

MONIQUE KREMER

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## A Dutch Miracle for Women?

The “Dutch miracle” has received international applause and celebration. *The Economist* has published several articles on The Netherlands’ rapid economic development, and British Prime Minister Tony Blair and former U.S. President Bill Clinton were full of praise when they met their “Social Democratic” colleague, Dutch President Min Wim Kok, at a ceremony marking the fiftieth anniversary of the Marshall Plan in The Hague in May 1997. The Dutch diseases seem to be cured. High inactivity rates due to illness, unemployment, and women staying at home, as well as a welfare state with a huge deficit—these are all history. The Netherlands is healthy again: unemployment is as low as it could go—the labor market is even too tight; the state deficit has been cut back—we now have windfalls every six months; and women have entered the labor market en masse. Three cheers for the Dutch miracle!

Politicians as well as political scientists are convinced that this miracle is the result of a pact between trade unions, employer organizations, and the state. In Dutch, this is popularly called the *poldermodel* (see Visser and Hemerijck 1997; Trommel and van der Veen 1999). In a famous meeting in Wassenaar in 1982, the so-called social partners reached a consensus. The compromise included three operations: 1) rigid renovation of the Dutch welfare state (e.g., freezing benefits, tightening eligibility criteria, and marketization of the implementation of social laws); 2) freezing wages; and 3) promoting part-time jobs to redistribute employment and raise the historically extremely low rates of female labor market participation. Despite skepticism about social engineering in both the social science and

political debates, the policies were successfully implemented, with much passion and austerity. The question remains, however: for whom was this Dutch miracle successful? Did women get their fair share? Can the Dutch miracle also be considered a window of opportunity for women?

If employment and economic independence are the two most important indicators of women's emancipation, women were indeed winners. With the trade unions opening up the part-time option, many women with young children were attracted to the labor market. Particularly in the last decade, women's actual employment rose substantially: from 39 percent in 1990 to 51 percent in 1999. (During the same period men's employment rate also rose, from 71 to 76 percent). The increase in employment, however, was less significant among less well-educated women and those of Turkish and Moroccan descent. The increase occurred mainly among mothers. For women with a partner and a child younger than five years old, employment rose from 27 percent in 1990 to 45 percent in 1998. In the same period, lone mothers' employment rose from 18 to 29 percent. Due to the increase in women's labor market participation, their economic independence also grew. In The Netherlands, this is gauged with a special measure. One is considered financially independent when one earns an income on the labor market that equals or is higher than a social assistance benefit for a single person. The number of financially independent women grew from thirty percent in 1990 to forty percent in 1998. Of all men in that year, 68 percent were financially independent (Keuzenkamp and Oudhof 2000).

In line with government policy, the great majority of women—66 percent—work part-time (Keuzenkamp and Oudhof 2000). This rate is even higher for mothers: only six percent of mothers with children between zero and ten years of age work full-time (ECNC 1996). The Dutch consider a part-time job to be a normal job. This normalization of part-time work, which is part of the “miracle,” is also a vital element of the *Combinationsscenario*, the ideal model supported by the government as the basis for Dutch social policy. According to this model, men as well as women should share paid work as well as unpaid care work (Commissie Toekomstscenario 1995). Indeed, for some years The Netherlands has stood out in Europe with the largest proportion of men working part-time—fifteen percent overall in 1997 (Keuzenkamp and Oudhof 2000), and seven percent among fathers of children zero to ten years of age in 1993 (ECNC 1996). This is a fact even the most skeptical feminist cannot easily dismiss, though the rates fell far short of the government's utopian vision in which men would do half of the caring. Also problematic is the fact that still many women have very “small” part-time jobs: 32 percent

of part-time women workers are employed less than twenty hours a week (Keuzenkamp and Oudhof 2000). Many would like to work more hours and have better jobs with stable contracts, but this has been politically impossible. The focus on part-time work offered an exit from the Dutch financial deadlock as well as a way of harmonizing work and care life. *But it did distract attention from issues concerning the quality of jobs.*

The left hand of the state thus seduced women to work outside the home. At the same time, the right hand cut off the welfare system so vital for women workers. As part of the deal in Wassenaar, the social insurance state was partially dismantled. Unemployment benefits (WW) became much more difficult to obtain, particularly for those with no steady labor market careers, who were more often women. Moreover, the disability benefit (WAO) was partly eliminated and the level of payment lowered. In the 1980s, the time of the Dutch disease, the WAO was used as a more generous unemployment benefit for low-skilled men. Now the benefit is much more meager, and the majority of recipients are women, often the most ambitious ones, who are burnt out.

The service state has also been cut back with a vengeance. Elder care, which was a well-developed service, has been partially marketized and has suffered from real cutbacks. No other country has had such rigorous cutbacks as The Netherlands; in 1980 63 million guilders were cut from elder care, and in 1983 another 34 million were cut. As part of the master plan, wages were also frozen. Elder care workers became notable for their absence through illness and burn-out. Child care, because it is a relatively new type of service, could be developed strictly according to the ideology of the *poldermodel*: child care should be supplied by the market, with employers and employees assuming both social and financial responsibility. In practice, however, the market, anticipating low profits, has not invested in child care to the extent that was anticipated. Moreover, whatever child care is available is extremely expensive. Thus parents seeking to combine work and care encounter many difficulties. Not surprisingly, it has been mainly mothers with average to high education who have entered the Dutch labor market.

As a consequence of the alleged success of the Dutch solution, the state seems to have been relieved of all social responsibility. The social partners—trade unions and employers' organizations—are considered to be the only ones who can successfully intervene in Dutch economic and social life. Because of the Dutch miracle, the social partners are supposed to be able to sort out many social issues: leave schemes, child care, elderly care, integration of elderly, handicapped,

and ethnic minorities in the workplace, and so on. Yet we are still waiting for them to be fixed.

Luckily, though it is quite ironic, the Dutch miracle and therefore also the “Dutch model” will end sooner or later because of their success. Citizens are placing increasing demands on the welfare state. They wonder how an economic boom can go along with poor-quality services such as child care, elderly care, hospital care, and education, and they increasingly look to the state for an explanation. In addition, due to the “miracle,” the labor market has tightened and wage demands are once again on the bargaining agenda. Issues such as child care and leave schemes are also on the agenda, but much lower down. For workers in the caring professions, however, the scarcity of labor means that they can demand more wages and better-quality jobs. At the same time, the public has accepted the fact that professional care is extremely important, and that jobs in the welfare state are demanding and need special skills. They understand that for a good welfare state, they will have to pay a price. This, of course, would mean the collapse of the Dutch miracle and its accompanying *poldermodel*. For women who have not had the full share of the Dutch miracle, its ending may provide them with a new window of opportunity.

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