

# Chapter 13

## The Future of Motherhood: Conclusions and Discussion

Gijs Beets, Joop Schippers, and Egbert R. te Velde

### Conclusions

Te Velde starts from the fact that the age at *first* birth has been rising over the past decades in most Western countries: both women and men are increasingly older when they have their first child. The mean age at first birth is, in some countries, approaching 30 years for women with substantial variation around the mean. Their male partners, the fathers, are normally 2–3 years older at first birth. Although the age at first birth has decreased over the past century to reach a bottom low in the 1960s, it has never been so high as it currently is in recorded history. That makes the issue unique.

With the introduction of effective contraceptives the evolutionary link between sexuality and procreation was broken. Having children is still highly valued but has become a personal choice. The same holds for its time path towards getting them. In many eyes, life is controllable: unwanted conceptions can be prevented by contraceptives, unwanted pregnancies can be interrupted by abortion, and reproductive problems can be solved by doctors using their state of the art in reproductive techniques. However, the “technical solution” does not always work, and certainly not without substantial financial and especially emotional costs, following from stress, disappointment and medical problems. In the end one should not forget that compared to the offspring of other mammals humans have to make exceptionally large investments in gestation, delivery, breastfeeding and rearing their children until adulthood (see the [Chapter 2](#) by Te Velde). From an evolutionary perspective reproduction is essential for “not becoming a dead end”, but in the mammal world it is not self-evident that men and women form couples the way humans do. Mating strategies vary widely. Males and females are characterised by different reproductive strategies as females will normally be fertilized but they may worry about by whom, while males may worry whether they will ever fertilize a female at all ([Chapter 3](#) by

---

G. Beets (✉)

Senior Demographic Researcher, Netherlands Interdisciplinary Demographic Institute (NIDI), The Hague, The Netherlands  
e-mail: beets@nidi.nl

Van Hooff). Humans stand out in their mating strategy of men supporting women to more successfully raise their children also because these are so helpless for a relatively long period. Men and women also differ in their feelings, as well as in their day-to-day behaviour and responses. To a large extent that is related to the fact that the male and the female brain is not similar. Consequently these different brains will not lend themselves for a completely equal division of tasks between men and women, nor in the family, nor on the labour market (Chapter 4 by Swaab). The difference in brain structures result from the interaction of sex hormones and developing brain cells and is thought to be the basis of gender identity and gender roles, as well as in our sexual orientation. Since the contraceptive revolution women can fully control their reproduction and can really choose to have a child or not, but gender differences in behaviour have remained. Couples and individuals also have the basic right to decide freely and responsibly on the number and spacing of their children (Chapter 5 by Van de Kaa), but making reproductive decisions is one of the most difficult issues to tackle because of their lifelong consequences. It depends on other preferences and commitments, and the availability of a partner while the reproductive clock ticks further every day. The contraceptive pill was initially seen as the perfect tool towards closing the gap between the wish for children and the ultimate family size, but it brought, unforeseen and paradoxically, demolition of control over sexual behaviour and marriage as well as postponement of childbearing (Chapter 5 by Van de Kaa).

In our knowledge based society women are better educated than ever before, and participate on the labour market in much larger numbers. Late parenthood can be considered a rational outcome that is not easy to turn (Chapter 7 by Schippers). Labour market orientation partly reflects changing educational levels, wishes for gender equality and for economic independence. Given the various socio-economic and socio-cultural developments that Western welfare states have gone through over the past decades, there does not seem to be a ready-made and ideal solution for a “better world” – a world in which all citizens are happy and can operate according to their own preferences all the time –, and certainly not one solution that fits all. None of the existing welfare state regimes seems to provide for “the optimal world”, although the social-democratic regime (Scandinavia) is thought to come closest, as institutional structures and public family policies widely support people to find their way in making family and economic careers compatible. In this respect Scandinavia is much and much closer to this “better world” than for example the conservative or the Mediterranean familist regimes where individuals seem to be left “on their own” in finding solutions for the problem of reconciling work and family life (Chapter 8 by Van Doorne-Huiskes and Doorten). In modern societies gender equality is a most relevant issue but children are very important: “if investments in their quantity and quality stay out, Europe can say goodbye to its dream of becoming the world’s most competitive knowledge economy”, Esping-Andersen argues in his chapter. He therefore pleads for a more egalitarian division of paid and unpaid work, and for universal and affordable quality childcare, which even yields a respectable return on the initial investment as he shows with the Danish model. Also Beck-Gernsheim pleads for solving the incompatibility issues between labour market and family careers from a

policy perspective and not from trying to find solutions via for example new reproductive technology. However, Te Velde refers in his chapter to “fertility insurance” as a likely future, where women will be able to freeze their own eggs at a young age.

Evolution provided that motherhood requires stronger commitments for women than fatherhood for men. For men combining a family and a labour market career is almost self-evident, and many employers expect their male workers to be fulltime available. Men differ in their anticipation on parenthood from women. They have their own concerns about what parenthood will bring. Men may contribute to (extra) postponement but will eventually become a father and consider being a provider and breadwinner as essential to good fatherhood (Chapter 11 by Henwood et al.). Most women also opt for parenthood and nowadays prefer to combine the best of both worlds: a good family life and a career in the labour market. However, many women have hesitations on how to manage this combination, as they want to do both “jobs” properly, but want to prevent to become overburdened too. Promoting women’s employment should thus not involve that women have to choose between the two but find an easy way of compatibility (Chapter 12 by Hakim).

If we translate the outcomes of the various chapters into some more general conclusions the first one may be that the decision on whether to have children or not and, if yes, when to have the first, has become a very personal one in Western societies. Women and men stand rather different in this matter, and it may take much time and energy to make up one’s mind.

The second conclusion is that two major perspectives are working more or less against each other: a health perspective and a socio-economic perspective.

- From the *health* perspective “late fertility” (defined here as having a first child when the mother is 30 years or over) is beyond the biological optimum for women. Risks on health deficiencies for both the mother and the first child are lowest when women are in between the age range from about 18 to 30 years. Having a first baby before the age of 18 or after age 30 is therefore less recommendable, also in the era of Assisted Reproductive Technology (ART). Health issues related to late fertility are, for women (and their partners), increases in the so-called waiting-time-to-conception, increased risks of remaining involuntarily childlessness, increased problems with conception and, during gestation, miscarriage, a higher chance of ending up with a Caesarean delivery, and a higher risk of developing breast cancer before age 75; and for babies, an increased risk of a preterm delivery with adverse mental and/or health consequences, and an increased risk of perinatal and infant mortality.
- In contrast, from a *socio-economic* perspective, late fertility is quite understandable as it offers many advantages, both at the personal and couple level (feeling more mature/ready for parenthood and having a more solid financial household and welfare situation), as well as on the macro level (more tax incomes from young, employed, still childless adults). In our knowledge-based society it is quite normal nowadays that individuals are well-educated and have a job before embarking on having children. Having and raising children during educational enrolment is rather exceptional. Fertility postponement has become the more or

less obvious solution for individuals that first have to settle, emotionally and financially. Only after individuals have finished education, found a position on the labour market and a nice house, and have had a “bit of fun” and explored “the world” they may enter into a stable relation with a partner and take up the responsibility for children. Having children is an expensive exercise, an irreversible adventure, and hardly generates income. In earlier days children were an old-age insurance; nowadays children are mainly “taken” for emotional, social and psychological reasons. So, in stead of an “investment good” children have evolved more and more into what economists would call a “consumer good”. Investments are high, but the parents expect to receive much positive energy and new challenges from having children.

In terms of our central question on the compatibility of women’s emancipation and motherhood the contributions of the different authors result in the conclusion that it is not necessarily impossible to combine the two, but in today’s Western society it requires a lot of effort to have the best of both worlds: having a family, taking good care of your children and your partner and having a proper professional career too. The various chapters also show that the central question put up is a multi-layered one. It relates to questions of preferences and restrictions, to questions of voluntary versus traditional behaviour, to the question of what is typically female and typically male behaviour and to whether sociologists or biologists would answer this question in the same way.

## Discussion

### *Emancipation and Gender Equality*

The prevailing concept of gender equality in the 1960s and 1970s assumed that at birth men and women were the same with regard to work, behaviour, preferences, social and economic abilities and that differentiation occurring thereafter mainly resulted from upbringing in a male-dominated society (Chapter 2 Te Velde). Male/female differences were considered to be “social constructs” propagated by men “as an excuse to suppress women and maintain male dominance” because “women are not born as women, they are made into women”. These quotes and views from the philosopher Simone de Beauvoir – and many others<sup>1</sup> expressed similar views – have inspired generations of feminists, psychologists, sociologists and policy-makers. They assumed that if circumstances were to change by implementing appropriate policy measures, unjust and undesirable male/female differences would disappear within short notice. However, the results from biological and genetic research from the 1970s onwards indicate that some of the major differences

---

<sup>1</sup>See for example *Male and Female* written in 1949 by Margaret Mead or *Sexual Politics* (1970) by Kate Millett.

between men and women emanate from variations in hormone levels in early pregnancy (Chapter 4 by Swaab) and are determined by differences in our genetic profile as established over millions of years of evolution (Chapter 3 by Van Hooff). In spite of many similarities, men and women differ in some essential aspects. Now that we have taken the irreversible decision to separate sexuality from reproduction (Chapter 2 by Te Velde), we must not delude ourselves that the innate differences between men and women no longer exist or will disappear within a generation, is the lesson to be learnt. Men and women are not only different in appearances and reproduction, also in feelings, thoughts and behaviour. As a result much has changed in the nature versus nurture debate. True gender equality does not imply that men and women should be the same with regard to their abilities and attitudes towards work and children – the implicit assumption of early emancipation policies promoted in several countries. Through the “sameness” concept of gender equality, the male became increasingly the standard and role model for the female: only if she was able to adapt to his lifestyle and ambitions, she will be able to succeed in this male-dominated world. It does not come as a surprise, that under such circumstances women do not find it easy to combine the development of a professional career and the start of a career as a mother. As a consequence they may delay childbearing or have no children at all. Research shows that many European women prefer to have their children earlier than they in fact have. In addition, increasing numbers of men also feel forced to adapt to the straitjacket of traditional male behaviour, even if they would like to give more room to their “soft side” and would like to be involved more with and spend more time on caring for and raising children. On the other hand, a growing share of ever higher educated and emancipated women wants to design their own life course. They want to experience freedom and the wide variety of opportunities that is open to them to spend their time, energy and money. Sometimes explicitly, but more often by implication they decide “not to have children yet”. Convinced as they are that they live in a world “where everything is possible all of the time” they postpone motherhood to a later stage in life – and sometimes end up in a trap when having a child is no longer as easy as it would have been 5 or 10 years earlier.

More often than men, women experience the absence of a child as a painful deficit causing sorrow and grief. Such feelings do not easily fit in emancipation programmes, in which women are primarily regarded as an important source of labour. In our opinion, true equality must entail the notion that both sexes are equivalent in the sense of having the same value, which is different from being the same. True gender equality accepts that both sexes are different in some essential aspects. Unique female features and abilities such as the deep rooted wish to have a child to care for, to be able to become pregnant, deliver a child, breastfeed, and look after babies and small children, should be taken into account and appreciated. Both men and women should have equal opportunities for self-development and self-fulfilment. However, because of their innate differences these equal opportunities can not always be the same; for example for many women motherhood is part of their self-fulfilment and usually that is more important for them than fatherhood is for men. True emancipation implies an interpretation of equality that not only

accepts, but also appreciates the differences between men and women. True emancipation also includes the appreciation of differences *among* women and among men. Some women – as demonstrated by Hakim in her chapter in this book – set higher priorities to motherhood, while others define themselves primarily as a labour market professional. Similarly, some men still resemble the traditional “hunter”, looking for success in the outside world of jobs and money, while others (often defined as more “female” men) settle for a less challenging role in the outside world and have high preferences for family life. Moreover, true emancipation also recognises that people can change over time and develop new preferences. The problem for women, of course, is that the biological clock keeps ticking. The process of harmoniously decision making with their partners may therefore follow different time paths and not perfectly match in scope. Men also have to make up their mind and prepare for parenthood. They are as responsible for postponement behaviour as women are. Finally, true emancipation would also imply that the biological and genetic male-female differences should not have spill over effects into domains where these differences are not or no longer relevant. Whereas in the past some occupations were not suitable for women, because they lacked the physical power for the job, the introduction of engines and computers in many jobs has made the biological difference irrelevant. So, the relevance of biological differences is partly, but certainly not completely, a matter of the organisation of society and the development of values, norms and ideas. Some people would take the argument even one step further. Pointing to the welfare state as the most successful experiment so far to take the edge of the “natural condition of mankind” they would argue that the welfare state has a task to reduce gender differences following from gender related biological and genetic differences. In the same way they would argue that the welfare state has as one of its tasks to pin down men on their role and responsibility as a father.

### ***The Consequences for Motherhood***

Does such a view tacitly imply that we make a plea for a type of housewife motherhood as it was in the past? Not at all, as we think that the achievements of the contraceptive revolution and female emancipation such as equal opportunities of education, having a job, financial independence and sexual freedom are never to be reversed. But it should be made possible to easily combine these achievements with having a family.

What are the consequences of a concept of gender equality whereby the achievements of female emancipation and the endorsement of motherhood are being combined? In a society that embraces such a vision, women are offered ample opportunity to develop themselves, have a job and enjoy life, just like men, but at the same time have the possibility to get their children within their “biological window of opportunity” whenever they wish to have these, and raise the children in full harmony with and support from their partners and society as a whole. Society should welcome the arrival of children, warmly embrace them and their parents, and partners should be able to deal with the “combination scenario” in the way

they want it: from both sharing in managing the family and household tasks, and in their labour market commitments towards a continuation of what their ancestors did in the one-income family era (with one partner specialised in earning the income, while the other, most often the woman, in being responsible for the tasks at home).

### ***Towards a New Policy Approach of Motherhood***

What path do we have to go towards developing a new society that accepts that true gender equality appreciates both sexes to be different in some essential aspects? On average, women are still more family oriented than men, and both should become more aware of that. In such a new world we assume that the age at first birth will not be beyond the biological optimum. In order to arrive there we plea for (1) much more *information* and (2) much more *facilities*.

- *Information*, already in the school curriculum, on how to deal with combining several life course commitments from young adulthood onwards:
  - discuss in schools how boys and girls behave, how men and women behave, what are their drives and feelings. Discuss the gender-specific similarities, but also the dissimilarities, for example the difference in age pressure of getting the first child during one's early 30s. If it is normal practice to provide in schools information on healthy life, sexually transmitted diseases and contraceptives, why are school children not informed then on managing a personal intimate relationship and family life, in combination with raising an income? Should our future adult generations not also aim at optimising rational decision making processes, at optimising mental health, and for example at preventing too many lives to be disrupted by broken families? Why not inform high school children also on risks of remaining childless with increasing age, and on dealing with "proceptives": everything you should know if a wished for pregnancy stays away,
  - discuss the fact that most early mothers<sup>2</sup> had preferred to have their first child somewhat later, and that many late mothers had preferred the first child to have arrived somewhat earlier in their life. Or more in general, discuss how to make rational choices and how to deal with uncertainties. Everyone, boys and girls, men and women, should be informed about good and bad family life, on what contributions s/he should make, on what s/he may expect from having a family and keeping it ongoing, even on the pros and cons of going for separation or divorce. One should not only reflect on the own perspective but also on that of the partner and the child,
  - everyone should also know that it is not true that you are perfectly fertile as long as you do not get a signal from your body that something is wrong with

---

<sup>2</sup>Early motherhood may of course also result after an unwanted (teenage) pregnancy, for example due to non-use or failing contraceptives.



your reproductive system. Finding out about failures in one's reproductive system normally comes as a shock, maybe just because people assume that they would have had a signal earlier on. Also those youngsters who already know very early that they like to remain childless should be informed, since we know that the wish to remain childless may change over time, like the wish to become a parent also changes over time.

- *Facilities* to really and easily make choices for a happy and healthy life. Should not we get rid of gender stereotypes on labour market, income and child care issues, and provide fair and flexible facilities and opportunities to everyone, men and women, to fulfil own life time preferences? What other people (parents, siblings, peers, church, etc.) say, is becoming of less importance, we are more or less individualised, find our own way, make our own rational choices. Men and women do so in different ways, have different queries and concerns. In a time that all possible information is available, for example via the Internet, it is of importance to guide people easily towards that information and towards those facilities that really make a difference for them. We therefore suggest a sort of "cafeteria"-system:
  - like one can arrange one's own preferred meal in a cafeteria by picking up several food ingredients and leaving out others, we can imagine a public window where one may arrange one's own lifetime set of facilities providing an easy way towards the preferred combination of labour and family career,<sup>3</sup>
  - a window of flexible opportunities for gender equality, where family oriented men and women can for example easily raise an extra income during the period they lower working hours (the amount of money to be saved in advance or to be paid back later on in life), where "adaptive people" (cf. Hakim) can claim all kind of tailor made combination arrangements and facilities, and where "work centred people" can arrange child care facilities and outsource other (household) issues according to their wishes. We should realise that labour market oriented people might otherwise not consider to have children. Such a public window also provides opportunities and support for those who remain childless, voluntary or not,
  - arrangements include of course the option of fully paid and adequate maternity leave (with retention of job and salary), paternity and parental leave, various affordable ways of outsourcing child care facilities and household chores, fine tuning the couple's labour market commitments towards their personal preferences, emergency plans if all of a sudden things run differently (like long-term leave for sick children). In short, a coherent package of optional supportive arrangements covering all facets of life that people are confronted with and want to ease when they intend to start a family,

---

<sup>3</sup>A concrete proposal for such a public policy window has been developed in the Netherlands as part of the so-called "Verkenning Levensloop" (SZW, 2002) that was presented to Parliament in 2002. Due to a coalition change after the 2002 elections this initiative did not get any serious follow up.



- arrangements should be focussed on advancing health and wellbeing, on preventing stress and poverty. A coherent package likely has an effect on the (earlier) timing of the first child and maybe subsequently on the ultimate family size, although this is debated by those who see a direct relation between (increasing) welfare and (decreasing) family size,
- but, most importantly, couple's and individual's preferences should lead the availability of arrangements and facilities. The main goal is to support people, via a gender balanced, flexible and child-parent friendly society, to easily fulfil people's wishes (with demographically spoken a more or less constant population size and age structure, i.e. a stationary population).

If people are better informed and if a cafeteria window of flexible opportunities is available then citizens can much easier comply with their preferences. Such a more ideal and flexible gender balanced child-friendly society requires a new way of thinking, a thinking away from the short term considerations that currently almost always prevail – next year's budgeting and the coming up political elections – towards a system that favours people's long term life course preferences. It starts from the idea that if a person is born a certain socio-economic trajectory is set for about 80 years of this person's life including a corresponding budget. As life is costly and financial support will not be provided free early in adult life the system works via tax (back) payments later in life. Collective provisions should be available for those who for one or another reason (early death, physical or mental incapacity, one parent family) are unable to easily provide later back payments.

We speculate (but are of course not completely sure) that in such a world the age at first birth will settle at an ideal level, ideal as a compromise from both the health and the socio-economic perspective. This might be somewhat earlier than it has become now in the forerunning countries. Settling at an ideal level may also arrive via a larger share of the population having the first child at a smaller age difference from the mean, for example lower teenage motherhood rates, larger shares of first children born to mothers between 25 and 30 years, and smaller shares to mothers of 30 or over than currently is the case.

From a health perspective, such a society would be more ideal with respect to the age at first birth. Is that also the case for the socio-economic perspective? The better a society succeeds in smoothly incorporating its reproductive function in all other activities going on in society, including production and consumption, the lower the friction costs involved and the higher overall welfare will be. This holds when one looks at welfare from a financial perspective with the focus on the Gross Domestic Product (GDP). It holds the more if one looks from a broader welfare perspective as proposed by Hennisman (1962), who also includes non-financial items among the determinants of welfare. From this broader welfare perspective people realise higher welfare levels the more they are able to fulfil their preferences. Of course, if people – women and men – can have their children at the desired moment in their life cycle and face little or no obstacles in the reconciliation of work and family life this will surely contribute to higher levels of welfare. It will probably also contribute to higher levels of labour market participation *over the life course*. The latter addition

is important as the result of the measures proposed earlier in this chapter could be that lower participation rates would occur for the current cohorts of young parents (especially when measured in hours). However, if people become really convinced that a career as a parent can be successfully combined with a career in the labour market more mothers and fathers will invest in this combination, with a higher supply of hours and of human capital over the life course. If parents are not “worn out” during the so-called “rush hours of life” they will be able to prolong their labour market activities beyond current retirement ages. And if fathers contribute more to care and parenting, mothers may invest more in human capital and that offers them better labour market opportunities. Finally, better opportunities for people from *all* social and educational classes to realise their desired number of children at the preferred time contributes to overall welfare (see the Box for an example of the Nordic countries).

### **A Common Nordic Fertility Regime?**

In line with other Western countries, also in Scandinavia first parenthood is postponed. But what distinguishes the Nordic countries is the strong recuperation of fertility at older ages, and the weak role of educational attainment in completed fertility. “These patterns can, to some extent, be attributed to the impact of Nordic social policies that facilitate fertility recuperation and make social differences in behaviour small (. . .) Similar welfare policies have contributed to more similar childbearing patterns (. . .) The structures of the Nordic welfare states, and their orientations towards equality, support of employment, provision of care services, and maintenance of high living standards, are associated with the smoothing out of various temporary fertility fluctuations” (Andersson et al., 2009).

### ***Illusion or Goal within Reach?***

Would this new society be an illusion or a goal within reach? Can we and must we – from an ethical perspective – be willing to guide or even steer reproductive behaviour? If it is a goal: what are the effective arrangements that we can provide, and how do we get there? Will indeed everyone be happy or will the reform raise new unthought-of impediments? Will women and men be able to better find and understand each other or will their conflicts even be heavier? Will focussing more on micro preferences clash with macro interests? Will reforms in various countries ultimately converge to one standard format for all nations, or consist of different regional models and solutions, or will models emerge per subpopulation?

Although such questions remain unanswered it is clear that doing nothing and just continuing our current path leads to a demographic, socio-economic and healthy

future which seems far from ideal. We believe a fundamental societal change towards complying with (real) personal preferences will lead to a more (the most?) optimal situation with respect to family life, health and wellbeing issues for every citizen, including the timing of the first child. We learn from Esping-Andersen's chapter that the ultimate lifetime wage gains are much larger than the investments governments have to provide for making available child care in a full-time employment society: the net result to the exchequer yields a respectable return on the initial investment. It supports our plea for stopping with short-sighted measures and facilities, and for developing instead plans that assist people during major shares of their life course.

### *The Future Timing of the First Child*

At the end of this book we can only speculate about what is really going to happen with the future timing of the first child. Given the fact that:

- the majority of women and men remain interested in having children,
- women and men will most likely be better educated in the future than today (and the higher the educational level, the higher the age at first birth),
- many make a longer and increasingly less successful search for the perfect partner to share parenthood with (i.e. leaving more people without steady partner at the moment that they actually wish to have children),
- many have divorced or separated parents, which has a lowering effect on their own ability to settle a solid partnership and become a parent "in time",
- many have also other life-time priorities which they would like to see materialised and which may conflict with early parental responsibilities,
- making a decision about having children already now or not yet remains among the most difficult and time consuming ones in the adult life time, and is easily further postponed,
- many on earth are concerned about ever growing populations and that families should preferably be small; even if starting late it is still possible to have a small family,

we suppose that there are not many reasons to believe that the age at first birth will soon lower by itself. More likely, if nothing happens from the outside, the age at first birth will continue to rise further up until a certain ceiling. A significant share of the future western first babies will be born to mothers in their 30s. From a health perspective that is beyond ideal but only if health costs will rise alarmingly the age at first birth may lower. More awareness of unhealthy fertility boundaries may have some toning down effect. But we believe that a coherent package of fundamental supportive arrangements, making society more child and gender friendly, would have much more impact, not only on the age at first birth but on wellbeing in general. In that new society the feeling of being part of a family, looking after children

and household work, are important assets of life both for women and men. Men are “*ewomancipated*”, and family policy measures are formulated in the context of life courses. If a societal reform into that direction stays away, we suppose that also motherhood will increasingly stay away, or will last-minute be assisted technologically. The disadvantage of assisted reproductive technology is however that the chance of success is only moderate and further we do not (yet) know whether it is completely safe, i.e. what are evolutionary seen the effects for coming generations. Moreover, people may wrongly get the idea that reproductive technology is the future solution for anyone if in trouble. They may be inclined to even postpone further supported by the idea of this safety net, but ultimately end up with a rude awakening.

To a large extent society as we know it now, was designed over the past century by males, at least the basic socio-economic arrangements. Many women obviously do not feel very much at home there. Yet, watchers of the future from different disciplines are inclined to say that Western societies are becoming more and more feminine. If this development goes on for another quarter of a century, how much would tomorrow’s society deviate from the existing, male design? Would it also make a perfect socio-economic, health and demographic performance? Would it endorse that men are more work oriented and women more family oriented, that men are more short term oriented on making profits and women more long term value oriented? Would women perceive and treat the time spend at home on raising the next generation of workers as economic activity? We believe that in a more feminine world all humans have similar opportunities, and gender equality will be based on accepting the biological variation. That women take less risks, are less power oriented, more often on the safe side, more careful, more empathic, more oriented towards good and long-lasting relationships – not only privately but also in their professional life – is translated into practical family policies where both women and men fit in well. Very likely policy measures, to be obtained from the above mentioned cafeteria window, differ per gender. Men and women are not supposed to have exactly the same roles or tasks. Pregnancies and child care are not perceived as a problem but as a common responsibility for employers, employees and society. Long-term thinking appreciates the arrival of the future employee; short-term thinking only appreciates this year’s profits. In an anticipating society both motherhood and fatherhood will have another meaning, another life fulfillment, and become ideally timed.

## References

- Andersson, G., Rønsen, M., Knudsen, L.B., Lappegård, T., Neyer, G., Skrede, K., Teschner, K., & Vikat, A. (2009). Cohort fertility patterns in the Nordic countries. *Demographic Research*, 20(14), 313–352.
- Hennipman, P. (1962). Doeleinden en criteria der economische politiek. In J.E. Andriessen & M.A.G. van Meerhaeghe (Eds.), *Theorie van de economische politiek*. Leiden: Stenfert Kroese,

1–106. Also published as Hennipman, P. (1977). *Welvaartstheorie en economische politiek*. In J. van den Doel & A. Heertje (Eds.), *Alphen aan den Rijn/Brussel: Samsom*, 17–113 (both in Dutch).

SZW (Ministry of Social Affairs and Employment – the Netherlands) (2002). *Verkenning levensloop, beleidsopties voor leren, werken, zorgen en wonen*. The Hague: Ministry of SZW.