



MOAPPP is the statewide leader in promoting adolescent sexual health, preventing adolescent pregnancy, and gaining support for adolescent parents.

2009 Murray County Adolescent Sexual Health Report

All data in this report is specific to Murray County, unless noted otherwise.

Sexual Activity¹

	Females	Males
9th grade	N/A	N/A
12th grade	N/A	N/A

	Females	Males
Always use birth control		
9th grade	N/A	N/A
12th grade	N/A	N/A
Rarely or never use birth control		
9th grade	N/A	N/A
12th grade	N/A	N/A

	Females	Males
Always use a condom		
9th grade	N/A	N/A
12th grade	N/A	N/A
Rarely or never use a condom		
9th grade	N/A	N/A
12th grade	N/A	N/A
Used condom with last partner		
9th grade	N/A	N/A
12th grade	N/A	N/A

Pregnancy and Birth²

Number of Pregnancies Under 19 years	*
Number of Births Under 19 years	*

Pregnancy Rates per 1,000		Birth Rates per 1,000	
15-17 years	16.4	15-17 years	16.4
18-19 years	65.9	18-19 years	65.9
15-19 years	32.8	15-19 years	32.8

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

State Comparison: Since 1990, adolescent pregnancy and birth rates have decreased significantly in Minnesota. In 2006, Minnesota adolescent pregnancy and birth rates increased for the first time in 14 years. The most recent data (released in 2009) indicate that both pregnancy and birth rates increased again from 2006 to 2007. In 2007, 7,109 females aged 15-19 and 120 females under the age of 15 became pregnant. Each day in 2007, approximately 20 adolescents became pregnant. In 2007, there were 5,182 births to females aged 15-19 and 67 births to females under the age of 15. Each day in 2007, approximately 14 adolescents gave birth.

National Comparison: Since 1991, the U.S. adolescent birth rate has declined by approximately 31%. Between 2006 and 2007, the birth rate for adolescents aged 15-19 increased 1.4%; however, the increase from 2005 to 2007 was 5%³. In 2006, Minnesota had the country's tenth lowest adolescent birth rate, which was a change from the seventh lowest adolescent birth rate in 2005.⁴

Prenatal Care and Low Birth Weight⁵

Females who have not received prenatal care are three times more likely to have low birth weight babies (defined as less than 2500 grams/5lbs. 8 oz.)⁶. Low birth weight status can have serious long-term medical consequences. Along with age of mother, there are many factors that can contribute to low birth weight including poverty, smoking, access to health care and multiple births⁷. Pregnant adolescents under the age of 15 are at highest risk of receiving late or no prenatal care.

Age Group	Percentage
15-19 years	0.0%
20-29 years	1.7%
30-39 years	0.0%
40+ years	0.0%

Age Group	Percentage
15-19 years	0.0%
20-29 years	8.6%
30-39 years	2.9%
40+ years	0.0%

Sexually Transmitted Infections (STIs) and HIV/AIDS⁸

Infection	Rate
Chlamydia rate	*
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
Never		
9th grade	N/A	N/A
12th grade	N/A	N/A
At least once per partner		
9th grade	N/A	N/A
12th grade	N/A	N/A

State Comparison: In 2008, there were 4,358 cases of chlamydia among 15-19 year olds in Minnesota. This is an increase of 9% from last year (4,010 cases). In 2008, there were 800 cases of gonorrhea among 15-19 year olds in Minnesota. This is a decrease of 7% from last year (859 cases). Even though they account for only 7% of the population in Minnesota¹⁰, adolescents aged 15-19 accounted for 30% of chlamydia and 26% of gonorrhea cases reported in the state in 2008¹¹.

Public Assistance¹²

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 2008, 17,099 of the 33,190 Minnesota Family Investment Program (MFIP) cases were to families that had begun with an adolescent birth. Approximately 52% of all families receiving MFIP began with a birth to an adolescent.

Number of cases of families on MFIP started with an adolescent birth	*
% of total MFIP cases that are families started with an adolescent birth	*
Total MFIP dollars given to families started with an adolescent birth	*
% total MFIP dollars that go to families started with an adolescent birth	*

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

¹ Minnesota Department of Education, Minnesota Student Survey 2007.

² Minnesota Department of Health, MN Center for Health Statistics, 2009.

³ Hamilton BE, Martin JA, Ventura SJ. Births: Preliminary data for 2007. National vital statistics reports; vol 57 no 12. Hyattsville, MD: National Center for Health Statistics, 2009.

⁴ The National Campaign to Prevent Teen and Unplanned Pregnancy. 2006 50 state comparison data.

⁵ Minnesota Department of Health, MN Center for Health Statistics, 2009.

⁶ Maternal and Child Health Bureau. A Healthy Start: Begin Before Baby's Born, U.S. Department of Health and Human Services, 2005.

⁷ U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. *Child Health USA 2005*. Rockville, MD: U.S. Department of Health and Human Services, 2005.

⁸ Minnesota Department of Health, STD and HIV Section, 2009.

⁹ Minnesota Department of Education, Minnesota Student Survey 2007.

¹⁰ U.S. Census Bureau, 2006 American Community Survey, www.census.gov

¹¹ Minnesota Department of Health, STD and HIV Section, 2009.

¹² Minnesota Department of Human Services, Reports and Forecasts Division, December 2008.