

Sexual & Reproductive Health

Trends in Dane County & Wisconsin

Sexual and reproductive health is about well-being in all parts of someone's sexuality and reproductive system.

Sexual health isn't just about managing and treating sexually transmitted infections (STIs). It's also about:

- Sex without coercion or violence
- Pleasurable, fun, satisfying sex
- Feeling respected in your sexuality and your relationships
- The freedom to decide if, when, and how often to have children¹

Inequities are not just driven by individual choices— they're driven by systems.

The choices we make are heavily influenced by the constraints of the systems and society around us. Think about how much harder it is to get effective birth control if you don't have health insurance. Or how much more difficult getting tested for STIs would be if you're judged for your sexuality by health care providers. Or how if you need to exchange sex for a place to stay you might have less choice about what that sex looks like. Inequities in sexual and reproductive health need to be addressed at the systems level.

The sexual and reproductive health data presented in this report were selected because they are priority areas for Dane County, Wisconsin, and/or [Healthy People 2030](#).



Sexually Transmitted Infections (STIs)



HIV



HIV Care Continuum



Biomedical HIV Prevention



Teen Pregnancy



Pregnancy Intention



Pregnancy Spacing



Sexual Violence

Note that this data brief uses gendered terms such as “woman,” “women,” and “female” to describe people assigned female at birth or with a cervix, including transgender men and gender-diverse people with a cervix. Similarly, “man,” “men,” and “male” are used to describe people assigned male at birth or with a penis, including transgender women and gender diverse people with a penis. We recognize this barrier in collecting and reporting data, as it limits community members from seeing themselves accounted for in the data.

SEXUALLY TRANSMITTED INFECTIONS (STIs)

Chlamydia, gonorrhea, and syphilis are the most commonly reported STIs.²

Untreated chlamydia or gonorrhea may cause serious or long-term health problems such as infertility or pelvic inflammatory disease (PID) among people with uteruses.³⁻⁴ Untreated syphilis may spread to the brain, eyes, or ears at any stage or damage internal organs at later stages.⁵ All three STIs, when left untreated, may increase the chance of getting HIV (among people not living with HIV) or giving HIV (among people living with HIV).³⁻⁵

Compared to other Wisconsin counties, Dane County ranks 5th overall in STI rates.² Other very common STIs include Herpes simplex virus (HSV), Trichomoniasis (“trich”), and Human papillomavirus (HPV). Unlike chlamydia, gonorrhea, and syphilis, these STIs are not notifiable diseases, so we don’t have local data on them, but they still have important health implications for PID, pregnancy, and HIV.



In Dane County, the most commonly reported STI is **chlamydia**⁶



In Dane County, **people ages 20-24** have the highest STI rates⁶

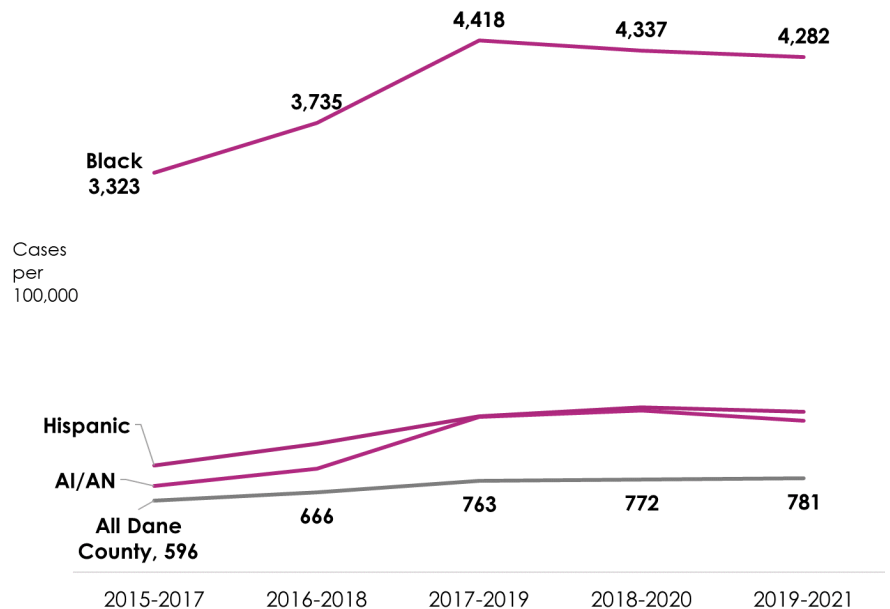


In Dane County, **syphilis rates have doubled** from 2017 to 2021⁷

There are significant and persistent racial inequities in Dane County STI rates.

Black, Hispanic/Latino, and American Indian/Alaska Native (AI/AN) people experience the highest burden of STIs in Dane County.⁷ These inequities are reflected in both statewide and national data.

WHY? These persistent inequities are not caused by biological differences in racial/ethnic groups, nor are they fully explained by individual behaviors like condom use. Rather, they result from deeply-rooted systemic barriers to STI prevention, treatment, and diagnosis such as poverty, difficulty accessing culturally-competent sexual health services, discrimination from medical providers, and smaller sexual networks with higher STI rates.⁸



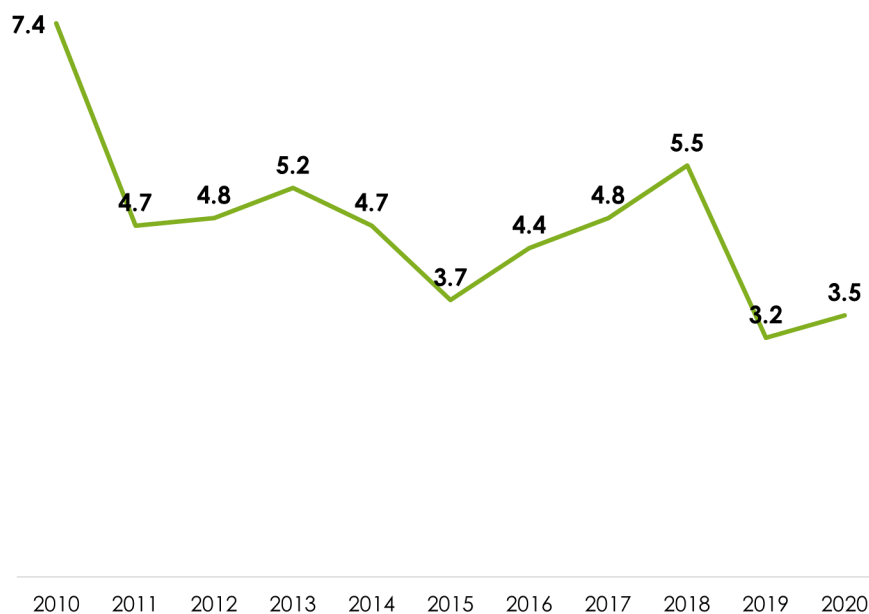
Syphilis rates are rising among women in Dane County.

In 2021, there were 135 people diagnosed with syphilis in Dane County.⁹ Women experienced 24% of the syphilis burden in 2021, compared to 9-15% annually between 2017 and 2020. Untreated syphilis in pregnant people can cause miscarriage, stillbirth, or infant death shortly after birth. Three infants were diagnosed with congenital syphilis during 2019-2021 in Dane County compared to one infant during 2001-2018.

HUMAN IMMUNODEFICIENCY VIRUS (HIV)

The rate of new HIV diagnoses in Dane County has slowly declined over the past decade.

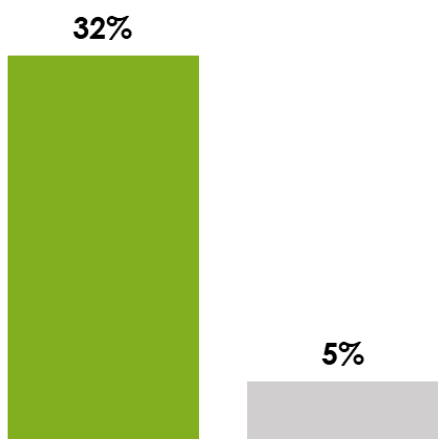
In Dane County, new HIV diagnoses have decreased overall from **7.4 to 3.5 cases per 100,000 people** from 2010 to 2020.¹⁰⁻¹¹ HIV rates have declined across the United States due to increased HIV testing, HIV treatment, and the use of biomedical HIV prevention strategies (like PrEP).¹²



19 people were newly diagnosed with HIV in Dane County in 2020.¹¹

Inequities in HIV burden remain wide in Dane County.

The reasons for racial inequities in HIV burden are similar to those for STIs. Gay, bisexual, and other men who have sex with men (GBMSM) are disproportionately impacted by HIV. Social and structural reasons—such as HIV stigma, homophobia, discrimination, poverty, difficulty accessing culturally-competent and high-quality sexual health care, and small sexual networks with high HIV rates—drive these inequities and health outcomes.



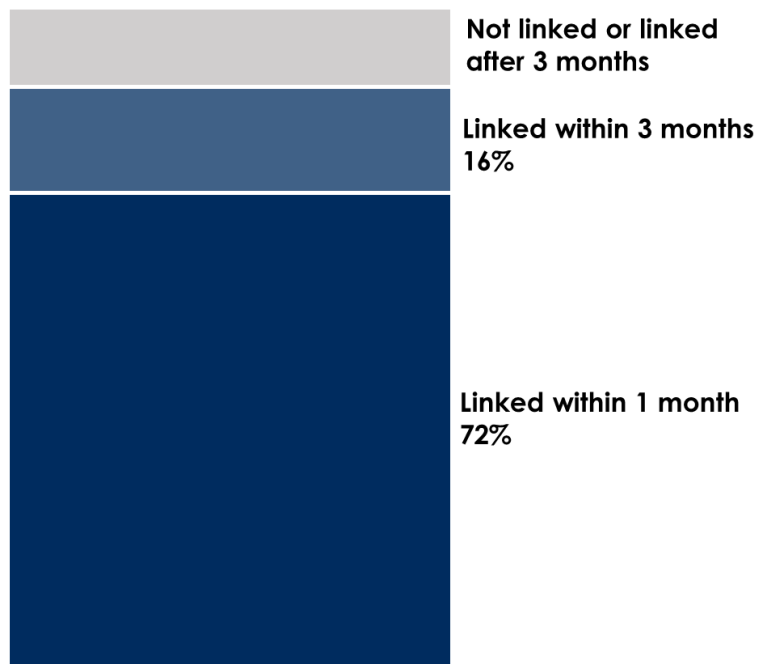
32% of new HIV infections are among **Black people in Dane County**,¹⁰ but **only 5%** of people ages 18-64 in Dane County are **Black**.¹³



More than 7 in 10 new HIV diagnoses in Dane County are among GBMSM.¹⁰

HIV CARE CONTINUUM & TREATMENT AS PREVENTION

Most people newly diagnosed with HIV in Dane County are linked to care within one month of diagnosis.



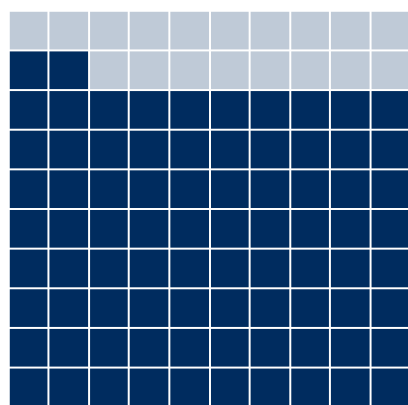
Seven in ten people who are newly diagnosed with HIV in Dane County are linked to HIV care services within one month of their diagnosis, with nearly 9 in 10 linked within 3 months.¹⁴ Timely linkage to HIV care can help people living with HIV lead healthier lives and prevent further HIV transmission (treatment as prevention, or TasP).



There were **807 people** living with HIV in Dane County in 2021.

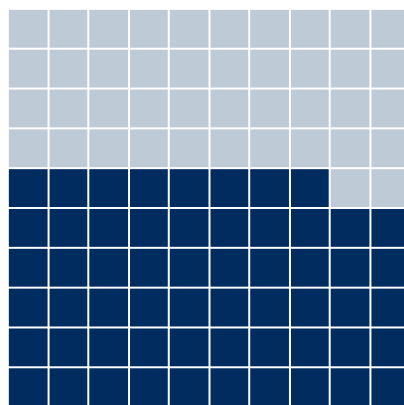
For every 100 people living with HIV in Dane County in 2021:

82 received HIV care



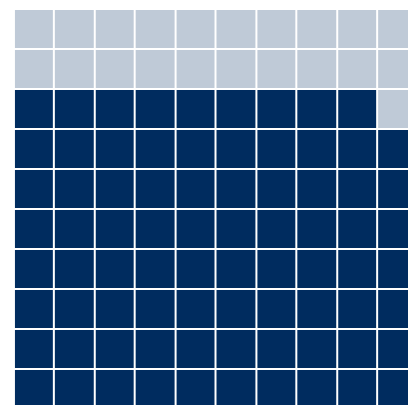
Receipt of HIV care = had at least one CD4 or viral load test in 2021

52 were retained in care



Retained in care = had two or more CD4 or viral load tests, 3 or more months apart in 2021

79 were virally-suppressed



Virally-suppressed = had a viral load test result less than 200 copies/mL in 2021

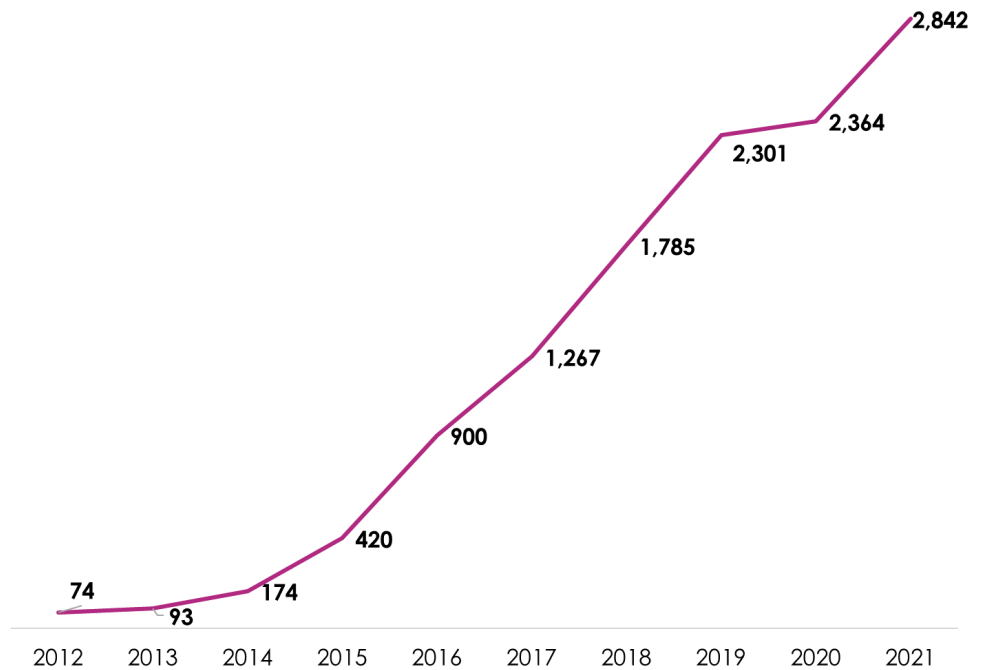
Undetectable=Untransmittable (U=U)

People living with HIV who achieve and maintain an undetectable HIV viral load in the blood (virally-suppressed) by taking antiretroviral therapy (ART) as prescribed cannot sexually transmit HIV to others (known as Undetectable=Untransmittable, or U=U).¹⁵ Research shows that as the number of people in a community who are virally suppressed rises, the number of new HIV diagnoses falls. Thus, HIV treatment is an important part of HIV prevention (TasP).

BIOMEDICAL HIV PREVENTION (PrEP)

PrEP use has increased in Wisconsin since its approval for HIV prevention.

Pre-exposure prophylaxis (PrEP) involves people not living with HIV taking medication to reduce the likelihood of HIV infection if they were exposed to the virus. Originally approved to treat HIV infection in combination with other drugs, Truvada was the first drug approved for HIV prevention (PrEP) in 2012.¹⁶ From 2012-2021, the number of people in Wisconsin using Pre-Exposure Prophylaxis (PrEP) for HIV prevention has increased dramatically.¹⁷ **In 2021, 2,842 people were using PrEP statewide.**

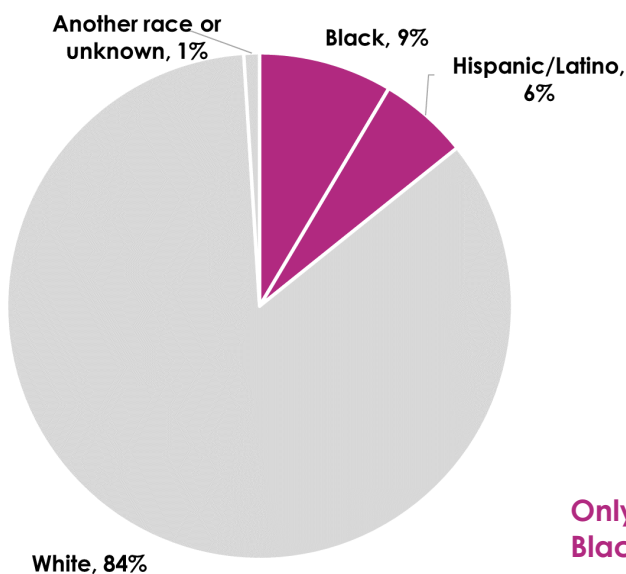


Black and Hispanic/Latino people are underrepresented in statewide PrEP use.

Statewide, Black and Hispanic/Latino people experience 57% of all new HIV infections, but only make up 15% of people who use PrEP for HIV prevention.^{11,17}

Barriers to PrEP use include concerns about safety, side effects, interactions with hormone therapy, cost and insurance barriers, stigma and discrimination, quarterly lab tests and doctor visits, and not wanting to take a medication every day.

PrEP is available in different forms:



As an **oral pill** that can be taken daily or "on-demand" (also called 2-1-1 dosing)



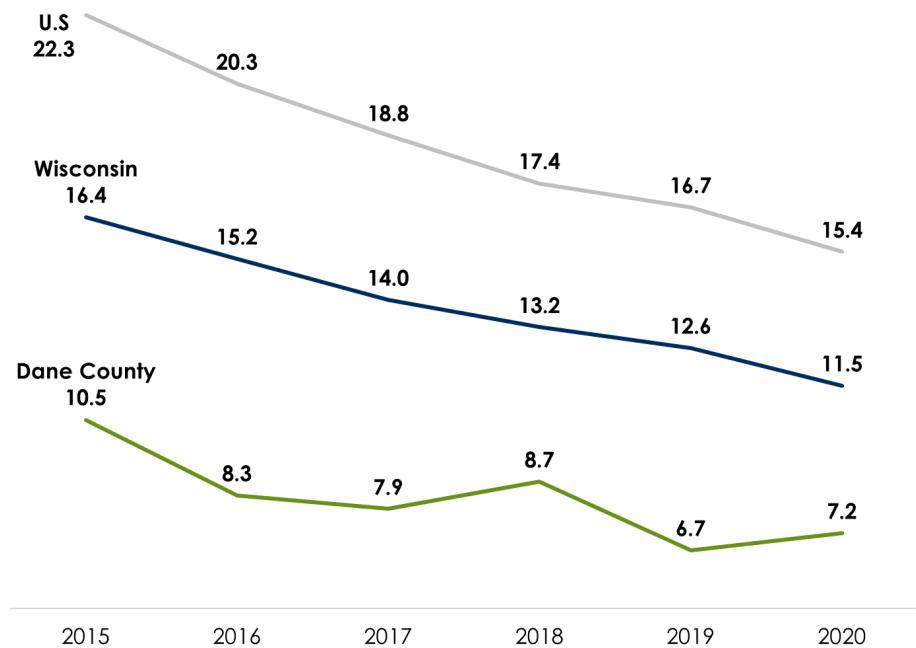
As an **intramuscular injection** given by a health care provider every 2 months

Only 15% of people who use PrEP statewide are **Black or Hispanic/Latino.**

TEEN PREGNANCY

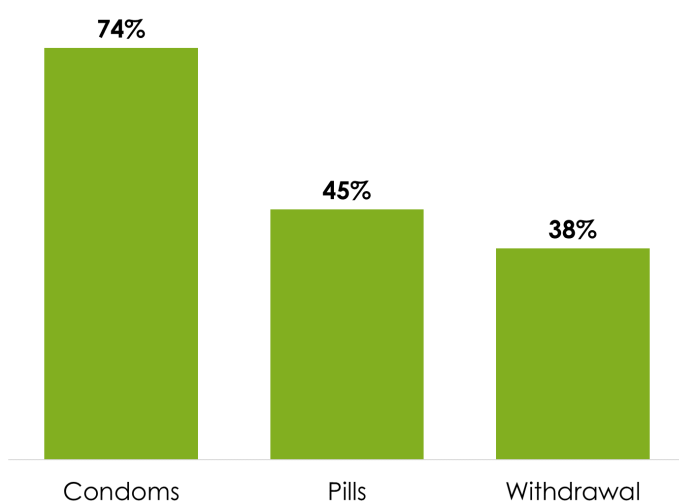
Teen births in Dane County have decreased and are lower than teen births statewide and nationally.

From 2015-2020, the teen birth rate (births among females ages 15-19) in **Dane County has decreased more than 30%**, reflecting statewide and national trends.¹⁸⁻¹⁹ This decline is primarily attributable to teens' increased uptake of moderately- and highly-effective pregnancy prevention methods.



More than two-thirds of high school students in Dane County say they always use something to prevent pregnancy during vaginal sex.

Nearly 9 in 10 high school students in Dane County who have vaginal sex report always (69%) or sometimes (17%) using a method to prevent pregnancy.²¹ Dane County high school students use a diverse range of pregnancy prevention methods, but condoms, oral contraceptive pills, and the withdrawal method (“pulling out”) are the most popular. Additionally, about 8 in 10 Dane County high school students report always (52%) or sometimes (30%) using a condom to prevent STI transmission.



Not having my gym teacher as my health teacher [...it's] just so obvious when someone is not comfortable talking about sex. Like, if you're gonna be embarrassed, think about how embarrassed we're gonna be [...] listening to you. [We] will notice your body language...[and] that will make us not take you seriously.

—Focus group participant on what makes you comfortable in receiving sexual and reproductive health education²²

PREGNANCY INTENTION

Over one-quarter of Wisconsin births are unintended.

Living in or near poverty (71%)

< 25 years old (41%)

3+ births (20%)

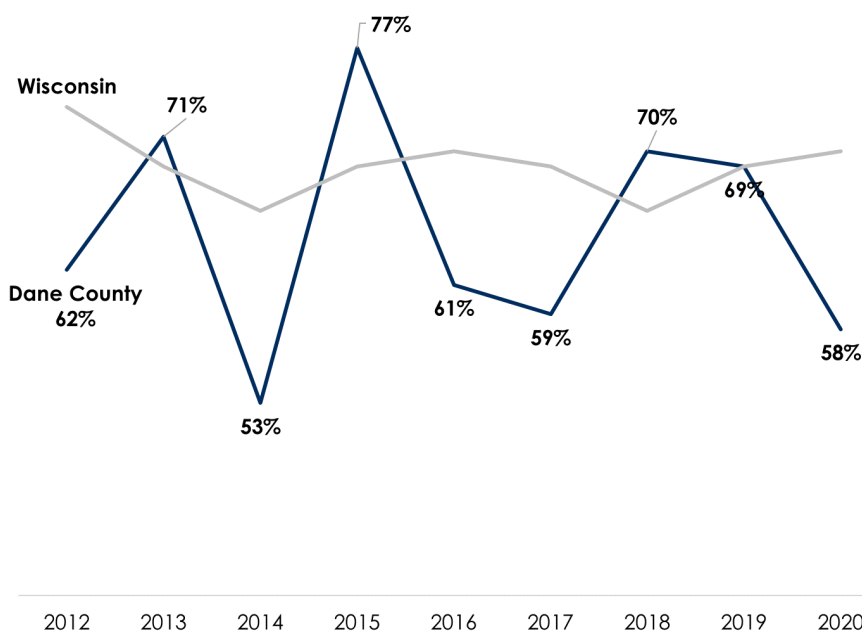
First pregnancy (40%)

An unintended pregnancy is a pregnancy that is mistimed or unwanted at the time of conception. Unintended pregnancies are associated with increased risk for poor health outcomes for both the birthing parent and the baby. From 2018-2020, nearly 27% of Wisconsin births were unintended.²³ Among those people with unwanted pregnancies, most lived in or near poverty (71%) and were under 25 years old (41%).

More than half of people who give birth in Dane County report using pregnancy prevention in the postpartum period.

Interpregnancy intervals (the time between birth and the beginning of the next pregnancy) shorter than 18 months are associated with poor outcomes for birthing people and infants. In 2020, **58% of people who gave birth in Dane County** reported using a highly- or moderately-effective pregnancy prevention method in the postpartum period compared to 70% of birthing people statewide.²⁴

Some forms of pregnancy prevention are more effective in helping people delay pregnancy. Highly or moderately effective forms of pregnancy prevention include shots or injections (Depo-Provera), implants, intrauterine devices (IUDs), oral pills, patches, diaphragms, vasectomy, and hysterectomy. Using a highly or moderately effective method is associated with a low risk of unintended pregnancy when used properly and consistently.



The Dobbs decision will impact the local reproductive health landscape.

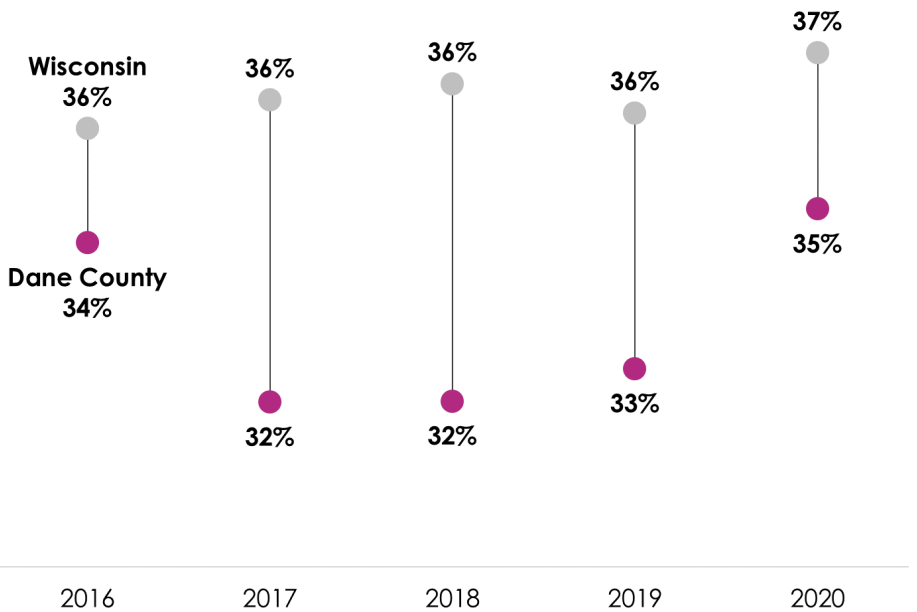
In Dane County, the rate of reported induced abortions from 2017-2021 has steadily dropped annually. The number of births from 2016-2020 has also declined annually.²⁵ With the Dobbs decision, abortion provision became illegal in Wisconsin in 2022. Researchers predict a 2-4% increase in the number of births due to the lack of legal abortion services, with the largest increases expected in Dane and Columbia Counties.²⁶ People in Dane County now have a 120-mile increase to the nearest legal abortion services. In Dane County, only 5% of people of reproductive age identify as Black or African-American, but comprised more than 23% of induced abortions before the Dobbs decision.

PREGNANCY SPACING

One-third of non-first time births in Dane County are conceived less than 18 months from the previous live birth.

In **Dane County**, the proportion of non-first time births with an interpregnancy interval of less than 18 months has remained relatively unchanged and slightly lower than statewide.²⁷

WHY DOES IT MATTER? When the time between pregnancies is less than 18 months, the likelihood of poor health outcomes for both the birthing person and infant increases. For example, the chances of preterm birth (when a baby is born too early, before 37 weeks of pregnancy) and low birthweight (baby's weight at birth is less than 2,500 grams or 5.5 pounds) are increased with a shorter interpregnancy interval.

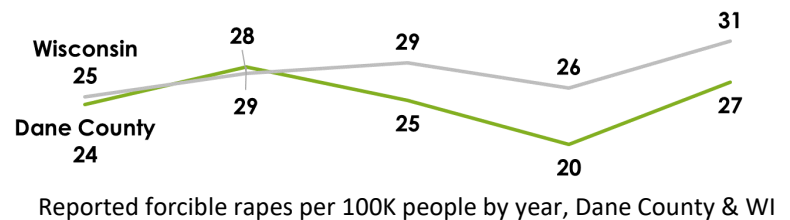


SEXUAL VIOLENCE

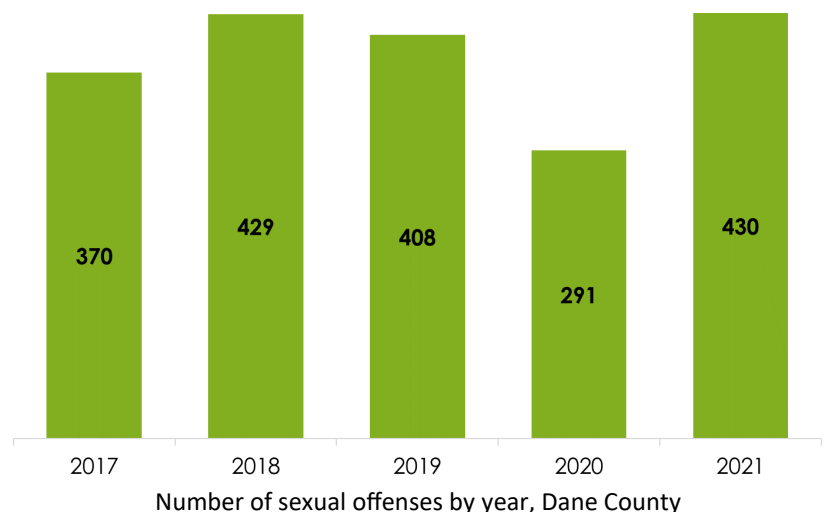
Reported sexual assaults have increased in Dane County since the beginning of the Covid-19 pandemic.

There were **1,928 total sexual assaults reported to Dane County** law enforcement agencies between 2017-2021.²⁸ In 2021, the **rate of reported rapes in Dane County was 27 per 100,000 people**, lower than the statewide rate (31 per 100,000). Because sexual assaults often go underreported, the true numbers are likely much higher. In fact, it is estimated that nearly 80% of rapes and sexual assaults go unreported.²⁹⁻³⁰ There is emerging evidence that rates of sexual violence increase during states of emergency, such as the natural disasters and the COVID-19 pandemic.³¹

Intimate partner violence impacts people of all genders. One in 3 women, 1 in 4 men, and more than 1 in 2 transgender and non-binary people report experiencing violence from an intimate partner in their lifetime.³²⁻³³



Reported forcible rapes per 100K people by year, Dane County & WI



Number of sexual offenses by year, Dane County

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