Demographic Challenges to the Canadian Society

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Introduction

Demographic change in Canada and other Western countries is characterized by : (i) decline of the traditional family and rise of a variety of social networks and living arrangements, (ii) aging, and (iii) a trend toward a multi-cultural (multi-ethnic) society and decline of cultural homogeneity.

These changes occur in a global context of (i) rapid population growth, (ii) decline of the already low standard of living in many developing countries and East Europe, (iii) increase in unemployment and underemployment of educated persons in developing countries and East Europe, (iv) technological innovation in global communication, and (v) increased freedom of travel and migration in traditionally closed countries.

The challenge to Canada and all the other countries is how to monitor these changes and how to find a new order to meet the requirements of the new situation while preserving the values and welfare of its citizens. Some of the major demographic issues that confront the Canadian society on the threshold of the 21st century are reviewed in this paper.

Background

The demographic changes in Canada and the West may be viewed as consequences of a growing individual freedom of choice, made possible by technological innovations, increased economic productivity and the decline of the dependence on traditional networks for support and consequently of social control mechanisms. In a traditional society , the family and the local community are the source of economic and social support. The intergenerational transfer of goods and services take place within the family-context and assistance to the needy is provided by the community. In a modern society, most support functions of the family are taken over by state and local governments and specialized institutions (social security schemes, educational facilities and so on.) The specialized agencies have also become an important factor in the transfer of income and wealth.

The decline of the dependence on traditional support systems for survival and welfare has an important implication. The functions of the family and local social networks are eroded. It provides an opportunity for individualization and for experimentation with new forms of social life. The

loss of family functions reduces the need for the traditional family. Large families have become less common once the value of children as cheap labour and/or providers of security in old age became relatively low and the costs of childrearing increased substantially. A growing number of people now choose a lifestyle that is not family-oriented. Marriage is being postponed and some people do not marry at all. Marriages are also less stable than they used to be, although in recent years marriages are less likely to end in a divorce. This observation may be related to the increase in trial marriages, i.e. consensual or common-law unions aimed at testing the compatibility of the couple. Women postpone childbearing and the proportion that remains childless is on the increase.

The decline in fertility, which started in the early 1960s with the introduction of modern anticonceptives, reduced the share of the youth in the population and resulted in the phenomenon generally known as aging. Aging is in fact a consequence of two independent forces. Fertility decline is one force, causing the share of the population aged 65 and over to increase. The other force is the rapid decline of mortality at ages above 65, due to healthier lifestyles and advances in medicine.

The major demographic changes in the West (fertility decline, aging and individualization) are taking place in a global context characterized by rapid population growth and increased impoverishment in most parts of the world. More than 80 million people are added to the world population every year, 95 per cent of them to the Third World population. In the Third World, the family is the main source of social and economic support. Children mean cheap labour and security in old age. The costs of raising children are generally low when aspirations are low or education is beyond reach. Even if parents wish to limit their family size, modern contraceptives may not be available. Unlike the people in the West, most people in the Third World are unable to choose their destiny, because means and opportunities are lacking. Education is frequently viewed as the key factor in personal development. But even many educated people remain unemployed or underemployed.

Prospects are not improving. Many view migration as the only way to a better life. Modern means of communication bring people in direct contact with other parts of the world and the cost of migration is low compared to the expected benefits. As many people in the world, not only in developing countries but also in East Europe, experience for the first time the right to travel freely and entertain new prospects for a better life, the West is unable to accommodate all the potential migrants. Selection criteria are ill-defined and difficult to enforce. They are also interpreted differently by the sending and the receiving countries, contributing to potential global misunderstanding and conflict.

The demographic challenges facing Canada and the West are thus many.

(i) The aging population calls for a fundamental revision of the social security system and more attention to the active involvement of senior citizens in society. Most social security schemes have been developed in a period that the beneficiaries were few and the contributors were many. They are based

on a few rigid demographic or economic selection criteria without the flexibility to adjust the criteria to changing demographics. In the long run, the aging problem cannot be solved by international migration. Demographic research shows that only the children of migrants (and not the migrants themselves) can correct for fertility below replacement level and hence contribute to a resolution to an aging society. But migrants adjust their fertility to this of the receiving country. The number of children they have therefore does not solve the aging problem. The real challenge is how to make better use of the energies of the elderly, i.e. how to engage them in activities that are beneficial to society. Most elderly persons (over 65 years) are in good health and have great capabilities and a rich experience. Their active life does not stop at 60 or 65, when society wants them to retire. What is needed is a new set of activities that utilize the energies of a particular elder person in order to employ his or her skills for society's benefit, without the danger of losing his or her security.

(ii) As the family loses its traditional functions, people will experiment with other forms of primary relationships and the commitment to any one relationship may decrease. The marriage contract may no longer be the only type of social contract that governs primary relationships. The challenge is to provide for a variety of living arrangements that secure equal protection to both partners.

(iii) The issue of international migration is not a new issue. What is new is that international travel has become very easy in a period in which the capacity of the West to accommodate migrants has become small. New is also the global dimension of any major issue, be it political, economic, social or environmental. The migration issue may only be resolved as part of a new international order, which includes much greater emphasis on family welfare and improved living conditions in Third World countries and Eastern Europe. The resolution of the migration issue must involve both sending and receiving countries. It may involve a general agreement on migration, analogous to the General Agreement on Tariffs and Trade (but hopefully working better).

The situation

After this review of the general issues, I suggest to look in greater detail at the Canadian situation, in particular at recent patterns and expected future changes in population growth, in fertility and aging. The demographic situation in Canada is characterized by: (i) weak growth but one of the highest in the Western World, (ii) a population younger than that of Europe, but aging more rapidly, (iii) fewer marriages, and (iv) high immigration.

The population of Canada, according to the 1986 Census counts, was 25.4 million people and it is growing at a rate of less than one per cent (0.84 per cent). About 15 per cent of the population is born outside of Canada. Traditionally, the migrant population was largely European. Since 1979, Asians are the largest group every year. From a numerical standpoint, the

growth of the Canadian population has always been heavily dependent upon immigration. The number of immigrants is dependent on the politically established target number.

In 1985, 85,000 immigrants settled in Canada. The number has increased substantially since 1986 (126,000; 151,000 and 160,000 in 1986-87, 1987-88 and 1988-89 respectively; Statistics Canada, 1987:18). The emigration on the other hand declined from 50,000 in the early 1980s to 41,000 in 1988-89. Statistics Canada expects immigration to increase to 200,000 a year, while emigration reaches 70,000 by the end of the century. Some experts believe that immigration may approach 300,000 instead of the 200,000, which the figure used by Statistics Canada in their most recent population projection. The share of international migration in the total population growth, which was 36 percent in 1988-89, is expected to increase to 52 percent at the turn of the century (medium-growth scenario of Statistics Canada). After 2020, the natural population growth becomes negative and international migration is the only source of growth.

The changing share of immigration in Canada's population growth is largely due to an increase in mortality associated with aging. According to the medium-growth scenario of Statistics Canada, the total fertility rate (the average number of children a woman has during her lifetime) remains constant at the 1985 level of 1.76, the number of births will decline from its current level of 377 thousand to 342 thousand in the year 2000 and 344 thousand in 2020 (a decline of about 5 per cent). Net migration will increase from 104 thousand in 1989-90 to 126 thousand in 2000 and 114 in 2020. The number of deaths, however, is expected to increase from its current level of 188 thousand to 221 thousand in 2000 and 332 in 2020 (an increase of 77 per cent over a period of thirty years). The rapid increase in mortality is associated with the growth in the elderly population.

Today, just over 11 per cent of Canada's population is 65 and over, which is 3 to 4 percentage points lower than that in most European countries (Egidi 1990:4). The number of persons aged 65 and over is close to 3 million people. The number is expected to rise to four million people in 2000 (13.5 per cent). Aging is expected to become a major issue in Canada after the year 2010, when the baby boom generation reaches retirement age. Statistics Canada projects an increase in the population over 65 from five million in 2010 (15 per cent of the population) to six and a half million in 2020 (20 per cent) and more than 8 million in 2030 (24 per cent). In 2020, the proportion of people aged 65 and over in Canada and the Netherlands will be the same (most recent population projection of the NCBS 1990a: 29). The population aged 75 and over amounts to 4.1 per cent, which is also a few percentage points less than in Europe.

The aging process in Canada differs from that in Europe in a very important way: it starts later but proceeds more rapidly. The reason is twofold. First, after the Second World War, fertility increased longer and to a higher level in Canada than in most European countries (the total fertility rate increased from 2.6 in 1937 to 3.9 in 1959). Second, the fertility decline

after the peak year 1959 was much more rapidly. In Canada, it took only eight years for the total fertility rate to revert to its previous low of 2.6 and twelve years to hit replacement level (Romaniuc 1990:5). In most European countries, fertility decline started earlier but at a lower pace. Only the experience of the Netherlands is partly comparable to that of Canada. In the Netherlands, the total fertility rate increased from 2.6 in 1935 to a maximum of 3.22 in 1961; it declined to 2.7 in 1968 and reached replacement level in 1973. Currently, the total fertility rate is in Canada (1.67) slightly *lower* than in most European countries. The Canadian experience of late but rapid fertility decline is also observed in the United States, although the rate of decline was smaller.

The fertility decline generally consists of two components: more women choose not to have children and those who have children, have them at a later age, space them farther apart and have fewer children. The proportion of women that remains childless increased from 7 per cent of women born in the 1930s to 10 per cent for women born after the Second World War (Statistics Canada 1987:95). These figures are comparable to European data (Hoepflinger 1990:18). Women who have children, have them later. According to the Canadian census data, the proportion of ever-married, childless women aged 25-29 rose from 14 per cent in 1961 to 30 percent in 1981 (Romaniuc 1990:5). The number of first-time mothers in their thirties increased in the 1980s, signifying changes in women's priorities in life.

Parenthood has become a matter of choice. There is a marked trend toward greater work commitment among women. In 1961, 30 per cent of the women were gainfully employed; this was 58 per cent in 1989. Of great policy relevance is the sharp increase in the labour force participation of married women with pre-school children (from 28 per cent in 1971 to 58 percent in 1986, Romaniuc 1990:8). If the European experience is any indication, most of the increase may be attributed to a growth in part-time jobs. The increased job attachment is only one indication of the shift in life priorities. Women show also greater determination in the control of the family size. According to the Canada National Fertility Survey of 1984, sterilization is practised extensively. In Quebec, 28 per cent of mothers (or their husband) with one child and 52 per cent of mothers with two children have chosen for sterilization.

The fertility decline has a direct effect on the number of children of school age (6-15 years). In 1971, one out of five Canadians was of school age; it was one out of eight in 1986 (Statistics Canada 1987:11). It is expected to decline further.

What direction is fertility likely to take? There are some indications that fertility may increase. In Quebec, the total fertility rate went up from its low of 1.44 in 1985 to 1.52 in 1989. Rochon (1990, quoted by Romaniuc 1990:14) reports a TFR of 1.58 in 1989. This small increase may be a consequence of the new family policy implemented in 1988 by the Government of Quebec which provides substantial family allowances for the second and third child. As of the summer of 1990, the allowances are

C\$500.00 for the birth of the first child, C\$1,000.00 for the second child (in two instalments of C\$500.00; the first at time of birth, the second after 6 months), and C\$4,500.00 for the third birth (in twelve instalments of C\$375.00 every 3 months). The allowance for the third birth was increased from C\$3,000.00 last summer.

The most recent data for Ontario, the most populous province, show a slight fertility increase as well. It is too early to tell whether this is the beginning of a new trend and whether the pro natalist policy of Quebec is effective. It is, however, interesting to note that also in Europe, fertility is on the increase. In the Scandinavian countries, The Netherlands, France and the United Kingdom, the total fertility rate is increasing since 1983. In Sweden, it increased from a low of 1.61 in 1983 to 2.00 in 1989, which is the level of the late sixties. In Norway, the increase was from 1.66 in 1983 to 1.88 in 1989; and in Denmark, it went from a low of 1.38, also in 1983, to 1.62. In France, it was 1.79 in 1983 and 1.82 in 1989; in the United Kingdom the increase was from 1.77 in 1983 to 1.84 in 1988; in the Netherlands from 1.47 in 1983 to 1.55 in 1989 (Hoffmann-Nowotny and Fux 1990:63). Only in Southern Europe and Ireland, fertility continues to decline.

The fertility increase in Europe is generally believed to be an artefact of the data. The total fertility rate which is regularly published, is the sum of age-specific fertility rates during a given year. The rate is said to be a period rate and does not refer to any particular cohort of women. When women start to postpone childbearing, the period total fertility rate may decline rapidly because older generations of women already had their children and recent generations are postponing childbearing. The total fertility rate may increase later when women, who have been postponing childbearing, reach their late twenties and thirties and have their children. Since these women must have the children they want within a relatively short time span, the birth intervals become shorter, which may be revealed in the data as a temporary boom in second and third order births and which contributes to the temporary increase in the total fertility rate. In the Netherlands, the number of second children increased in the period 1985-1987 and the number of third children is increasing since the middle of 1988 (NCBS 1990b:5).

Comparable observations were made in Sweden. According to Martinelle, who analyzed the Swedish case, the boom in the second and third births cannot go on for long. The total fertility rate will probably decrease in the future, and increase again later (Martinelle 1989:14). The European experiences may be useful in evaluating the fertility changes that are currently taking place in Canada and, in particular, to assess the effectiveness of the pro natalist policy of the Quebec government.

The immediate effect of a fertility decline is a smaller youth population. Aging is not only determined by the decline in youth, however, but also by an increase in the number of the elderly. The growth in the elderly population may be attributed to two components: more people reach the age of 65 and those who reach that age live longer. The first component will become significant only when the baby boom generation reaches retirement age after

2010. In addition, children born today are more likely to survive to the age of 65 than children born in the 1930s or 1940s. If newly-born boys, for instance, would experience the male mortality profile that was observed in Canada in 1981, three out of four would survive to the age of 65, a figure close to that of most European countries. In the Netherlands, which has a lower mortality, four out of five boys born in 1987 are likely to survive to the age of 65. The infant mortality is very low today. It declined from 90 per thousand in 1930 to eight per thousand in 1981, a level comparable to that of most European countries.

The second component of the increase in the elderly population is the life expectancy at age 65. The 1981 life table of Canada shows a life expectancy at age 65 of 15 years (14.6) for males and 19 years (18.8) for females. In the Netherlands, the figures, using the 1987 life table, are 14 and 19 respectively. Most of those aged 65 and over will be in good health and have preference for an active life-style. It is likely that the lifestyle of the elderly of tomorrow is more like the lifestyle of the babyboomers today than that of the elderly today.

To predict the health status of the elderly, recent research from the US National Institute of Aging is helpful. The research indicates that many of the problems of old age are not due to aging at all, but rather to improper care of the body over a lifetime (Dychtwald and Flower 1990:35). A major focus of medical research has been the extension of the lifespan. How much of the increase in lifespan may be attributed to advances in medicine and how much is a consequence of a healthier lifestyle remains a subject of discussion. In recent years, the focus of medical research shifted to the extension of life in good health. The shift implies a re-direction of the research focus from mortality to morbidity. The National Institute of Aging study suggests that eighty per cent of the health problems of older people are preventable or postponable. Thus, the health of the elderly is a lifestyle issue.

The challenge to Canada and other aging societies is the shift from a youth-oriented society to an elderly-oriented society. It involves finding ways to put the capabilities and experiences of the elder persons to the benefit of the society at large.

Conclusion

The demographic changes that are taking place in Canada have been identified as aging, smaller families, and a larger variety of living arrangements and social networks to complement the traditional family. These trends have been related to individualization and emphasis on self-actualization, made possible by the fact that most of the economic and social support functions of the family have been taken over by state and local governments and specialized institutions. This assumption of duties may be contributing to the erosion of the family as the unit of support. The availability of new technologies has independent effects. The highly effective contraception made marital instability more possible and hence may have

contributed to the erosion of pro-family values. Aging can partly be attributed to advances in medicine and health consciousness.

These demographic changes are imbedded in major changes occurring in the world population. Any attempt to solve population problems at home without close attention to Third World development is bound to fail. The world has become highly interdependent and modern means of communication contribute to a global awareness and interaction. An advanced society will be able to deal with the demographic challenges of aging and the rise of primary relationships other than family-based through productivity increases and social evolution. The dominant challenge in the 21st century will have a global dimension. The global society may not be able to support all the children that are born and may not be willing to support all the elderly for the whole duration of their need for intensive care. The real challenge will be to implement the necessary shift from a focus on the quantity of life to a focus on the quality of life of every single person on earth.

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