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## Unsafe Abortion and Women's Health: Change and Liberalization Colin Francome (Ashgate, 2015) Reviewed by Dr Natasha Hammond-Browning --Manuscript Draft--

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## Colin Francome

*Unsafe Abortion and Women's Health: Change and Liberalization* (Abingdon, Ashgate, 2015) ISBN 978-1-4724-2761-8, 238 pp.

Colin Francome has taken on the challenge of reporting and analysing information on unsafe abortion and women's health '...in all countries for which information is available and have populations over 10 million',<sup>1</sup> this equates to around 90% of the world's population. This unenviable task has been successfully met, with detailed, and extensive, information provided for each country.

Francome starts with an introductory chapter that provides a useful overview of unsafe abortions across the world, as well as a breakdown by continent. The pro-life position is clearly explained, and criticised, noting that 'abortion is a reality' and 'The fact that this book identifies abortion as being used by women in all countries suggests that it cannot be eliminated by authorities keeping it illegal'.<sup>2</sup> Within the Introduction, Francome also provides a useful overview of different religious viewpoints, as well as the medical developments within this field.

Each chapter is centred on a particular continent (Europe, Asia, Africa, Latin America and the Caribbean, Oceania and North America, as classified by the United Nations<sup>3</sup>) and then countries within each continent are analysed alphabetically. The information provided for each country follows a very similar format; basic facts about the country are provided, such as the population, estimated life expectancy, religious make up, birth and death rate, and average number of children born to each woman. Within these preliminary basic facts, Francome also provides information about changes over recent times. For example, South Korea (Republic) has one of the lowest fertility rates per woman in the world (1.2) and this has dropped noticeably since 1970 when the fertility rate was 4.7. Another example is Timor Leste's remarkable increase in life expectancy from just 42.5 years in 1990, to 67.1 years in 2013.

Francome provides a short discussion of contraception and abortion for each country, and it is within this discussion that Francome subtly, but strongly, reinforces his view that '...the fact that some people believe abortion to be wrong should not impinge on the quality of care for those who do not share that view'.<sup>4</sup> From a purely statistical analysis, this view is strongly supported; one only has to look at the comprehensive tables that show the unnecessarily high rates of both maternal and infant mortality rates, to understand that better access to contraception and safe abortion, along with education and better quality of care, would dramatically reduce these deaths. South Africa is one such country that demonstrates the improvements that can be made; the law on abortion was altered in 1997, with improved legal access to abortion. Prior to the 1997 Act, around 1000 legal abortions a year were performed, with an estimated 120,000 to 250,000 illegal abortions being performed (1975 to 1996), although

legal abortion was a little slow to take off because of the reluctance of hospitals to provide the service and the small number of non-hospital providers. In 1997 there were only 34,000 recorded...well below the figures estimated before the act ...

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<sup>1</sup> Francome, 'Introduction', p. 17.

<sup>2</sup> *Ibid.*, p. 4.

<sup>3</sup> *Ibid.*

<sup>4</sup> *Ibid.*, p. 9.

presumably due to a decline in illegal abortions numbers began to rise more substantially to...114,000 in 2004.<sup>5</sup>

Examples of countries with poor education, poor access to contraception, and unsafe abortion services include Afghanistan and Cameroon. Afghanistan had the highest mortality rate in the world in 2008, with 460 maternal deaths per 100,000 births. In 2000, only 13% of women were literate, and in 2010 only 22% of married women were using contraception.<sup>6</sup> Francome notes that the infant mortality statistics of Afghanistan ‘means that every 100 women experience nearly 60 infant deaths during their lifetime’.<sup>7</sup> Cameroon is another example of a country that demonstrates that the combination of a lack of knowledge and education around contraception is contrary to women’s health. Only 29% of the population were using contraception between 2005 and 2010, and in combination with a ‘medical system [that] has a disproportionate Catholic input’ that has resulted in Catholic facilities not providing contraception or after sex birth control even for rape, has again resulted in unnecessarily high maternal mortality rates (690 maternal deaths for every 100,000 births in 2010).<sup>8</sup> Afghanistan and Cameroon are just two examples from this comprehensive book; there are countless examples of countries that restrict or prohibit access to safe, legal abortion, and also fail to educate the population about the use of contraception, and so consistently put women’s health at risk, and fail to respect or support reproductive autonomy.

If reading the whole book from cover to cover, as I did for this review, the repetitive way in which the information is presented, quickly becomes tiring, however, this is not to detract in any way from the usefulness of the information contained therein. *Unsafe Abortion and Women’s Health* is an invaluable resource to anyone working in the arena of women’s health, and I would not expect the average reader to read it from cover to cover, rather to dip into this book and use the comprehensive information as a valuable resource. The consistent format does, however, allow for effective comparisons between countries.

Do not be fooled by the initially dry statistical analysis of each country; the subsequent analysis of those statistics alongside the additional information that is provided is coherent, informative and enlightening. Francome provides details about family planning initiatives, Government support (or lack of) for women’s health, and applicable legislation. As a UK based academic working in this field, this book was particularly interesting in highlighting how many former countries of the British Empire have legislation pertaining to abortion, based upon England and Wales Offences Against the Person Act 1861 and the Infant Life Preservation Act 1929. So whilst British governance may have physically left many of the former Empire countries, our older legislation, and its colonial influences, remain.

This is a comprehensive study that provides useful information to anyone with an interest in women’s health and abortion. What becomes clear is that part of the problem is the lack of education of many women; even where there is legal abortion in a country, many women may be unaware of this, or how to access it. Cambodia and Brazil are two such examples.<sup>9</sup> As women are also not provided with information about contraception, they are unable to make decisions about how it is best for them to control the timing of reproduction. This is as important for women who may have (unwanted) multiple successive pregnancies, as well as women who may not want any pregnancies.

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<sup>5</sup> *Ibid.*, ‘Africa’, pp. 121-122.

<sup>6</sup> *Ibid.*, ‘Asia’, pp. 57, 58.

<sup>7</sup> *Ibid.*, p. 57.

<sup>8</sup> *Supra* note 5, ‘Africa’, p. 102, and Table 4.1 at p. 95

<sup>9</sup> Francome, ‘Asia’, p. 90; ‘Latin, America and the Caribbean’, p. 140. Brazil allows abortion ‘to save the life of the woman or for rape. However, even women who have been raped do not find it easy to obtain legal abortion’.

1 The final chapter, Conclusions and Recommendations, is utilised to bring together the  
2 arguments and messages that Francome has consistently reinforced throughout the book.  
3 Recommendations that include the need to change law, improve education, and aid poorer  
4 countries are all sensibly brought together. The conclusion that ‘There are many more deaths  
5 from unsafe abortion than there are from terrorism. However, the issues gets far less  
6 attention...’ is one that is hard to ignore.<sup>10</sup>

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8 For anyone who is against safe abortion in all circumstances, I strongly suggest that  
9 you read this book. The clear statistical information provides the reader with an unbiased  
10 view of the effect that unsafe, and illegal, abortion has upon women’s health. The number of  
11 women who die from unsafe abortions, who suffer horrific aftereffects, and who lack access  
12 to contraception, is beyond comprehension; maternal health needs to almost universally  
13 improved. If women who wanted contraception were provided with it, the numbers of unsafe  
14 abortions would plummet. If women had access to safe abortions they would not need to risk  
15 unsafe, often illegal, and unhygienic abortions that frequently result in infertility, health  
16 problems and often death.

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18 What appears at first sight to be a factual book, points out to the reader that the high  
19 numbers of unsafe, and often illegal abortions, along with the high maternal morbidity rates  
20 and post-abortion complications, can be dramatically reduced with education and easy access  
21 to safe contraception, as well as safe abortions. This is the message that must be taken  
22 forward – the patriarchal attitude to women’s health must not prevail, and women’s health  
23 must be governed by women’s needs, and what women need is access to contraception and  
24 safe abortion.

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26 I agree with Francome’s conclusion that:

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30 The moral and religious arguments around abortion have continued to obscure its  
31 importance as a serious public health problem’.<sup>11</sup> ‘It is time for a more realistic  
32 approach to the whole area of sexuality and for action to stop the many silent deaths  
33 of women. All the countries of the world have a large part to play to improve health  
34 care for pregnant women. We have seen that maternal mortality rates are much too  
35 high especially in the poorer countries. It is time for women and mothers to enjoy  
36 good quality care.’<sup>12</sup>

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58 <sup>10</sup> Francome, ‘Conclusions and recommendations’, p. 194.

59 <sup>11</sup> *Ibid.*, pp. 194-195.

60 <sup>12</sup> *Ibid.*, p. 201.  
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