

BOOK REVIEW

Research Handbook on International Abortion Law. Mary Ziegler, ed. Cheltenham, UK: Edward Elgar, 2023. 464 pp. ISBN 978-1-83910-814-3. US\$295.

With access to abortion in a tumultuous state worldwide, the *Research Handbook on International Abortion Law* is a timely text. The book provides a rich view of the complex challenges of implementing abortion laws around the globe by examining political, socioeconomic, religious, and cultural dynamics that converge when legalizing abortion access. The book is divided into seven parts, covering the current state of reproductive rights worldwide, the history of abortion liberalization, and the consequences of such changes. It also examines the impact of decriminalizing abortion, explores the role of popular politics in shaping abortion laws, and discusses international human rights norms within the abortion rights framework. The book emphasizes the need for a more inclusive approach to increasing abortion access, highlighting that even in countries with liberal laws, women's autonomy is not always prioritized.

Chapter 2 tracks the demands for abortion reform in Sweden, which began in the 1920s and became a political issue and part of the public discourse, resulting in Sweden legalizing abortion in 1939 on three specific grounds: medical, humanitarian, and eugenic. Despite the legalization of abortion, obtaining an abortion remained challenging for women. Women had to consult a doctor and apply to the Swedish National Board of Health for a decision by the Forensic Psychiatry Committee. Alternatively, two doctors might jointly decide and then report the decision to the National Board of Health. It was not until 1974 that a woman in Sweden could receive an abortion on request, marking a significant shift in the approach to abortion rights. The legalization of abortion in 1939 did not include the woman's voice in the abortion process, removing her autonomy. It was not until 1974 that a woman expressed her autonomy fully regarding abortion access.

Chapter 3 compares the history of abortion politics in the United States (US), the United Kingdom (UK), and Canada from 1800 to 1970. This chapter highlights the contrasting trajectories of abortion legislation and advocacy in the three countries. In the US, the landmark Supreme Court decision of *Roe v. Wade* in 1973 led to a powerful anti-abortion movement in American politics. Conversely, in Canada, abortion was fully legalized in 1988, and its status has remained largely uncontested. The 19th-century efforts to criminalize abortion in these three countries were primarily driven by medical actors seeking to establish a monopoly on healthcare. The push for abortion liberalization was motivated by concerns for women's health in illegal abortion practices. The political and legal arguments around abortion in Canada and the UK remained deeply medicalized. In the US during this time, the focus shifted towards equality and choice, leading to a more politicized landscape regarding abortion access.

Chapter 4 explores abortion access and reproductive rights in South Africa. The Choice on Termination of Pregnancy Act (CToP Act) of 1996 established the right to safe and legal abortions up to twenty weeks, with further provisions for cases posing physical or mental health risks. The law aimed to provide freedom of choice and ensure safe conditions. Despite this, clandestine abortions persisted, particularly among young women and teenagers of color. The CToP Act significantly improved women's access to legal abortions. However, challenges remain, including issues such as conscientious objection among healthcare providers and the persistence of patriarchal norms that continue to impact abortion access. The history of abortion access in South Africa emphasizes that legal reforms are only a first step to legalizing abortion, and broader efforts for social justice are crucial in achieving reproductive freedom. Replacing patriarchal laws with feminist legislation alone is insufficient.

Chapter 5 explores the attempts to amend Malawi's strict abortion law, a remnant from colonial times that permitted abortion only when the pregnant woman's life was directly threatened. Despite these restrictions, abortion is widespread in Malawi, often leading to unsafe procedures and subsequent health complications or fatalities. In response to a 2010 study revealing a significant number of illegal abortions, the Coalition for the Prevention of

Unsafe Abortion (COPUA) emerged, advocating for law reform based on public health data rather than exclusively on human rights arguments. In 2015, a semi-liberal law allowing abortion in cases where the woman's life is at risk, her physical or mental health is affected, the fetus is severely malformed, or the pregnancy results from rape, incest, or statutory rape was recommended. Socioeconomic reasons for abortion were not included. Engagement with religious and other traditional leaders played a pivotal role in building support for reform. In 2020, opponents prevented the Termination of Pregnancy Bill from reaching the House. Consequently, abortion remains criminalized in Malawi, a situation criticized by the Human Rights Commission in 2018 for violating women's right to life under international human rights agreements due to the high number of deaths resulting from these laws.

Chapter 6 traces the evolution of abortion laws in Thailand, culminating in the 2021 legislation that expanded abortion access. The law allows abortions up to twelve weeks, extendable to twenty weeks of gestation, with counseling from a physician. Beyond twenty weeks of gestation, abortions are limited to cases involving risks to the woman's health, fetal abnormalities, or sexual offenses. Historically, abortion in Thailand incurred both criminal and civil penalties, including fines and compensation requirements. The reformed law broadens women's reproductive rights while imposing legal and procedural constraints, particularly in the later stages of pregnancy. After twelve weeks, abortions must be conducted by a registered medical center's physician. For physicians who find abortion morally objectionable, there is no obligation to perform the procedure, and they can refer cases to a willing physician. While the 2021 abortion law in Thailand signifies a significant advancement in women's rights, it prompts concerns about potential influences and restrictions on these rights. If physicians are allowed to refuse to perform an abortion, it adds a barrier to accessible abortion and reduces a woman's autonomy.

Chapter 7 examines the evolution of abortion access in Australia over the past two decades. Examining the wave of decriminalization that started in 2002 when abortion was considered a crime in every jurisdiction in Australia, the Australian Capital Territory (ACT) led this shift, followed by all jurisdictions except Western Australia (WA). Before decriminalization, abortion was both widely practiced and publicly funded despite it being a crime. This chapter also explores how criminalization contributes to the stigma around abortion and the stigma that delays women from seeking abortions or receiving post-abortion care. Conscientious objection clauses, allowing doctors to opt out of performing abortions on moral grounds, exist in all jurisdictions, affecting about 15% of practitioners. Most jurisdictions require objectors to refer patients to non-objecting providers to ensure continuity of care, except in cases where the woman's life is at risk. Safe access zones around abortion clinics have been introduced in all jurisdictions to protect patients, staff, and support persons from anti-abortion activism, safeguarding privacy, dignity, and well-being, and preventing delays in seeking abortion services. Despite being decriminalized, barriers, including mandatory training for prescribers, contribute to the stigma surrounding abortion. Even when abortion access is expanded, barriers can remain, and people advocating for abortion access should consider what barriers exist and what actions should be taken to eliminate them.

Chapter 8 compares abortion policies in France and the US. In France, abortion is considered a constitutional right financed by the State, providing French women with substantial advantages in access to abortion healthcare compared to American women. In France, there is little interference from interest groups or the judiciary. By contrast, in the US, challenges exist in legislating abortion due to a decentralized federalist model, strong interest groups, and the potential for judicial dismissal on constitutional grounds. Abortion laws in the US were primarily determined by the landmark Supreme Court decision *Roe v. Wade*, which established a constitutional right to abortion. However, the pro-life movement's activism and efforts have significantly impacted the practical implementation of *Roe*. In France, the Veil Law, which legalized abortion, was presented, debated, and voted on in a way that garnered strong support. This chapter showcases that political events and authorities can significantly impact the legal status and accessibility of abortion.

Chapter 9 explores the evolution of abortion law in China. The People's Republic of China has one of the world's most permissive abortion policies, allowing abortion on request with no legal gestational limit. This policy has been instrumental in implementing the country's one-child policy, leading to widespread acceptance and accessibility of abortion in China. While abortion is legal, accepted, and accessible, the stability of the policy is misleading. Implementing the one-child policy in 1979 made abortion a crucial tool for population control. The policy had undesirable consequences, including forced and sex-selective abortions. While abortion is legally guaranteed, it is primarily viewed as a tool for the State's modernization goals rather than a matter of human rights. While abortion is legal, accepted, and accessible in China, a woman's autonomy is still not her own.

Chapter 10 provides an overview of the changes in abortion laws in South Australia (SA), highlighting the transition from considering abortion to be a crime to recognizing it as a public health issue. The chapter covers the

evolution from alignment with the British Abortion Act of 1967 to the more recent Termination of Pregnancy Act of 2021. The chapter also examines the nature of abortion legislation in Australia, influenced by federalism and political beliefs. Medical advancements and constitutional provisions on social service funding played a role in abortion reforms. The Termination of Pregnancy Act of 2021 in SA shifted the regulation of abortion from the Crimes Act to a health-focused approach. Despite these changes, abortion laws across Australia still vary significantly due to federalism and political ideologies. When enlarging abortion legalization, accessibility, legal, political, and policy aspects must be considered.

Chapter 11 analyzes Israel's abortion law, highlighting the paradox of relatively easy access to legal abortion under certain circumstances within a framework that lacks a foundation in women's rights. Abortion in Israel is permitted with the approval of a committee. The law outlines specific grounds for approval, including age, criminal conception, fetal defects, threat to the woman's life, and family or social conditions. In practice, married women failing to meet these criteria often resort to claiming adultery to gain approval. While Israel facilitates access to legal abortion, the process lacks a foundation in women's rights, leading to potential feelings of shame and humiliation for those seeking an abortion. The high approval rate for abortion requests may not necessarily indicate an actual "liberal" policy, as the medical community plays a significant role in helping women navigate the restrictive legislation. Israel stands out due to its medical community's commitment to facilitating access to abortion within the constraints of the restrictive law. Access without recognizing a woman's right to autonomous reproductive decisions perpetuates gender inequality. The relatively easy access to an abortion in Israel still results in a woman losing her autonomy and feeling shame, which showcases Israeli women's enduring challenges in gaining control over their own bodies and reproductive choices.

Chapter 12 examines the evolution of the abortion debate in Brazil, highlighting the interactions between the pro-sexual reproductive rights and anti-abortion movements, particularly in the wake of Jair Bolsonaro's actions to reverse policies related to gender, LGBTQ+ rights, sexual education, and women's access to contraception and legal abortion. Abortion in Brazil has historically been heavily restricted, with exceptions only for instances when a woman's life is at risk or she is a victim of rape. The debate gained momentum in the 1970s, coinciding with the democratization process. Under Bolsonaro's presidency, abortion access has been drastically reduced. The chapter underscores how the trajectory of the abortion debate in Brazil reflects the complexities of social movements and the dynamic nature of democratic processes. Abortion is a polarizing topic, and the potential erosion of democratic principles in the face of populism and political polarization can result in the erosion of abortion rights and reproductive autonomy.

Chapter 13 explores the international pro-life movement, which emerged in response to the liberalization of abortion laws. The pro-life movement is rooted in the belief that the fetus is a human person entitled to legal protection, with strong ties to Roman Catholics, Protestants, and Eastern Orthodox believers. Initially led by Catholics, the movement focused on presenting the fetus as deserving legal protection. The *Roe v. Wade* decision in 1973 energized the movement, leading to increased membership and stronger ties with conservative evangelical Protestants and an alliance with the US Republican Party. The pro-life movement supported the appointment of conservative Supreme Court justices who might overturn *Roe v. Wade*. Globally, the pro-life movement varies in size, influence, and strategy, influenced by factors like religion, politics, and societal attitudes toward abortion. In eastern Asia, it faces challenges due to widespread acceptance of legal abortion and small Christian populations. In Africa, those with strong religious beliefs oppose abortion, and elective abortion is legal only in a few countries. Latin America maintains anti-abortion legal traditions, with some recent shifts towards potential decriminalization. The pro-life movement, once unrelated to opposition to secularism, now has strong ties to the Christian Right in the US. Religion is central to the movement.

Chapter 14 discusses illiberal constitutional systems and their effect on abortion acceptance and accessibility, using Hungary and Poland as examples. The shifts in their constitutions, in 2010 for Hungary and 2015 for Poland, have resulted in a decline in democracy, marked by the compromised rule of law and human rights. Abortion laws have taken different paths in Hungary and Poland, with Hungary maintaining a more permissive approach for women seeking abortion procedures. A 2020 decision of the Polish Constitutional Tribunal drastically limited abortion access, allowing it only in cases where the pregnancy poses a direct threat to the woman's life or health, results from a prohibited act, or involves severe and irreversible fetal impairment or an incurable life-threatening disease, sharply curtailing women's and human rights protections in Poland. The Catholic Church heavily influenced Poland's transition. Hungary took a more pragmatic approach to abortion access, maintaining a more permissive stance. The establishment of illiberal constitutionalism occurs through democratic means, with populist leaders

gaining significant public support. Factors like electoral laws, controlled media, and an emphasis on values such as strong authority, patriarchy, religion, and the traditional family play a role. This ideology tends to devalue individual freedom and autonomy. Formal democratic processes are maintained, and limited opportunities exist for changing the ruling majority, leading to declining legislative quality and consensus-building. Illiberal constitutions result in the weakened protection of minority rights in parliaments and for minority groups.

Chapter 15 examines the issue of sex-selective abortion in India, where pregnancies are sometimes terminated based on the desired sex of the child. This practice led to the establishment of the 1994 Pre-Natal Diagnostic Techniques Act, which prohibits revealing the fetus's predicted sex to deter targeted female fetus abortions. Despite this law, there remains a disproportionate number of men in India, prompting debate about its effectiveness. The current anti-discrimination approach unintentionally hinders reproductive rights both nationally and globally. An equality-based approach in India regarding abortions is less likely to be co-opted by global anti-abortion advocates.

Chapter 16 explores abortion laws and practices in Arab countries, highlighting the influence of religion, societal norms, and limited research on this topic. Most Arab nations have strict abortion laws, driven mainly by religious beliefs that view abortion as morally wrong, making it a sensitive and rarely studied subject. Access to safe abortion care varies widely across the region. Even in countries with legal restrictions, private facilities may offer abortion services albeit at a high cost and primarily accessible to the affluent. Poorer countries with less-developed private sectors may lead women to resort to riskier alternatives, creating disparities in access based on socioeconomic status. Social factors like class, marital status, income, age, and education significantly impact women's access to abortion care. Efforts to expand abortion access in Arab countries are primarily led by concerned medical professionals rather than by local women's movements focused on sexual and reproductive rights. Many restrictive abortion laws in the Arab region were established during colonial periods, often reflecting pro-birth policies supported by colonial regimes. Islamic jurists hold varying opinions on abortion, with some permitting it up to 120 days after conception, while others oppose it. The majority view allows abortion to preserve the mother's health. The sensitive nature of abortion, coupled with legal and religious restrictions, has resulted in limited research and reliable data on abortion practices, emphasizing the need for more comprehensive research, supportive policies, and inclusive spaces for discussing and accessing abortion care in the Arab world.

Chapter 17 explores abortion access in Ecuador. Until 2021, abortion in Ecuador was strictly limited and legal only in cases of threat to the mother's life or if the pregnancy resulted from the rape of a woman with a mental disability. On April 28, 2021, the Constitutional Court of Ecuador decriminalized abortion in cases of rape. On February 17, 2022, the legislature approved a bill based on this constitutional ruling, allowing the interruption of pregnancy up to twelve weeks of gestation and up to eighteen weeks for girls, adolescents, and rural women. Indigenous, rural, and impoverished women in Ecuador face specific challenges in accessing abortion services. Factors such as lack of knowledge, limited healthcare access, and a history of forced sterilization contribute to these difficulties. Historical factors, including colonial influences and racial and ethnic inequalities, have shaped Ecuador's abortion laws. Indigenous, Afro-Ecuadorian, and Montubio women have played an instrumental role in advocating for sexual and reproductive health issues. Their efforts counter the State and social restrictions surrounding abortion. Ecuador shows that diverse feminist organizations, legal changes, and the understanding of historical contexts are essential in gaining abortion access and bodily autonomy for women.

Chapter 18 showcases the essential role of human rights in the context of abortion access, emphasizing the shift toward advocating for the full decriminalization of abortion worldwide. The chapter highlights the detrimental impact of broad criminalization, even with exceptions, on human rights, public health, and social justice, which significantly affects marginalized communities. Access to abortion is recognized as an integral aspect of women's and girls' rights to health, equality, non-discrimination, and life. Human rights law places several obligations on States to ensure abortion access both in law and practice, including the removal of criminal penalties for those seeking and undergoing abortion. There is a need for inclusive standards regarding abortion access. While there has been progress made in forming diverse coalitions for full decriminalization, concerns about potentially losing positive guarantees and ensuring equal access persist. Reflecting on how the legal system either supports or marginalizes abortion, examined here are the steps for improving current legal structures, advocating for solutions guaranteeing equal rights regardless of socioeconomic status, the reason for the abortion, or the stage of pregnancy. Completely decriminalizing abortion is vital for a woman's reproductive freedom, and States should proactively tackle disparities and systemic obstacles to abortion, taking into account socioeconomic and cultural factors that may contribute to abortion inaccessibility.

Chapter 19 explores the varied landscape of approaches to abortion laws across Europe. While some countries have eased legal restrictions, actual access to abortion services remains a challenge. Abortion is a fundamental aspect of sexual and reproductive health. Abortion laws in Europe have not kept pace with advancements in abortion technologies. Most abortion laws in Europe were established in the 1970s. Abortion has evolved primarily into a pharmaceutical intervention. Chapter 19 examines how laws should align with current scientific knowledge and practices. Ongoing vigilance in protecting women's reproductive rights, particularly in the face of potential regressive reforms and anti-abortion campaigns, is needed.

Chapter 20 provides a detailed account of the struggle for abortion rights in Argentina, considering historical context, social perspectives, and the interplay of national and international norms. Abortion was legalized in Argentina in December 2020. The passage of Law 27.610 represents a significant milestone in the struggle for abortion rights there. While challenges in implementation persist, this law serves as a case study on how rights can be leveraged to advance reproductive justice. The experience in Argentina underscores the interplay between international and national law, offering valuable lessons for other contexts.

Chapter 21 examines the history of abortion laws in the Republic of Ireland and how human rights laws were instrumental in removing a constitutional barrier to abortion. The 8th Amendment of the Constitution Act, 1983 severely restricted abortion, making it largely inaccessible. The Health Act 2018 allows for abortion on a much broader scale. However, it still has deficiencies, including continued, partial criminalization of abortion, proposed waiting periods, and the limitation of abortions after twelve weeks of gestation. International human rights laws are instrumental in removing access to barriers but there remains a need to continue to debate and reform abortion laws to ensure women have autonomy and equality.

This timely handbook should be on the bookshelf of everyone who researches or teaches about abortion rights, human rights, reproductive rights, and/or female equality. This book provides a comprehensive view of the challenges surrounding the implementation of abortion access, considering political, socioeconomic, religious, and cultural dynamics across the globe. It shows that even when abortion is decriminalized, destigmatized, and made accessible, a woman's voice and her autonomy are often missing from the debate. Relying on courts to grant access can lead to rights being eroded if the courts become highly politicized. Women's rights groups and international law are essential to increasing access to abortion throughout the world. This book offers ideas on how to expand abortion access, showcasing where the abortion rights movement went wrong, what was done correctly, and what can be improved to gain autonomy for all.

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