Queer Patients Seeking Abortion Care

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Research offers clues to policy solutions for improving abortion care for sexual minority people

Policy Context

The US Supreme Court's decision to overturn *Roe v. Wade* through *Dobbs v. Jackson Women's Health Organization* in June 2022 handed the question of abortion legality to individual states. In the US, abortion legality ranges from illegal at any gestation to protectively legal throughout pregnancy, with most states falling somewhere in between.

State policymakers can demonstrate their values of reproductive autonomy and justice by supporting laws that actively protect abortion access. These laws can make accessing care easier for populations that often face healthcare access challenges. Queer patients are one such population that often face more hurdles to healthcare than non-queer patients.

Navigating Abortion Care while Queer

Research continues to show that queer people may experience healthcare discrimination like microaggressions, substandard care, and more.[1] Within the context of reproductive health, queer cisgender women are more likely to have an unwanted pregnancy than their non-queer counterparts.[2] OPEN seeks to better understand queer patients' experiences with abortion care as potentially distinct from the experiences of non-queer patients who are often centered in reproductive health research.

The Starting Point: Finding care



In one OPEN study, queer research participants reached out to a clinic during a known pregnancy earlier than their non-queer counterparts by almost two days.[3] However, the time between reaching out to a clinic and actually receiving abortion care was not significantly different among these two groups. This suggests queer people need more time to find appropriate care. When asked why they ultimately selected their clinic for abortion care, queer patients' responses somewhat differed from non-queer patients. Notably, supportive and/or nonjudgmental staff was among the top two cited reasons for clinic choice among queer patients (after geographic proximity), but fifth among non-queer patients.[3]

Next Up: Financing Care



Abortion care can be expensive. In many states, health insurance companies are not allowed to cover abortion care.[4] Additionally, care costs go beyond the medical bill itself, but often include travel, wages lost from time off work, childcare, and more. An OPEN study asked abortion patients, "which of the following were delayed this month because of the cost of this abortion or getting to the clinic?"[5] Research participants could select all that applied among the following choices: rent, other bills, food, childcare, and a write-in option. Queer participants were more likely than their non-queer counterparts to report delaying expenses in order to pay for abortion care. For example, 21% of queer participants had to delay buying food because of abortion care cost compared to 11% of non-queer participants.[5] As such, the study suggests queer patients may, on average, experience more financial strain when seeking abortion care than non-queer patients.

What's Next?

Finding and paying for care are just two of the many logistical components of seeking abortion care. Public policy can influence how patients experience these logistical components by affecting the: information environment; ease of providing care; and public funding of care. Additionally, public funds could support the additional research needed to help us better understand how policy change affects queer people who seek abortion care.

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