Introduction

The COVID-19 pandemic has increased delays in access to critical health care services. Bans on non-essential surgery in Spring 2020 caused delays in access to sexual and reproductive health care, including abortion procedures. Given that the already disproportionate effects of economic and social barriers to healthcare experienced by Black communities is exacerbated by the pandemic, we ask whether this extends to sexual and reproductive health (SRH) care access too.

Aim: We examine SRH access and job loss among Black and white patients in Ohio where officials implemented a non-essential surgery ban during the COVID-19 pandemic.

Methods

Recruitment: Ohio residents seeking abortion care at 7 Ohio surgical abortion facilities between April 2020 and December 2020.

Survey:
• Self-administered, 80-item, online survey
• Demographic information
• COVID-19 related SRH appointment delays, SRH appointment cancellations, challenges obtaining abortion care, and job loss

Analysis: We report unadjusted and adjusted odds ratios (OR) and 95% confidence intervals (CI) from logistic regression models to study differences among these outcomes for Black (n=541) and white (n=542) participants over three time periods: April-May, June-July, and August-December 2020.

Results

Participants report more instances of SRH appointment delay, SRH appointment cancellation, challenges obtaining abortion care, and job loss due to COVID-19 during the April-May period than in subsequent periods.

In the April-May period, compared to Black respondents, white respondents are more likely to report delays (OR: 2.6, 95% CI: 1.2-5.0), SRH cancellations (OR: 1.5, 95% CI: 0.6-4.1) and challenges obtaining abortion (OR: 21.0, 95% CI: 8.4-52.5).

The opposite pattern emerges in the June-July period: compared to Black respondents, white respondents are less likely to report SRH delay (OR: 0.6, 95% CI: 0.3-1.1) and cancellation (OR: 0.5, 95% CI: 0.2-1.2).

More white respondents than Black respondents continued to report challenges in obtaining abortion care in June-July (OR: 2.1, 95% CI: 1.0-4.4).

For the August-January period, white respondents had similar SRH delay (OR 1.1, 95% CI 0.8-1.6) and cancellation (OR 0.8, 95% CI 0.5-1.2) as Black respondents, although they continued to report greater challenges obtaining abortion care (OR: 2.5, 95% CI 1.8-4.2).

Turning to participant experiences of job loss of self, partner, or family member in the last month, we observe that Black participants of experienced greater job loss than white participants in all time periods.

Conclusion

Challenges accessing care decrease over time, but access patterns differ by race.
• White participants reported greater challenges than Black participants in early months of the pandemic
• These differences generally attenuated or reversed in subsequent months, likely due to wider availability of services.
• Black participants were more likely than white participants to report that they, their partner, or a family member lost a job in all time periods.
• Job loss may lead to greater difficulty paying for SRH services.

Together, our findings suggest that the COVID-19 pandemic exacerbated and extended challenges for abortion-seeking Ohio.

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