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Introduction: Comparative demography of Australia and Canada

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In many regards, Australia and Canada are rather different, especially in climate and hemispheres. They also have important similarities, including being very large countries with extensive areas of very low settlement. Both were long inhabited by indigenous populations, which were overtaken during the period of European expansion and colonization. As parts of the British Empire, both countries were settled by people from the United Kingdom, but in Canada this only followed the New France era (1608–1760).

In terms of demographics, these similarities and differences have especially been examined on the side of immigration. In both countries, there was a long period during which governments sought to establish a white European population in a new world, and a similar timeframe in the 1960s when barriers to non-white immigration were removed and immigration became more diversified (see Richmond and Zubrzycki 1984). Asians are now the largest source of new arrivals in both countries.

The five articles in this special issue extend the potential for comparison between Australia and Canada through the treatment not only of immigration but also fertility/family and mortality/health. Given the similarities across the two countries, these comparisons provide insight into the socio-demographic dynamics of each country.

In economic terms, since 1962 the trend in gross national income per capita has been nearly the same in the two countries, but Canada has experienced more significant economic downturns and higher levels of unemployment (see Tables 6–8 of McDonald and Belanger in this volume). In policy terms, both countries are typically placed in the Anglo-Saxon model of "liberal welfare states," with more attention to promoting self-sufficiency, and a needs-based approach to addressing poverty.

In "A comparison of fertility in Canada and Australia, 1926–2011," Peter McDonald and Alain Belanger observe that fertility declined sooner in Australia, due probably in part to women's greater control over their own fertility, while Canada's fertility remained higher than in Australia in part due to higher childbearing in its province of Quebec until 1960. They observe that Australian women were able to vote as of 1902, while this did not occur until 1919 in Canada, and 1940 in Quebec. With the influence exerted by the Catholic Church on family policy not only in Quebec but also at the federal level, Canada lagged behind Australia with regard to the promotion of modern contraception.

It was only in 1969 that a 1892 provision in the Criminal Code was removed that had made it illegal to sell or advertise birth control in Canada.

After a long period during which fertility was higher in Canada, a cross-over occurred in the early 1960s, with fertility becoming higher in Australia than in Canada. This difference has persisted, with a Total Fertility Rate of 1.61 in Canada and 1.88 in Australia in 2011. The authors pursue various hypotheses, including differential fertility of foreign-born or indigenous populations, as well as economic and policy questions. The more stable economic conditions in Australia, and the lower unemployment, may have provided more security for young people to start families. While Quebec has had more supportive benefits in terms of childcare and parental leave, a new family support package introduced at the 2004 Australian election provided benefits Australia-wide. The authors conclude with an interesting graph (Figure 9) showing higher fertility variation across Canadian regions than is the case for Australia. This may be linked to higher variation across the regions of Canada, in both economic and policy terms.

The two papers on mortality in this volume provide an extensive summary of trends, patterns, and their interpretation over the periods 1907–2011 for Australia and 1921–2011 for Canada. In "Epidemiologic Transition in Australia: The last hundred years," Heather Booth, Leonie Tickle, and Jiaying Zhao note in particular that Australia was in advance of other countries in the early decades of the twentieth century, with an advantage of about four years in life expectancy compared with "many other Western countries," but that this advantage was lost by 1950. Their Figure 1 provides data for Australia, Canada, England and Wales, France, Japan, and United States for 1920–24 to 2010–13. In effect, Australia was at the top of this group in 1920–24, with an advantage of some four to six years compared with Canada, which was in second place for men and in third place for women. The trends converged over these six countries into the early 1970s, and then diverged once again, but over a smaller range. In 2010–13, Australia was once again ranked first for men, with Canada third, and Australia was ranked third (after Japan and France) for women, with Canada fourth. The differences between Australia and Canada have been small since 1950, less than 1.5 years for each gender. The paper addresses these comparative trends and the underlying cause-of-death patterns to locate Australian experience in the Epidemiologic Transition.

In "Trends, patterns, and differentials in Canadian mortality over nearly a century (1921–2011)," Robert Bourbeau and Nadine Ouellette emphasize the impact of the revolution in cardiovascular mortality that has increased the life expectancy of adults since 1970. As in other countries, life expectancy was not rising extensively in the 1960s, especially for men. The common wisdom at the time was that we would come to a plateau of life expectancy, with a maximum of some 72 to 75 years for both sexes combined. The first set of modern population projections by Statistics Canada, based on the 1971 Census, indicated that life expectancy would only rise from 76.1 for women and 69.2 for men in 1971 to 78.4 and 70.2, respectively, in 2001. The improvements in the cardiovascular area, along with improvements in accidental mortality and in various other areas, have implied that the 1971 projections—which were very accurate in predicting the 2001 overall population—underestimated the population aged 65+ by ten per cent. The Australian paper indicates that in 1946 to 1970, male life expectancy at age 65 declined slightly, from 12.2 to 12.0 years, while the Canadian paper indicates that male life expectancy rose very slightly, from 13.3 years in 1946 to 13.8 in 1970. Since these trends had been very constant, it was expected that the future would also see little change, and total life expectancy would reach a plateau, given that there was little room for gains at younger ages. These were the anticipations of mortality that were used in the mid-1960s when the Canadian Pension Plan was being established. In Australia also, the very sharp falls in deaths

from cardiovascular diseases at older ages that occurred continuously from the 1970s onwards were unexpected. That is, these projections failed to fulfill the anticipated the "aging at the top." In both countries, mortality reductions have especially occurred at ages 60+, and the 2011 life expectancy of males at age 65 has reached 19.0 in Canada and 19.2 in Australia, with that of females reaching 21.8 and 22.1, respectively.

In "Canada's immigration trends and patterns," Barry Edmonston follows the trends since 1851, including a systematic presentation of the numbers of immigrants and emigrants over five-year periods. Immigration has varied extensively over this period, including net emigration in 1861–1901 and in the 1930s, very strong immigration over the period 1901–14, and high immigration once again in the post-war period, but especially since 1989. Since the demographic transition has now run its course, immigration comprises a significant part of population change. The proportion foreign-born was 20.6 per cent in 2011, reasonably close to the peak level of 22 per cent reached in 1911–31 during and after the wave of arrivals of the early 20th century, which declined to 13.4 per cent in 1946. With the diversification of origins, the proportion from the United Kingdom among the foreign-born has declined from 44.3 per cent in 1951 to 7.9 per cent in 2011, while the proportion from Asia has increased from 1.8 to 30.0 per cent. In "Developments in Australian migration," David Smith, Dan Payne, Mathew Horne, and Debbie Claridge show similar trends in Australia in the post-war era, with the proportion of foreign-born rising from 10 per cent in 1947 to 25 per cent in 2011. At the end of the Second World War, the total population of Australia was seven million, and almost eight million migrants arrived in the ensuing 65 years. The proportion of the population with Anglo-Celtic (British and Irish) origins changed from 89.9% to 69.9% over the period 1947 to 1999. In comparison, the population of Canada in 1946 was 12.3 million, and 11.9 million migrants had arrived by 2011. In 2011, the population of Australia was 22.5 million, and that of Canada was 34.5 million.

The focus of the paper by David Smith and his colleagues is on the trends of the early part of the 21st century, including levels, composition, geographic distribution, and policy context. The authors treat migration and refugees as "the two sides of permanent migration to Australia," and they emphasize the growth of the temporary migrant category as a pathway to permanent settlement. An increasing share of permanent skilled migration is made up of persons who already have a temporary visa, reaching 55.4 per cent in 2014–15. The Migration Programme includes both skilled and family reunion migration, and these are the main pathways to permanent residence. The total numbers in the Migration Programme increased from 114,400 in 2003–04 to 190,000 for each of the years 2012–13 to 2014–15, with the skilled stream representing two-thirds and the family stream one-third. Skilled migration includes Points Tested Skilled Migration (56 per cent of the Skill stream in 2014–15), Employer Sponsored (37 per cent), and Business Innovation and Investment (5 per cent).

The Humanitarian Programme increased from 12,522 persons in 2002–03 to 13,768 in 2013–14. Of these, in 2013–14, 47 per cent had applied from offshore, 20 per cent from onshore, and 33 per cent were in the Special Humanitarian Programme.

Temporary migration includes the Working Holiday Maker programme for young adults, the skilled work visa of persons sponsored by businesses for up to four years, and student visas for people studying full-time. A Skilled Graduate Visa program was introduced in 2007, granting an 18-month work visa to former students who did not meet the criteria for points-tested migration. The visa was amended in 2013 and renamed the Temporary Graduate Visa, valid for up to four years but no longer a direct pathway to permanent skilled migration.

Barry Edmonston also discusses emigration, with an estimate of 3.8 million departures from Canada in the period 1946–2011, for a net gain of 8.1 million. Prior to 1931, emigrants were largely Canadian-born, while since 1981 they have been more likely to be foreign-born. Besides the demographic effects of immigration, Edmonston has an extensive analysis of the integration of (1) recent immigrants and (2) all immigrants on a variety of indicators, from language to income. For instance, the family income of immigrants of the past five years is about two-thirds or less that of the family income of Canadian-born, but homeownership rates reach similar levels after 20 years.

There is much more in these five articles, and it is a delight to have been involved in this special issue of *Canadian Studies in Population* on the comparative demography of Australia and Canada.

Reference

Richmond, A.H., and J. Zubrzycki. 1984. *Immigrants in Canada and Australia*. Downsview ON: Institute for Behavioural Research, York University.