

*Family Planning Centres*

in final form before it is made public and available for general use. Surely, in this type of project a little knowledge could be a dangerous thing. I think the results of the study should be appraised and put into concise form which would be useful to groups throughout the country that want to establish family planning centres, because certainly it appears there are not enough of them.

● (5:40 p.m.)

I notice that in their statement this afternoon the ministers of health who have been attending the federal-provincial conference referred to this question. This is an indication that these ministers are continuing to be interested in this subject. I should like to read what they said:

The ministers reviewed trends with regard to abortion, and expressed the need for greater attention to be paid to family planning. Support was given to the concept of a family planning approach which stresses the need for research, public information and training of health personnel involved with family planning.

It therefore appears that this group will have a responsibility to the people of Canada as well as the members of this House. They have continued to give the matter a great deal of their attention: this was pointed out in the communiqué issued at the conclusion of the conference this afternoon. When the Minister of National Health and Welfare (Mr. Munro) issued a news release last September on this subject he said there were three important components of any family planning program, namely, research, information and training.

I want to say something about what the welfare branch is doing and is capable of doing in each of these areas; also about the support for services on a shared-cost basis with the provinces which is possible under the terms of the Canada Assistance Plan. With regard to the underlying philosophy of federal programs, since public welfare programs are, unfortunately, often associated with notions of pressure and coercion, it is important to emphasize the philosophy behind federal family planning policy. As the Minister of National Health and Welfare has stated, its essential purpose is to help make family planning information and services available to all who want them so that all Canadians can exercise free individual choice in the practice of family planning. It is fully consistent with the goal suggested by the Family Planning Federation of Canada in its brief presented to the Special Senate Committee on Poverty on February 10, 1970.

This goal is to "democratize" family planning, as one way of reducing poverty in Canada, by offering the poor the resources already available to the non-poor from private sources. In its positive aspects it is designed to ensure that every child is a wanted child. As the federation's brief points out, family planning is now a resource crucial to the ability of a family to cope with its environment. If every child is a wanted child, children are better cared for both physically and emotionally. Mothers are subjected to lower health risks if births are spaced carefully. The assurance that another child will not come before it is wanted helps couples plan other material and non-material aspects of their lives with more confidence.

[Mr. Foster.]

Moreover, family planning, in its broadest sense and the sense in which it is used here can assist some of the childless to bear wanted babies. In summary, the knowledge and means to space and plan the coming of children in relation to family resources is essential to happy, healthy, responsible family life.

It is common knowledge that on the average the least educated have the largest number of children and the lowest incomes. More significant is the evidence of personal and family breakdowns where resources are not adequate to meet needs. A study of multiproblem poor families in Vancouver, cited by the family planning federation's brief, found that such families were larger than the Canadian average by 1.1 persons and that one-third of these families had one or more children over 15 years of age living apart from the family for reasons of adoption, placement, emotional treatment or delinquency.

The need for family planning programs cannot, therefore, be dismissed simply by pointing out that crude birth rate figures in Canada are declining. Moreover, the weight of evidence is against the view sometimes stated that the poor have more children simply because they want them. A study undertaken in the United States, also cited in the family planning federation's brief, found that 17 per cent of births to the non-poor were unwanted, compared with 26 per cent among the near poor and 42 per cent among the poor.

These findings are validated by the sometimes dramatic results, in terms of declining birth rates, when family planning programs are properly presented in terms acceptable to poor people. The attitude of the federal government to family planning is consistent with the following principle embodied in a "World Leaders' Declaration on Population" made public by the Secretary General of the United Nations on Human Rights Day, December 11, 1967:

The great majority of parents desire to have the knowledge and means to plan their families; the opportunity to decide the number and spacing of children is a basic human right.

Although the provision of a family planning service is most often the responsibility of the health authorities, there is an important role for welfare services, both public and voluntary, in the over-all program. The prescription by a doctor of a specific means of family planning is often the last link in a long chain and even the beginning of a new one to help people to continue to plan. Welfare services often play a crucial role in getting people to the point of acceptance and continuance of family planning services. Effective partnership between health and welfare services is therefore imperative.

Experience has shown that poor women are especially receptive to family planning programs immediately after giving birth to a child. Where such women are known to welfare agencies, the latter can play an essential role in maintaining their interest in family planning and in returning for necessary medical service. Unmarried mothers constitute a high priority group which is the particular concern of public welfare agencies. Experiments in the United States have shown that information and advice on family planning, as part of a carefully