Definition

Sexual and reproductive health is an important part of our physical, emotional, mental and social well-being throughout our lives. It means we are able to have a responsible, satisfying and safe sex life free of coercion, discrimination, disease and violence and that we have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this is our right to be informed of and to have access to safe, effective, and affordable methods of family planning, STI testing, and appropriate health care services that will enable us and/or our partners to go through pregnancy and childbirth safely and provide the best opportunity to have a healthy infant.^{1,2,3}

Context

Sexual and reproductive health is influenced by many complex factors and challenges across one's lifespan and across generations.⁴ These factors can include:

- structural and political conditions, including discrimination, availability of appropriate
 education, access to culturally competent holistic health services, and disparities in the use
 or interpretation of legal remedies to address discrimination or sexual violence^{6,7,8}
- social and cultural factors, such as stigma associated with seeking assistance, gender roles or economic dependence that reinforce power structures within intimate relationships, or sexual behavior and attitudes^{5,9,10}
- mental illness and emotional trauma that place specific groups at higher risk^{9,11}
- physical illnesses or disability that predispose specific groups to increased risk^{12,13}
- biological and genetic factors,15,10

We need to go beyond controlling disease on the individual level to addressing social determinants of health. 16 – CDC

Sexual and Reproductive Health Indicators

An "indicator" is a way to tell what is going on in a community at one point in time, over a given period of time, or compared to other groups or populations. The following indicators were selected because they are indicators referenced in Healthy People 2020 ¹⁷ and because Dane County or Wisconsin data were available. Many important indicators of sexual and reproductive health (i.e. number of Dane County schools offering comprehensive sexual health education, condom usage rates, etc.) were left out of this report due to lack of data.

Table 1: Summary	of Sexual a	and Repr	oductive	Health	Indicators

Indicator	Definition Definition	Madison & Dane County Summary
Sexually Transmitted Infections	Chlamydia, gonorrhea, syphilis, and HIV rates per 100,000 people	Dane County among seven counties in Wisconsin with highest STI rates. Significant racial/ethnic disparities exist.
HPV vaccination rate	Percent of all 13-18 year olds who have received the recommended three doses of the HPV vaccine	Dane County remains below the Healthy People 2020 target for both girls and boys. Vaccination rates have gradually increased between 2010-2014 for girls and 2012-2014 for boys.
Teen birth rate	Number of births per 1,000 females, ages 15-19 years	The birth rate among 15-19 year olds in Dane County has decreased nearly 50% over the past 5 years.
Pregnancy intention	Percentage of unintended births	During 2009-2011, an estimated 37% of Wisconsin births were unintended, with significant disparities in unintended births by race/ethnicity, age, education, marital status, health insurance before pregnancy, and poverty status.
Sexual assault	Rate of reported forcible rapes per 100,000 people	The rate of reported forcible rapes in Dane County in 2012 was 30 per 100,000 people.
	Percent of rapes occurring to women/girls under age 18	In Wisconsin, nearly half of rapes are of women under 18 years of age.
Pregnancy spacing	Percentage of pregnancies conceived less than 18 Months from a previous live birth	Nearly one-third of Dane County births were conceived less than 18 months from a previous live birth.

Sexually transmitted infections (STIs)

In the United States, the estimated lifetime medical cost of treating eight of the most common STIs contracted in just one year is approximately \$15.6 billion (2010 dollars).¹⁸

In Wisconsin, Dane County ranked in the top seven of counties with the highest STI rates (chlamydia, gonorrhea and syphilis) in 2013 (Table 2).

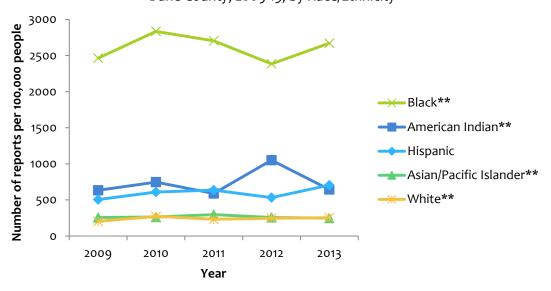
Table 2: Wisconsin Counties with the Highest STI Rates per 100,000 People in 2013

	Chlamydia	Gonorrhea	Syphilis
1	Menominee (1,313)	Milwaukee (319)	Milwaukee (16)
2	Milwaukee (1,108)	Kenosha (116)	Rusk (7)
3	Forest (589)	Racine (94)	Dane (6)
4	Kenosha (488)	Brown (75)	Racine (6)
5	Douglas (439)	Jackson (75)	Richland (6)
6	Dane (423)	Menominee (66)	Sheboygan (6)
7	Rock (411)	Dane (58)	Pierce (5)

Source: Wisconsin Department of Health Services Division of Public Health Bureau of Communicable Diseases and Emergency Preparedness STD Control Section (2014 May). Sexually Transmitted Disease in Wisconsin 2013 Reported Cases.

Retrieved from https://www.dhs.wisconsin.gov/publications/po/po0415-2013.pdf

Figure 1: Incidence of Selected Sexually Transmitted Infections (Chlamydia, Gonorrhea, Syphilis) in Dane County, 2009-13, by Race/Ethnicity



**Non-Hispanic.

Source: State of Wisconsin. (2014 May). Wisconsin Electronic Disease Surveillance System [Data system]. Retrieved from https://wedss.wisconsin.gov/webvcmr/

Chlamydia is the most commonly reported infection in Dane County. ^{19,20,21} Individuals 15-24 years old have the highest rates of STIs in Dane County. ¹⁹ The rate of STIs in Blacks is approximately ten times the rate of Whites in the county, ¹⁹ a disparity also seen in Wisconsin²³ and nationally. ²³

Why the racial/ethnic disparity in STIs?

Individual behavior does not explain racial/ethnic disparities. National research indicates that Whites have more unsafe sex than Blacks. However, a Black person who has unsafe sex is much more likely to get an STI than a White person because of the high prevalence of infection within their social network. Another major factor is the skewed ratio of available men to women in the Black community due to the high rate of incarceration and early death for Black men. Other factors include Blacks being more likely to be tested for STIs than Whites, relationship patterns, and poorer access to health care.

HIV is another STI affecting individuals living in Dane County. The rate of new HIV diagnoses in Dane County has been decreasing from 2007-2013, but it is still higher than the overall rate for Wisconsin. In 2014, there were 855 people living with HIV in Dane County which is 12% of the total number of individuals living with HIV in Wisconsin.²⁵ The lifetime treatment cost of an HIV infection is estimated

at \$379,668 (in 2010 dollars).²⁶ Therefore, in Dane County (with 30 cases/year) this totals approximately \$11,390,000 in lifetime treatment costs if all cases are treated. In Dane County, men accounted for 83% of the new HIV diagnoses in 2013. The most common identified risk factor was men who have sex with men (MSM), with 60% of the cases; only 3% of cases identified injection drug user (IDU) as the primary risk factor.²⁷ These statistics are similar to previous years. Rates of new diagnoses are highest in Blacks, and the reason for the disparity can be found in the box above.

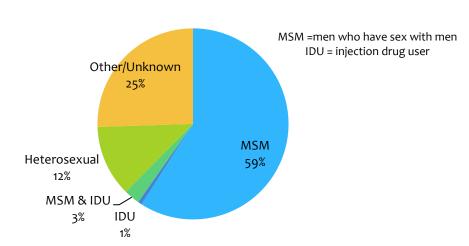


Figure 2: Risk Factors of Individuals Newly Diagnosed With HIV Infection 2008-2012

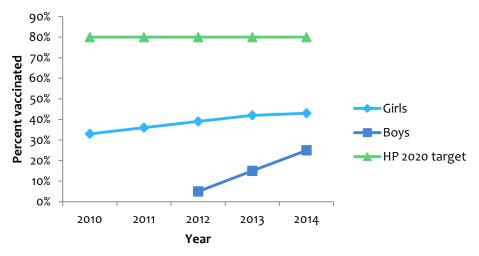
Source: Wisconsin Department of Health Services (April 2015). Reported Cases of HIV Infection Dane County, Wisconsin, 1082-2014. Retrieved from https://www.dhs.wisconsin.gov/publications/po/poo766-dane.pdf

In order to reduce the impact of HIV, HIV testing is critical. Approximately, one in five Americans living with HIV do not know they are infected.²⁸ In addition, it is vital to ensure that those infected have access to care and remain in treatment in order to achieve and maintain low levels of HIV in the body (virally suppressed).²⁸ Only about 57% of Dane County residents living with HIV in 2014 were virally suppressed.²⁹

Human Papillomavirus (HPV) Vaccination

HPV vaccination is important because it can protect males and females against diseases, including cancers, caused by HPV.³⁰ The percent of 13-18 year olds who have received the recommended three doses of the HPV vaccine in Dane County between 2010-2014 is shown in Figure 3. We are falling short of the Healthy People 2020 target for both girls and boys in Dane County. However, vaccination rates have gradually increased between 2010-2014 for girls and 2012-2014 for boys.

Figure 3: Percent of 13-18 Year Olds Who Have Received 3 Doses of HPV Vaccine in Dane County by Sex from 2010-2014



Source: State of Wisconsin. (2015). Wisconsin Immunization Registry [Data System]. Retrieved from https://www.dhfswir.org/PR/portalInfoManager.do

Teen Birth Rate

Teen pregnancy and childbearing can lead to large social and economic costs, resulting in long-term impacts on teen parents and their children.³¹ For example, only about 50% of teen mothers receive a high school diploma by age 22 (compared to 90% for women who had not given birth during adolescence). It is estimated that in 2011, teen pregnancy and childbirth accounted for approximately \$9.4 billion in costs to United States tax payers (increased health care and foster care, increased incarceration rates among children of teen parents, and lost tax revenue because of lower educational attainment and income among teen mothers).³¹

In 2013, there were 164 births (estimated pregnancy rate of 14.6 per 1,000) to mothers less than 20 years old in Dane County.³² The teen birth rate (females ages 15-19 years) has decreased almost 50% during the past 5 years (Figure 4). This decrease has occurred in all racial and ethnic groups. Decreases in the teen birth rate have been observed in WI and nationally as well. This decline is thought to be primarily due to improvement in teens' contraceptive use.³³ There has been increases in use of hormonal contraceptives, dual methods (i.e., condoms and hormonal methods simultaneously) and long-acting reversible contraceptive methods (LARCs) (i.e. IUD and implant).³⁴

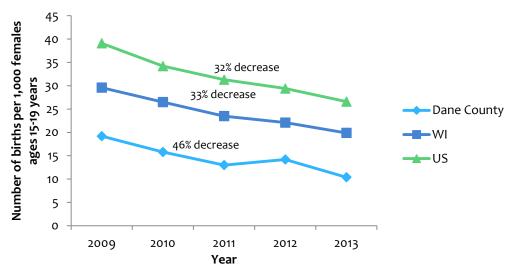


Figure 4: Teen Birth Rate in Dane County, Wisconsin, and the United States 2009-2013

Source: Wisconsin Department of Health Services (2014 December). Wisconsin Interactive Statistics on Health Teen Births module. Retrieved from https://www.dhs.wisconsin.gov/wish/teen-birth/index.htm

Pregnancy Intention

An unintended pregnancy is when a pregnancy is mistimed, unplanned, or unwanted at the time of conception and is associated with an increased risk for poor health outcomes for mom and baby.³⁵ During 2009-2011, it is estimated that 37% of Wisconsin births were unintended (Table 2). There are currently no county-level estimates for unintended pregnancies in Dane County. The abortion rate in Dane County from 2009-2013 has been decreasing ^{36,37,38} while the number of births has remained relatively stable.³⁹

There are disparities in unintended births by race/ethnicity, age, education, health insurance before pregnancy, and poverty status (Table 3). The differences in the ability to receive health care services (including contraception and legal pregnancy termination services)^{40,41} are likely to be one of the reasons for some of the disparities. Other factors include inconsistent or incorrect use of contraception (about 41% of unintended pregnancies nationally) or contraception failure (about %5 of unintended pregnancies nationally).⁴² Other factors include perceived infertility, not minding becoming pregnant or having a husband/partner who objects to using contraception.⁴¹

Table 3. Estimated Number and Percentage of Unintended Births from 2009-2011 in Wisconsin,

By Selected Maternal Characteristics

Characteristic	Number	Percent	95% C.I.
All Mothers	72,415	37.3	35.2 - 39.4
Race/Ethnicity			
White	46,225	32.3	29.6 – 35.0
Black/Afr. American	12,952	64.9	61.5 – 68.3
Hispanic/Latina	8,552	43.3	39.4 - 47.2
Other	4,686	41.1	36.1 – 46.2
Age			
Under 20 years	10,551	78.1	72.3 – 83.9
20-24	20,517	52.2	47.2 - 57.1
25-34	35,491	30.2	27.6 – 32.8
35 and older	5,856	24.3	19.2 – 29.5
Education			
Less than High School	12,703	53.2	47.9 – 58.6
High School	25,791	50.1	45.5 - 54.7
Some College	21,491	40.9	36.8 - 45.0
College Graduate	11,832	18.1	15.2 - 21.0
Health Insurance Before Pregnancy			
Private or Employer Insurance	30,215	25.7	23.1 – 28.2
Medicaid	28,159	58.0	53.9 – 62.2
Uninsured	12,071	49.3	43.5 - 55.2
Poverty Status			
Poor	28,636	56.9	53.0 – 60.9
Near-poor	16,722	46.5	41.2 - 51.7
Not poor	21,452	22.0	19.3 – 24.6

Source: 2009-2011 Wisconsin PRAMS, Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services. Note: The totals for some characteristics may not equal the number for "All Mothers," due to rounding and nonresponse. These totals underestimate the true percentage of pregnancies that are unintended because they do not include pregnancies ending in miscarriage, stillbirth or abortion.

Sexual Assaults

The economic and societal costs of rape and sexual assault are great, including decreased quality of life, costs of medical and victim services, loss of productivity and costs of law enforcement resources.⁴³

- There have been 1,606 sexual assaults in Dane County reported to law enforcement agencies from 2009-2013. 44 Sexual assaults include forcible rape, sodomy/oral sex, assault with an object, forcible fondling, statutory rape, and ejaculate/excrete upon the victim. There was an increase in reported sexual assaults over this time period. It is unknown if this is a true increase in the number of sexual assaults as this is an underreported statistic.
- The rate of reported forcible rapes in Dane County in 2012 was 30 per 100,000 people. 45
- In 2011, there were 26.8 forcible rapes per 100,000 residents nationally. In the Midwest, there were 31.4 forcible rapes per 100,000 residents in 2011.⁴⁵

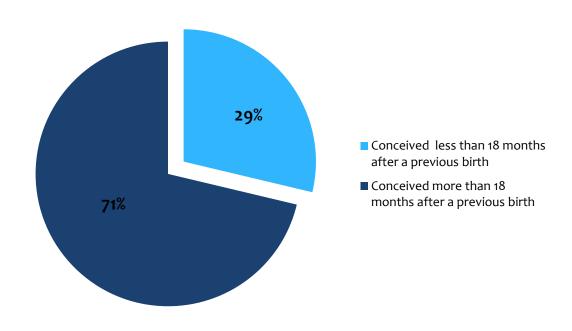
• In Wisconsin, 46% of rapes are of women under age 18 in 2012. 45 This is an 3.6% increase from the previous year.

"Rape is a challenging crime for law enforcement to track. Reported forcible rape figures can be affected by victims' willingness to report offenses, victims' comfort level with local law enforcement, and other factors. This crime tends to be underreported. According to the 2011 National Crime Victimization Survey conducted by the U.S. Department of Justice Bureau of Justice Statistics, 27% of rapes or sexual assaults were reported to police."

Pregnancy Spacing

The amount of time between a live birth and the beginning of the next pregnancy can affect the health of both mothers and infants.⁴⁶ It is recommended that pregnancy spacing should be greater than 18 months.⁴⁶ When pregnancy spacing is less than 18 months, the likelihood of adverse health outcomes for both mother and child increases. Examples include increasing the risk of preterm birth and low birth weight.⁴⁶ Nearly a third of births in Dane County were conceived less than 18 months from a previous live birth (Figure 5). This remained consistent from 2009-2013.³⁹

Figure 5: Percentage of Pregnancies Conceived less than 18 Months from a Previous Live Birth in Dane County in 2013



Source: Wisconsin Department of Health Services (2015 March). Wisconsin Interactive Statistics on Health Birth Counts module. Retrieved from https://www.dhs.wisconsin.gov/wish/birth/index.htm

Predictors of Sexual and Reproductive Health

There are numerous opportunities that would help the community achieve sexual and reproductive health including:

- All adolescents having the opportunity to participate in evidence-based, comprehensive education about sexual and reproductive health (build knowledge and resilience among young people).⁴⁷
- All women having access to accurate, informed choices for reproductive health planning and pregnancy spacing.^{41,48}
- Providers are able to provide tailored, confidential sexual and reproductive health services to specific at risk populations including teens, men who have sex with men and transgender individuals.⁴⁷
- Students feeling that adults and peers in the school care about their learning as well as about them as individuals (school connectedness) and about them being able to succeed academically. 49,50
- Parents and educators supporting and improving the learning, development and health of children and adolescents (youth development).⁵⁰
- All Dane County residents having access to health care services that are culturally and linguistically appropriate.⁵¹
- All Dane County residents having access to educational, economic, and job opportunities.⁵¹
- All Dane County residents being able to live free of discrimination and racism.⁵¹

Current activities & stakeholders in the community

Current PHMDC activities

- WIC
- PNCC & NFP
- STI-HIV Program
- Needle Exchange Program
- Breastfeeding education & support
- Well Woman Program

Potential stakeholders in Dane County:

- Dane County schools (i.e. MMSD)
- UW-Madison (including UW Athletic Department)
- Edgewood College
- Madison College
- United Way of Dane County
- Project RESPECT
- Sororities & fraternities
- PATCH (Providers and Teens Communicating for Health)
- Freedom Inc.
- Youth Resource Network
- MERIT
- YMCA
- YWCA
- Briarpatch Youth Services
- Boys & Girls Club
- Head Start
- Girls, Inc.
- Girls on the Run
- Wisconsin Alliance for Women's Health
- Wisconsin Women's Health Foundation
- 100 Black Men
- Urban League of Greater Madison
- Justified Anger
- Foundation for Black Women's Wellness
- African American Health Network
- Centro Hispano
- Childhood Obesity Collaborative
- Diverse and Resilient
- G Safe
- OutReach
- GLYSN
- Proud Theater
- Goodman Community Center
- Salvation Army
- Churches
- MEDIC

- ACHC
- Social Workers
- OB/GYN and other providers
- Planned Parenthood
- ARCW
- University Station Clinic- John Stephenson Teenage & Young Adult Clinic
- University of Wisconsin PATH Clinic
- University Health Services
- HMOs
- Madison Women's Health
- WI Guild of Midwives
- Happy Bambino
- Breastfeeding Coalitions
- African American Breastfeeding Coalition
- Home visiting programs
- Small Miracles
- Sex Out Loud
- Journey Mental health
- Quality Addition Management
- Madison Health Services
- Parent Addiction Coalition
- DAIS
- Lilada's Livingroom
- WI Coalition Against Domestic Violence
- Dane County Probation & Parole
- Dane County Sheriff's Department
- WI Department of Corrections
- ARC Community Services, Inc.
- Family Neighborhood Intervention (NIP)
- Local businesses and employers
- Dane County Department of Health Services (foster care, youth services, child protection)
- Wisconsin Maternal & Child Health Program (DHS)
- Wisconsin Department of Public Instruction
- Local politicians

Sources

- 1. American Sexual Health Association (ASHA). (n.d.). Understanding sexual health. Retrieved Sept 9, 2014 from http://www.ashasexualhealth.org/sexual-health/
- 2. World Health Organization (WHO). (n.d.). Reproductive health. Retrieved Sept 9, 2014 from http://www.who.int/topics/reproductive health/en/
- 3. World Health Organization (WHO). (n.d.). Sexual health. Retrieved Sept 9, 2014 from http://www.who.int/topics/sexual_health/en/
- 4. Mishra, G. D., Cooper, R., & Kuh, D. (2010). A life course approach to reproductive health: Theory and methods. *Maturitas*, 65(2), 92–97. doi:10.1016/j.maturitas.2009.12.009
- 5. Rao, T. S. S., Gopalakrishnan, R., Kuruvilla, A., & Jacob, K. S. (2012). Social determinants of sexual health. *Indian Journal of Psychiatry*, 54(2), 105–107. doi:10.4103/0019-5545.99527
- 6. World Health Organization. (2010). *Developing sexual health programmes: A framework for action.*Retrieved from http://whqlibdoc.who.int/hq/2010/WHO_RHR_HRP_10.22_eng.pdf
- 7. World Health Organization. (2010). Social determinants of sexual and reproductive health: Informing future research and programme implementation. Retrieved from http://whqlibdoc.who.int/publications/2010/9789241599528 eng.pdf
- 8. Women's Health West. (2011). *Social determinants of sexual and reproductive health.* Retrieved from http://whwest.org.au/wp-content/uploads/2012/06/SocDet Web.pdf
- 9. Centers for Disease Control and Prevention. (2015 February). Sexual violence: Risk and protective factors. Retrieved from http://www.cdc.gov/ViolencePrevention/sexualviolence/riskprotectivefactors.html
- 10. Healthy People 2020. (2015 June). Sexually transmitted diseases. Retrieved from http://www.healthypeople.gov/2020/topics-objectives/topic/sexually-transmitted-diseases
- 11. United Nations Population Fund. (2008). UNFPA emerging issues: Mental, sexual & reproductive health. Retrieved from http://www.unfpa.org/sites/default/files/pub-pdf/mental_rh_eng.pdf
- 12. Healthy People 2020. (2015 June). Disability and health. Retrieved from http://www.healthypeople.gov/2020/topics-objectives/topic/disability-and-health
- 13. Centers for Disease Control and Prevention. (2014 March). Disability and health: Related conditions. Retrieved from http://www.cdc.gov/ncbddd/disabilityandhealth/relatedconditions.html

- 14. CATIE. (n.d.) Women and the biology of HIV transmission. Retrieved from http://www.catie.ca/en/fact-sheets/epidemiology/women-and-biology-hiv-transmission
- 15. Chen, X., Jiang, J., Shen, H., & Hu, Z. (2011). Genetic susceptibility of cervical cancer. *Journal of Biomedical Research*, 25(3), 155–164. doi:10.1016/S1674-8301(11)60020-1 http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3597058/
- 16. Centers for Disease Control and Prevention (CDC). (2010). Establishing a holistic framework to reduce inequities in HIV, viral hepatitis, STDs, and tuberculosis in the United States. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control. Retrieved from http://www.cdc.gov/socialdeterminants/docs/SDH-White-Paper-2010.pdf
- 17. Healthy People 2020. (2015 June). 2020 topics and objectives: Objectives A–Z. Retrieved from http://www.healthypeople.gov/2020/topicsobjectives2020/default
- 18. Centers for Disease Control and Prevention (CDC). (2013 February). Incidence, Prevalence, and Cost of Sexually Transmitted Infections in the United States. Retrieved from http://www.cdc.gov/std/stats/STI-Estimates-Fact-Sheet-Feb-2013.pdf
- 19. State of Wisconsin. (2014 May). Wisconsin Electronic Disease Surveillance System [Data system]. Retrieved from https://wedss.wisconsin.gov/webvcmr/
- 20. Centers for Disease Control and Prevention. (2013 September). Summary of notifiable diseases United States, 2012. Morbidity and Mortality Weekly Report (MMWR). Retrieved from http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6153a1.htm
- 21. Centers for Disease Control and Prevention. (2014 December). Chlamydia. 2013 Sexually Transmitted Diseases Surveillance. Retrieved from http://www.cdc.gov/std/stats13/chlamydia.htm
- 22. Wisconsin Department of Health Services Division of Public Health Bureau of Communicable Diseases and Emergency Preparedness STD Control Section (2014 May). Sexually Transmitted Disease in Wisconsin 2013 Reported Cases. Retrieved from https://www.dhs.wisconsin.gov/publications/po/po0415-2013.pdf
- 23. Centers for Disease Control and Prevention. (2014 December). STDs in Racial and Ethnic Minorities. 2013 Sexually Transmitted Diseases Surveillance. Retrieved from http://www.cdc.gov/std/stats13/minorities.htm
- 24. Kraut-Becher, J., Eisenberg, M., Voytek, C., Brown, T., Metzger, D. S., & Aral, S. (2008). Examining racial disparities in HIV: lessons from sexually transmitted infections research. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, 47, S20-S27.
- 25. Wisconsin Department of Health Services. (2015 April). Wisconsin HIV/AIDS Surveillance Annual Review: New diagnoses, prevalent cases, and deaths through December 31, 2014. Retrieved from https://www.dhs.wisconsin.gov/publications/po/poo484.pdf

- 26. Centers for Disease Control and Prevention. (2013 April). HIV cost-effectiveness. Retrieved from http://www.cdc.gov/hiv/prevention/ongoing/costeffectiveness/
- 27. Wisconsin Department of Health Services (April 2015). Reported Cases of HIV Infection Dane County, Wisconsin, 1082-2014. Retrieved from https://www.dhs.wisconsin.gov/publications/po/poo766-dane.pdf
- 28. Centers for Disease Control and Prevention. (2012 July). HIV in the United States: The stages of care. Retrieved from http://www.cdc.gov/hiv/pdf/research_mmp_stagesofcare.pdf
- 29. WI AIDS/HIV Surveillance Program. (April, May 2015). Wisconsin HIV database.
- 30. Centers for Disease Control and Prevention. (2015 February). Genital HPV infection: Fact sheet. Retrieved from http://www.cdc.gov/std/hpv/stdfact-hpv.htm
- 31. Centers for Disease Control and Prevention. (2015 May). About teen pregnancy. Retrieved from http://www.cdc.gov/teenpregnancy/about/index.htm
- 32. Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics. P45365-1
- 33. Boonstra, H. D. (2014). What is behind the declines in teen pregnancy rates?. Guttmacher Policy Review, 17(3).
- 34. Guttmacher Institute. (2011 December). New government data finds sharp decline in teen births: increased contraceptive use and shifts to more effective contraceptive methods behind this encouraging trend, news in context. Retrieved from http://www.guttmacher.org/media/inthenews/2011/12/01/index.html
- 35. Centers for Disease Control and Prevention. (2013 February). Unintended pregnancy prevention. Retrieved from http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/index.htm
- 36. Wisconsin Department of Health Services Division of Public Health Office of Health Informatics. (2011). Reported Induced Abortions in Wisconsin. Retrieved from https://www.dhs.wisconsin.gov/publications/p4/p45360-11.pdf
- 37. Wisconsin Department of Health Services Division of Public Health Office of Health Informatics. (2012). Reported Induced Abortions in Wisconsin. Retrieved from https://www.dhs.wisconsin.gov/publications/p4/p45360-12.pdf
- 38. Wisconsin Department of Health Services Division of Public Health Office of Health Informatics. (2013). Reported Induced Abortions in Wisconsin. Retrieved from https://www.dhs.wisconsin.gov/stats/itop.htm

July 3, 2015

- 39. Wisconsin Department of Health Services (2015 March). Wisconsin Interactive Statistics on Health Birth Counts module. Retrieved from https://www.dhs.wisconsin.gov/wish/birth/index.htm.
- 40. Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Reported Induced Abortions in Wisconsin reports 2011, 2012, 2013.
- 41. Wisconsin Division of Public Health, Department of Health Services. (2013 March). Wisconsin PRAMS (Pregnancy Risk Assessment Monitoring System): Unintended pregnancy. Retrieved from https://www.dhs.wisconsin.gov/publications/po/po0471.pdf
- 42. Guttmacher Institute. (2015 February). Fact sheet: Unintended pregnancy. Retrieved from http://www.guttmacher.org/pubs/FB-Unintended-Pregnancy-US.html
- 43. White House Council on Women and Girls, & United States of America. (2014). Rape and sexual assault: A renewed call to action. Retrieved from https://www.whitehouse.gov/sites/default/files/docs/sexual_assault_report_1-21-14.pdf
- 44. Wisconsin Office of Justice Assistance. (April 2011, May 2010,) Sexual Assaults in Wisconsin 2010, 2009 and Wisconsin Department of Justice, Division of Law Enforcement Services, Bureau of Justice Information and Analysis personal correspondence. Retrieved from https://wilenet.org/html/justice-programs/programs/justice-stats/library.htm
- 45. Wisconsin Statistical Analysis Center, Crime Information Bureau, Department of Justice. (2013 September). Crime in Wisconsin 2012. Retrieved from https://wilenet.org/html/justice-programs/justice-stats/library/crime-and-arrest/2012-crime-in-wi.pdf
- 46. Health Resources and Services Administration, Maternal and Child Health Bureau. (2013).

 Pregnancy spacing. Retrieved from http://mchb.hrsa.gov/chusa13/perinatal-risk-factors-behaviors/p/pregnancy-spacing.html
- 47. Department of Health (DH). (2013 March). A framework for sexual health improvement in England. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf
- 48. Centers for Disease Control and Prevention (CDC). (2013 February). Reproductive health: Unintended pregnancy prevention. Retrieved from http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/
- 49. Centers for Disease Control and Prevention (CDC). (2014 November). Adolescent and school health: Protective factors. Retrieved from http://www.cdc.gov/healthyyouth/protective/index.htm
- 50. Centers for Disease Control and Prevention (CDC). (2015 February). Sexual violence: Risk and protective factors. Retrieved from http://www.cdc.gov/ViolencePrevention/sexualviolence/riskprotectivefactors.html

51. Healthy People 2020. (2015 June). Social determinants of health. Retrieved from http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health