

REPRODUCTIVE AND SEXUAL HEALTH

Note to readers and users of the *Healthiest Wisconsin 2020* Profiles: This *Healthiest Wisconsin 2020* Profile is designed to provide background information leading to collective action and results. This profile is a product of the discussions of the Focus Area Strategic Team that was convened by the Wisconsin Department of Health Services during September 2009 through November 2010. The objectives from this Focus Area have been recognized as objectives of *Healthiest Wisconsin 2020*. (Refer to Section 5 of the *Healthiest Wisconsin 2020* plan.) A complete list of *Healthiest Wisconsin 2020* Focus Area Strategic Team Members can be found in Appendix A of the plan.

Definition

Reproductive and sexual health includes the factors that affect the physical, emotional, mental, and social well-being related to reproduction and sexuality across the life span, including engaging in same-sex and/or heterosexual behaviors. Reproductive and sexual health is a core component of individual and community public health.

To maintain reproductive and sexual health, individuals must have access to reproductive and sexual health education, and medical services from a health care provider of their choice. Medical services include biomedical interventions and supplies that help prevent unwanted pregnancies and sexually transmitted diseases, including HIV; screening for and treatment of sexually transmitted diseases, testing for HIV, and linkage to care; and pregnancy-related services that include care before and during pregnancy and from the end of one pregnancy to the next. Services must be culturally competent in addressing the health needs of diverse populations, including people marginalized because of race/ethnicity or socioeconomic status; young women and men; older adults; people engaging in same-sex sexual contact and/or identifying as lesbian, gay, bisexual or transgender; people who are deaf and hard-of-hearing; and people with disabilities.

Health outcomes are not driven by individual behavior alone. Supportive community attitudes toward healthy sexuality, positive social and economic environments, and constructive public policies are as important as access to education and services in fostering reproductive and sexual health. Supportive community attitudes recognize that sexuality is normal. Constructive public policies must support individuals and communities.

Importance of Focus Area

Unintended pregnancies and sexually transmitted diseases, including HIV infections, result in tremendous health and economic consequences for individuals and society.

Unintended pregnancies

The consequences of unintended pregnancy are serious, imposing appreciable burdens on children, women, men, families, and society. A woman with an unintended pregnancy is less

likely to seek early prenatal care and is more likely to expose the fetus to harmful substances, such as tobacco or alcohol. The infant born after an unintended conception is at greater risk of being born at low birthweight, of dying during its first year, of being abused, and of not receiving sufficient resources for healthy development (Institute of Medicine, 1995).

Sexually transmitted diseases (STDs)

STDs may cause serious, life-threatening complications including cancers, infertility, ectopic pregnancy, miscarriages, stillbirth, low birthweight, neurologic damage, and death. Women and adolescents are disproportionately affected by STDs and their effects. Reducing other STDs decreases the risk of HIV transmission. Every year, approximately \$10 billion is spent in the United States on major STDs other than AIDS and their preventable complications. This cost is shared by all Americans (Institute of Medicine, 1997).

Human immunodeficiency virus (HIV)

HIV incidence estimates from the Centers for Disease Control and Prevention (56,300 infections each year) suggest there is, on average, a new HIV infection every 9.5 minutes in the U.S. The racial/ethnic disparities in HIV/AIDS are staggering, with Black/African American and Latino communities bearing disproportionate burdens. Incidence is rising among gay and bisexual men. There are also important fiscal consequences of the epidemic. HIV care and treatment costs per person average approximately \$22,500 per year (depending on the client's health status), and lifetime treatment costs can easily total over \$275,000 (Holtgrave, 2008).

In order to change trends in unintended pregnancies and sexually transmitted diseases including HIV, an approach must be adopted that is broader than the individual. "Reproductive justice" is a term inclusive of reproductive and sexual health and defined as "the complete physical, mental, spiritual, political, social, environmental and economic well-being of all persons based on the full achievement and protection of their human rights" (SisterSong, 2005).

The conceptual model illustrated in Figure 1 below acknowledges that behaviors do not occur in isolation; they are influenced by the socioeconomic and political context. Elements of that context include cultural norms and societal values—the pervasive community beliefs and attitudes that in turn shape behavior, policies and other large-scale contextual factors.

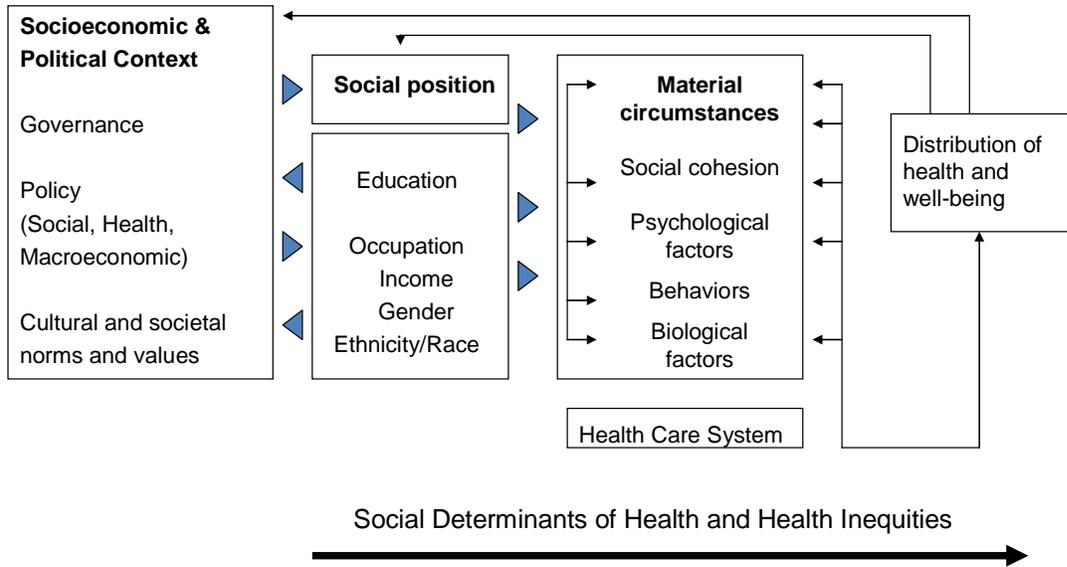
The model is relevant to transmission of HIV and STD and to unintended pregnancies. For example, transmission of HIV and STD are affected not only by behaviors, but by epidemiologic trends. Rates of HIV and sexually transmitted diseases and HIV are much higher in groups of people with higher background rates of disease, such as Blacks/African Americans, compared to whites. This is true even when the level of risk behaviors is similar or even lower in Blacks/African Americans; research suggests that this is the case for Black/African American men who have sex with men (Millet, 2007).

Because of socioeconomic conditions, racism and other aspects of the social environment, Blacks/African Americans have sexual partners primarily within their own racial group. As a result, even when the number of partners and frequency of unprotected sex are similar or

lower among Blacks/African Americans, rates of HIV and syphilis transmission are still much higher than in other racial groups.

Figure 1.

**World Health Organization
Commission on Social Determinants of Health: Conceptual Model**



Source: *Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health.* Geneva, World Health Organization, 2008.
http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf

Wisconsin Data Highlights

- A 2008 survey of middle and high school principals and health teachers indicated that 50 percent of the public schools in the state taught 11 topics related to HIV, sexually transmitted diseases, or pregnancy prevention in a required course and 23 percent of schools had a gay/straight alliance or similar club.
- Among Wisconsin high school students who reported having had sexual intercourse in the last three months, condom use increased from 58 percent (in 1993) to 65 percent (in 2003 and 2005). It declined to 61 percent in 2007 and rose to 64 percent in 2009. (Wisconsin Youth Risk Behavior Survey, 2009, Centers for Disease Control and Prevention, and Wisconsin Department of Public Instruction).
- Among students who reported having engaged in any sexual contact, 10 percent reported having had sexual contact with a partner of the same sex. Some of these students also had opposite-sex contact. Youth who had engaged in same-sex sexual behavior had

much higher risks (two-fold to six-fold increase) of depression, lack of physical and emotional safety, and alcohol, tobacco, and drug use (2009 Wisconsin Youth Risk Behavior Survey, Wisconsin Division of Public Health).

- From 1993 to 2007, the number of births to Wisconsin teens aged 15-19 declined by 12 percent, from 7,057 to 6,240 births (Wisconsin Department of Health Services, Wisconsin Youth Sexual Behavior and Outcomes, 1993-2007, 2009).
- An estimated 38 percent of Wisconsin women who gave birth in 2007 reported that their pregnancies had been unintended. By race/ethnicity, 33 percent of white births were unintended, compared to 61 percent of Black/African American births (rate ratio 1.85) and 47 percent of other births (Wisconsin Pregnancy Risk Assessment Monitoring System, Division of Public Health, Wisconsin Department of Health Services).
- Sexually transmitted disease rates among Blacks/African Americans aged 15-19 in Wisconsin increased by more than 50 percent from 1997 to 2007. During the period 2003-2007, the rate for Blacks/African Americans was 18 times the rate for whites. This disparity is twice the national average; rates for Blacks/African Americans nationally are nine-fold higher than those of whites (Wisconsin Sexually Transmitted Disease Program, 2008).
- Among the 50 largest cities in the U.S., Milwaukee had the second highest rate of Chlamydia in 2007. Milwaukee's rate was second only to Memphis, Tennessee and was 50 percent higher than the rate in Chicago, Illinois (U.S. Centers for Disease Control and Prevention, 2007).
- While rates of HIV attributable to injection drug use and heterosexual contact declined markedly from 2000 to 2008, rates among men who have sex with men increased by 36 percent during the same period. This included an increase of 143 percent among men under age 30 who have sex with men. In the Milwaukee Metropolitan Statistical Area, cases of HIV tripled among Black/African American men ages 15-29 who have sex with men. Outside the Milwaukee Metropolitan Statistical Area, the increase in cases occurred primarily among young white men, ages 15-29, who have sex with men (Wisconsin AIDS/HIV Program, 2009).

Objective 1

By 2020, establish a norm of sexual health and reproductive justice across the life span as fundamental to the health of the public.

Objective 1 Indicators

- Percentage of sexually active high school students who reported that they or their partner had used a condom during last sexual intercourse (Youth Risk Behavior Survey).
- Unintended pregnancy rates (Pregnancy Risk Assessment and Monitoring System [PRAMS]).

Objective 1 Rationale

Reproductive justice and sexual health must be viewed in the context that individual behaviors and choices are affected by societal norms and economic and political environments. To improve sexual and reproductive health outcomes, sexuality and sexual expression must be viewed as important healthy components of adult life and throughout the growth and developmental stages for youth. Condom use serves as a useful indicator because it pertains to sexually transmitted diseases, HIV and unintended pregnancy.

Objective 2

By 2020, establish social, economic and health policies that improve equity in sexual health and reproductive justice.

Objective 2 Indicator

Periodic inventory of state policies and funding targeted to achieving this objective. (Indicator to be developed.)

Objective 2 Rationale

Shifts in societal norms will be accomplished through committed resources, leadership, and public policy; comprehensive sexual health education; community consensus building; messages in the media; and access to clinical services.

Objective 3

By 2020, reduce the disparities in reproductive and sexual health experienced among populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.

Objective 3 Indicators

- Racial and ethnic disparities in teen birth rates (Wisconsin Vital Records), HIV/STD rates (HIV Surveillance System and Reportable Communicable Disease Reporting System), and unintended pregnancies (PRAMS).
- Lesbian, gay, bisexual, transgender and heterosexual population and racial and ethnic group incidence rates of HIV (HIV Surveillance System) and other sexual health indicators (Behavioral Risk Factor Survey, Youth Risk Behavior Survey).
- Education/income disparities in sexual behavior indicators (Behavioral Risk Factor Survey, Youth Risk Behavior Survey).

Objective 3 Rationale

Conditions related to reproductive and sexual health and other health issues are worse for marginalized people, including people of color; people living in poverty; lesbian, gay, bisexual, and transgender people; and people with physical, mental, and emotional disabilities.

Potential evidence- or science-based actions to move the focus area objectives forward over the decade

Government, community leadership, and structural interventions

- Increase resource and policy commitment by state and local governments and community leaders to promote policies that assure societal norms regarding healthy sexual expression.
- Secure and expend economic resources to revitalize the state's most impoverished communities.
- Address stigma and adverse health outcomes for the state's most marginalized and vulnerable residents.

Access to and provision of health services

- Expand access to reproductive and sexual health care services.
- Expand health clinics located at, and affiliated with, high schools and middle schools.
- Expand access to the Medicaid Family Planning Waiver.

Education

- Improve educational opportunities for the state's most marginalized youth.
- Provide comprehensive, medically accurate sexual health education in schools throughout the state.

References

Advocates for Youth, Sex Education Resource Center. Retrieved from http://www.advocatesforyouth.org/index.php?option=com_content&task=view&id=766&Itemid=123

Centers for Disease Control and Prevention, 2007. Retrieved October 10, 2009 from <http://www.cdc.gov/std/stats08/tables/6.htm>.

Centers for Disease Control and Prevention, Sexual and Reproductive Health of Persons Aged 10-24 Years, United States, 2002—2007, *MMWR* July 17, 2009 / 58(SS06):1-58. Retrieved from http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5806a1.htm?s_cid=ss5806a1_x

Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System YRBSS Youth Online: Comprehensive Results, Retrieved October 10, 2009 from <http://www.cdc.gov/HealthyYouth/yrbs/index.htm> The 2009 data were provided by the Wisconsin Department of Public Instruction.

Centers for Disease Control and Prevention; YRBSS Youth Online: Comprehensive Results. Retrieved from <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>.

Guttmacher Institute, Sex and STI/HIV Education Policy. Retrieved from http://www.guttmacher.org/statecenter/spibs/spib_SE.
<http://well.blogs.nytimes.com/2010/03/08/women-drinkers-gain-less-weight/pdf>

Guttmacher Institute, State Medicaid Family Planning Expansions. Retrieved from http://www.guttmacher.org/statecenter/spibs/spib_SMFPE.pdf

Holtgrave, David R., Ph.D. Testimony to the US Congress on September 16, 2008. Retrieved March 4, 2010 from <http://www.reform democrats.house.gov/documents/20080916115223.pdf>

Institute of Medicine, *The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families* (1995). Retrieved March 4, 2010 from <http://www.nap.edu/catalog/4903.html>

Institute of Medicine, *The Hidden Epidemic: Confronting Sexually Transmitted Diseases* (1997). Retrieved March 4, 2010 from http://www.nap.edu/openbook.php?record_id=5284&page=R1

Millet GA, Flores SA, Peterson JL, Bakeman R. Explaining disparities in HIV infection among black and white men who have sex with men; a meta-analysis of HIV risk behaviors. *AIDS* 2007; 15:2083-2091.

National Women's Law Center, National report card on women's health. Retrieved from <http://hrc.nwlc.org/Policy-Indicators/Womens-Access-to-Health-Care-Services/Medicaid-Eligibility-by-Income.aspx>

SisterSong: Understanding Reproductive Justice (2005). Retrieved March 4, 2010 from <http://www.sistersong.net/reproductivejustice.html>

Sexuality and Information Council of the United States. Wisconsin State Profile, Fiscal Year 2008. Retrieved March 4, 2010 from <http://www.siecus.org/index.cfm?fuseaction=Page.ViewPage&PageID=1154>

Wisconsin Department of Health Services, Division of Public Health, Bureau of Health Information and Policy. *Births to Teens in Wisconsin, 2007* (P-4536-07). November 2008. Retrieved from <http://dhs.wisconsin.gov/births/pdf/07teenbirths.pdf>

Wisconsin Department of Health Services, Division of Public Health, Bureau of Health Information and Policy, *Wisconsin Youth Sexual Behavior and Outcomes 1993-2007 Update*, February 2009. Retrieved March 4, 2010 from <http://dhs.wisconsin.gov/stats/pdf/youthsexualbehavior.pdf>

Wisconsin Department of Health Services, Wisconsin Youth Risk Behavior Survey (YRBS) 2009, *Risk Behaviors and Risk Factors of Youth Engaging in Same-Sex Sexual Behaviors*, Wisconsin Division of Public Health in Collaboration with Diverse and Resilient Inc. Retrieved from <http://dhs.wisconsin.gov/aids-hiv/Stats/index.htm>

Wisconsin Department of Health Services, Division of Public Health, Wisconsin Pregnancy Risk Assessment Monitoring System. (2007).

Wisconsin Department of Health Services, Wisconsin AIDS/HIV Program, 2009. Retrieved from <http://dhs.wisconsin.gov/aids-hiv/Stats/index.htm>

Wisconsin Department of Health Services, Wisconsin Public Health Council State Health Plan Committee Progress Report, *Healthiest Wisconsin 2010 Health Priority: High-Risk Sexual Behavior*, September 12, 2007. Retrieved from <http://dhs.wisconsin.gov/hw2020/health/reproductive/rshback20090921.htm>

Wisconsin Department of Health Services, Wisconsin Sexually Transmitted Disease Program, 2008. Retrieved from <http://dhs.wisconsin.gov/aids-hiv/Stats/index.htm>

Wisconsin Department of Public Instruction, 2008 School Health Profiles Survey Results. Retrieved from <http://dpi.state.wi.us/sspw/shepindex.html>

Wisconsin HIV Comprehensive Plan, March 2009. Retrieved from <http://www.wihiv.wisc.edu/communityplanning/libraryDownload.asp?docid=490>