

Challenges to Accessing Reproductive Health Services in Ohio

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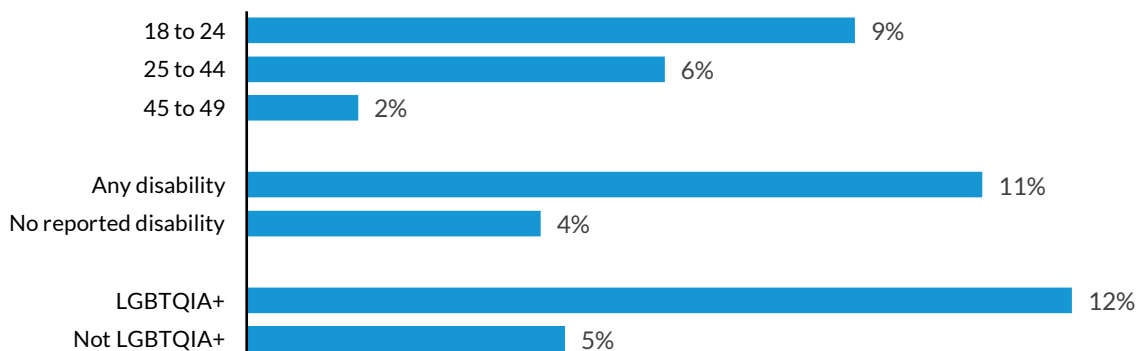
New data from the 2024–25 [Reproductive Health Experiences and Access \(RHEA\) survey](#) offer insight into access to reproductive health services [in Ohio](#). Reproductive health care includes many services, such as pelvic exams and screening for cervical cancer, care for irregular or painful periods, birth control, fertility assistance, gender-affirming care, and care for menopause symptoms. Factors like cost, insurance barriers, and difficulty securing an appointment can prevent people from accessing the care they want and need. Ohio has an abortion policy environment with “[some restrictions/protections](#),” according to the Guttmacher Institute, and [has expanded Medicaid eligibility](#) to childless adults. Our analyses include responses from 2,774 [women¹ ages 18 to 49](#) residing in Ohio.

SIX PERCENT OF RESPONDENTS DELAYED OR HAD TROUBLE GETTING THEIR DESIRED BIRTH CONTROL

In 2024–25, 6 percent of respondents reported they delayed or had trouble getting the birth control method they wanted in the past year. Compared with the US overall (analysis of the RHEA survey, data not shown), Ohio respondents were slightly less likely to report delay or trouble getting birth control (6 percent versus 7 percent). Among the demographic groups we examined (figure 1), Ohio respondents ages 45 to 49 (2 percent) were less likely than those ages 18 to 24 (9 percent) and those ages 25 to 44 (6 percent) to report delay or trouble getting birth control. Additional groups reporting higher rates of delay or trouble getting desired birth control than others included people with disabilities (11 percent) and people who identify as LGBTQIA+ (12 percent).²

FIGURE 1

The Share Reporting Delay or Trouble Getting Birth Control in the past 12 Months Varies by Group



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Source: 2024–25 Reproductive Health Experiences and Access survey.

Notes: Samples for each subgroup range from 270 to 2,329 people assigned female at birth, ages 18 to 49, residing in Ohio. Demographic groups examined include age, disability status, educational attainment, insurance status, income, sexual orientation and gender identity, race/ethnicity, rurality, and nativity. Only groups for which the sample size is at least 200, the difference is at least 5 percentage points, and the difference is statistically significant at $p < 0.05$ are presented.

¹ The RHEA survey population consists of people assigned female at birth.

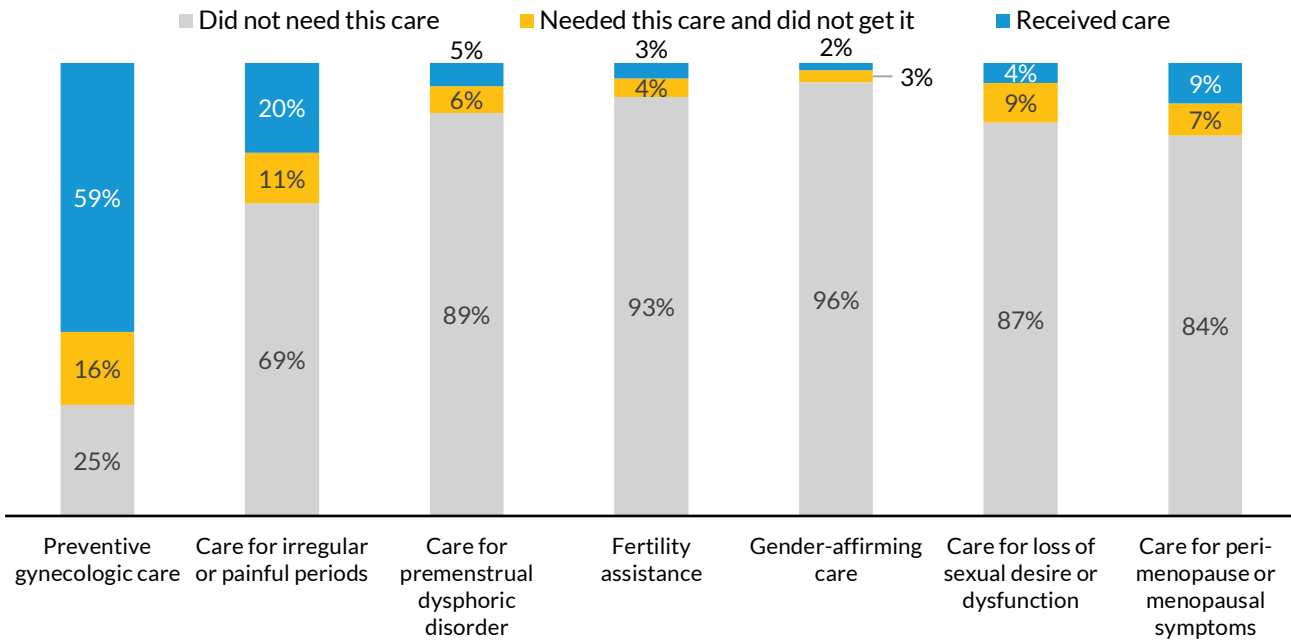
² All differences reported between Ohio and the US and across subgroups are significant at the $p < 0.05$ level.

THREE IN 10 NEEDED BUT DID NOT GET ONE OR MORE TYPES OF REPRODUCTIVE HEALTH CARE SERVICES

Overall, 30 percent of Ohio respondents reported needing but not getting one or more types of care in the last 12 months. Figure 2 shows that about 16 percent of respondents needed but did not get preventive gynecologic care, and 11 percent did not get needed care for irregular or painful periods. Care for premenstrual dysphoric disorder, fertility assistance, gender-affirming care, and care for loss of sexual desire or dysfunction were reported as unneeded by 87 percent or more of respondents. Among those who did need these types of care, at least half did not receive it.

FIGURE 2

Sixteen Percent of Ohio Respondents Did Not Get Needed Preventive Gynecologic Care



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Source: 2024–25 Reproductive Health Experiences and Access survey.

Notes: Samples for each type of care range from 2,648 to 2,740 people assigned female at birth, ages 18 to 49, residing in Ohio. For each type of care, estimates exclude respondents with missing responses and those who responded “don’t know” or “prefer not to answer.” Percentages may not sum to 100 due to rounding.

Compared with the US overall (data not shown), Ohio respondents were equally likely to report needing but not getting one or more types of reproductive health care (30 percent, respectively). Among demographic groups we examined (data not shown), Ohio respondents with a disability (45 percent), less than a bachelor’s degree (33 percent), public or no health insurance (40 percent), low incomes (37 percent), who identify as LGBTQIA+ (41 percent), or who are Black (39 percent) were more likely than others to report not getting one or more needed reproductive health care services.

ABOUT THE RHEA STUDY

This fact sheet is part of the [RHEA Study](#), a multiyear assessment of reproductive health access, experiences, and preferences following the 2022 US Supreme Court decision in *Dobbs v. Jackson Women’s Health Organization*, especially among people facing barriers to care. For this study, the Urban Institute, the Reproductive Equity Action Lab at the University of Wisconsin–Madison, and SisterSong Women of Color Reproductive Justice Collective are collaborating to produce evidence-based research findings through a large national survey and qualitative data collection in 13 states.