

*Family Planning Centres*

I wish to try and call the members' attention to some considerations which are public in character and point out the implications of some provisions made in the field of family planning. Hon. members and the general public have displayed remarkable interest in the recent initiative taken by the Minister of National Health and Welfare.

The program for research, information and professional training in the field of family planning which was announced by the the minister has two major objectives, both essential.

The first is to make available to Canadians who so desire information and services in the field of family planning; the second is a proposal that Canada should respond positively to requests of assistance from developing countries or international organisations.

The first result of such a policy will be the very generous contribution that the Canadian International Development Agency will make to the UN to help finance demographic studies.

Canada also helps some foreign family planning programs through its membership in international organizations active in this field, such as the World Health Organization, the International Bank for Reconstruction and Development and the Organization for Economic Co-operation and Development.

Apart from the fundamental demographic studies carried out by the UN demographic services, a number of these organizations are conducting independent scientific surveys and holding meetings on all aspects of the demographic problem, including family planning in countries which are presently experiencing strong social pressure. We hope that in the long run we shall be able to improve our abilities from our domestic experience of family planning and thus be in a position to take a more active part in the activities of those organizations in international aid and research.

The other factors that led the government to support a family planning program are the still relatively high maternal and infant mortality rate. In 1968, Canada ranked seventh with regard to maternal mortality, out-ranked mostly by countries with a national family planning policy. Numerous health authorities think that measures to identify the most endangered mothers and effective means of family planning for this group would make the mortality rate fall and consequently, would save many mothers.

It is also thought that Canada could improve the situation about infant deaths. In 1968, we became the eleventh country providing family planning services to groups which apparently are unaware of them or to whom they are not available. There is convincing evidence that family planning is the most efficient means to reduce the infant mortality rate.

We know quite well that many families, especially among the poorest ones, have no family physician and that they are trying to solve their medical problems, according to their needs, that is always at the last minute in case of emergency.

[Mr. Isabelle.]

If we really want to progress in that respect, we must find new methods to contact and help those families either through community health centres or hospital clinics.

Instead of relying entirely on medical or para-medical staff to give advice, it would be perhaps be advisable to train consultants in family planning who would more easily communicate with women. We have reason to believe that many cases of illegal abortions jeopardizing the health of the mother are mostly explained by the lack of information on contraception freely and unreservedly given to women of child-bearing age.

In spite of the amendments to the legislation on abortion that came into force in August 1969, the number of therapeutic abortions in this country has steadily increased. And further efforts must be made in order to find new and better contraceptive methods, capable of meeting the needs of both women and men and as effective as possible.

With those objectives in mind, the part to be played by the federal government in family planning consists above all in assisting the provinces through advisory technical services, research grants and documents to be used for training and teaching.

Needless to say that family planning was on the agenda of the federal-provincial conference of health ministers, which ended this afternoon.

We may expect to be called upon to work in co-operation with the Canadian International Development Agency, as to the training in Canada of foreign personnel and the provision of advisory technical services for developing countries.

Most of the provinces have already taken steps to implement family planning programs, the features of which are far from standard. Some of those programs are implemented by public health services and in some cases, in co-operation with voluntary family planning agencies, sixteen of which are members of the Family Planning Federation of Canada. That federation broke new ground in helping to establish family planning services in most of our larger centres and especially in giving information to the public. On account of the experience acquired by that federation, we shall try to implement in close co-operation with them some stages of the family planning program set out by the Minister of National Health and Welfare.

Besides, some aspects of this program have been applied for several years. Few people know it but quite significant support is provided to research on the medical, biological and social aspects closely related to family planning under several internal and external research programs of the Department of National Health and Welfare.

In addition, research programs on family planning, in so far as they are related to biology and sociology, are included in grants programs for research in the field of public health and social welfare.

There is also some kind of a research program carried out in the very laboratories of the Food and Drug Direc-