period concerned the proportion married. In the baby boom period, a growing proportion of women got married (Figure 14). In Belgium, more than 90 percent of women born in the period 1930-50, for instance, got married, demonstrating a clear trend towards 'universal marriage'. In Belgium, the percentages single in selected age groups and ration of women aged 45-49 years was 13% in 1930 and 9 percent in 1960. In the Netherlands, this corresponding figure was 15 and 11 percent respectively (Glass, 1968).

After the baby boom, however, the proportion married and marriage rates would decline as the trend moved away from 'universal marriage'. In Belgium 1970, the total first marriage rate (TFMR) was 0.89 in 1975, and even 0.65 in 1985. In the Netherlands, the TFMR decreased to 1.02 in 1970 and 0.78 in 1975.

## 4. Explaining the baby boom in Belgium and the Netherlands

The focus in this section is on the explanation of the baby boom in Belgium and the Netherlands.

In this way, this section refers back to Section 2, where a number of candidate explanatory factors were discussed. These included rising real wages; rising employment/low unemployment; the creation of the welfare state; the occurrence of World War II itself; conservative values; and restricted access to (still rather unreliable) contraception and abortion. Except for the occurrence of World War II itself, all of these causal factors will be discussed for the Belgian and Dutch cases. This paper will argue that the baby boom period is best conceived of as a period in which the values holding at the end of the first demographic transition, and the repression of contraception and abortion, remained in place, but in which the economic brakes on fertility were removed because of rapid economic development and the development of the welfare state. While the development of the welfare state and the repression of contraception and abortion affected partnership and fertility behaviour, one could not really speak of a coordinated population policy during the baby boom period. The below discussion of determinants is structured according to the order in which determinants were identified in the theoretical section.

**Rising real wages and rising employment/low unemployment**

For both Belgium and the Netherlands, the baby boom period constituted a period of rapid economic growth. Annual GDP growth averaged 4.08 percent between 1950 and 1973 in Belgium, and 4.74 percent in the Netherlands. Unemployment was low. In Belgium, it had decreased to 3 percent by 1970. In the Netherlands, it was 0.9 percent in the same year. Average living standards improved substantially. In Belgium, annual GDP per capita growth averaged 3.55 percent between 1950 and 1973, which raised GDP per capita from $5,462 in 1950 to $12,170 in 1973 (1990 international $). The share of the household budget spent on food - a good proxy of living standards – fell from 65 percent in 1901 to 36 percent in 1961 and 25 percent in 1973. In the Netherlands, the average GDP per capita growth rate for the period 1950-1973 was 3.45 percent, raising GDP per capita from $5,996 in 1950 to $13,082 in 1970 (1990 international $) (Blom and Lamberts, 1997, 301; CBS Statline; Maddison, p. 185-186-187).

**The creation of the welfare state**

It has to be emphasized that in the baby boom period neither Belgium nor the Netherlands had a well-defined demographic policy (Livi-Bacci, 1974, p. 192; Vrouwen – Leven en werk, p. 29-30). But even if they did not adopt a deliberate and coordinated demographic policy, they tended increasingly to participate in every aspect of social and individual life, contributing to modifying

the broad environment in which partnership and fertility decisions were formed and taken (Livi-Bacci, 1974, p. 192).

This happened first of all through the creation of the welfare state. Though based upon important pre-war foundations, it was only after WWII that social security was organised in a coherent manner in Belgium. This was done through the so-called *Besluitwet* of 28 December 1944, which made obligatory, in the first instance for employees, the insurances against sickness, invalidity, unemployment, old age, etc. (FOSZ, 2003, p. 7; Blom and Lamberts, 1997, p. 297).

A welfare state policy particularly relevant from a demographic point of view is the provision of *child allowances*. In the baby boom period, both Belgium and the Netherlands had so-called non-neutral child allowance systems in place, under which monthly payments were made for each eligible dependent child and the amount of allowance varied with the number of children and birth order (Livi-Bacci, 1974).

Both countries' family allowance systems dated back to the pre-war period. The Belgian system, for instance, was broadly modelled after the French one, which had its rather limited, largely private, voluntary/bottom-up and social welfare (rather than pro-natalist) origins in the late 19$^{th}$ century. After WWI, when high inflation negatively affected the standards of living of the lowest paid workers (in particular those with large families), the coverage of the French system widened and its social welfare orientation strengthened. In the 1930s, the French government intervened (setting minimum scales, making the system compulsory) through the *Family Allowance Bill* (1931) and the *Code de la Famille* (Family Code) (1939). This was due to the still rather limited coverage of the working population by the late 1920s; the great diversity existing between different child allowance schemes; and the overtaking of anti-inflationary by pro-natalist concerns (e.g. fear over French military weakness compared to Germany resulting from the falling birth rate). Under the WWII Vichy regime, which was strongly pro-family and pro-natalist, and after WWII, the system was strengthened further.

By the 1950s, the main characteristics of the French child allowance system were that the allowances were tied to the work of the adult responsible for the children's maintenance, in effect becoming a type of family wage; the amount of the allowance increased sharply with birth order and only stabilised after a large number of births; the cost of the allowance was borne entirely by the employer; and the amounts of the allowance were related in some way to the current cost of living.

The French family allowance system was credited with achieving some redistribution of income in favour of persons with family responsibilities, even though the idea of equalising their standard of living with that enjoyed by unmarried workers of comparable skills had not been realised. But it was also claimed that the system adequately fulfilled its demographic function,

and that the post-war increase in natality was a permanent trend due largely to the success of the population programme ushered in by the *Code de la Famille* (Family Code) in 1939 (Watson, 1954b, 1954c).

The Belgian child allowance system had its origins in the immediate post-WWI period. Like in France, the first motive for the implementation of a child allowance scheme was not pro-natalist. It rather stemmed from the desire to lessen the negative effects of the high post-war inflation, which caused labour unrest and hardship, in particular among large industrial working class families. Allowances were at first provided on a voluntary basis, again just like in France. The first 'French model' family allowance fund was set up in 1921 to serve industries in the region of Verviers. This was followed by the creation of similar funds in e.g. the regions of Tournai and Liège, and by the establishment of a national fund for the building trades. The Belgian government started intervening in the late 1920s and early 1930s. The law of 14 April 1928 e.g. required all (sub)contractors working for the state, or for a provincial or local authority, to participate in a fund and pay family allowances to their employees. The law of 4 August 1930 made the payment of family allowances to wage earners and salaried staff working under regular employment contracts compulsory, and specified minimum rates.[2] One of the reasons for the Belgian government sponsoring the law of 1930 was its concern with the low birth rate and its desire to encourage large families. Therefore, the compulsory rates were steeply graded in favour of third and subsequent children. In 1944, the system for family allowances was integrated into the aforementioned social security system for salaried workers (Watson, 1954a).

In the Netherlands, child allowances were first paid to postal workers in 1912. In 1919, the coverage of the system was extended to apply to all national civil servants. Local authorities quickly followed. In 1919, the system of family allowances spread to industry and by 1 January 1937, 146 Collective Labour Agreements contained clauses granting family allowances. At the end of that year the Minister of Social Affairs introduced a bill extending the system, which became law on 1 January 1941 (Van Praag, 1977).

### Policies on contraception and abortion

Compared to the pre-war period, not much change was observed in either Belgium or the Netherlands in the baby boom period where contraception and abortion were concerned. Policies on contraception and abortion were rather repressive. In Belgium, a ban on the sale of **contraceptives** had been instituted in 1923. It was only lifted in 1973 (GVDNL, p. 301). Even

[2] The law of 10 June 1937 introduced a compulsory allowance scheme for the self-employed.

thereafter, however, according to Livi-Bacci (1974), Belgium was one of those countries where the right to plan and space births was recognised but not actively guaranteed by the state: where family planning activities (information, advice and distribution of contraceptives) were not publicly supported; private family planning organisations were weak; age limits were imposed on the sale of certain contraceptives and the unmarried were discriminated against; hormonal contraceptives were sold only upon medical prescription and the public health insurance scheme did not pay for them; religious and other pressure groups seriously opposed family planning; and the medical profession was generally very conservative.

Before WWII, **abortion** was made illegal in Belgium as well. It would not be legalised before 1990 (Blom and Lamberts, 1997, p. 301). During the baby boom period, therefore, abortion constituted a criminal offence. The only exception was therapeutic abortion to save the life of the mother. The number of illegal abortions was generally high, although estimates greatly exaggerated their number. Very few cases were brought before the Courts. The law was severe but seldom enforced.

Like in the case of the child allowance system, the Belgian approach to contraception and abortion took after the French one. Starting in earnest in 1920 a number of bills were passed in France that imposed ever higher fines and ever longer prison sentences on persons providing information on and manufacturing or distributing or selling contraceptives, and on both abortionists and abortees. Important steps in this process included once more the aforementioned *Code de la Famille* (Family Code) (1939) as well as a series of bills passed by the WWII Vichy regime. The law of February 1942, for instance, made abortion a crime not only against the individual (the unborn child) but also against society, the state and even the race. Persons charged under the law were tried by a special state tribunal, whose judgement was final and implemented immediately. The penalties included death and a life sentence of hard labour with or without deportation. Repression of contraception and abortion continued to be the main goal of government after WWII, though the Vichy laws were slightly relaxed. Full liberalisation only arrived in 1974.

The Netherlands was as repressive as Belgium during the baby boom period where contraception and abortion were concerned. Like in Belgium, this more or less represented a continuation of the pre-WWII situation. In spite of the Netherlands being one of the first European countries to have an active pro-contraception neo-Malthusian league, a number of local authorities in the (largely Catholic) south of the Netherlands prohibited the sale of **contraceptives** at the beginning of the 20$^{th}$ century. After an aggressive press campaign against contraception by opponents of the practice in 1898, medical doctors no longer assisted in the spread of contraceptives either. Finally, the Dutch government prohibited in 1911 the spread of knowledge about contraceptives.

In 1962, the contraceptive pill first arrived in the Netherlands. Three years later (1965), the anti-contraception law was revised, and things changed quickly thereafter. By the early to mid-1970s, Livi-Bacci could consider the Netherlands to be more advanced than Belgium where contraception was concerned. By that time, the liberalisation and extension of individual rights had gone a long way. The right to be efficiently informed on family planning matters was widely recognised, and public support was given to family planning programmes and activities. In 1970, some 500,000 Dutch women used the pill. From 1971 onwards the pill got covered by the national health insurance scheme. The result was that in 1972 already 800,000 Dutch women used the pill, and in 1973 1 million. The number of sterilisations also increased and the coil was introduced (Glass, 1966; Livi-Bacci, 1974; Vrouwen – Leven en werk, p. 24).

**Abortion** had been prohibited in the Netherlands in 1911 as well. By the early 1970s, however, Dutch legislation on abortion had also become more liberal. Induced abortion was a criminal offence, with a heavy penalty, but the practice was to consider that no breach of the law had occurred when a woman obtained an abortion on medial grounds. The number of legal abortions was nearly 15 percent of all live births (Vrouwen - Leven en werk, p. 30; Livi-Bacci, 1974; Santow, 1979).

## Values

In both Belgium and the Netherlands, the baby boom period was a period of great ideological division, societal rigidity and conservative values. In Belgium, the division was roughly between a Flemish and catholic community on the one hand, and a Walloon and anti-clerical community on the other hand, both of which clashed repeatedly and seriously over a number of key issues (e.g. the repression of collaboration and the return of King Leopold III after WWII, or the provision of government subsidies to 'free' (Catholic) schools to ensure 'real' choice). Society rigidified as the pre-war pillar system – under which parallel catholic, socialist and liberal pillars or subcultures existed, each having their own political and social organisations providing services in each sphere of life (youth organisations, schools, unions, health insurance, etc.) – was maintained and even obtained government support. For instance, while after WWII government took the ultimate financial responsibility for the social security system, social security payments continued to be made through pillarised social organisations. In the Netherlands, the division was between catholic, orthodox protestant, social-democrat and neutral-liberal pillars (Blom and Lamberts, 1997, p. 297, 299 and 338; van Heek, 1956).

At least in the Netherlands, the value pattern of the baby boom period did not differ very much from that in the 1920s. The whole period 1920-1960 was essentially one of a bourgeois-

pillar society and stability in terms of values focusing on family, order and authority, patriotism, work, careful spending and self-control. Within the pillars strong social control existed (Blom and Lamberts, 1997, p. 343 and 351).

Women's position in society improved. They obtained national voting rights (e.g. Belgium 1948). Family law was redefined to obtain more legal gender equality within marriage (Vrouwen – Leven en werk, p. 138). Levels of female educational attainment increased rapidly, but caught up with male levels rather slowly. In the Netherlands, for instance, it would take until 1975 before girls' degree of participation in full-time education equalled that of boys (Vrouwen – Leven en werk, p. 114-115). Female levels of labour force participation remained more or less stable. In the Netherlands, 16 percent of the total female population (26 percent of the female population 15-64 years old) worked in 1960 and 19 percent in 1971 (17 percent in 1899; Vrouwen – Leven en werk, p. 150 and 153). Women accounted for 25 percent of the labour force in 1970 (CBS Statline). In Belgium, the percentage was 30 (GVDNL, p. 301).

All in all, however, economic prosperity and conservative values ensured that the housewife ideal dominated. In the Netherlands, only 7 percent of married women worked in 1960 (6 percent in 1930) (Vrouwen – Leven en werk, p. 131). The model of the male breadwinner type family was supported through specific policies, for instance, discouraging female labour force participation, not providing day-care facilities, and repressing contraception and abortion. Discouraging women from participating in the labour market dated back to the interwar period. In the Netherlands, for instance, a Royal Decree became effective in 1924 that made it compulsory to dismiss female civil servants on marriage, unless they were over 45 years of age. A year later, this regulation was extended to female primary school teachers. One of the arguments employed in support of the provisions was that non-dismissal would encourage married couples to use contraceptives, so that the marriage could remain childless. In a debate in Parliament which preceded the decree, the majority were of the opinion that the place of women was in the home, and Catholic deputies added that it was the duty of the government to ensure that the primary objective of marriage was not overlooked. In 1937, the government introduced a bill, the object of which was to prohibit the employment of all married women. The motivation was the same as in 1924, but as a result of a change in government, the bill was not proceeded with. Even in the early 1950s the idea was still considered, and even though it never became law it set the tone for the rest of the baby boom period (Van Praag, 1977; Vrouwen - Leven en werk, p. 169-170). Day-care facilities were also almost non-existent in Belgium and the Netherlands during the baby boom period (Livi-Bacci, 1974; For the Netherlands, see Vrouwen - Leven en werk, p. 90).

## 5. Concluding remarks

In this paper, we have set out to describe the partnership and fertility patterns in Belgium and the Netherlands during the baby boom, try to explain them, and draw policy lessons for Japan.

It was first of all noted that the Belgian and Dutch baby boom experiences differed substantially from the American one, both in terms of size (the American baby boom is much larger than the Belgian or Dutch one) and in terms of drivers (in relative terms the American is much more driven by changes in marital fertility). The demographic characteristics of the Belgian and Dutch baby booms are clear: birth rates increased; the TFR increased; CF and ultimate family size increased somewhat, although to a much smaller extent than the TFR; the mean age at marriage decreased; the mean age at (first) birth decreased; and the proportion married increased.

It was next established that the Easterlin hypothesis, with its focus on rising real wages and low unemployment, was also applicable to the Belgian and Dutch baby boom experiences. In both Belgium and the Netherlands, the baby boom periods were periods of rapid economic growth and low unemployment. But in the theoretical section it was found that these two factors, while necessary, were not sufficient to explain differences between the Belgian and Dutch baby boom experiences with the experience in the US or other countries, or with other periods of rising real wages. So other cultural, political and economic factors were identified in the theoretical section. These included the development of the welfare state, early entry into adulthood because of the war, and the spread of the bourgeois male breadwinner 2-child family ideal within a context of slowed down or reversed secularisation and conservative values. Special attention was paid to contraception. It was found that Belgian and Dutch policies on contraception were highly repressive, and that the quality of contraception and its use hardly improved.

After reviewing the Belgian and Dutch baby boom patterns and determinants, we then attempt to reflect on what useful lessons can be drawn for Japan given its lowest low fertility experience:

- **The need for continued research at the micro-level:** What may appear at first sight to be the same may turn out to be different upon closer examination, and this usually also means that explanations differ. At first sight, the Belgian and Dutch baby boom experiences may appear as perfectly comparable to those of other European countries or the US. But this paper has clearly demonstrated that the Belgian and Dutch baby boom experiences differed considerably from those in other European countries or the US as far as scale and drivers were concerned. Therefore, a simple application of US baby boom explanations to the Belgian and Dutch cases was not possible. Similarly, the Japanese experience of low and lowest-low fertility may appear superficially to resemble that in European countries. But

more and more evidence is emerging that the Japanese experience differs substantially from the European one at the micro-level and that therefore different determinants or a different balance between different determinants is at work (Matsuo, 2003). This calls for more research on the specificities of the Japanese case in terms of patterns and explanations.

- **The need to take account of both partnership and fertility**: A key point that comes out of the analysis of the baby boom period is that it concerned important changes in both the proportion married and marital fertility. This means that any analysis of fertility patterns (and any attempt to influence them) needs to take account of both partnership and fertility. This is especially for the Japanese case, where the fertility pattern is directly impacted upon by the marriage pattern.
- **The small role played by population policies:** Another macro-level observation to make is that neither the Belgian nor the Dutch baby booms were the result of well-planned and well-executed population policies. This paper has clearly demonstrated that European countries did indeed implement a coordinated programme of social policies in the post-war period but that this was done more with welfare than with pro-natalist objectives in mind. Even though these policies can be assumed to have affected fertility positively, the Belgian and Dutch baby booms were mainly the unplanned result of particular historical circumstances. This already casts some doubt on the feasibility of achieving fertility increases through population policies.
- **The complex causality**: Further doubt is cast on the feasibility of affecting demographic behaviour through population policies by the highly complex/interactive and simultaneous causality underlying the baby boom. As discussed in the theoretical and explanatory sections of this paper, the baby boom was the result not just of one particular development but rather of the simultaneous confluence of a wide range of economic, political, cultural and technological factors. Particularly interesting in this regard was the observation of the interaction between economic and cultural factors: favourable economic circumstances and the development of the welfare state supported the spread of a bourgeois male breadwinner 2-child family ideal. Therefore, Japan should not just put its hopes on a recovery of the economic growth rate but have an eye for the complex interaction between developments in the different spheres of life.
    - **Rising real wages and unemployment as prerequisites for high fertility**: Turning to a discussion of individual factors, it is clear that economic growth accompanied by rising real wages and low unemployment are prerequisites for fertility increase. They provide young adults with the necessary means to establish independent households at an early stage. In Japan, these conditions have been absent for most of the period since the early 1990s – though the situation appears to be improving now.

- **The need for job security**: To the need for rising real wages and low unemployment could be added something else, which is nevertheless closely related: job security. This constituted an important characteristic of the baby boom period labour market. An increasing number of papers point to the negative impacts job insecurity (resulting from globalisation) can have on marriage and motherhood as it affects the risk calculations accompanying partnership and fertility decisions (Mills and Blossfeld, 2003). In the case of Japan, with its growing number of *freetaa*, or youngsters who are employed, but on short-term contracts (and without full benefits), this seems to be a particularly important.
- **The supplementary role of welfare policies**: While perhaps not of decisive importance, the risk calculations accompanying partnership and fertility decisions can be further positively affected by the development of welfare policies that lower the relative costs of parenthood. These include free or cheap health care (including maternity), the provision of child allowances, free or cheap education, etc.
- **Values**: High fertility during the baby boom period was supported by conservative values emphasizing the male breadwinner 2-child type of family. Active support for these values came from policies discouraging female labour force participation directly and indirectly (absence of day-care facilities), and policies discouraging contraception and abortion. Especially where the latter is concerned the difference with Japan is clear. Japan already legalized abortion immediately after the war (and this of course can further limit the family size).