

Recent Surprise and Changes in Australian Demography

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This paper is a follow-up to "Australian Demography at the Millenium" (Lucas 1994) that appeared in the Tenth Anniversary issue of the *Journal of the Australian Population*. The current paper largely looks backward into the 1990s, and, on occasions, forward for a varying number of years. Apart from looking at changes, surprises will be sought out. McNicoll (1992:411) referred to "surprise-free forecasts of demographic change" that "assume no interference with the smooth working out of the demographic transition" and end with, "high consumption, low mortality, and near-replacement level fertility." In contrast, Jones (1993:1) referred to "a retreat from diversity in human experience."

Those familiar with the textbook *Beginning Population Studies* (Lucas and Meyer 1994) will realize that the headings below are related to the structure of that book. It is hoped that the discussion of the current paper will contribute to the development of the online *Beginning Australian Population Studies* two chapters of which are available on the Web at <http://demography.anu.edu.au/Publications/Books/BAPS.html>

1. THE SCOPE OF DEMOGRAPHY

1.1 Expansion

Since the 1980s a major growth field has been demographics or applied demography, to the extent that the Australian Press sometimes refers to a 'Professor of Demographics'.

In September, 1994, the International Conference on Population and Development, Cairo, instantly broadened the scope of demography in. In the 1994 Cairo Declaration, paragraph 7.1 of the Programme of Action expansively defined reproductive health as "a state of complete physical and mental and social well-being".

1.2. Agencies and Advocacy Groups

Although Borrie (1994:7) applauded the prodigious output of the Bureau of Immigration Research (subsequently the Bureau of Immigration and Population Research) in the five years since its creation in 1989, this did not prevent its demise shortly afterwards.

According to Jupp (2002:218):

"The Immigration Department regularly produces information and runs campaigns, designed to gain acceptance for the intake program and for the ethnic diversity which is its result. This function was also continued by the Office of Multicultural Affairs and the Bureau of Immigration Research until they were foolishly abolished in 1996."

Whereas agencies appear to have grown in number, advocacy bodies may have expanded their influence, both locally and internationally. Finkle and McIntosh (2002:6) have commented that NGO participation was a feature of UN conferences in the 1990s, including Cairo and the 1992 Earth Summit in Rio, and that this is "a new and distinct form of transnational politics."

An interesting example of national politics involving NGOs was the Population Summit held in Melbourne in February 2002.

Here I have arbitrarily taken the three groups, all founded within the last fifteen years listed on the webpage of the Australian Parliamentary Library (2002). Of these, the oldest was Sustainable Population Australia, founded in 1988, which is an "ecological group dedicated to preserving species' habitat globally and in Australia from the degradation caused by human population growth." (Sustainable Population Australia, 2002).

The Australian Reproductive Health Alliance was formally launched by the Minister for Development Cooperation, the Hon. Gordon Bilney, in November, 1995, "to ensure that Australia understood and supported the goals of the Cairo Conference on population and Development." (Kane 1996). The ARHA provide secretariat support for the All Party Group Parliamentary Group on Population and Development.

The third, and probably the youngest is the Australian Population Institute. APop "aims to develop a shared strategic direction within the Australian people that recognises the benefits of responsible population growth to Australia." (APop 2002). "APop supports policies that will stimulate responsible population growth through both increased fertility and increased overseas migration."

1.3. Dissemination.

The *Journal of the Australian Population Association* (JAPA) which began in 1994 is no more, having been replaced in May 2000 by the *Journal of Population Research* (JPR). JAPA "welcomed papers on population issues in Australia and other countries" whereas JPR "publishes paper on population-related issues." But, "Coverage is not restricted geographically". *People and Place* began slightly earlier, in 1993, and presents "key information on migration patterns, the labour market, urban growth, the environment and related topics." Peter McDonald is perhaps the front running author for JAPA, and may even be challenging Bob Birrell, an Editor of *People and Place*, as the most regular contributor to his home journal.

The Australian Institute of Health and Welfare (AIHW) which provides "authoritative and timely information on the health and welfare of Australians" deserves a special

commendation because so many reports are available on the Internet. In contrast the ABS maintains its "user pays" policy, perhaps with improved service, for the 2001 Census customized tables can be available to the purchaser within a few days of the order.

Other examples of the rapid dissemination include the CD Rom of the *Proceedings* of the 2000 Conference of the Australian Population Association. Teaching materials are also widely available, sometimes produced by advocacy groups (see above), for example:

- *Briefing Pack on Population and Development*

<http://www.arha.org.au/briefingpack.htm>

- *Curriculum Kit*

<http://www.arha.org.au/curriculum.htm>

1.4. Demographic Training

In the 1990s at least five demographers at Australian universities managed to evade premature dismissal. Demography at Macquarie, which boasts the largest undergraduate teaching program, successfully re-created itself within the Department of Business.

The training situation seems better than in Britain where on 29 April this year the President of the British Society for Population Studies penned a letter entitled "Demography endangered?" noting that "progressively fewer students have been reading demography." (Haskey 2002).

1.5. Demographic Data

In May 1998 the House of Representative Standing Committee on Legal and Constitutional Affairs tabled its report on *Saving our Census and Preserving our History*, recommending that future census forms should be retained and made available after 99 years. The Australian Bureau of Statistics then devoted 13 pages of its *Annual Report 1997-98* to refuting the Committee's comments.

In the area of reproductive health, Weisburg (cited in Lucas and Fisher 1998:15) has said that Australia is "a third world country when the range of available contraceptives is

assessed." Unfortunately in terms of data on reproductive health, and especially family planning data, Australia is worse than many third world countries. This deficiency may be resolved when the Australian Bureau of Statistics issues the results of the 2001 National Health Survey in late October 2002.

Mortality reporting has improved with the Australian Bureau of Statistics now recording all causes of death, underlying and associated, for example the 7% for diabetes-related deaths in 1998 comprised 2% underlying plus 5% associated in 1998.

2. POPULATION GROWTH AND THEORY

Demographers missed the baby boom and improvements in life expectancy. They did however predict the ageing of Australia's population, and also that higher net migration would have little effect on the proportion aged 65 and over (see, for example, Young 1993). The possibility that Australia could be a victim of reverse population momentum and that its population could go into decline has only recently been considered.

McDonald (2000:1) refers to "The persistence of very low levels of fertility in many advanced countries has added a new dimension to the development of theory relating to fertility change". Gender equity is one explanation: for individuals this may be high, but at the same time gender equity for families may be low. Thus
"..if women are provided with opportunities nearly equivalent to those of men in education and market employment, but these opportunities are severely curtailed by having children, then on average women will restrict the number of children they have to an extent that leaves fertility at a precariously low, long-term level." (McDonald 2000:1).

3. MORTALITY AND MORBIDITY

There are a number of statistics in the media and in official reports that relate to diseases associated with ageing such as prostate cancer and macular degeneration. For example,

example, diabetes is expected to pass the one million mark if prevention strategies are not implemented (Mathur et al. 2000:1).

Which causes and diseases are becoming more important? The 1998 Burden of Disease and Injury Study provided the first comprehensive assessment of ill-health and disability among the Australian population. As pointed out by Mathers et al. (1999:2), looking at the prevalence of particular health problems soon becomes unwieldy when a number of problems are being monitored. The Study therefore used the Disability-Adjusted Life Year or DALY and its components, the years of life lost because of premature mortality (YLL) and the YLD "health years of life lost because of disability." (Mathers et al 1999:1). One finding of the study was that the inclusion of non-fatal outcomes such as depression, asthma, osteoarthritis, and hearing loss produced a different picture to that provided by mortality or service statistics (Mathers et al.1999:2).

A demographic controversy now exists about whether or not increases in longevity will slow down because of improvements in health care. An extension of this is whether medical science can increase the disability-free years too, through stem cell research, for example. On the negative side, there is the rising cost of health care. One third of Australians in a Commonwealth Fund Survey (n=1400) who needed to see a dentist in the last year could not afford to do so, and one fifth could not afford to fill a script (Sweet 2002).

Also on the negative side is increased female mortality from smoking which became inevitable as young women adopted the habit. Pampel's 2002 article on 'Cigarette Use and Sex Differentials in Mortality' uses data from 21 high income countries to show that the female advantage in mortality has been reversed by increased levels of smoking amongst females. In Australia the smoking mortality rate (expressed as a % of the total mortality rate) for adults aged 35-69 fell from 31% for males in 1975 to 25% in 1995, whereas for females there was a rise from 7% to 15% (Pampel 2002: 98-99).

4. THE PROXIMATE DETERMINANTS OF FERTILITY

4.1. Contraception.

In recent months there has been much popular concern about low fertility. Rather surprisingly, the earliest mention of the term below replacement fertility in the *Popline* database occurred in the work of Lavis (1975) who used 1971 Melbourne data to correctly anticipate below replacement fertility because of the impact of oral contraceptives.

One of the most clear cut statistical associations in demography is the inverse relationship between the Total Fertility Rate and the Contraceptive Prevalence Rate. According to Dennis Shanahan, writing in *The Australian* the development of the contraceptive pill caused Australia's population growth to drop "overnight and without warning." (Shanahan 2002). The options are gradually increasing, one very recent change being the approval of Emergency Contraception on 1st October, 2002.

4.2. Abortion

In 1998 the abortion battle lines were again drawn in Western Australia and the Australian Capital Territory. In both cases the pro-choice activists were taken by surprise but managed to re-group. In February, 1998, two doctors in Western Australia were charged with unlawfully performing an abortion, MP Cheryl Davenport then introduced abortion repeal bill in the upper house of the Western Australian Parliament, but was forced to make many amendments before her relatively liberal law was passed (Cannold 2001).

In August, 1998, an Independent Member of the Legislative Assembly introduced a bill to restrict women's access to abortion, but was forced to substitute a second bill that focussed on informed consent (Cannold 2001:16). A more substantial shift took place in 2002 after Labor gained power in the Australian Capital Territory and abortion was decriminalized in November, 2002.

However, in a piece in *The Canberra Times* with the headline "It's not over, say abortion adversaries", the main opponent in the Assembly, Vicki Dunne, was quoted as saying "I don't see this as the end of the war." (McLennan 2002).

5. THE BACKGROUND TO LOW FERTILITY

The proximate determinants are very subordinate in the debate about low fertility; the assumption appears to be that when contraception and, to a lesser extent abortion, are readily available, women have the capability to control their own fertility. Meanwhile, politicians, journalists and academics are not reticent in proposing selected background variables that they believe to be the main cause of low fertility(See Marris 2002).

Haussegger (2002) is a very personal example.

To demonstrate his theme of demographic uniformity, Jones (1993:3-5) showed how Australia's TFR has tracked that of the USA. Yet in the 1990s, the USA's TFR was around 2.05, about one tenth of a birth higher than in the 1980s (United Nations 2001:456), whereas Australia's had fallen in each decade since the 1960s to around 1.8 in the 1990s (United Nations 2001:116). By the 1980s it was highly likely that Australian fertility would remain at below replacement, and that the proportions never marrying and remaining childless would increase (See Choi and Ruzicka 1987).

In 1991 the Population Issues Committee (1991:5) stated that "...fertility is expected to remain below long-term replacement , where it has been since 1979. Nevertheless, there are signs of a levelling off in fertility decline and this could even increase again, but it is likely below replacement (Hugo 1991)...Even with below replacement level fertility and with no migration, there would be an additional 2 million Australians by 2030 simply as a result of natural increase." Hugo (1994:57) refers to Australia's TFR being around 1.9 in 1991 and 1992, and says, "Clearly there is a need for us to seek an understanding of the recent stabilization in fertility levels."

In the early 1990s Australian fertility appeared to be stable at around 1.8 , although childbearing was starting at older ages. There now is a possibility of a fall to 1.3 within the next ten years, implying a fall in Australia's population.

6. MARITAL STATUS

The census question on Marital status was apparently under threat, but nevertheless appeared in the 2001 census schedule with the options Never Married, Widowed, Divorced, Separated but not divorced, and Married. Another question (Relationship to Person 1) enabled de facto partners to be identified.

In the Australian Capital Territory, the 2001 Census enumerated 506 same-sex couples (215 male and 291 female), compared with 282 in 1996, and representing 1.9% of childless couples (Curry 2002). As usual the ACT has recently registered more divorces than marriages.

7. MIGRATION CONCEPTS

Chain migration is an intuitively appealing concept although operationalization is often lacking, while with 'non-chain' migration Parr et al. (2000), using Sydney and Hong Kong data, introduced the term 'branch migration' to cover the international dispersal of family members.

Operationalization is also lacking for diasporas. Thus Louw and Mersham (2001) have to debate whether the international dispersion of South Africans to Australia and other host countries in the 1990s is a diaspora.

8. INTERNAL MIGRATION

Perhaps there are few surprises here? The 'big shift' from the bush to the coast continues. Newbold and Bell (2001) found that a high proportion of return migrations in Australia are planned in advance rather than failed migrations.

9. INTERNATIONAL MIGRATION

9.1. Immigration

McQueen (2001:33) says that "Few scholarly undertakings in Australia have been more amusing than extrapolations by our demographers...After waiting 150 years for the Yellow Horde, we still have only 200,000 Vietnamese.... From wherever refugees will be coming ten years hence, it is unlikely to be Iraq or Afganistan.."

Jupp (2002:215), a political scientist and according to the cover of his book, "Australia's leading specialist on migration", is cautious enough to say that "Refugee situations remain unpredictable." However, with regard to settlers, he perhaps misjudges the extent to which southern African emigrants will prefer North America, Europe and the UK to Australia, since the most recent census showed the South Africa-born to be one of the fastest growing groups in the period 1996-2001.

Other key areas in international migration include the use of New Zealand as a stepping stone to Australia by immigrants (see for example Louw and Mersham 2001:330), the easing of rules on temporary migration, and the competition for skilled migrants.

9.2. Emigration

Hugo (2002) has shown that long-term departures have virtually doubled between 1981-2 to 2001-2. Of the 121, 256 Australian-born in the work force leaving for the UK in the period 1992-2000, just over half were managers, administrators and professionals.

Although dual citizenship for the Australia-born became permissible in 2002, no census data exists on this, and so the number who have the right of access to another country is not known.

10. THE LIFE CYCLE AND LIFE COURSE

One continuing change is that couples will spend more years in households with no children and after the death of a partner. The impact of later childbearing needs to be explored further, for the notion that a generation comprises about 25 years is becoming

increasingly invalid. For example, Australian women born in the 1940's began childbearing when aged around 23 years (Young 1994:Table 11.1). If this happened for two generations then a woman would become a grandmother around age 46. However, if the first birth was postponed for two generations to age 33, the woman would be a senior citizen by the time her daughter gave birth.

Australian nuclear households now comprise 19% of the population compared with 32% in 1971. This was predictable; for example the Population Issues Committee (1991:14) correctly forecast that " Married couples with dependent children will decline as a share of all households." At current admission rates at age 65 has a 28% of moving into a nursing home, and a woman 46% (Hely 2002:20).

10. INTER-RELATIONS BETWEEN THE DEMOGRAPHIC VARIABLES

This is an area which has become more important as people become aware of the components of population growth. There are exceptions, including the a press headline in June 2002: "Short of young people? Try Mass Immigration."

In contrast glancing through *People and Place* showed its leitmotif that immigration is not a panacea for ageing, e.g.

"The higher immigration will have only a small effect on the median age and the proportion of elderly." (Young 1993:5).

"And mere replacement migration, maintaining population size, does little to retard ageing." (McNicol 2000:7)

Since 1981 the numbers of children has grown by 5% while adults aged 65 and over and 85 and over have increased by 65% and 156 % (Australian Bureau of Statistics 2002). The ageing of the population was perceived as a problem by Australian demographers in the 1970s, and by economists in the 1980s. The awareness of the full impact of health spending came later, in the 1990s.

In 2002 the Government issued an *Intergenerational Report* as a part of the Budget report which shows the impact of ageing on Government spending. Perhaps because many of its implications were long term, this report did not arouse sustained comment even though in August 2002 Christopher Pyne, the Federal MP for Sturt published six papers in his Options series on his webpage (<http://www.sa.liberal.org.au/pyne>) to help "get the debate rolling". (Pyne 2002). Inter alia, the Report was criticized by Dowrick and McDonald (2002) because it underestimated the potential for future increases in labour force participation and the uncertainty of future costs of health and aged care programs.

11. POPULATION POLICIES

11.1. Apart from immigration.

In 1994 the Jones report recommended that

" The Government should determine that population policy and immigration policy are quite distinct, with differing goals,..." and, " The Australian Government should adopt a population policy which explicitly sets out options for long term population change.." (House of Representatives Standing Committee on Long Term Strategies, 1994: 147).

Can falling fertility be reversed by pro-natalist policies? The Treasurer has drawn upon an article in *Population Studies* to show that maternity leave will not achieve this end.

11.2. Immigration policy.

A good summary of recent immigration policy changes is provided by Jupp (2002:220-223) in the Chronology of his book. For example, for 'boat people' mandatory detention was introduced in 1991 (Jupp 2002:222) and in 2001 the 'Pacific Solution' involved taking asylum seekers to Nauru and other countries, and removing Christmas Island and other offshore islands from the Australian immigration zone (Jupp 2002:223). In the 2002 Budget, *The Australian* (15 May, 2002:1) reported that \$2.9 million dollars had been committed over five years "to stop illegal immigrants entering Australia, including a new \$219m detention centre on Christmas Island."

11.3. Population Assistance

International policy includes overseas aid, a subset of which is population assistance. The latter term became more obscure when it was overridden by the term "reproductive health" in Cairo in 1994.

An outspoken critic of Australia's population assistance, Senator Harradine, held the balance of power in the Senate for much of the 1990s. In 1993 "elements of the aid community" were outraged by a freeze on \$35 million for population and family planning projects "as a part of a budget deal with Independent Senator Harradine." (Mc Phedran, 1994). This freeze was lifted in May, 1994, after experts had completed an *'Independent Inquiry Report into Population and Development'* otherwise known as the Ahlburg report for the Australian Government (This was subsequently published as Ahlburg et al. 1996).

In the 2001-02 budget, AusAid was able to claim that Australia's support for health in developing countries had increased from 4% of overall aid expenditure in 1996-97 to 12% in 2001-02. Of this 12%, 19% was allocated to STD control, including HIV/AIDS, 9% to family planning and reproductive health, and 2% to population policy and management (AusAID 2001:16).

12. CONCLUSION.

In 1994, I asked "What demographic surprises might occur by the year 2000?" A number of surprises have been listed above, and some, such the influence of Senator Harradine on population assistance, and the recent concern over low fertility, need to be documented before people forget that they once were surprises.

Perhaps the biggest surprise of all is the greater public awareness of population dynamics and the impact of the components of growth on the age structure. Only this month, Malcolm Turnbull ruled that "collapsing fertility and the ageing of the population" are "the single most important challenges facing Australia and other developed nations,..." (Skeketee 2002).

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