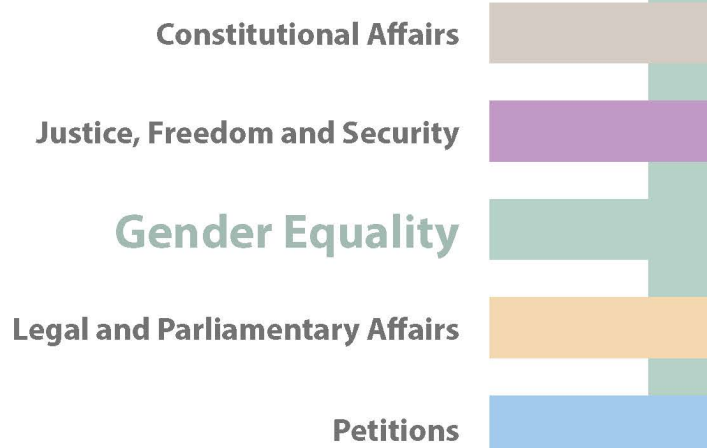


DIRECTORATE-GENERAL FOR INTERNAL POLICIES

POLICY DEPARTMENT **C**
CITIZENS' RIGHTS AND CONSTITUTIONAL AFFAIRS



The Policy on Gender Equality in the Netherlands

In-depth analysis for the FEMM Committee



DIRECTORATE GENERAL FOR INTERNAL POLICIES
POLICY DEPARTMENT C: CITIZENS' RIGHTS AND
CONSTITUTIONAL AFFAIRS

WOMEN'S RIGHTS & GENDER EQUALITY

The Policy on Gender Equality
in the Netherlands

IN-DEPTH ANALYSIS

Abstract

At the request of the FEMM Committee, this note provides an overview of the existing gender-equality legislation and policies in the Netherlands, focussing on their recent developments and achievements. It covers a range of topics including participation in decision making and labour market, reconciliation of work and family life, eradication of gender-based violence, and women's well-being. The Netherlands has a long tradition in emancipation policies and equality legislation. Important policy issues are the high part-time rate which translates in a relatively low participation rate in full time equivalents and the low share of women in top positions.

**DOCUMENT REQUESTED BY THE
COMMITTEE ON WOMEN'S RIGHTS AND GENDER EQUALITY**

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EXECUTIVE SUMMARY

The general goal of the Dutch emancipation policies is to promote equal rights, equal opportunities, equal liberties and (shared) responsibilities for women and men. The policies generally cover a variety of relevant topics and are updated on a regular basis. The government reports on developments in/progress of emancipation policy at least once a year. However, equal opportunities for men and women are not an issue of great significance among politicians or the population.

Over recent years, the specific focus has been put on **increasing participation and safety**. Though the share of working women is high, **a large majority works part-time**. As a result, only half of the working women is economically independent. Over the last years, the increase of the female participation rate has stagnated. Budget cuts in the public sector and the increasing pressure on citizens to provide more informal care might cause this stagnation probably to continue or even turn into a decrease of the female participation rate.

There are **several leave arrangements to support the combination of work and private life**. These are, however, **mostly unpaid**. The Netherlands meets the Barcelona target to provide child care to at least 33% of children below the age of 3 (the actual use is 46%); however the target to provide child care to at least 90% of children between the age group 3 to mandatory school age is not met (the actual rate is 86%). It must be noted that the majority of children are in formal child care for less than 30 hours per week. Due to budget cuts, the **use of child care has decreased over the last years, particularly in households with a lower income**.

The **high part-time rate** is generally also considered as an important cause of the relatively **low number of women in top ranking positions**. This number gradually increases, but the change rate is slow. As a result, a **quota** might now be considered. Though it is still unlikely that a quota will be implemented, the threat might stimulate companies to take action.

Another important objective is that of increasing the **safety** of women. Policies focus on different aspects of violence and initiatives have been taken to increase gender sensitivity in this respect. The results seem positive as victim reports and police records show a **decline in violence in recent years**.

Health is a relatively new topic in emancipation policy. There appear to be several differences between men and women regarding health. As it is not clear what they imply for equal opportunities for men and women, gender differences in health will be explored. The intention is to increase knowledge and awareness on possible gender differences among stakeholders (medical doctors, insurance companies, employers and patients). The ultimate goal of the policy measures is to increase quality of life for men and women and, if possible, to save costs.

Overall, it might be concluded that the position of men and women in the Netherlands is not equal; there are **still several issues to tackle**. Yet, compared to other Member States, the Netherlands is **performing well**; it ranks fourth on the European Gender Equality Index, only the Scandinavian countries do better.

1. GENERAL INFORMATION

1.1. Background

For several decades, the Dutch government has been pursuing **emancipation policies**, the general goal being that of promoting equal rights, equal opportunities, equal liberties and (shared) responsibilities for women and men (OCW 2013).

An important policy goal is to increase the **participation rate and economic independence** of women. In their overview of the state of affairs of the emancipation policies in the Netherlands, Merens et al. (2014) conclude, however, that in recent years both have remained unchanged. A more positive conclusion is that **the share of women in senior positions has increased**. In addition, there appears to be an improvement with regard to another important objective, that of **increasing the safety** of women.

Compared to the other EU Member States, the **Netherlands perform rather well on gender equality**. This is illustrated by the score on the European Gender Equality Index. The maximum score of the Gender Equality Index is 100, which implies full equality. Within EU-27, The Netherlands has a score of 69.7 in 2010 and ranks fourth after Sweden, Denmark and Finland. To compare, the overall score of EU-27 is 54 (EIGE 2013). The Netherlands has a score in the top 5 of five of the six dimensions, and ranks first on the domain of time. In the domain work, the Netherlands rank sixth.

This paper gives an overview of current policies, practices and legislation in force in the Netherlands regarding the protection and promotion of gender equality and women's rights. The next section gives a general overview of gender equality in law and policy. In the second chapter the situation regarding gender equality will be described in more detail, covering several policy areas. Chapter 3 summarises the main findings.

1.2. An overview of gender equality in law and policy

1.2.1. Gender equality: main issues and recent developments

The overall **goal** of the Dutch emancipation policy is to promote equal rights, equal opportunities, equal liberties and (shared) responsibilities for women and men (OCW 2013). The emphasis has shifted from government initiatives, to stimulating the autonomy of citizens. Over recent years, the specific focus has been on **increasing participation and on increasing safety**. The core values of the central government regarding emancipation policies are **autonomy, being healthy and equality**. Autonomy refers to the opportunity to make choices and in order to make choices, people should be healthy. Therefore, the government wants to strengthen both autonomy and being healthy. Equality implies taking into account differences between men and women in order to guarantee equal treatment (OCW 2013).

In the early years, there has been a strong emphasis on the realization of **equal rights in legal terms, stimulated by European legislation and Directives** (OCW 2013). The earliest equal treatment legislation dates from 1975, when the Equal Pay Act came into force. In 1980 this Act was included in the Equal Treatment Act (ETA) for Men and Women

in Employment, which was followed in 1994 by a General Equal Treatment Act (GETA). According to the Dutch legal expert of the European Network of Legal Experts “The overall impression is that **the implementation of the EU gender equality acquis is to a great extent satisfactory.**” (Holtmaat 2014: 173).

Increasing the employment rate of women (and achieving economic independence) has been a central policy goal of emancipation policies and in recent years the emphasis shifted towards increasing the participation rate in hours. Though the Dutch female participation rate in terms of persons is high (see section 2.2 for more details), the **majority works part-time**. As a result, quite a large group of women are **not economically independent**. In addition, the high part-time rate is generally considered being an important cause of the **relatively low number of women in top ranking positions**. The high part-time rate has been part of the country-specific recommendations from the European Commission for several years. The Dutch government has initiated several policies to increase the number of working hours. However, it has been a very persistent phenomenon, partly because it has become an institutionalized way to reconcile work and private life. Related to this are the **part-time use of childcare** and the **short and unpaid character of parental leave**.

Another important policy goal has been to improve the position of **migrant women**. Their participation rate is considerably lower than that of the native population. The position of migrant women proves to be a complicated issue; on average, they have a low level of education and a poor working knowledge of the Dutch language. As a result, they are rather isolated. There have been several policy measures targeted at this group, and the participation rate is increasing, albeit slowly.

Several measures have been implemented to increase the female participation rate in the labour market. For example, **tax measures** have been implemented to reduce fiscal disincentives. A recent measure in this respect is the increase of the employee tax credit for those with a lower income; during the period 2014-2017 this credit will be increased yearly. As a result, people on lower incomes will have higher net wages (FIN 2014). In addition, as of January 2015 the number of child-related schemes has been reduced from ten to four (of which, two are designed to provide income support, i.e. the General Child Benefit Act and the Child Allowance Act; and the other two are designed to promote labour participation, i.e. the income-dependent combination of tax credit and the childcare allowance), with the aim of favouring labour force participation (SZW 2012). The policies are differentiated and **focus on vulnerable groups** such as lone parents and women from minority ethnic groups (Plantenga and Remery 2011). For example, the project ‘Own strength’ aims to stimulate the labour force participation of low qualified women.

It is not clear how the participation rate will develop the coming years. **In response to the economic crisis, measures have been taken which are likely to have an impact on women.** For example, **budget cuts** have been implemented in **health** as a result of which the female unemployment rate will probably rise. In addition, there is more pressure on citizens to (start to) provide informal care and do volunteer work. As women generally perform care tasks, this might result in **lower labour force participation** (Merens et al. 2014).

A recent topic of discussion is the **low share of women in top positions** and whether **quotas** should be set to increase this share. Legislation is already in force according to which **large firms must have 30% women on the supervisory and executive board**

by 2016. However, this is a **target** and not a quota; no sanctions are envisaged but companies are obliged to report and explain in cases of non-compliance (see also section 2.1.2 for more details). In order to signal the importance of these targets, the current Minister of Education, Culture and Science, who is responsible for emancipation issues, **is considering a quota**, despite the fact that she is not in favour of "hard" quotas (OCW 2014a: 2). In line with this approach, the Netherlands has declared itself **against the European proposal for a quota of 40% women in non-executive boards**. According to the government more tailored solutions are needed to increase the share of women on boards. Moreover, it is argued that the Dutch policy is already rather ambitious as the Dutch target includes members of Executive Boards and members of Supervisory Boards and applies also to non-listed firms (OCW 2012). Given the slow process, however, the Minister is considering a quota (see for more details section 2.1.2).

1.2.2. Gender equality machinery

The **Ministry of Education, Culture and Science** (OCW) is responsible for the **development and implementation of general emancipation policies**. These are summarised in documents such as policy letters, the most recent of which has been published in 2013 under the title 'Headlines emancipation policy 2013-2016' (Hoofdlijnenbrief Emancipatiebeleid 2013-2016; OCW 2013). The government reports on emancipation issues on a regular basis. In December 2014 the results of a mid-term review have been published (OCW 2014b; see next section for results). In addition, by government order, every two years the Emancipation Monitor is published by The Netherlands Institute for Social Research (SCP), a government agency which conducts research into the social aspects of all areas of government policy, and Statistics Netherlands (CBS). This monitor contains statistics on the position of men and women on a variety of areas (labour market, education, health, safety). The latest monitor is of 2014 (Merens et al. 2014).

The **Equal Treatment Commission** used to monitor compliance with equal treatment legislation. As of October 2012, this Commission is **integrated in the (newly founded) Netherlands Institute for Human Rights**. This institute is "the national human rights organisation, an autonomous supervisory authority that monitors compliance with human rights in the Netherlands. The Institute, appointed by law, has the duty to protect, promote and draw attention to human rights by means including studies, the issue of recommendations and the provision of information. The Institute reviews individual cases to assess whether persons have suffered from discrimination at their work, in education or as a consumer" (Netherlands Institute for Human Rights 2015: 5). In 2014, the Institute received a total of 463 requests for an opinion, 89 (18%) were related to **gender** (ibid: 34). Looking at completed cases, gender appears to be the most common ground (almost one fifth of completed cases) and in more than 40% of these, the case is related to **pregnancy** (ibid: 36). In 43 of 89 cases related to gender, the Institute issued for an opinion, the other cases appeared to be unfounded, were withdrawn (after compromise or other) or closed. Monitoring the effects, it appears that most organisations (83%), take action when it transpires that they have perpetrated one of the forms of discrimination (ibid: 13). The Institute is important when it comes to **putting equal treatment on the political agenda**. For example, in 2014, it made a strong appeal to the minister of Social Affairs and Employment to tackle pregnancy discrimination. In addition, it advised the Social and Economic Council (SER), which is an important advisory and consultative body of employers' representatives, union representatives and independent experts, on discrimination.

1.2.3. Gender Mainstreaming and Gender Budgeting

As explained in the previous section, **the Ministry of Education, Culture and Science** (OCW) is responsible for the development and implementation of general emancipation policies. It acts as the **coordinating** department. In addition, the ministries of the government are responsible for emancipation in their own policy fields. This can be considered as **gender mainstreaming**, however, this term is not used by the government and in policy documents anymore. **Gender budgeting is not a standard procedure in Dutch policies.**

2. GENDER EQUALITY POLICY AREAS

2.1. Equal participation in decision making

2.1.1. Political decision-making

National level: the Netherlands has **never had a female Prime Minister**. In the current **government** there are eight women on a total of 20 members (40%; the total includes ministers and state secretaries). The share of **female members of Parliament** is comparable (39%). With this share, the Netherlands ranks 17th on the world ranking list of the Inter-Parliamentary Union (source: <http://www.ipu.org/wmn-e/classif.htm>). Members of the Upper House have just been elected. According to this election, 26 out of 75 members are female (35%). The new members of the Upper House have taken their seats in June 2015. **Both chairs of Parliament and Upper House are women** (Orobio de Castro et al. 2014). Sixteen political parties have seats in Parliament, **one party leader** is a women. This concerns a small party with two (out of 150) seats in Parliament.

Regional and local level: in total, 35% of the members of the provincial councils are female. The share of women in provincial governments is somewhat lower (29%). One of the 13 provincial commissioners is a woman (Orobio de Castro et al. 2014). After the elections in spring 2014, the share of women in local councils amounted to 28%. In the four largest cities (the so-called G4 - Amsterdam, Rotterdam, Utrecht, The Hague) it is clearly higher: 38%). One in five mayors is female (21%) (Orobio de Castro et al. 2014).

European level: The Netherlands has 26 seats in the European Parliament, of which 11 are occupied by women (42%), while the overall share of women in the European Parliament is 36% (Orobio de Castro et al. 2014). Currently, there are no Dutch female members in the European Commission.

There are **no specific measures** to promote a gender balanced representation in politics, nor are these debated either.

2.1.2. Economic decision-making

According to the Dutch Female Board Index 2014 (Lückerath-Rovers 2014), which gives an overview of the presence of women in the executive board and supervisory board of 87 listed companies, **15% of all directors are women**; the share of female non-executive directors is higher than the share of female executive directors (19.5 versus 6.0%). More general figures, covering listed and non-listed companies, show that the share of women in boards is higher in larger firms; in 2013 it is 14,9% in the top 500 largest firms and 10.9 in the 5000 largest firms (Merens et al. 2014).

Legislation in force since January 2013 provides that large firms¹ (with 250 employees or more) must have 30% women on the supervisory and executive board by 2016. No sanctions are envisaged but companies are obliged to report and explain in cases of non-compliance. Compliance is **monitored**. The first progress report

¹ That is, the legislation does not apply to firms that meet two out of three criteria:

- The assets of the firm are less than € 17,5 million;
- The net sales in the fiscal year is less than € 35 million;
- Average number of employees is less than 250.

has been published, and is based on a study of about 800 companies. Since the implementation of the legislation, the share of women in executive boards has **increased** by 1.5 percentage points to 8.9%, the share of female members of supervisory boards increased by 1.4 percentage point to 11.2%. This implies that **the target figure of 30% is still far away**. Moreover, the increase is the result of an increase of women in less than 10% of all companies. Listed companies perform better than non-listed companies. A lot of companies do not use the opportunities to appoint women. About a quarter of executive boards and 43% of supervisory boards had one or more vacancies in 2013; however, only a fifth of the appointments were women. The results also show that companies are not always well informed about existing legislation (Pouwels and Henderikse 2014). The Minister of Education, Culture and Science, who is responsible for emancipation issues, was disappointed about these results. Although she is not in favour of hard quotas, she has stated that 'in case the old boys network does not take action, the pressure to introduce a quota will increase' (OCW 2014a: 2).

2.1.3. Administrative decision-making

The share of women in decision-making positions in public institutions is lower in the Netherlands compared to the EU-28 figures with respect to national administration (30% in 2014 vs 40% in EU-28) and the Supreme Court (18% vs 37%). The share in the Central Bank is more or less equal (20% vs 18%) (source: EU Database Women and men in decision-making).

Regarding **national administration**, there is a **target of 30% of women by 2017**. A specific plan with measures was presented in November 2013 (BZK 2013). National data show that in 2014 the overall share of women in the positions to which this target applies is **28%** in 2014. There are, however, considerable differences between ministries. For example, at the ministry of Health, Welfare and Sports, the share of women in the top is 40% in 2014, whereas at the ministry of Defence it is 8% (Merens et al. 2014).

In other sectors, general statistics on the share of women in **management positions** show that **the share is higher in the public sector compared to the private sector**. Overall, the share of women in management is 15% in the private sector and 40% in the public/non-profit sector. The highest share is found in health care, with a share of women in management of 58%. In education it is 37% (Merens et al. 2014).

2.2. Women in the labour market

2.2.1. Equal treatment provisions and anti-discrimination measures

The Netherlands has **extensive legislation on equal treatment and anti-discrimination**. Section 1 of the 1983 Dutch Constitution states that all people in the Netherlands should be treated equally in equal circumstances: discrimination on the grounds of sex is prohibited. In 1975 the Equal Pay Act came into force. In 1980 this Act was included in the Equal Treatment Act (ETA) for Men and Women in Employment, which was followed in 1994 by a General Equal Treatment Act (GETA) which also covers several other grounds and extends the scope to the area of goods and services. In these Acts, issues are regulated such as equal treatment in access to working conditions and pensions. They also protect pregnant women and women who have recently given birth against all forms of discrimination (Holtmaat 2014).

2.2.2. Employment rate

The **Dutch employment rate** for the age group 20-64 **is among the highest in Europe** and clearly higher than the EU-28 average. For men it was 81.3% in 2013, and 71.6% for women (Source: Eurostat database). The **majority of women work, however, part-time**. As a result, the employment rate in full-time equivalents is considerably lower (48.1%) (see next section for more details on part-time work).

Over the last decade, the female employment rate has increased between 2003 and 2008, since then it is fairly stable (Merens et al. 2014). Due to the economic crisis, the male participation rate decreased between 2009 and 2013. As a result, the gender employment gap decreased. The **unemployment rate is about the same for men and women: 7.8 and 7.9%**. The economic crisis has had less impact on the female (participation and unemployment) rates. However, it is likely that due to budget cuts related to the crisis, women will be more hit in the coming years. A considerable part of the budget cuts are in public sectors, where the share of women is high, such as in health care. Moreover, when the economic situation will improve men will probably profit more, as they work more often in sectors which are sensitive to economic fluctuations (Merens et al. 2014).

There are still **large differences in female participation rates by education, ethnic background and household situation**. Women with higher education have higher participation rates than women with lower education. Migrant women participate less than Dutch women. Particularly women with a Turkish or Moroccan background have rather low participation rates. Also lone mothers have lower participation rates (Merens et al. 2014).

The Dutch **labour market is segregated by gender**. Women work disproportionately more in health care, education and the hospitality industry (Merens et al. 2014).²

2.2.3. Atypical, part-time and precarious work

The **labour market** of the Netherlands can be described as **flexible**. The share of employees with a **fixed-term contract** is higher than the EU-28 average. Among women the share of employees with such a contract is somewhat higher than that among men; the difference is small though (21.5% vs. 19.8% in 2013; source: Eurostat database). **More than three quarters of women with a job work part time** (77.2% in 2013), and this proportion is **the highest found in Europe** (the EU-28 average is 32.8%). Also among men the share of part-time employees is high (and also the highest in Europe); more than a quarter of men work part time (27.9%). About a quarter of all working women work less than 20 hours per week (of working men this is 7%; source: Merens et al. 2014). An important argument for working part-time is the presence of **children** (Merens et al. 2014). In two-earner households with young children, the most common model is the one-and-a-half earnership, with the man working full-time and the woman part-time. However, working part-time has become common among women in all age groups, with or without children (Vlasblom et al. 2013).

2.2.4. Gender pay gap

² Gender segregation in occupations in 2014 is 24.9%, implying that almost a quarter of the employed population would need to change occupation in order to bring about an even distribution of men and women among occupations. This is a bit higher than the EU-28 average of 24.4%. Gender segregation in economic sectors is 18.1% (EU-28: 18.9) (source: Remery 2015).

According to figures from Eurostat, the **gender pay gap** in the Netherlands is 16.9% in 2012, which is **slightly higher than the EU-28 average** (16.4%). According to a national study of Statistics Netherlands (Verschuren et al. 2014), the unadjusted gender pay gap in the **public sector has decreased** from 16% in 2008 to **11%** 2012; in the **private sector is seems rather stable** (22% in 2008, **21%** in 2012). Multiple regression analysis shows that, taking into account personal and other relevant characteristics, the adjusted pay gap is 4% in the public sector. Important reasons for the gender wage gap in the public sector are that men have more work experience, and are more likely to have a management position. In the private sector the adjusted pay gap is 8%. Men earn more because they work more often full time, have more often a management position and more work experience. The gender wage gap is higher among older workers; interestingly, among young workers in the public sector, women earn more than men, suggesting that the gender wage gap will (further) decrease. Another interesting finding is that the **gender wage gap is highest among employees with children, particularly in the private sector** (14%, in public sector 6%; for employees without children it is 2% in the public and 5% in the private sector) (Verschuren et al. 2014).

2.2.5. Gender Gap in Pension

In the Netherlands all persons are entitled to old age pension at retirement age at the level of minimum wage, regardless of previous contributions (first pillar). Retirement age used to be 65, but is now gradually increasing to 67, by the year 2021. In addition, most employees save for additional pension through their work (second pillar). According to Bettio et al. (2013) the **gender gap in pensions**, which is the percentage by which women's average pension is lower than men's, in the Netherlands **is 40%**. This figure applies to persons aged 65 and older. An important explanation for this gap is that the group which receives a pension includes generations among whose female participation was quite low. In addition, part-time employees, who were mostly women, used to be excluded from saving for pensions. However, as all persons receive an old-age pension at retirement age, poverty rates among older persons are low in the Netherlands.

2.2.6. Health and safety at work

The Dutch government has set out a **legal framework** for health and safety policies, which comprises target regulations on the levels of protection that employers must provide for their employees, so that employers can work in **safe and healthy conditions**. Employers and employees themselves work out the precise details of the target regulations in the **collective labour agreements**. An important act is the **Working Conditions Act**, which states that employees have to be able to do their work in a healthy and safe environment. For example, every company must appoint at least one of its employees as a **prevention officer**. The prevention officer looks after everyday health and safety matters at the workplace. Also, employees must be given an opportunity to have a Periodic Occupational Health Examination (PAGO). From a gender equality perspective, relevant issues in this context are pregnancy and sexual harassment. Regarding **pregnancy and birth**, employers are obliged to protect the health of mother and child during the period of pregnancy and breastfeeding. In addition, employers are obliged to protect their employees against **sexual harassment**. There are, however, no specific guidelines in this respect. The Inspectorate SZW checks whether the Working Conditions Act and other relevant legislation are applied (Source: Rijksoverheid.nl).

2.3. Reconciliation of private and professional life

2.3.1. Maternity, Paternity and Parental Leave

There are several leave arrangements that support working people with care tasks. When pregnant, all working women are entitled to **maternity leave**. The total leave is **16 weeks** (six weeks before and ten weeks after the birth), and is **fully paid** (up to a ceiling equal to the maximum daily payment for sickness benefit; for self-employed women the payment is up to a maximum of 100% of the minimum wage). It is funded from the unemployment fund, which is financed by employers. As of 1 January 2015 take up of maternity leave has become **more flexible** and includes now the opportunity to take up the leave on a **part-time** basis starting six weeks after birth. In the case of the mother's death, the maternity leave can be transferred to the father (source: Rijksoverheid 2014).

In 2008 the European Commission proposed to adjust the **EU Maternity Directive** and extend maternity leave to 18 weeks. The European Parliament wanted to go further and proposed a (fully paid) leave 20 weeks and two weeks of (fully paid) paternity leave. The **Dutch government is opposed** to both. A study initiated by the government at that time showed that the costs extend the benefits (Van den Berg et al. 2010). The current government subscribes this and has stated that "there are insufficient indications that an extension of the pregnancy and maternity leave to 18 (resp. 20 weeks) is necessary because of the safety and health of mother and child" (SZW 2014a:6).

Partners of women who have given birth are entitled to **two days of paid paternity leave**. As of 1 January 2015 the government has extended the leave for partners with **three additional days of unpaid parental leave**. The leave can be taken until four weeks after the child's birth. The government assumes that this will stimulate the involvement of fathers in taking care of their children (SZW 2013). This seems, however, rather unlikely, given that this concerns only three days. Moreover, when taken up, these three extra days are subtracted from the period of parental leave to which employees are entitled to.

Young parents who are employed are entitled to **parental leave**; both men and women are entitled to **26 weeks times the number of working hours per week per child**, which can be taken up to the child's eighth birthday. The leave is designed rather **flexible** and has to be taken on a **part-time** basis, with a maximum of 50% of the working hours per week; full-time leave is only possible when the employer agrees (source: Rijksoverheid.nl). The leave can be split in up to three periods and is **unpaid**; the tax reduction, to which parents were entitled to, has been abolished as of 2015 (source: Rijksoverheid.nl). Several collective labour agreements (especially in the public sector) contain, however, agreements about paid parental leave. In 2013, 23.4% of all men entitled to parental leave took it up, while among all entitled women the rate was 57.3%. The average leave was 8 hours per week for men and 10 for women (source: CBS Statline). Take-up rates are higher in cases where the parental leave is paid (Van der Mooren en Souren 2011).

In addition, there are **leaves for caring for dependants**. There is a **short-term leave** up to a **maximum of ten days a year**, which can be taken up to care for a sick child living at home, or a sick partner or parent. The employer is required to pay 70% of the employee's earnings. All employees are eligible, but an employer can refuse to grant the leave if the interests of the organisation might be seriously harmed. In addition, employees with a child, partner or parent with a life-threatening illness are entitled to unpaid '**long-term leave**' of up to six times their working hours per week. An employer can refuse the leave if

the organisation's interests are seriously harmed. **As of 1 July 2015**, the paid short-term care leave and the unpaid long-term care leave **have been extended** with the option to care for all significant others who need care (instead of limiting this leave to care for a child, partner, or parent). Furthermore, the unpaid long-term care leave will be possible for all sorts of care and not only for care in case of a life-threatening illness (Rijksoverheid 2014). This proposal encountered resistance from employer organisations, which claim that leave should be a matter of negotiation between employers and employees, and that extending leave rights is too costly, particularly in the current economic situation (VNO-NCW 2013).

2.3.2. Barcelona Targets on Childcare facilities

At the Barcelona Summit in 2002 the European Council set targets in order to stimulate the provision of childcare services in Europe; it was agreed that member states should strive to provide child care by 2010 to at least 33% of children below the age of 3 and to at least 90% of children between the age group 3 to mandatory school age. **The Netherlands meets the target for the youngest age group.** In 2013, the total share of children aged less than 3 years in formal childcare is 46% (EU-28 is 27%). **In the age group 3 to compulsory school age**, the total share is 86%, so **the Barcelona target is not yet realised.** However, it is higher than the EU-28 average of 82%) (source: Eurostat database). It must be noted that the majority of children are in formal childcare for less than 30 hours per week.

The Dutch childcare sector was completely reorganised with the introduction of the **Childcare Act on 1 January 2005**. The financial organisation of the childcare sector changed **from a system of supply-financing to one of demand-financing**. Working parents now in principle pay full childcare costs, and are then compensated directly by the tax authorities and the employers. As a result of the change towards a demand-driven financing system, **publicly provided childcare in the Netherlands disappeared**. Only private for-profit or not-for-profit providers are now operating and competing in the childcare market (Plantenga and Remery 2008). The change in the financing structure implied an enormous growth for the childcare sector. However, the developments led to a **strong increase in public expenses**, and especially since 2011 major budget cuts have been implemented (Plantenga and Remery 2011), resulting in a **decrease in the use of formal child care**. Recently, extra budget has become available to make formal childcare more affordable again. For example households with an income of EUR 105.000 and over were no longer entitled to subsidized child care for their first child as of 2013, but from 2015 on also higher income households became entitled again to subsidized child care (SZW 2015).

The Ministry of Social Affairs and Employment monitors the impact of the budget cuts and publishes figures on the use of formal childcare and the labour force participation rate on a regular basis. Due to the budget cuts, the **use of formal child care decreased in 2012 and 2013**, both in the number of children and in the number of hours they were in childcare (SZW 2013b). In total, the use decreased by 18%; the number of children with a childcare allowance decreased by 10%, and the number of hours they were in childcare decreased by 8% (SZW 2014b). In 2014 the use has remained stable; however, the composition of the group is changing. In households with a lower income, the share of children with a child care allowance is decreasing, while in those with a higher income it is increasing due to the re-introduction of the child care allowance for the higher income groups. The figures also show that the use of child care allowance has decreased

significantly among the youngest age group (0-1 year-olds, corrected for the decrease in births in this group) (SZW 2015).

A recent study showed that the **increased costs have been an important reason for parents to reduce the use of formal childcare**. However, in most cases a lower use of formal childcare did not result in lower participation rates in the labour market. This result is partly explained by the fact that parents got (part-time) unemployed and, as a result of this, used less formal childcare. In addition, to replace the (expensive) formal care, working parents **used more informal care and/or worked more flexibly** (Portegijs et al. 2014). **The labour participation rate of women with young children seems fairly stable**. The **participation rate of lone mothers is**, however, **decreasing** (from 62.7 in 2011 to 56.2 in 2014) (SZW 2015).

2.4. Eradication of gender-based violence

Eradication of (gender-based) violence is an important goal of the Dutch government; it is a core theme in emancipation policies. In 2012 the Netherlands has **signed the Convention on preventing and combating violence against women and domestic violence ("Istanbul Convention")**, which was adopted by the Council of Europe Committee of Ministers in April 2011. The convention entered into force on 1 August 2014 (after 13 member states had ratified it). The Netherlands, however, **has not ratified the convention yet**. This seems to be related to the intention of the government to include the Caribbean part of the Netherlands in this ratification. This requires, however, investigation of possible legal adjustments, which is complicated. It is expected that the ratification will be take place in 2015 (OCW 2014c).

Violence is a gendered issue and difficult to chart due to underreporting. In addition, data may be sensitive to policy attention: public attention to violence may result in an increase of registered cases. For example, the number of reported cases of **domestic violence has increased** due to policies to stimulate women to report this type of violence. For the past several years, the Ministry of Security and Justice has implemented the Annual Safety Monitoring. This is a self-reported survey and should as such give a more complete overview of violence and crime, including non-reported violence. The most recent monitor shows that in 2013, in general terms, men more often than women are victims of violence (2.9 vs 1.9). **Women** (particularly migrant women) are more often **victims of sexual violence**, men more often of assaults and threats. Over the years, the shares fluctuate only slightly. Police data on reported violence, however, show a **decrease**. It is not clear why this is the case. Survey data covers more broad issues of violence, and data may as such be more stable (Merens et al. 2014).

The Dutch policy on violence in dependency relations has been criticised for being too gender neutral. Therefore, a **gender scan** has been done with a particular focus on policies on domestic violence between partners. This scan, which was released in the summer of 2014, showed that the policies are formulated in a gender-neutral way, but offer enough opportunities for a gender sensitive approach. However, this implies that people who develop and implement the policy should be aware of the relevance of gender-sensitive factors, which is not always the case. In the scan, several recommendations for improvement are given. An example is that **more knowledge should become available on the development and continuation of partner violence**, by means of research, registration, and monitoring. In addition, the government should take more responsibility to **increase attention with regard to gender-related factors** (De Vaan et al. 2013).

Currently, a consortium of actors (including Projects on Women's Rights – PoWR – and Movisie, the Dutch centre for social development) cooperates in the follow-up of this gender scan. The aim is to increase support for gender mainstreaming among actors who deal with violence (e.g. municipalities, professionals, etc.), and develop practical instruments in this respect. A project has started focusing on a **gender sensitive approach** to deal with domestic violence. Increasing support, expertise and the facilitation of the implementation of gender sensitivity are the central goals of this project, which focusses on municipalities and social workers and other professionals (VWS 2015).

In the following policies on different forms of violence will be discussed. As measures apply to different forms, we will use cross-references.

2.4.1. Domestic violence

As of July 2013, **professionals** who may signal/suspect domestic violence are obliged to adhere to a code on domestic violence and child abuse. This applies to professionals in health care, education, child care, social services, youth care and justice. Other measures include projects to make domestic and sexual violence (and honour-related violence) easier to discuss, and **public campaigns** that call upon victims, but also bystanders and perpetrators, to seek advice and help. At the end of 2015, results will become available of a study on the effects of initiatives taken by the (local and central) government and other relevant actors regarding violence in dependency relations (VWS 2015).

See also the section below for relevant measures.

2.4.2. Sexual violence

In the case of violence, **perpetrators can be prohibited from entering the house**. There are specific **centres** where victims can ask for advice or get **shelter** in case of (sexual, honour-related, or domestic) violence. In addition, witnesses of sexual and domestic violence can contact these centres. **Policies have been implemented to increase the quality of shelters for women**. A quality document has been developed, which will be further extended the coming years in order to reach agreement on the basic norms for good shelter. In addition, in 2018 all shelters should offer a basic quality. The organisations that offer shelter and municipalities participate in the initiatives (VWS 2015).

A specific **campaign** focuses on **young people**: 'WE CAN Young'. This campaign runs in 15 large municipalities to increase the awareness of young people regarding sexual and domestic violence and intolerable behaviour. In addition, social media are used to increase 'sexual health' and awareness. An evaluation showed that this campaign had good results and therefore the campaign will be financed for yet another two years (co-financed by the 15 participating municipalities) (VWS 2015).

Key targets have been set in **primary and secondary schools** to teach pupils about respectful contact; these are supplemented with an extract encouraging pupils to be respectful regarding sexuality and diversity in society (including sexual diversity). This should stimulate schools to pay attention to healthy sexual development and increase students' knowledge about sexual self-determination. In addition, it will be investigated how the topic is integrated in education and how expertise in this field can be increased (OCW 2013). According to a recent policy letter, the initiatives are **successful**. For example, in 2014, social media have been used and a booklet on sex has been spread among pupils of more than 800 secondary schools. Currently, a social media campaign is

developed, focussing on boys in the age group 12-18, titled 'more than macho'. In addition, in April 2015, a day has been organised for (future) teachers and school managers to share knowledge and good practices regarding sex education and sexual diversity. This has been the start of longer term activities to exchange and increase expertise on these topics (VWS 2015).

2.4.3. Sexual harassment

See the section above for measures on sexual violence focusing on young people. Regarding sexual harassment in the workplace, please see section 2.2.6.

2.4.4. Stalking

Stalking by (ex) partners is considered as a form of domestic violence; see the section domestic violence for measures.

2.4.5. Trafficking in human beings for sexual exploitation

Trafficking in human beings for sexual exploitation is a **serious problem** and also exists in the Netherlands. Women from other countries are sometimes lured to the Netherlands under false pretences to work as prostitutes. Dutch women can be the victim of forced prostitution and exploitation as well. Exact figures are not available. In **2012**, a total of **1711 persons** were reported to Comensha, an organization that supports victims of human trafficking. To compare, in 1988 the number was 288 persons (source: [www.http://mensenhandel.nl/pagina/hoeveel-slachtoffers-van-mensenhandel-zijn-er](http://mensenhandel.nl/pagina/hoeveel-slachtoffers-van-mensenhandel-zijn-er)). This increase might be related to improvement of signalling of possible victims.

Victims and witnesses of forced prostitution in the Netherlands can file a report with the police or the Social Affairs and Employment Inspectorate. As victims of human trafficking are sometimes afraid to contact the authorities, particularly when they are in the country illegally, this can be done **anonymously** through Report Crime Anonymously (Meld Misdaad Anoniem). The Social Affairs and Employment Inspectorate monitors working conditions and can punish employers if they underpay workers or force them to work in substandard conditions. In addition, trafficked undocumented foreigners can take advantage of a scheme that allows them to obtain a **temporary residence permit** (source: <http://www.government.nl/issues/prostitution/forced-prostitution-and-exploitation>).

2.4.6. Female Genital Mutilations

Genital mutilation is **prohibited** in the Netherlands. Measures to prevent genital mutilation include the development of a **declaration against 'circumcision of girls'**, stating that this is an illegal practice in the Netherlands and liable to punishment. Parents can show this document during their holidays (in risk countries) in order to resist pressure from family members and others to have their daughter circumcised. The government also subsidises a **public campaign** against genital mutilation. **Community health services** receive subsidies to inform parents from risk countries about the impact of genital mutilation and its punishability. They also train key people to provide public information on the topic in community centres and to relevant organisations. There are also several desks to report child abuse or to get advice on the topic. These desks employ experts who can recognise genital mutilation, and can assist other social workers on the topic.

In addition to the measures mentioned above, with respect to **honour-related violence**, a list of signals has been made, which professionals can use to determine if a case is honour-related violence or not. In addition, there are trainings for professionals to recognise honour-related violence (source: Rijksoverheid.nl).

2.5. Women's well-being

2.5.1. Sex and gender in medicines and health

Health is a relatively new topic in emancipation policy. According the latest emancipation policy letter, women live on average four years longer - yet, women spend those extra years in poorer health. In addition, cardiovascular diseases are considered as diseases of men, whereas these are the main cause of death among women. Moreover, absence rates at work due to sickness are higher for women than for men and costs of illness are higher for women than for men. As it is not clear what these differences imply for equal opportunities for men and women, **gender differences in health will be explored** (OCW 2013). In addition, the intention is to increase knowledge and awareness on possible gender differences among stakeholders (medical doctors, insurance companies, employers and patients). In this context the minister has initiated the **Alliance Gender and Health** (Alliantie Vrouwen en Gezondheid) in which medical doctors, scientists, and representatives of care organisations participate with the aim to increase gender awareness in health care. The ultimate goal of the policy measures is to increase quality of life for men and women and, if possible, to save costs.

The emancipation monitor includes several statistics on health care. To summarise some conclusions:

- Women encounter impairments in their hearing, vision and/or mobility more often than men;
- More women than men have long-term illness or disorder;
- More women than men report psychological problems;
- Women have more contact with their GP, are more often admitted to hospital and more often take medication than men.
- More men than women die from cancer. Cardiovascular diseases are just as big a cause of death for women as cancer;
- Women's poorer health has a negative impact on their participation, including the labour market (Merens et al. 2014).

2.6. Sexual and reproductive health and rights

2.6.1. Access to contraceptives and day after pill

Contraceptives are **easy accessible** in the Netherlands. The **contraceptive pill has to be prescribed** by general practitioners. It is covered by the (obligatory) standard health insurance for girls up until the age of 20. As of the age of 21 women have to pay for the pill themselves (this might be covered by additional health insurance). Of all women between 16 and 50, 37.4% uses the pill; the use is higher among young women (among 16-20 year-old girls the use is almost 60%, in the age group of 40-50 year-old women it is 23%) (source: CBS Statline). The **day after pill can be bought at a pharmacist**. There are no figures available on the use of this pill.

2.6.2. Abortion

Women in the Netherlands may terminate their pregnancy, for example, if they have an **unwanted pregnancy or for medical reasons**. Under the law, an abortion may be performed up to the time when the foetus is viable outside the mother's body. This is generally taken to mean the **24th week** of the pregnancy. The law imposes a mandatory five-day waiting time. For Dutch citizens, **costs of abortion are covered** under the Exceptional Medical Expenses Act (abortion clinic) or by the standard obligatory health insurance (source: <http://www.government.nl/issues/abortion>). Minors generally need the consent of parents or guardians.

The annual **number of abortions is rather stable** over the past decade. Approximately 28 thousand abortions are carried out on women living in the Netherlands every year. Most abortions are in the age category 20-24. The **abortion rate among non-native women** is clearly **higher** than among native women; particularly among women with an Antillean/Aruban background the abortion rate is high and more than seven times as high as among Dutch women, whereas the birth rate is about the same (CBS 2011).

2.6.3. Assisted Reproduction Technology (ART)

IVF is **covered** by the standard health insurance (maximum of 3 times). Most hospitals offer IVF treatment **until the age of the women of about 41**. In principle, hospitals cannot refuse IVF to **single** persons or **same sex couples**; however, the media has reported on cases where this happened.

The Netherlands's key laws on ART are the Act Containing Rules Relating to the Use of Gamete and Embryos (Embryos Act) (July 1, 2002) and the Commercial Surrogacy Act (November 1, 1993). The Embryos Act **prohibits** the creation of embryos for research purposes, allowing an embryo to develop outside the human body for longer than 14 days, reproductive cloning, germline modification, the creation of human/animal hybrid embryos, non-medical sex selection, and commercial donation of gametes or embryos for reproductive or research purposes. The Commercial Surrogacy Act **prohibits commercial and professionally arranged surrogacy**. In the Netherlands, **pre-implantation genetic diagnosis is permitted only for serious genetic disease** at one facility, although the government has recently allowed testing for certain hereditary cancers and is considering offering testing for a wider range of conditions in the future (source: <https://cbhd.org/content/g12-country-regulations-assisted-reproductive-technologies>).

2.6.4. Maternal health

European studies on **perinatal mortality** showed that the Netherlands had rather **unfavourable figures**. Therefore, during the last decade measures have been implemented to reduce this mortality. **Foetal mortality**, that is stillborn during pregnancy or childbirth, was 5.5 per 1000 babies in 2012; in 2000 it was 7.7, implying a **decrease** of 29%. The **neonatal mortality**, that is mortality after live births within 28 days after birth, was 3 in 2012 and 4.2 in 2000, which is a **decrease** of 25%. Compared with other European countries, the Netherlands now have **average figures** (VWS n.d.).

The **mortality rate**, under-5 (per 1,000 live births), is the probability per 1,000 that a new-born baby will die before reaching age five, if subject to age-specific mortality rates of the specified year. This is 3.5 per 1,000 new-borns in 2012, the EU-28 figure is 3.7 (source: Eurostat). The **maternal mortality ratio**, that is the number of women who die

from pregnancy-related causes while pregnant or within 42 days of pregnancy termination per 100,000 live births, is six in 2013 (source: Worldbank database).

The number of **caesarean sections** per 1 000 live births is **relatively low** in the Netherlands; in 2010, it was 17%, the average figure for Europe is 23% (2008) (source: WHO database).

2.7. Gender Stereotypes

Gender stereotypes (implicit and explicit) are considered as a cause of **discrimination**. For example, **gender stereotyping is considered as an important cause of the low share of women in top positions** (Commissie Monitoring Talent naar de Top 2013). The Netherlands Institute for Human Rights reports that stereotypes are an important cause of employer's discrimination in **recruitment and selection** of new staff (College voor de Rechten van de Mens 2013). The government recognizes the existence and impact of stereotyping. It considers, for example, stereotyping as one of the causes of the shortages in technology and engineering and of domestic and sexual violence. It therefore wants to combat stereotyping (OCW 2013). In this context it has, for example, asked the **Social and Economic Council** of the Netherlands (SER) for advice on discrimination in the labour market. SER is an advisory and consultative body of employers' representatives, union representatives, and independent experts aimed at helping to create social consensus on national and international socio-economic issues. The advice has been offered by the end of April 2014 and is titled 'Discrimination does not work!' (SER 2014). It includes general **recommendations** to prevent and combat discrimination, and recommendations focusing on particular groups including women. One of the recommendations is to increase awareness of the impact of stereotyping on discrimination. In addition, the government stimulates initiatives to stimulate young people to choose less traditionally, that is to stimulate girls to choose more often a technical education and boys to choose more often an education in care. In the context of violence, an example of policy that addresses stereotypes is the campaign 'WE CAN Young' as described in section 2.4.2.

2.8. Prostitution

Prostitution is legal in the Netherlands as long as the parties involved are **consenting adults**. As abuses (e.g. **forced prostitution**) still occur, the Dutch government is amending its rules for businesses in the sex industry in order to **protect sex workers from exploitation**. For example, all commercial sex businesses will be required to have a licence, owners of commercial sex operations will be screened more rigorously, and the minimum age for prostitutes will be raised from 18 to 21. It is not yet known when these rules will become into force. As sex clubs, brothels, escort agencies, and sex cinemas are only permitted to operate with a licence (from the municipal authorities), it is assumed that working conditions of prostitutes will improve and become safer. The central government and local authorities work closely to tackle abuses in the sex industry. There is a national programme to facilitate cooperation in this area. It addresses issues such as improving the social position of prostitutes, making and maintaining contact with prostitutes and supervision and law enforcement. Prostitutes in the Netherlands can work as freelancers or paid employees. Like workers in any other occupation, prostitutes have a right to a safe and healthy workplace (source: <http://www.government.nl/issues/prostitution>).

3. CONCLUDING REMARKS

The Netherlands has a **long tradition in emancipation policies to promote equal rights, equal opportunities, equal liberties and (shared) responsibilities for women and men**. These are described in policy notes, which generally cover a variety of relevant topics. There are regular updates of the policies and the government reports on developments in/progress of emancipation policy on a regular basis (at least yearly). However, the issue of equal opportunities for men and women is quite consensual and consequently not much debated among politicians or the population.

Over recent years, the specific focus has been on **increasing labour force participation and on increasing safety**. Though the share of working women is high, a large majority work **part-time**, which means that only half of the working women is economically independent. Over the last years, the increase of the female participation rate in the labour market has **stagnated**. As a result of budget cuts in the public sector and the increasing pressure on citizens to provide more informal care, this stagnation will probably continue or even turn into a **decrease of the female participation**.

The high part-time rate is generally also considered as an important cause of the relatively **low number of women in top ranking positions**. This number gradually increases, but the rate is slow. As a result, a **quota** might now be considered. Though it is still unlikely that a quota will be implemented, the threat might stimulate companies to take action.

Another important objective is that of **increasing the safety** of women. Policies focus on different aspects of **violence** and initiatives have been taken to increase gender sensitivity in this respect. The results seem positive as victim reports and police records show a **decline in violence** in recent years.

Overall, it might be concluded that **the position of men and women in the Netherlands is not equal; there are still several issues to tackle. Yet, compared to other Member States, the Netherlands is performing well**; it ranks fourth on the European Gender Equality Index, only the Scandinavian countries do better.

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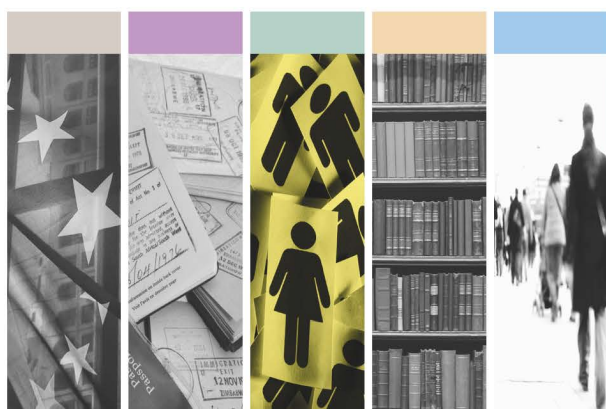
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