

Canadian
Advisory Council
on the Status of Women



Conseil
consultatif canadien
sur la situation de la femme

**RECOMMENDATIONS
ADOPTED
BY THE
CANADIAN ADVISORY COUNCIL
ON THE STATUS OF WOMEN (CACSW)
ON
REPRODUCTIVE HEALTH ISSUES FOR WOMEN
SEPTEMBER 1973-APRIL 1988**

Information on Birth Planning April 1975

The CACSW recommends

1. that the manufacturers of contraceptive drugs and devices be required to indicate the following clearly on the packaging: failure rates, secondary effects, and the expiration date of their products;
2. that provincial status of women councils and other relevant groups intensify their efforts to make information concerning family planning more available;
3. that Health and Welfare Canada subsidize a national publicity campaign on family planning via the mass media.

Access to Information on Birth Planning

June 1975

1. Whereas

- much more information on birth planning must be available to all Canadians;
- the television and radio media are indisputably the best means of disseminating birth planning information;
- the federal government has responsibility in this area and can bring pressure to bear on the media to act in this regard;

the CACSW recommends that Health and Welfare Canada subsidize a broadcasting program on birth planning and that it periodically assess its impact.

2. Whereas

- there are many different birth planning programs now being administered by provincial governments;
- both federal and provincial governments are providing subsidies for birth planning;
- there are existing ambiguities between federal and provincial jurisdictions in the field of birth planning;

the CACSW recommends that birth planning be placed on the agenda of the next federal/provincial conference of welfare ministers, to develop an effective mechanism for making birth control information available to all Canadians.

3. The CACSW recommends to the Minister of Health that the birth planning budget of Health and Welfare Canada which is to be decided in November be significantly increased, and that federal grants to voluntary birth planning organizations also be increased. It is these existing groups that are now providing birth planning services and that are being affected by inflation.

Safety and Information

October 1975

The CACSW recommends

1. that inserts indicating, for example, secondary effects and the expiration date of the products, should be included in all contraceptive packaging;
2. that, as the Council is most concerned about the lack of public knowledge of birth planning in Canada today, further consideration be given to some form of national birth planning publicity campaign;
3. that an information brochure on birth planning be included in the family allowance cheques sent out by Health and Welfare Canada;
4. that the federal government establish a population policy for Canada as soon as possible.

Birth Planning Program September 1976

The CACSW believes that an effective birth planning program in Canada must include:

- (a) the conducting of a national demographic study for Canada which would be the basis of a population survey;
- (b) the conducting of a national fertility survey;
- (c) a national advertising program (including television and radio) on birth planning which would indicate
 - (i) the existence of birth planning and contraceptive techniques;
 - (ii) the local address where information is available;
- (d) a research program with at least two objectives:
 - (i) the development of new and improved methods of birth planning and contraception;
 - (ii) the development of improved methods of delivery of birth planning information and services;
- (e) an education program with the following elements:
 - (i) development and distribution of birth planning literature and audiovisual material;
 - (ii) review and approval by experts of birth planning information offered to the public by voluntary agencies funded by the government;
 - (iii) education of health personnel (including doctors) in all methods of birth planning;
 - (iv) training of native people to conduct their own birth planning programs;
 - (v) development of special birth planning programs for ethnic groups in cooperation with these communities;
- (f) birth planning information, counselling, and clinical services available in all local or regional health units, and signs in these health units indicating that such services are available;
- (g) birth planning and contraceptive services to all *post-partum* patients (following birth or abortion) in all public, active-treatment hospitals;
- (h) clarification of the laws under which minors may consent to non-emergency medical treatment.

Contraception and Education June 1979

The CACSW wishes to draw attention to the fact that there are a number of recommendations on which no action has yet been taken, including those of October 1975 and those of September 1976.

In addition, the CACSW recommends

1. that the Minister of National Health and Welfare review the priorities of the "Family Planning Grants Program" to make it possible for the voluntary sector to be more involved;
2. that the Minister of National Health and Welfare arrange to have undertaken research studies dealing with contraception for adolescents and adult males;
3. that the government urge the Medical Research Council to raise the proportion of grants allotted to biological reproduction and to support a greater number of clinical trials;
4. that the Minister of National Health and Welfare establish programs and services directly adapted to the specific needs of adolescents, low-income groups, and residents of rural communities and that he arrive at an agreement with the provinces to put these programs and services into operation;
5. that the importance of making family life and sex education part of regular school curricula at the primary and secondary levels be placed by the federal government on the agenda of the next meeting of federal and provincial Ministers of Health and Welfare and Education;
6. that courses in contraception and human sexuality be part of the non-elective curricula in the faculties of medicine, nursing, and social work;
7. that the same kind of comprehensive family planning program available through the International Development Research Centre be available to all Canadians.

Adolescent Women

June 1985

Whereas

- the responsibilities of teenage motherhood generally have long-term, negative, socio-economic impacts on the entire adult life of young women;
- sexually transmitted diseases affect the health of young women and may threaten their fertility if they don't receive proper health care in time;
- receiving adequate education would allow adolescents to make enlightened choices concerning sexuality;

the CACSW recommends

1. that all organizations of which the mandate is to educate the public and youth on family life planning and sex education receive from the government the financial assistance required to carry out their work;
2. that courses in family life planning and sex education be offered in schools across Canada, and that periodic evaluation of such education be effected by qualified personnel.

Criminal Code

September 1973

The CACSW recommends to the government that abortion be removed from the Criminal Code.

Dr. Henry Morgentaler

April 1975

1. Whereas
 - the CACSW is alarmed at the recent decision by the Supreme Court of Canada which upheld the Quebec Court of Appeal's judgement reversing the acquittal of Dr. Henry Morgentaler by a jury of 11 men and one woman;
 - the reversal of a jury verdict by an appeals court without ordering a new trial is contrary to long-established judicial precedent, and effectively destroys the rights of an accused to be tried by a jury of peers;

the CACSW urges the government to present to Parliament at the earliest possible moment amendments to the appropriate provisions of the Criminal Code. These amendments would prohibit the substitution by an appeals court of a verdict of guilty when a jury has pronounced an acquittal and limit the powers of appellate tribunals in the case of jury acquittals to the ordering of a new trial.
 2. Whereas no jury has convicted Dr. Henry Morgentaler,
the CACSW urges the Governor General, by an Order in Council, to exercise the royal prerogative of mercy to commute his 18-month sentence, release him immediately, and pardon him.
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Abortion

April 1975

The CACSW recommends

1. that abortion be removed from the Criminal Code;
2. that the government schedule its long-promised, one-day, open debate on abortion.

Abortion

June 1980

Whereas

- the CACSW was set up in 1973 to press for implementation of the recommendations of the Royal Commission on the Status of Women;
- the abortion services available in Canada are limited and continue to shrink;

the CACSW recommends to the government that abortion be removed from the Criminal Code.

Reproductive Health Clinics

September 1983

In support of the previous positions the CACSW has taken on responsible birth control and family planning,

1. the CACSW concurs with the position taken by the College of Physicians and Surgeons of Manitoba at its annual meeting in September 1983 that abortion is a surgical procedure that need not be performed in a hospital;
2. the CACSW urges provincial Ministers of Health and their counterparts in the Yukon and the Northwest Territories to approve publicly funded, free-standing, reproductive health clinics for the purposes of section 251 of the Criminal Code of Canada;
3. the CACSW finds unacceptable the criminal prosecution of individual staff members of reproductive health clinics in Winnipeg and Toronto;
4. the CACSW continues to urge governments to establish and provide sufficient operating funds for family planning clinics in rural, as well as urban areas.

Reproductive Health

March 1988

Whereas

- the Supreme Court of Canada struck down section 251 (abortion) of the Criminal Code on January 28, 1988;
- access to reproductive health services, including abortion, is inequitable across the country;

the CACSW adopts the following reproductive health principles:

1. Reproductive choice is an equality issue. In our society, women become pregnant, bear and raise children under conditions of inequality. Partial remedies for these inequities include: increased child care facilities; economic self-sufficiency for women; research to develop safe methods of contraception; access to a full range of reproductive health services; development of information, resources and services to support family planning and birth control; sex education; and access to abortion.
2. A pregnant woman has the right to determine the best medical treatment for herself or the fetus she is carrying, in consultation with advisors of her choice and without threat of third party intervention or obstruction. No woman should be penalized for making a decision which she believes furthers her physical and mental health, the health of her children, the health of her family as a whole, or the health of any fetus she is carrying.
3. A pregnant woman who has made the decision to have an abortion should have access to abortion services at the earliest opportunity, and should not be forced into a late term abortion or denied access altogether by reason of obstructive diagnostic procedures and practices, financial impediments, geographic location or legal or quasi-legal proceedings. Reproductive health services and abortion must be available to women equitably throughout Canada, and funded completely by provincial health insurance plans, in keeping with the principles of universality, accessibility and comprehensiveness as stated in the Canada Health Act.
4. The Criminal Code and provincial regulation of medical standards and practitioners continue to provide adequate protection against malpractice and unqualified practitioners, and to ensure that the best medical practice under the circumstances is observed. No further legislation is necessary or warranted.