

Teenwise Minnesota is the statewide leader in promoting adolescent sexual health, preventing adolescent pregnancy and gaining support for adolescent parents. We achieve this by developing, strengthening, and advancing science-based policies and programs

## 2011 Adolescent Sexual Health Report

*All data in this report is specific to Otter Tail County, unless noted otherwise.*

### Sexual Activity<sup>1</sup>

	Females	Males
9th grade	23%	21%
12th grade	57%	55%

	Females	Males
<b>Always use birth control</b>		
9th grade	44%	30%
12th grade	73%	52%
<b>Rarely or never use birth control</b>		
9th grade	35%	60%
12th grade	15%	25%

	Females	Males
<b>Always use a condom</b>		
9th grade	48%	51%
12th grade	49%	42%
<b>Rarely or never use a condom</b>		
9th grade	15%	28%
12th grade	24%	21%
<b>Used condom with last partner</b>		
9th grade	70%	68%
12th grade	58%	68%

### Pregnancy and Birth<sup>2</sup>

Number of Pregnancies Under 19 years	26
Number of Births Under 19 years	25

*\*numbers are not reported for counties with fewer than 20 births or pregnancies*

Pregnancy Rates per 1,000		Birth Rates per 1,000	
15-17 years	*	15-17 years	*
18-19 years	*	18-19 years	*
15-19 years	14.9	15-19 years	14.4

**State Comparison:** Since 1990, adolescent pregnancy and birth rates have decreased significantly in Minnesota. Although these rates increased in 2006 and 2007, the most recent data from 2008 and 2009 indicate decreases in adolescent pregnancy and birth. In 2009, 5,981 females aged 15-19 and 81 females under the age of 15 became pregnant. Each day in 2009, approximately 16 adolescents became pregnant. In 2009, there were 4,383 births to females aged 15-19 and 37 births to females under the age of 15. Each day in 2009, approximately 12 adolescents gave birth.

**National Comparison:** From 1991 to 2005, the United States adolescent birth rate declined by approximately 34%. However, this decline was interrupted by a 5% increase between the years of 2005 and 2007. The birth rate for adolescents aged 15-19 is once again declining with a decrease of 8% between the years of 2007 and 2009.<sup>3</sup> In 2008, Minnesota had the country's eighth lowest adolescent birth rate, which was a change from the tenth lowest adolescent birth rate in 2006.<sup>4</sup>

## Prenatal Care and Low Birth Weight<sup>5</sup>

Adolescents are at high risk for delaying prenatal care and having low birth weight babies, which can lead to long-term medical and educational consequences for children.<sup>6,7</sup> To address these issues, young people need access to confidential pregnancy testing and prenatal care, home visiting services and support for their ability to effectively parent.

Age Group	Percentage
15-19 years	8.0%
20-29 years	0.5%
30-39 years	1.0%
40+ years	0.0%

Age Group	Percentage
15-19 years	12.0%
20-29 years	5.2%
30-39 years	5.4%
40+ years	8.3%

## Sexually Transmitted Infections (STIs) and HIV/AIDS<sup>8</sup>

Infection	Rate
Chlamydia rate	376.7
Gonorrhea rate	*
HIV rate**	*

\* indicates that number of cases was too low to calculate a rate  
\*\*HIV rate is age 13-19 per 100,000 population

	Females	Males
<b>Never</b>		
9th grade	29%	53%
12th grade	30%	42%
<b>At least once per partner</b>		
9th grade	50%	36%
12th grade	45%	42%

**State Comparison:** In 2010, there were 4,767 cases of chlamydia among 15-19 year olds in Minnesota. This is an increase of 6.5% from last year (4,478 cases). In 2009, there were 614 cases of gonorrhea among 15-19 year olds in Minnesota. This is an increase of 0.7% from last year (610 cases). Even though they account for only 7% of the population in Minnesota<sup>10</sup>, adolescents aged 15-19 accounted for 31% of chlamydia and 29% of gonorrhea cases reported in the state in 2010.<sup>11</sup>

## Public Assistance<sup>12</sup>

**State Comparison:** Families that began with an adolescent giving birth are more likely to be on public assistance than those with a first birth at later ages. In December 2010, 18,529 of the 37,178 Minnesota Family Investment Program (MFIP) cases were to families that had begun with an adolescent birth. Approximately 50% of all families receiving MFIP began with a birth to an adolescent.

Number of cases of families on MFIP started with an adolescent birth	93
% of total MFIP cases that are families started with an adolescent birth	48.7%
Total MFIP dollars given to families started with an adolescent birth	\$60,636
% total MFIP dollars that go to families started with an adolescent birth	49.9%

\*Numbers are not reported for counties with fewer than 20 cases. County Human Service Administrators can obtain this information from DHS.

<sup>1</sup> Minnesota Department of Education, Minnesota Student Survey 2010.

<sup>2</sup> Minnesota Department of Health, MN Center for Health Statistics, 2011.

<sup>3</sup> Hamilton BE, Martin JA, Ventura SJ. Births: Preliminary data for 2009. National vital statistics reports; vol 59 no 3. Hyattsville, MD: National Center for Health Statistics, 2010.

<sup>4</sup> The National Campaign to Prevent Teen and Unplanned Pregnancy. 2008 50 state comparison data.

<sup>5</sup> Minnesota Department of Health, MN Center for Health Statistics, 2010.

<sup>6</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. Child Health USA 2008-2009. Rockville, Maryland: U.S. Department of Health and Human Services, September 2009.

<sup>7</sup> ChildTrends Databank, Percent of All Births to Mothers Receiving Late or No Prenatal Care by Detailed Race and Hispanic Origin of Mother and Age, Selected Years 1970-2006, [http://www.childtrendsdatabank.org/sites/default/files/25\\_tab01.pdf](http://www.childtrendsdatabank.org/sites/default/files/25_tab01.pdf)

<sup>8</sup> Minnesota Department of Health, STD and HIV Section, 2011.

<sup>9</sup> Minnesota Department of Education, Minnesota Student Survey 2010.

<sup>10</sup> U.S. Census Bureau, 2006 American Community Survey, [www.census.gov](http://www.census.gov)

<sup>11</sup> Minnesota Department of Health, STD and HIV Section, 2011.

<sup>12</sup> Minnesota Department of Human Services, Reports and Forecasts Division, December 2010.