

Religious Identity and Abortion Attitudes Among University Students in the Post-Roe v. Wade Era

Identidad religiosa y actitudes hacia el aborto entre estudiantes universitarios en la era posterior a Roe v. Wade

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Received: January 20, 2025.

Accepted: August 4, 2025.

Conflicts of interest: None.

DOI: <https://doi.org/10.71164/socialmedicine.v19i2.2026.1985>

Abstract

Introduction. The recent overturning of Roe v. Wade has brought uncertainty about the societal impact on abortion. This study explores how students' religious identity influences their views on the appropriate gestational age for abortion and acceptance of opposing viewpoints, especially in this altered legal context. **Methods.** Using a cross-sectional design, students at a Florida public university answered an anonymous survey inquiring about: attitudes towards abortion, covering opinions on gestational age acceptability, respecting diverse views, and stances on federal protections for abortion. Descriptive statistics and multivariate analysis of variance were used to compare trends across religious groups. **Results.** Significant findings (Wilk's $\Lambda = 0.59$, $F = 1.49$, $p < 0.05$) revealed distinct differences among religious groups. Notable outcomes included: 1) 30% supporting abortion in the first trimester; 2) 30% favoring abortion at any gestational age; 3) 10% advocating restricting abortion to cases of rape/incense; and 4) 88% endorsing a Federal Law ($p < 0.05$). **Discussion.** Diverse opinions on abortion gestational age signify support for accessible and legal abortion options. Disparities in access highlight the need for equitable care and respecting patient autonomy. Recognizing the correlation between religious identity and abortion perspectives emphasizes the need for tailored care strategies. Adapting to this changing landscape urges policymakers to reconsider federal protections for women's reproductive rights. **Conclusion.** Understanding the interplay between religious identity and abortion viewpoints informs personalized care approaches. Adapting to healthcare's evolution requires policymakers to reassess federal protections, ensuring equitable access to reproductive rights post-Roe v. Wade.

Keywords: abortion, religious identity, federal protection, gestational age, student

Resumen

Introducción. La reciente revocación del caso Roe contra Wade ha generado incertidumbre sobre el impacto social del aborto. Este estudio explora cómo la identidad religiosa de los estudiantes influye en sus opiniones sobre la edad gestacional apropiada para el aborto y la aceptación de puntos de vista opuestos, especialmente en este contexto legal modificado. **Métodos:** Mediante un diseño transversal, estudiantes de una universidad pública de Florida respondieron una encuesta anónima que indagaba sobre sus actitudes hacia el aborto, las opiniones sobre la aceptabilidad en términos de edad gestacional, el respeto a la diversidad de opiniones y las posturas sobre las protecciones federales para el aborto. Se utilizaron estadísticas descriptivas y análisis de varianza multivariante para comparar tendencias entre grupos religiosos. **Resultados.** Los hallazgos significativos (Λ de Wilk = 0.59, $F = 1.49$, $p < 0.05$) revelaron diferencias claras entre los grupos religiosos. Entre los resultados destacables se incluyen: 1) 30 % a favor del aborto en el primer trimestre; 2) 30 % a favor del aborto en cualquier edad gestacional; 3) 10 % a favor de restringir el aborto a casos de violación/incenso; y 4) 88 % a favor de una ley federal ($p < 0.05$). **Discusión.** La diversidad de opiniones sobre la edad gestacional para el aborto refleja el apoyo a opciones de aborto accesibles y legales. Las disparidades en el acceso resaltan la necesidad de una atención equitativa y respeto a la autonomía de las pacientes. Reconocer la correlación entre identidad religiosa y perspectivas sobre el aborto enfatiza la necesidad de estrategias de atención personalizadas. Adaptarse a este panorama cambiante insta a los legisladores a reconsiderar las protecciones federales para los derechos reproductivos de las mujeres. **Conclusión.** Comprender la interacción entre la identidad religiosa y perspectivas sobre el aborto fundamenta enfoques de atención personalizada. Adaptarse a la evolución de la atención médica requiere que los responsables políticos reevalúen las protecciones federales, garantizando así un acceso equitativo a los derechos reproductivos tras la revocación del caso Roe contra Wade.

Palabras clave: aborto, identidad religiosa, protección federal, edad gestacional, estudiante



Introduction

Healthcare professionals must navigate the diverse spectrum of perspectives on abortion with profound respect and sensitivity in their interactions with patients.¹ An acute awareness of how religious beliefs shape attitudes toward abortion is essential for tailoring medical care appropriately.² As the legal landscape evolves, it is imperative for healthcare practitioners to approach these changes with both empathy and a nuanced appreciation of cultural differences, thereby upholding the highest standards of patient care in a complex healthcare environment.^{1,2} Policymakers may need to reassess the federal safeguarding of women's individual reproductive rights.¹

Decision-making capacity regarding abortion remains a significant public health issue, deeply intertwined with legal, ethical, and social dimensions. In the United States, the legal landscape surrounding abortion has been marked by contentious debates and substantial shifts over time, culminating in pivotal decisions such as the recent overturning of *Roe v. Wade*.^{3,4} The overturning of *Roe v. Wade* has fundamentally shifted the landscape of reproductive rights in the U.S., eliminating federal protection for abortion access and allowing individual states to implement restrictive laws. This has prompted a re-evaluation of societal attitudes toward abortion and its legal implications.⁵ These legal changes have sparked widespread public discourse and varying state-level responses, reflecting diverse societal views on reproductive rights.

Religious beliefs profoundly influence individuals' attitudes toward abortion.⁶ Various religious doctrines and ethical frameworks dictate differing stances on the permissibility and morality of abortion, contributing to a complex mosaic of opinions.⁷ Previous research has explored the relationship between religious identity and abortion views, revealing significant variations across different faiths and call for a more complete discussion of the intersection of faith and individual rights.⁸ Another study explores how religious and political dynamics affect public funding for abortion services.⁹ This connection between religion and politics is critical for

understanding the broader implications of abortion policies and healthcare delivery. Additionally, research has investigated knowledge of and attitudes toward *Roe v. Wade* among US adults, revealing gaps in understanding and varying levels of support, which reflect how personal, cultural, and educational backgrounds shape perceptions of reproductive rights.¹⁰ Similarly, another study highlighted the complexity of public opinion on abortion, suggesting that moral beliefs and legal perspectives on abortion are not always congruent.¹¹

The implications of the *Roe v. Wade* overturn for healthcare practices are profound. One study investigated how medical students' perspectives on reproductive health have shifted in the post-Dobbs era—that is, after the 2022 Supreme Court decision (*Dobbs v. Jackson Women's Health Organization*) that reversed *Roe v. Wade* and returned abortion regulation to individual states—emphasizing the impact on future healthcare providers' approach to abortion care.¹² The study points to a need for medical education that addresses the evolving legal and ethical landscape of reproductive health.^{13,14} The broader implications of this encompass specific challenges faced by healthcare providers, particularly in treating patients with pregnancy-associated conditions and cancer in a post-*Roe v. Wade* environment.^{15,16} These studies highlight the critical need for healthcare professionals to adapt to new legal constraints while maintaining high standards of care.

The need for federal protections for abortion rights remains a central theme in the literature. Another study argues that overturning *Roe v. Wade* has significant repercussions for women globally, as U.S. legal precedents often influence reproductive health policy debates, funding priorities, and advocacy strategies in other countries—particularly in regions where U.S. foreign aid or global health partnerships play a role.¹⁷ Additionally, the overturning of *Roe v. Wade* has impacted healthcare access and equity, highlighting disparities exacerbated by the legal changes.¹⁸ The implications for racial disparities,¹⁹ emphasize the need for policies that address these inequities.²⁰

Understanding public opinion on abortion among young adults, particularly university students, is crucial as they represent future societal leaders. However, there is a notable gap in the literature regarding their perspectives, especially in the context of religious identity and the recent reversal of Roe v. Wade. While existing research has explored various dimensions of abortion and its legal implications, it often overlooks the varied views of students in academic settings. This study addresses this gap by examining how religious identity is associated with abortion attitudes. The findings will contribute to a broader understanding of evolving attitudes, highlighting the need for targeted research and informing both policy development and culturally competent healthcare practices as well as lessons that can be relevant across the globe.

Methods

A cross-sectional design was utilized to conduct an anonymous Qualtrics survey regarding University of South Florida college students' religious identity and their perspectives on abortion. The survey instrument consisted of 30 closed-ended questions, primarily using categorical response formats. Several items used a Likert-type scale (Strongly/ Agree/ Disagree/ Strongly disagree) to capture the degree of participants' agreement with abortion-related statements, such as acceptability by gestational age and federal protections. The participants comprised of undergraduate students at a large, public research university located in the Southeastern United States. The contents of the instrument were initially developed by students and faculty, then evaluated by an advanced registered nurse practitioner/PhD, physician, and PhD with a background in health information technology for content validity.

University students contributed to the development of the research questions and survey instrument, ensuring the relevance and clarity of the measures. A pilot phase allowed participants to provide feedback on the survey's content and time burden, leading to adjustments that enhanced its usability. Their input helped design a concise, user-friendly survey that captured diverse opinions on abortion and religious identity. This

collaborative approach prioritized inclusivity and alignment with participant needs.

Target Population

Of the approximately 37,000 undergraduate students, 43.2% are reported as male and 56.8% as female. 51.5% of these students are White, 22.2% are Hispanic, 9.5% are African American, 8.0% are Asian, 0.2% American Indian, and 0.2% Hawaiian or Pacific Islander.²¹ Inclusion criteria consisted of undergraduate students, 18 years of age or older, currently enrolled at the university who completed the full survey. Incomplete or partially completed responses were excluded from the final analysis.

Statistical Analysis

The data collection was facilitated through a Qualtrics survey platform. A Multivariate Analysis of Variance MANOVA was conducted to identify differences across groups. For statistically significant findings one-way analysis of variance contrasts were conducted, effect size was measured using Mahalanobis Distance. The independent variable was students' religious identity. The dependent variables were students' agreement with the following Qualtrics survey questions: 1) abortion is acceptable within the first trimester (1st Tri); 2) abortion is acceptable within the second trimester (2nd Tri); 3) abortion is acceptable at any gestational age (Anytime); 4) It is important to respect the opinion of others who may disagree with my own (RespOp); 5) abortion should always be prohibited (Prohibited); 6) abortion should be permitted only to save the mother's life (Save life); 7) abortion should be permitted in cases of rape, incest, and saving the mother's life (Rape/Incest); and 8) There should be a federal law to protect abortion (Fedlaw). These items encompassed students' agreement with various statements related to abortion. All statistical analyses were conducted using SAS (9.0) (Cary, NC), and significance was considered at the $p < 0.05$ level. Prior to conducting the MANOVA, assumptions of normality, homogeneity of variance-covariance matrices, and independence of observations were reviewed and considered adequately met for analysis. Chi-square tests of independence were initially conducted to

assess associations between religious affiliation and abortion attitudes. For survey items with statistically significant Chi-square results, Fisher's exact tests were subsequently applied to evaluate pairwise comparisons between religious groups, with Christians as the reference group due to their larger sample size. A p-value < 0.05 was considered statistically significant.

Ethical Approval

This study received approval from the University of South Florida Institutional Review Board (IRB STUDY005637). Further, all these data were non-identifiable and known risks were minimal.

Results

The final sample included 145 participants. The breakdown by religious identity was: 2 Buddhist (1.38%), 50 Christian (34.48%), 15 Hindu (10.34%), 3 Jewish (2.07%), 4 Muslim (2.76%), 40 Agnostic (27.59%), 17 Atheist (11.72%), and 14 who preferred not to disclose (9.66%) (Figure 1). Overall, the analysis revealed statistically significant differences in students' attitudes toward abortion based on religious identity, as indicated by Wilks' lambda (Wilk's $\Lambda = 0.59$, $F = 1.49$, $p < 0.05$). These findings highlight variations in students' perspectives across religious groups on key abortion-related criteria. The following narrative highlights statistically significant findings ($p < 0.05$). All survey items, including

nonsignificant results, are represented visually in Figures 2 and 3.

Descriptive Statistics

Among the 145 participants, responses revealed diverse attitudes toward abortion. Overall, 32% of students agreed that abortion is acceptable in the first trimester, 30% supported abortion at any gestational age, and 88% endorsed the establishment of federal abortion protections. The majority agreed with respecting opposing views. Across all survey items, variability was noted in levels of agreement, with means and standard deviations summarized in Table 1.

Abortion Acceptability in the First Trimester

A total of 32% of participants agreed that abortion is acceptable within the first trimester. Buddhist students exhibited the highest level of agreement (100%), followed by Muslim (57.7%) and Agnostic students (40%). In contrast, no Jewish or Atheist students indicated agreement with abortion being acceptable only in the first trimester, likely reflecting their higher support for abortion access later in pregnancy or at any gestational age, as shown in subsequent items. Lower levels of agreement were noted among Christians (38%) and Hindus (26.7%). These differences were statistically significant ($p < 0.05$), underscoring the diversity of perspectives within the student sample.

Table 1. Overall Agreement with Abortion Attitude Statements and by Religious Identity

Statement	Overall (%)	Buddhist	Christian	Agnostic	Hindu	Jewish	Muslim	Atheist	Prefer Not to Disclose
1st Tri	31.7	100.0	38.0	40.0	26.7	0.0	57.7	0.0	26.7
2nd Tri	23.4	0.0	22.0	30.0	6.7	33.3	25.0	23.5	28.6
Anytime	29.7	0.0	16.0	27.5	46.7	66.7	0.0	64.7	28.6
RespOp	87.6	50.0	94.0	87.5	93.3	66.7	100.0	70.6	85.7
Prohibited	2.8	0.0	2.0	2.5	0.0	0.0	0.0	5.9	7.1
Save Life	2.8	0.0	6.0	0.0	0.0	0.0	0.0	0.0	7.1
Rape/Incest	9.7	0.0	16.0	0.0	20.0	0.0	50.0	0.0	7.1
FedLaw	88.3	100.0	78.0	97.5	93.3	100.0	100.0	100.0	71.4

"1st Tri" = support for abortion in the first trimester; "2nd Tri" = support for abortion in the second trimester; "Anytime" = support for abortion in any trimester "RespOp" = importance of respecting opposing opinions; "Prohibited" = abortion prohibited in all instances; "Save Life" = abortion only to save a mother's life; "Rape/Incest" = abortion only in instances of rape/incest; "Fedlaw" = support for a federal abortion protection law.

Table 2. Pairwise Fisher’s Exact Test Results for Agreement with Abortion ‘Anytime’ and During the ‘First Trimester’

Item	Comparison	p-value	Odds Ratio	Significant (p < 0.05)
Anytime	Christian vs Buddhist	1.0000	∞	No
Anytime	Christian vs Agnostic	0.2040	0.50	No
Anytime	Christian vs Hindu	0.0310	0.22	Yes
Anytime	Christian vs Jewish	0.0877	0.10	No (trend)
Anytime	Christian vs Muslim	1.0000	∞	No
1st Trimester	Christian vs Buddhist	0.1584	0.00	No
1st Trimester	Christian vs Agnostic	1.0000	0.92	No
1st Trimester	Christian vs Hindu	0.5442	1.69	No
1st Trimester	Christian vs Jewish	0.5450	∞	No
1st Trimester	Christian vs Muslim	0.6377	0.61	No

Figure 1. Breakdown of Participants’ Religious Identity

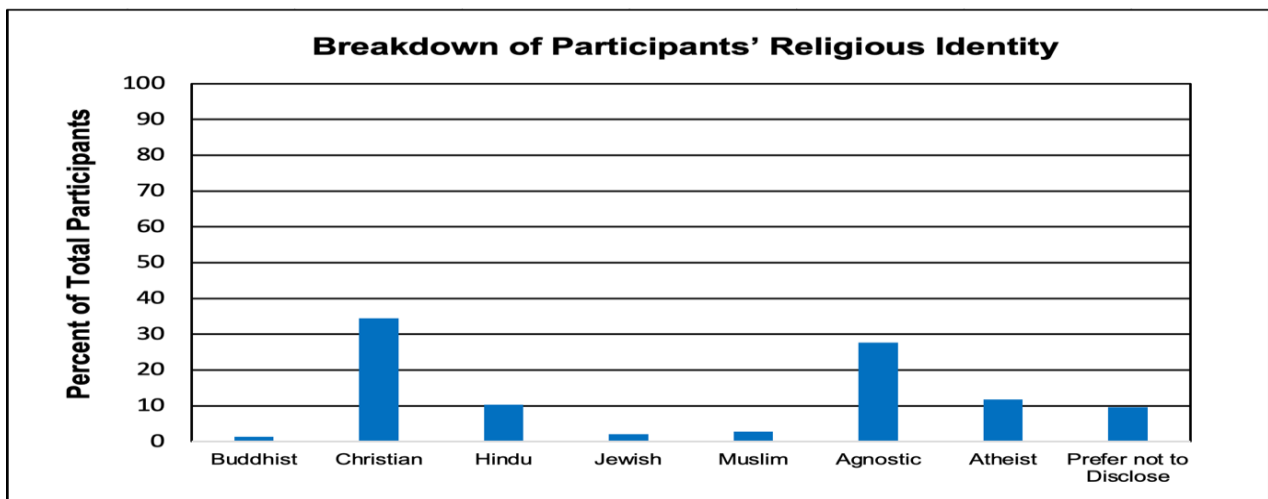


Figure 2. Overall Means by Students’ Agreement with Statement/Criterion

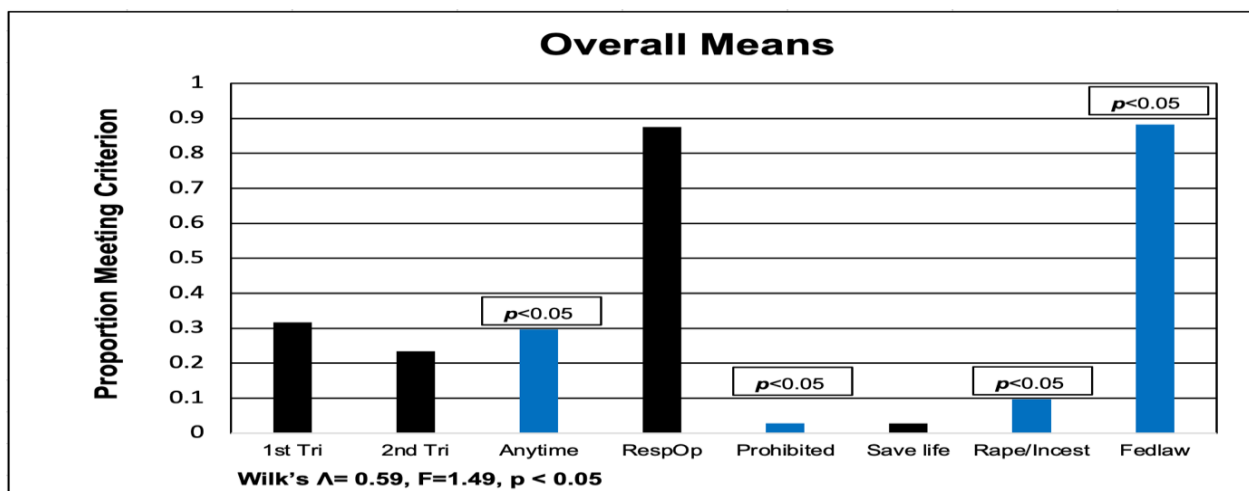
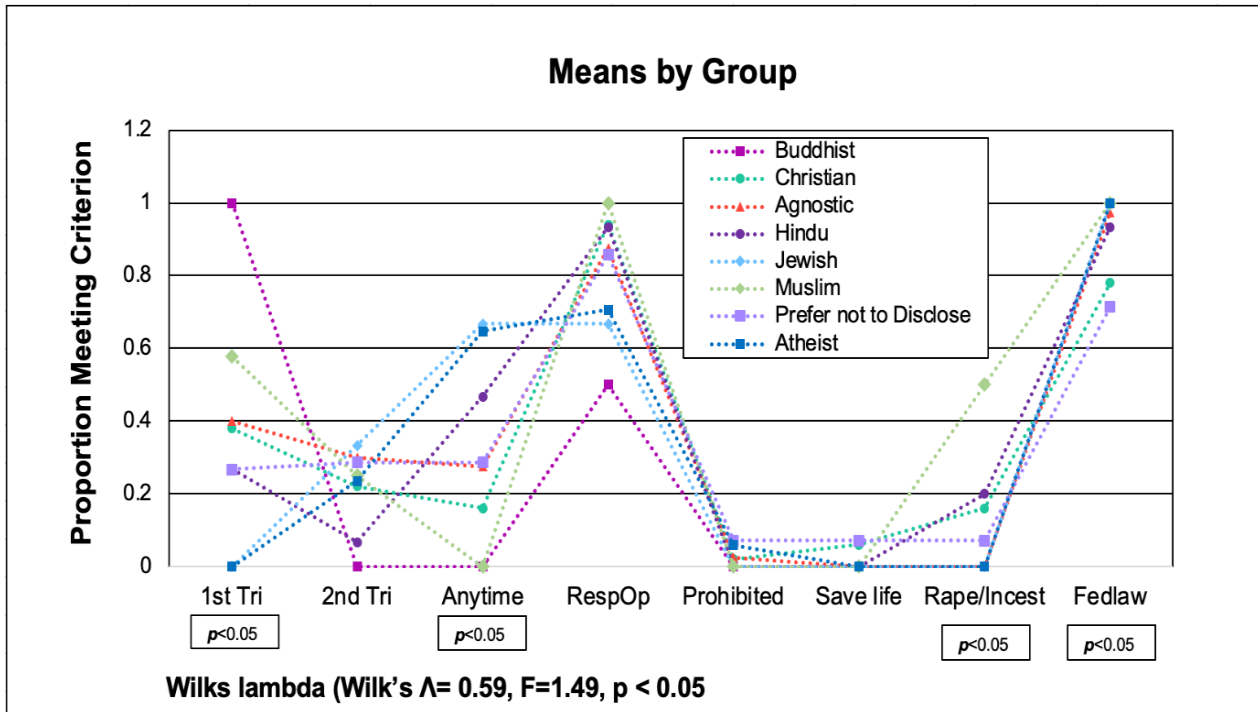


Figure 3. Means by Religious Groups of Students' Agreement with Statement/Criterion



Abortion Acceptability at Any Gestational Age

Approximately 30% of participants agreed that abortion is acceptable at any gestational age. Jewish students demonstrated the highest agreement (66.7%), followed by Atheists (64.7%) and Hindus (46.7%). In contrast, no agreement was observed among Buddhist or Muslim students, with Christians (16%), Agnostics (93.3%), and those preferring not to disclose their religious identity (28.6%) showing intermediate levels of agreement ($p < 0.05$).

Abortion Permissibility in Cases of Rape, Incest, or to Save the Mother's Life

A total of 10% of participants supported abortion only in the restrictive circumstances of rape, incest, or to save the mother's life. However, responses varied substantially by religious identity: Muslim students showed the highest agreement (50%), followed by Hindus (20%) and Christians (16%). No support was observed among Buddhist, Jewish, Agnostic, or Atheist students ($p < 0.05$), indicating a polarized distribution of views on this restrictive criterion.

Support for Federal Abortion Protections

A notable 88% of students supported the implementation of federal laws to protect abortion rights. While unanimous agreement was observed among Buddhist, Jewish, Muslim, Atheist, and Agnostic students, lower agreement levels were recorded among Christians (78%), Hindus (93.3%), and those preferring not to disclose their religious identity (71.4%) ($p < 0.05$).

These findings are illustrated in Figures 2 and 3, highlighting trends and variances among religious groups.

Inferential Results

Chi-square tests were used to explore relationships between religious identity and abortion attitudes. Statistically significant associations were found for support of abortion during the first trimester ($\chi^2 = 16.41, p = 0.0216$) and support for abortion at any time ($\chi^2 = 21.16, p = 0.0035$). To further assess these relationships, Fisher's exact tests were conducted between Christian students and other religious groups for these two items. Fisher's exact

test revealed a statistically significant difference in support for abortion at any time between Christian and Hindu students ($p = 0.031$). No other pairwise comparisons reached significance for this item. For first trimester support, Chi-square results were significant, but no pairwise group differences were confirmed via Fisher's exact test, as summarized in Table 2.

Discussion

The observed variations in students' attitudes toward abortion across religious identities underscore the multifaceted nature of abortion-related beliefs among university students. The results indicate that religious identity significantly shapes opinions on abortion, with distinct patterns emerging for each surveyed criterion. For instance, the consensus among Buddhist students regarding first-trimester abortion contrasts with the higher levels of agreement among Jewish and Atheist students concerning abortion at any gestational age. These findings suggest that cultural and doctrinal nuances within religious groups play a pivotal role in shaping individual viewpoints on reproductive rights. This insight underscores the importance of integrating cultural competence into public health education, equipping future practitioners to address such variations effectively. Understanding these dynamics can also aid in designing targeted educational campaigns to foster awareness and inclusivity.

While this study highlights religious identity as a significant factor influencing abortion attitudes, the findings also suggest that religion is not the sole determinant. Support for outright abortion bans was notably low across all religious groups, indicating a general consensus among participants in favor of maintaining some level of access to abortion. The greater point of divergence appeared to be the gestational age at which abortion is considered acceptable, with meaningful variation observed between the first trimester and later stages. This nuance implies that participants' views may be shaped by additional factors, such as personal ethics, political orientation, education, or exposure to regional legislation like Florida's 15-week abortion ban. Recognizing these broader influences enriches the interpretation of our findings and underscores the importance of incorporating multifactorial frameworks when evaluating abortion attitudes.

The high levels of agreement across all groups for federal protections to safeguard abortion access reflect a shared acknowledgment of the importance of legal frameworks in ensuring reproductive rights. This consensus is particularly notable given the polarized nature of abortion discourse in the United States. It underscores a collective recognition of the need for consistent federal policies to address disparities in access and uphold reproductive autonomy. This finding highlights the potential for common ground among diverse groups, suggesting that shared values around justice and equity could serve as a foundation for dialogue in broader societal debates. Furthermore, it demonstrates the capacity for legal measures to bridge ideological divides, fostering a sense of collective responsibility for equitable healthcare access. While overall endorsement of abortion solely in restrictive circumstances was low, the data revealed considerable variation across religious identities. The notably higher support among Muslim students for this criterion, contrasted with near-zero support from other groups, highlights deep ethical and doctrinal divides in how exceptions to abortion are interpreted. These findings suggest that while broad consensus exists around the availability of abortion, views on what constitutes a "justifiable" abortion vary significantly and are strongly influenced by religious or cultural belief systems.

In addition to general patterns observed, one statistically significant group difference emerged in pairwise comparisons. The finding that Hindu students expressed significantly greater support for abortion access at any time compared to Christian students suggests potential cultural or doctrinal differences in moral framing of reproductive autonomy. This distinction may warrant further exploration in studies focused on cross-religious beliefs regarding personal agency and medical ethics.

In addition to group-based differences, the overall distribution of responses provides valuable insights. Notably, 88% of students supported the implementation of federal protections for abortion, reflecting widespread agreement across religious affiliations. Despite varying religious perspectives, a significant portion (32%) accepted abortion within the first trimester, and 30% supported abortion access at any gestational age. These

findings suggest a broader inclination among university students toward maintaining reproductive autonomy, even when accounting for religious diversity. The relatively low percentage (10%) of students who only supported abortion in cases of rape, incest, or to save the mother's life highlights a more expansive view of reproductive rights than often portrayed in public discourse. Such descriptive trends offer an important lens for understanding generational shifts in abortion attitudes beyond statistical significance alone.

Conversely, the limited support for abortion under restrictive circumstances—such as cases of rape, incest, or to save the mother's life—highlights areas where moral and ethical considerations remain contentious. Feminist and gender theory literature suggests that such limitations may stem from deep-rooted cultural discomfort with acknowledging women's full autonomy, especially when they are perceived as vulnerable or victimized. These scenarios challenge dominant societal narratives about purity, morality, and bodily control, and often expose how even ostensibly progressive or secular perspectives may internalize restrictive views on women's reproductive decision-making.²²⁻²⁴ Rather than solely promoting interfaith dialogue, advancing reproductive health equity may require grounding policy and care discussions in shared principles of justice, autonomy, and human rights. These foundational ideals can help bridge value-based divides and support inclusive, patient-centered approaches.

Regional legislative contexts, such as Florida's 15-week abortion ban, likely influence participants' views and the broader implications of these findings. The conservative legislative landscape may contribute to shaping students' perspectives, underscoring the need for further research across diverse geographic and cultural settings. This underscores the role of local sociopolitical factors in framing public opinion, suggesting that policies addressing reproductive rights must account for both regional and national dynamics. Future studies should explore how these legislative environments interact with religious and cultural identities to influence attitudes toward abortion, offering a more comprehensive understanding of the issue. By examining these interactions, policymakers can better understand the barriers to reproductive healthcare access and design

interventions that are contextually relevant. Such research can also provide valuable insights into how regional differences shape public health priorities and resource allocation.

These findings carry significant implications for healthcare and policy. For healthcare practitioners, tailoring care to accommodate diverse patient needs and beliefs is essential. Developing culturally competent counseling strategies and fostering nonjudgmental care environments can enhance patient satisfaction and health outcomes. Healthcare providers must also advocate for systemic changes that promote equitable access to reproductive healthcare services, recognizing the structural barriers that disproportionately impact marginalized populations. Strengthening interdisciplinary collaborations between healthcare providers, policymakers, and community leaders can further support equitable healthcare delivery. Moreover, integrating these findings into medical education can prepare future providers to navigate complex ethical and cultural landscapes effectively.

For policymakers, the data underscore the urgency of implementing federal protections that balance respect for individual autonomy with the need to address disparities in reproductive healthcare access. Policymakers must also consider the broader societal impacts of restrictive abortion laws, including their influence on public health outcomes and healthcare equity. By engaging with diverse perspectives and fostering inclusive legislative processes, policymakers can create frameworks that reflect the complex realities of abortion discourse. Such frameworks must be adaptable, ensuring they remain relevant amidst evolving societal and legal landscapes. Leveraging public health data to inform policy decisions can also strengthen the alignment between legislative actions and community needs.

The study's insights into the interplay between religious identity and abortion attitudes provide a foundation for advancing inclusive healthcare practices and shaping responsive policies. By acknowledging and addressing the diversity of opinions on abortion, stakeholders can contribute to a more equitable and compassionate healthcare system. Additionally, these findings highlight the importance of fostering constructive dialogues that bridge ideological divides, enabling collective

progress on reproductive rights and healthcare equity. Efforts to build consensus among stakeholders can ultimately support the creation of a more cohesive and just approach to reproductive healthcare, addressing the needs of diverse populations effectively.

Global Health Context

These findings have important implications within the global health context, where reproductive rights and access to abortion services remain highly contentious issues. The interplay between religious identity and abortion attitudes highlights the need for culturally sensitive public health strategies that address diverse beliefs while promoting equitable healthcare access. In many regions, similar debates around abortion rights reflect broader struggles over gender equity, healthcare accessibility, and the influence of religious doctrines on public policy. By understanding these dynamics within a localized context, global health initiatives can be better tailored to address the unique challenges posed by sociocultural and religious diversity, fostering more inclusive and effective health interventions.

Limitations

The sample size, drawn from a single university in a Southeastern state, limits the generalizability of the findings, consistent with the exploratory and descriptive nature of the study. Inferential statistical tests were used to identify potential patterns within the sample rather than to produce generalizable conclusions. The sociopolitical context of Florida—such as the 15-week abortion ban—should not be viewed as a source of bias, but rather as a defining characteristic that provides insight into how local legislation may shape attitudes among young adults. Future research should aim to include a more diverse and representative sample, encompassing various geographic regions and sociocultural contexts. Additionally, the cross-sectional design captures attitudes at a single point in time, precluding analysis of how opinions may evolve in response to changing legal or social circumstances. Longitudinal studies could address this gap, providing a more dynamic understanding of the factors influencing abortion attitudes. However, given the exploratory nature of this study, the sample size is considered appropriate for

identifying preliminary trends and generating hypotheses for future research.

Conclusion

This study explored how religious identity influences university students' attitudes toward abortion, revealing significant variation in views on acceptable gestational age and support for federal protections. While most students supported the legality of abortion, disagreement centered around when it should be permitted, with some groups endorsing first-trimester access and others supporting unrestricted access. These findings indicate that religious affiliation plays a key role in shaping abortion attitudes but also suggest that broader cultural and ethical factors are at play—especially regarding exceptions such as rape or risk to the mother's life. The overall high support for federal abortion protections across all religious groups underscores a shared recognition of the importance of reproductive autonomy. Understanding the correlation between abortion sentiments, knowledge gaps, and religious identity highlights the need for healthcare strategies that are not only culturally competent but also responsive to varying levels of reproductive health literacy. These insights can inform healthcare practices that are more culturally competent and policy discussions that reflect the nuanced and diverse perspectives of young adults in a post-Roe landscape. Future research should continue to examine these dynamics in more diverse populations and legislative contexts.

Acknowledgments and Funding. The authors have none to disclose.

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Social Medicine

Health For All

ISSN: 1557-7112