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’,¹ 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’.² 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)³ 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

² Ibid., p. 4.
³ Ibid.
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’.4 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... presumably due to a decline in illegal abortions numbers began to rise more substantially to... 114,000 in 2004.5

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.6 Francome notes that the infant mortality statistics of Afghanistan ‘means that every 100 women experience nearly 60 infant deaths during their lifetime’.7 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’

4 Ibid., p. 9.
6 Ibid., ‘Asia’, pp. 57, 58.
7 Ibid., p. 57.