

# Religious implications in the positioning and practice of health professionals and students about induced abortion: systematic review

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## ABSTRACT

**Objective:** Review the literature on the relationship between religion and the practices and positions of professionals and students of sexual and reproductive health in relation to induced abortion. **Method:** Systematic review in SciELO, and LILACS databases, from January 2010 to May 2021, using the descriptors (“Abortion, Induced” [Mesh]) AND “Religion” [Mesh]. Two authors separately evaluated the articles, selecting those that met the eligibility criteria. Disagreements were submitted to the opinion of the third author. 270 articles were identified and 31 articles were selected for qualitative metasynthesis. Study exempted from submission to the Ethics and Research Committee. **Results:** 23 articles (74.2%) used quantitative designs, six (19.3%) qualitative methods, one (3.2%) case report, and one (3.2%) intervention design. Students and resident physicians were approached in 15 articles (48.4%), physicians in 14 (45.1%), midwives in four (12.9%), and nurses in two (6.5%). In all articles analyzed, the strongest link with religious beliefs showed influence in positions and practices that oppose or restrict induced abortion. **Conclusion:** Conservative and fundamentalist religious positions on induced abortion persist, which negatively influence students and health professionals, hampering women’s human rights and reproductive rights.

**Keywords:** Induced abortion, Religion and medicine, Conscientious refusal to treat, Medical education, Nurse’s role.

## INTRODUCTION

Abortion represents a serious public health problem, particularly for countries that maintain prohibitive or severely restrictive legislation.<sup>1</sup> Perspectives on abortion have shown transformations throughout history and, to some extent, religions participate in this change. Abortion arouses legitimate concern for religions, with great similarities and divergences in their teachings. Generally speaking, but not consensually, religions are opposed to induced abortion. The fact that some religions currently understand abortion as morally acceptable in certain circumstances is little known, including by health professionals who provide sexual and reproductive health services.<sup>2</sup>

In an increasingly secularized world, guided by the secular nature of the States, religion has less participation and weight in many people’s daily decisions. Even so, conservative and fundamentalist religious positions on induced abortion persist that significantly interfere with women’s access to safe procedures.<sup>3</sup> Evidence suggests that religious beliefs play a complex role in the experiences of women who resort to abortion, often reinforcing patriarchal aspects of sexuality and reproduction.<sup>4</sup> A similar phenomenon seems to occur in many populations and societies, indicating that greater approximation and commitment to religion are associated with more conservative positions opposed to induced abortion, even when permitted by law.<sup>5-7</sup>

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Health professionals also seem to be affected by religious influences in the case of induced abortion, even those who provide sexual and reproductive health services.<sup>8,9</sup> A systematic review encompassing 15 countries in sub-Saharan Africa and Southeast Asia found religion to be the most important factor in the difficulties of health professionals in relation to induced abortion. Many declared that only God could decide about life and death and that abortion was sin.<sup>10</sup>

Conscientious objection, usually based on religious issues, is often invoked by doctors when it comes to abortion. Among the countries of the European Union where abortion is legal, using this instrument is allowed in 21 countries. The same is observed in non-member countries such as Norway and Switzerland. However, conscientious objection is not accepted in Sweden, Finland, Bulgaria, Czech Republic, and Iceland.<sup>11</sup> In these countries, it is understood that refusal should not be a matter of rights only for health professionals, as it places women in an unequal position and with serious consequences for health.<sup>11</sup> The right of physicians to conscientious objection to induced abortion must observe ethical principles. Refusal should not impede the woman's access to relevant information, it cannot hinder the timely referral to another professional or health service, nor does it allow for judging or discriminating against the woman by her choice.<sup>12</sup>

Religious values also have implications for the management of some health institutions. Hospitals declaring themselves "Catholic" often refuse abortion services using the *Ethical and Religious Directives for Catholic Health Care Services*.<sup>13</sup> While some of these hospitals tolerate doctors referring the woman to another institution that performs the abortion, others limit or prohibit their professionals from referring or providing information.<sup>14</sup>

In the US, women who go to Catholic hospitals are less likely to receive abortion services than those who go to non-religious hospitals. Women with lower incomes are the least aware of restrictions on reproductive health care, due to little transparency in Catholic hospitals.<sup>15</sup> For health professionals, reactions to induced abortion are variable, with expressions ranging from strong conscientious objection to indifference and empathy, modulated by the religious position.<sup>16</sup> Thus, the aim of this study is to review the literature on the relationship between religion and the practices and positions of sexual and reproductive health professionals and students about induced abortion.

## METHOD

Qualitative systematic review of the literature addressing the relationship between religion and practices of sexual and reproductive health professionals and students in relation to induced abortion. We searched the online databases of the Scientific Electronic Library Online (SciELO), Medical Literature Analysis and Retrieval System Online (MEDLINE), e Literatura Latino-Americana e do Caribe (LILACS), between May and June 2021, limiting the articles published to the period from January 2010 to May 2021, the last ten years.

We use the descriptors ("Abortion, Induced" [Mesh]) AND "Religion" [Mesh]. The search strategy was applied on two different occasions to ensure the proper selection of articles. The following inclusion criteria were adopted: a) publications in English, Portuguese or Spanish; b) studies that addressed religion in the positions or practices of health professionals and students; and c) prospective or retrospective, analytical or descriptive observational studies, clinical trials, case reports, and studies with a qualitative approach. Review studies, letters to the editor, editorials, books or book chapters, dissertations, theses, and publications without text available for analysis were excluded.

Two researchers separately evaluated the same articles selected in the same databases based on title, abstract and text, selecting those that met the eligibility criteria. Differences in this selection step were resolved by the opinion of the third researcher. 270 articles were identified in the consulted databases. The application of the inclusion and exclusion criteria resulted in 31 articles, as shown in Figure 1. The selected studies were submitted to the qualitative metasynthesis procedure. As it is a literature review, the study is exempt from submission to the Ethics and Research Committee.

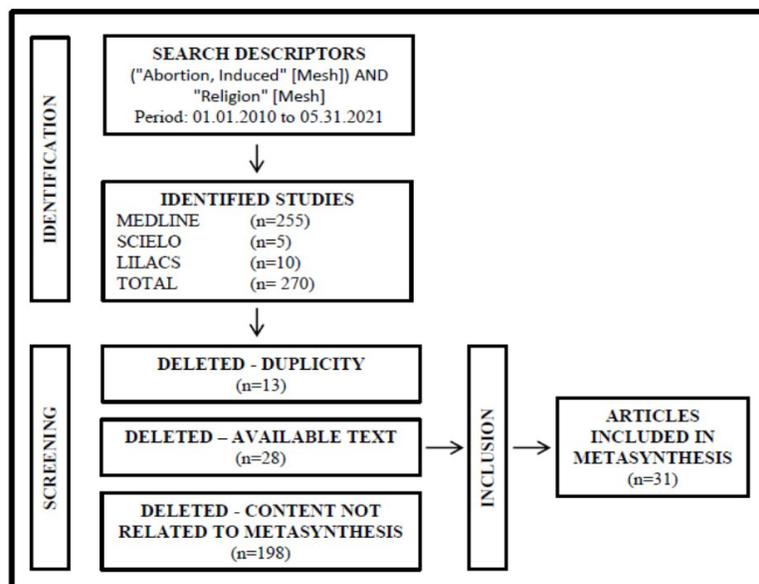
## RESULTS

The summary of the 31 original articles that met the eligibility criteria, religion and positions and practices of professionals and students of sexual and reproductive health in relation to induced abortion is found in Chart 1.

## DISCUSSION

Among the 31 selected documents, 23 articles (74,2%)<sup>8,14,17,18,20-22,25,26,29-33,35,36,38-44</sup> employed quantitative methods, mostly cross-sectional studies, six articles (19,3%)<sup>16,19,27,28,34,37</sup> quantitative employed methods, mostly cross-sectional studies, six articles (3,2%)<sup>23</sup> presented case reports, and an article (3,2%)<sup>24</sup> employed intervention design.

The studies involved one or more categories of participants. Undergraduate students in medicine, nursing and obstetrics, and resident physicians in gynecology and obstetrics were identified in 15 articles (48,4%)<sup>8,17,18,20-22,24-26,30,32,33,40,41,43</sup> These health professionals in training were included more frequently, indicating a particular interest of researchers. Doctors



**Figure 1** - Flow diagram showing the selection process of the studies included in this metasynthesis.

**Chart 1** – Synthesis of selected articles on religion and the positions and practices of reproductive health professionals in relation to induced abortion, 2010 - 2021

Author	Year	Summary of method and results
Silveira JR, et al. <sup>16</sup>	2021	Qualitative, descriptive and exploratory study with 21 health professionals working in a public legal abortion service, Southern Region, Brazil. Participants revealed feelings between indifference and empathy for abortion, with emotional coping based on religion, conversation groups and family.
Baba CF, et al. <sup>17</sup>	2020	Survey of 369 medical and midwifery students from secular and religious universities, Santiago, Chile. 82% agree that abortion can be favorable for women in some situations. Students from secular universities show significantly more favorable opinions about abortion in legal cases than those from religious universities.
Enyew MM. <sup>18</sup>	2020	Cross-sectional study with a random sample of 424 midwifery, medical, nursing and public health officials from the University of Gondar, Ethiopia. 68.4% declared themselves willing to, being Muslim <i>versus</i> Protestant, and having religious attendance less than once a week were associated with greater student willingness to perform legal abortion.
Ewnetu DB, et al. <sup>19</sup>	2020	Qualitative study with 30 health professionals in abortion services at private clinics and public hospitals in Addis Ababa, Ethiopia. Religious norms and the view that the fetus has a moral right to life were arguments against abortion. Part of the interviewees had legitimate conflicts of conscience. Others tried to reconcile the norm with their religious values within their work. Professionals from private clinics showed less moral dilemma.
Guiahi M, et al. <sup>8</sup>	2020	Online database search of resident physicians from 25 Catholic residency programs, USA. 56% reported receiving abortion training, 32% reported only elective training, and 12% received no training. Many respondents report continuing deficiencies in the program and nearly half did not meet abortion training requirements.
Brown KS, et al. <sup>20</sup>	2019	Cross-sectional study of 777 resident physicians from the Ryan Program who support abortion care and training programs, USA. 56.9% intended to perform abortion for all indications and 82.4% for pregnancy complications. Racial differences in the intention to have an abortion were mediated by the religiosity of the respondent.
Bento SF, et al. <sup>21</sup>	2019	Multicenter cross-sectional study with gynecology and obstetrics residents at 21 university hospitals in Brazil. The position on the penalization of clandestine abortion was strongly influenced by the interviewee's proximity to the problem: 75.3% opposed the punishment of the unknown woman and 90.2% objected when they knew the woman. Not being influenced by religion was associated with more liberal views on induced abortion.

Chart 1 – Continued...

Author	Year	Summary of method and results
Biggs MA, et al. <sup>22</sup>	2019	Cross-sectional study with 377 medical and midwifery students from seven public and private universities, Chile. 69% claim to be trained to provide abortion services, 20% will not have abortions under any circumstances, 16% consider abortion to be morally wrong. Students from non-religious universities reported greater intentions to have an induced abortion, with more favorable opinions than students from religious universities.
Fleming V, et al. <sup>23</sup>	2018	Report of three cases of conscientious objection by midwives on religious grounds to abortion care in European Union countries, two of which resulted in lawsuits against the midwife.
Darze OISP & Barroso Jr U. <sup>24</sup>	2018	Intervention study with 120 medical students on conscientious objection on issues such as legal abortion, contraception for adolescents and emergency contraception, Bahia, Brazil. The high religious motivation significantly influenced the objection to abortion provided for by law.
Darze OISP & Barroso Jr U. <sup>25</sup>	2018	Cross-sectional study with 120 medical students, Bahia, Brazil. 35.8% refused induced abortion, 17.5% adolescent contraception, and 5.8% emergency contraception. Commitment to religion and greater frequency of religious cults were considered predictors for refusing induced abortion.
Lavado Landeo L. <sup>26</sup>	2018	Study with 200 medical students, medical residents, and master's and doctoral students, relating religiosity and four procedures: unnatural contraception, induced abortion, assisted suicide and euthanasia, Peru. Physicians with high religiosity showed disagreement with the procedures, except for contraception. Those with a higher level of religiosity were in disagreement with all procedures.
Guiahi M, et al. <sup>27</sup>	2017	This qualitative study with 15 recent graduates in obstetrics and gynecology from seven Catholic medical residencies, USA. All participants reported deficiencies in reproductive health training. Many reported that elective training required resident initiative to be obtained when it came to induced abortion.
Oppong-Darko P, et al. <sup>28</sup>	2017	Qualitative study of midwives providing legal abortion, Ghana. Midwives emphasized their commitment to reducing maternal mortality. Knowledge of Ghana's abortion law was low. Some considered abortion a sin against their religion, while others believed it was good to preserve women's lives.
Dodge LE, et al. <sup>29</sup>	2016	Self-administered survey of 278 reproductive health service physicians, USA. 89.6% agreed that abortion should be available in cases of rape; 89.2% in incest; 93.2% at risk of maternal death; 91.9% to avoid harm to health; and 85.9% in fetal anomalies. Support for publicly funded legal abortion was significantly higher among female respondents and among those who reported no religious affiliation.
Stulberg DB, et al. <sup>14</sup>	2016	Semi-structured interview with 27 obstetricians and gynecologists with current or previous experience in Catholic hospitals, USA. In some institutions, managers encouraged or condoned referral to legal abortion services. In others, the referral was hampered or the doctors did it in secret.
Madeiro A, et al. <sup>30</sup>	2016	Study with an electronic questionnaire with 1,174 medical students on conscientious objection in legal abortion, Piauí, Brazil. 13.2% would present conscientious objection to abortion in the risk of maternal death, 31.6% in anencephaly, and 50.8% in pregnancy due to sexual crime. Among students who refused legal abortion for rape, 54% would not refer the woman to another doctor and 72.5% would not provide information about treatment. Religion was the only characteristic associated with the refusal of induced abortion.
Holcombe SJ, et al. <sup>31</sup>	2015	Cross-sectional study with 188 midwives, Ethiopia. Most declared themselves willing to provide legal abortion services. This position was significantly more favorable when the midwife had clinical experience with abortion, but less favorable when related to religiosity and the belief that providers are entitled to conscientious objection.
Appiah-Agyekum NN, et al. <sup>32</sup>	2015	Study with 142 university students, Ghana. Decision-making about abortion considered their education, religious beliefs, health, economic factors and family. Other factors such as social imposition, peer influence, abortion stigma, education, and unsafe abortion interventions showed minimal influence on induced abortion decisions.

Chart 1 – Continued...

Author	Year	Summary of method and results
Lucchetti G, et al. <sup>33</sup>	2014	Multicenter study with 5,950 medical students, Brazil. 90.8% did not object to the prescription of contraceptives, 87.5% to the use of adult stem cells, 82.0% to the use of embryonic stem cells, 51.2% to abortion for genetic reasons, and 23.3% to abortion due to contraceptive failure. Religion was strongly linked with conservative views on induced abortion.
Nordberg EM, et al. <sup>34</sup>	2014	Qualitative research with Christian general practitioners, Norway. Ambivalence in relation to personal practices of refusing induced abortion prevailed. Five themes emerged: 1) conscientious objection in practice, 2) justification of conscientious objection, 3) relationships with peers, 4) ambivalence and consistency, and 5) effects on the doctor-patient relationship.
Marván ML, et al. <sup>35</sup>	2014	This study using a semantic network technique that analyzed words associated with the term “elective abortion” with 123 gynecologists, Mexico. Male physicians and professionals with strong religious beliefs revealed more negative psychological meaning and more negative attitudes towards induced abortion.
Ngim CF, et al. <sup>36</sup>	2013	Study with 52 doctors and 66 nurses on prenatal diagnosis and abortion in patients with thalassemia, Malaysia. 100% of nurses and 96.1% of doctors were in favor of discussing prenatal diagnosis, but only 58.0% of doctors and 50.0% of nurses agreed with induced abortion. Those who refused abortion considered that the condition was not serious enough (54.9%) and that abortion is not allowed by religion (17.6%).
Aniteye P & Mayhew SH. <sup>37</sup>	2013	Qualitative study with 43 health professionals in three hospitals in Accra, Ghana. Providers experience conflicts between their religious and moral beliefs about the sacredness of fetal life and their duty to care for legal and safe abortion. Midwives were more influenced by religious values that condemn induced abortion.
Osis MJD, et al. <sup>38</sup>	2013	Study with 3,337 gynecologists and obstetricians affiliated to the Brazilian Federation of Gynecology and Obstetrics Associations on induced abortion in legal cases, Brazil. 62.8% of those interviewed who claim to be religious claim that they would not help the woman who seeks to induce an abortion and that 41.7% would refuse to have a legal abortion. In the focus groups, it was observed that physicians feel uncomfortable with the request for legal abortion due to their moral values and religious positions.
Pawlikowski J, et al. <sup>39</sup>	2012	Cross-sectional study with 528 physicians on procedures accepted by law and rejected by the Catholic Church, Poland. 70% accept assisted fertilization, 50.0% abortion induced by fetal anomaly, 41.0% abortion in case of rape, and 43.0% contraception for adolescents. There were significant differences in the positions of religious doctors, with greater reserve and restriction for all procedures.
Adeola Animasahun B, et al. <sup>40</sup>	2012	Cross-sectional study of 403 health professionals and students on the acceptability of prenatal screening for sickle cell anemia, Lagos, Nigeria. 42.1% of women do not accept induced abortion if prenatal screening was positive, and for 79.0% this decision is based on their religious belief.
Strickland SL. <sup>41</sup>	2012	Survey of 733 medical students on conscientious objection and abortion, UK. Almost half said they believed in the right of doctors to oppose any procedure. Demand was higher among Muslim students compared to other religious groups.
Stulberg DB, et al. <sup>42</sup>	2011	Research with a national probabilistic sample with 1,800 gynecologists, USA. 97% reported having assisted women with an abortion request and 14% had performed it. Female professionals were more likely to perform induced abortion than males (18.6% versus 10.6%). Catholic professionals, evangelical Protestants, non-evangelical Protestants and with a high religious motivation were the least likely to practice abortion.
Ben Natan M & Melitz O. <sup>43</sup>	2011	Convenience sample study with 100 nurses and 100 nursing students on late abortion, Israel. A significant relationship was found between the level of religiosity and induced abortion. Religious position was predictive for negative attitudes towards abortion at late gestational age.
Rivarola Espinoza JM. <sup>44</sup>	2010	Study with 461 health professionals on knowledge of induced abortion, Asunción, Paraguay. 92% declared that life begins at conception, 45% did not know that abortion was not penalized in the country in some cases, 80% declared that therapeutic abortions should not be performed as a matter of the right to life, 79% stated that they should not perform eugenic abortion for the right to life or religious justification, 77% believe that abortion should not be performed in case of sexual violence with the main argument of the right to life.

were approached in 14 studies (45,1%),<sup>14,16,19,27,29,34-40,42,44</sup> midwives in four studies (12,9%),<sup>23,28,31,37</sup> nurses in two studies (6,5%),<sup>36,43</sup> and other health professionals in one study (3,2%).<sup>18</sup>

In 25 studies (80,6%) induced abortion was addressed as a central and isolated issue, while six studies (19,4%) addressed abortion among other issues of sexual and reproductive health. In all articles, regardless of the method used, the greater bond of the researched subjects with religion showed an influence on positions and practices that were markedly opposed or restrictive in relation to induced abortion, even when permitted by law. In some articles, different levels of opposition to induced abortion were reported for different beliefs and religions of the participants.<sup>18,34,39,41,42</sup> Part of the studies adopted the principle of conscientious objection as an element of refusal to induced abortion related to religion.<sup>19,23,31,33</sup>

In a smaller part of the studies analyzed, direct or explicit religious motives were declared among professionals and students who are opposed to induced abortion.<sup>19,28,36,37,44,45</sup> Thus, we understand that conscientious objection is used to formalize the refusal of these professionals without the requirement of a reasonable justification. The refusal of abortion for reasons of conscience also contributes so that little or no reflection is made about the consequences for women or public health. It also prevents health professionals from facing possible bioethical dilemmas critically, or reevaluating their religious arguments.

We observed that in some studies,<sup>28,44</sup> incorrect or insufficient knowledge about local laws on induced abortion was found. The scarce information of health professionals is pointed out as a factor for the refusal of legal abortion.<sup>3,46</sup> Some articles analyzed<sup>8,27</sup> indicate little attention from health services in providing adequate termination for these cases, especially in religious institutions. On the other hand, the educational intervention on induced abortion showed favorable results among medical students.<sup>24</sup>

The results of this qualitative meta-synthesis must be understood from a reflective analysis of the historical relationships between abortion and religions. The Doctrine of the Catholic Ecclesiastical Magisterium is clearly against abortion. However, in the first centuries of Christianity, there are few references to the termination of pregnancy, a subject of little theological conflict until the end of the 19th century.<sup>46</sup> Although abortion is not treated as a dogma, the current opposition of the Catholic Church can be understood from two sources. The first, called the *Position of Perversion*, understood abortion as contrary to procreation, considered the only morally acceptable purpose for sex in marriage. In this field of argument, little or less importance was attributed to the fetus or embryo involved.<sup>47</sup>

This conception, considered the most traditional by some Catholic philosophers, was hardly contested until the end of the 17th century, but ended up being rejected during the Second Vatican Council, in the 1960s. On that occasion, the Catholic Church began to accept sex without reproductive intent as a legitimate form of affection and union for heterosexual couples. At the same time, it only established natural contraception for family planning, as it understood that it would not prevent pregnancy if it were divinely intended.<sup>47</sup>

In the second conception, called *Ontological Position*, the Catholic Church starts to base the objection to abortion on the status of the fetus or embryo.<sup>47</sup> The theologian Saint Thomas Aquinas, thirteenth century, incorporated the Aristotelian thought that believed that the soul was granted by God at 40 days for male fetuses and 90 days for female fetuses, called *Animation Theory*. Guided by this principle, some Christian texts from the 15th century understood abortion as morally acceptable in exceptional situations, such as the risk of motherhood, when these deadlines were observed.<sup>48</sup> In *Enchiridion*, the respected theologian St. Augustine declared that the resurrection would be unequal for fetuses, depending on whether they were fully formed or not, distinguishing abortion and murder on the theological moral level.<sup>49</sup>

In the 17th century, the *Animation Theory* was opposed by the *Pre-Formist Theory* from the advent of optical microscopy, giving rise to the belief that small humans, female or male, were complete inside the sperm head.<sup>46</sup> The Catholic Church accepted the *Animation Theory* until the 19th century, starting to adopt the concept as the beginning of human life only in 1869.<sup>45</sup>

Since then, the fundamental element of the Catholic Church has become the sacredness of life, granting the embryo and fetus the status of person as an absolute and intangible principle, not admitting any hypothesis that interferes with it.<sup>45</sup> Excommunication becomes a severe punishment for abortion in the Canonical Code of 1917, reaffirmed in the 1983 Code, excluding those who practice or collaborate with them from religious affiliation and the common goods of the Church.<sup>3,46</sup>

During the Protestant Reformation, Martin Luther barely addressed abortion, but showed a clear conviction that procreation should follow the natural order established by God. Similarly, the Anglican Reformation uniquely the theme within moral principles.<sup>50</sup> As a possible legacy of Catholicism, Protestantism adopted the principle of Fetal Humanization in a more conservative way than the Catholic Church, although it is more liberal in aspects such as celibacy or contraceptives.<sup>46</sup> In this sense, the positions of theologian John Calvin on abortion are closer to the Catholic Church.<sup>50</sup>

Protestantism considers life sacred and therefore takes a strict objection to abortion.<sup>46</sup> However, in the debates over abortion law reform in the US, he has at times taken more liberal positions. The Assembly of Bishops of the Episcopal Church, in 1967, expressed opposition to abortion performed for the "convenience" of the woman, but was flexible

in cases where it benefited some pregnant women.<sup>51</sup> In 1968, the Baptist Convention of America welcomed abortion before the 12th week of pregnancy as a personal and responsible decision.<sup>50</sup> This position would be reformed in 1988 by the General Board of the American Baptist Churches, opposing abortion to avoid responsibility for conception or as an instrument of birth control.<sup>52</sup> Recently a qualitative study by Dozier et al.,<sup>53</sup> noted that the attitudes of Georgia, USA, Protestant religious leaders ranged from “pro-life” to “pro-choice” positions, with nuanced and in-between views, a result of differing beliefs about early life and the circumstances in which abortion is morally acceptable.<sup>53</sup>

In the 1970s, several American Protestant denominations supported the freedom of conscience of women with unwanted pregnancies, recognizing the possibility of differentiated and relativized rights for the woman and the fetus. These initiatives, however, seem to lose steam with the growing participation of Protestants in current conservative policies to restrict abortion.<sup>54</sup>

Evangelical religions show different and less inflexible positions, although the predominant orientation is in opposition to induced abortion. Although they compete for followers with the Catholic Church, the reconfiguration of the neo-Pentecostal value system has favored alliances with traditional Catholics against demands for women’s sexual and reproductive autonomy.<sup>55</sup>

In 2007, the Presbyterian Church of Brazil set a precedent for termination of pregnancy in case of risk of maternal death. In the same year, the Episcopal College of the Methodist Church, when speaking about the Bill 1.135/1991 on the decriminalization of abortion in Brazil, showed itself flexible in cases of rape, risk of death and fetal anomalies incompatible with life, while reiterating conservative family principles. The Universal Church of the Kingdom of God is publicly in favor of abortion in these and other circumstances.<sup>55</sup>

In Judaism, abortion can be justified in specific situations, such as the risk of the woman’s death. The Jewish tradition considers that the fetus’ moral status changes and evolves along with the development of the pregnancy, making it a person at birth when the cephalic pole appears in the birth canal. In the 12th century, Maimonides, an important theologian of post-medieval Judaism, understood that at the risk of maternal death the fetus could be considered a *rodef*, equivalent expression for aggressor, making abortion moral to preserve the woman’s life through a shared and consensual decision with a rabbi.<sup>56</sup>

In the teachings of the Muslim religion, the Koran describes fetal development in a similar way to that defended by Aristotle, considering the incorporation of the human soul around 120 days of gestation. However, it should be noted that in classical Islam there are divergent positions on abortion. While *Zaydi* and *Hanbali* teachings accept it under certain conditions, such as the risk of maternal death, the *Maliki*, *Zahiri*, *Ibadiyya* and *Imamiyya* schools prohibit abortion unconditionally.<sup>57</sup> In Pakistan, abortion is only allowed to save a woman’s life. Muslim jurists are unanimous in declaring that once the fetus is fully formed and received the soul, abortion should be prohibited.<sup>58</sup>

The traditional teachings of Hinduism, present in the *Sannatan Dharma* and possibly prior to Christianity, reject abortion in general, being guided by the belief of the transmigration of the soul granted since the embryonic period. On the other hand, the Sanskrit text of the *Charaka Samhita*, prior to the second century, understands that when there is a risk of maternal death, greater consideration should be given to the woman’s life. This and other elements seem to have collaborated to decriminalize abortion in India in cases of pregnancy due to sexual crime and to avoid harm to women’s health without blunt social opposition.<sup>59</sup>

By not organizing itself around a central authority or identity, Buddhism has different teachings and practices in each country. As in Hinduism, Buddhism believes in the transfer of the human soul to next lives. Although abortion is not explicitly referenced in Buddhist writings, it is assumed to be frowned upon by the philosophy of continuity of life. However, Thai Buddhism considers abortion possible with *good intentions*. In *Bahá’í* belief, abortion is generally prohibited, although it is compassionate when there is medical advice. In China, religions such as Buddhism, Taoism and Confucianism added their values to other social and political elements, which may explain the greater acceptance and lesser stigma of abortion in the country.<sup>60</sup>

In Japan, Shintoism, or *Shinto*, believes that there is no spirit in the embryo or fetus until birth, not opposing abortion. The Buddhist view of abortion in modern Japan considers the *Mizuko Kuyō* rituals to be human-centered.<sup>61</sup> For Brown, other societies, cultures and theological perspectives can benefit from the reformulation of any interpretation of abortion, as in *Mizuko Kuyō*, not as an act of binary morality, but characterized by the complexity of human emotion.<sup>61</sup>

In Kardecism, abortion presents itself as an obstacle to spiritual evolution, based on the relational chain of spirits between incarnations. The Spiritist teaching proposes that human life begins with fertilization, linking spirit and physical body. In the *Livro dos Espíritos*, the doctrine admits a procedural conception of the incarnation, in which the relationship between soul and fetus is strengthened as the gestation develops. Thus, Spiritism does not allow abortion to be a woman’s choice, with exception for cases of risk of maternal death. This opposition is more rigorous than that observed between Protestants and neo-Pentecostals, contrasting with progressive positions of spiritualism on religious freedom and homosexuality.<sup>62</sup>

Brazilian religions of African origin are, in general, against abortion. The belief is that Oshun takes care of fertility and protects the embryo, disapproving of induced abortion. Candomblé writings have no explicit reference to abortion. Priests and priestesses generally neither support it nor forbid it. In traditional Umbanda abortion is not accepted, due to its approach to Kardecist concepts.<sup>62</sup>

In fact, religious positions end up, to a different extent, interacting with personal and cultural values. A study with American women indicates that for 57% religion is very important in daily decisions, with Evangelicals (77%) more inclined than Catholic (46%) or Protestant (44%).<sup>63</sup> Women who understand abortion as a moral issue they are more likely to continue an unwanted pregnancy, while those who face the situation from a personal perspective resort to abortion more often.<sup>64</sup>

As observed in this meta-synthesis among health professionals and students, the interaction of cultural, social and religious values contributes to maintaining ambivalent feelings about abortion.<sup>3,46</sup> In Chile, more than 70% of women showed support for the legalization of abortion in cases of risk to the woman's life, rape and fetal anomalies. More educated women who attended less religious services were the most likely to support the legalization of abortion.<sup>65</sup> In the US, a nationally representative sample of 1,078 women showed that religious affiliation was associated with concordance for contraception and abortion policies.<sup>6</sup> In Mexico, an exploratory study suggests that the stigma of abortion is still influenced by norms that valued motherhood and conservative Catholic discourse.<sup>7</sup>

Although allowed in South Africa, negative attitudes about abortion remain common, most often associated with religion, traditional ideologies about sexuality and gender roles in motherhood.<sup>66</sup> In the country's most populous KwaZulu province, 56% of nurses and 58% of community members support abortion in cases of sexual violence (61%) or to prevent maternal death (56%), but few support it for social or economic reasons.<sup>9</sup> Part of South African nurses may perceive abortion differently when performed with medication, understanding that the procedure was entirely in the hands of the woman and, therefore, only the woman should respond to God.<sup>67</sup>

In Bosnia and Herzegovina, the Catholic population disagrees more that women can decide on abortion compared to those who follow the Islamic religion. Only 13% are against Church interference in the abortion issue and the Orthodox are the least opposed to abortion.<sup>68</sup> In New Zealand, there was moderate to high support for legal abortion, regardless of the reason, and high support for abortion when the woman's life is at risk. Being religious, living in a poor neighborhood and having more children was negatively related to support for induced abortion.<sup>5</sup>

In Mexico, a survey of university students found a higher frequency of condemnatory attitudes towards voluntary abortion among those who declared themselves Catholics or Christians. Furthermore, this group was the one that least considered the decriminalization of abortion as a strategy to reduce the maternal mortality ratio.<sup>69</sup> A survey of legal abortion among South African high school students showed that higher levels of religiosity were associated with more anti-abortion attitudes. Compared with Hindus, Muslims showed the greatest disapproval of abortion, but it was Christians who had the most negative views on abortion.<sup>70</sup>

Study by Pedroso et al.,<sup>71</sup> shows that most Brazilian women who seek legal abortion in cases of sexual violence declared themselves Catholic or Evangelical, suggesting that their beliefs were not an impediment to their choice.<sup>71</sup> Women with pregnancy resulting from sexual violence have legitimate reasons to resort to abortion, based on rejection for forced pregnancy or violation of the right to choose motherhood.<sup>72</sup>

In these cases, religion can end up with an ambiguous role. While many of these women find comfort in their traumatic experience in religion, most do not receive support when they resort to legal abortion.<sup>73</sup> The decision to resort to legal abortion should be based on personal values and on the woman's conscience, without external moral, political or religious interventions.<sup>2,74</sup> Brazilian legal practitioners are also influenced by religion in abortion cases. A survey of 2,614 prosecutors and 1,493 judges found that for 30.6% of those who declare themselves religious, abortion legislation should be maintained and for 24.6% it should be even more severe or restrictive.<sup>75</sup>

The decision to terminate the pregnancy seems to be influenced by the risk of stigma and social rejection, by the perception of the identity of the pregnancy and the fetus, or by social exposure to a moral and religious judgment.<sup>2</sup> In Colombia, 60% of women who have resorted to induced abortion admit knowing the risk of excommunication, but 65% believe that God would understand their motives and not punish them. This perception seems to find resonance in the practices of Catholicism in the community, as 84% Colombian women reported receiving absolution from a priest when confessing to abortion.<sup>76</sup> In Poland, a study with women who resorted to abortion showed that, among Catholics, only 22% intended to admit the practice during confession. Nearly 30% of women changed their minds about their prior opposition to abortion after becoming personally involved.<sup>77</sup>

Although legal in Austria, women are still confronted by religious protesters when they access abortion. A survey of 98 women in these circumstances showed that for 91% of them the decision was not influenced by the protesters, 17% reported feeling threatened, and 93% considered they were harassed.<sup>78</sup> In the UK, anti-abortion activists have sought

other strategies, aligning their arguments with “scientific discourse” to downplay religious motivations. Furthermore, they argue that fetuses would have human rights and that abortion would violate women’s human rights.<sup>79</sup>

Catholic and religious hospitals often restrict the provision of abortion services based on institutional doctrine. About 10% of residency programs in obstetrics and gynecology in the US take place in these hospitals. However, only 56% offer abortion training, 32% allow elective internship at another institution, and 12% offer no alternative.<sup>8</sup>

Catholic Church guidelines also hamper reproductive planning in Catholic health institutions. A study in the USA with 144 Catholic hospitals evaluated the response to consultation requests for contraception in general, insertion of copper intra uterine device (IUD), tubal ligation and abortion. While 95% of hospitals scheduled consultations for contraception, the schedule for copper IUD was 68%, for tubal ligation 58%, and for abortion only 2%.<sup>80</sup>

In the US, so-called Crisis Pregnancy Centers are organized to intercept women with unwanted pregnancies and most are affiliated with evangelical Christian networks. Without transparency about their ideological position, they seek to be confused with clinical centers that offer services and medical advice.<sup>81</sup> Inaccurate and misleading information about abortion is common, such as mental health sequelae, increased risk of breast cancer or future infertility problems. Some of these centers are licensed to perform ultrasounds for the purpose of using fetal images to deter women from abortion.<sup>82</sup>

Considering abortion as a public health issue and the need to guarantee women’s access to safe procedures, we believe that this meta-synthesis can help health professionals to reflect on their practices and positions. We recognize that other documents eligible for this meta-synthesis can be found in other databases or in gray literature, with results that corroborate or diverge from what we observed.

Even so, the evidence is consistent to recommend that induced abortion be approached in a more qualified way at graduation and training for sexual and reproductive health care. Complex issues such as women’s autonomy, conscientious objection, stigma, discrimination, and ethical-professional responsibility in induced abortion should necessarily be included in the training of these professionals.

## CONCLUSION

Although the world presents increasing secularization with less participation of religions in daily decisions, conservative and fundamentalist religious positions persist in relation to induced abortion. The analysis of the studies indicates that religions exert, directly or indirectly, in different measures, a significant influence on the positions or practices of students and professionals who work in sexual and reproductive health care. In all studies, we found a markedly oppositional or restrictive relationship or association in relation to induced abortion and religious aspects of students and health professionals. These religiously based positions and practices contribute to maintaining obstacles to abortion, even in legal cases, and to violating women’s human rights and reproductive rights.

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**Author contributions**

JD developed the research question. JD, RO, and MIRP performed the review study. JD provided the table and figure. JD, RO, and MIRP drafted the manuscript. JD, RO, and MIRP have reviewed the manuscript. All authors read and approved the final manuscript.