

MOAPPP 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

2010 Adolescent Sexual Health Report

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

Sexual Activity¹

Table 1. Percent of Students Who Have Ever Had Sex

	Females	Males
9th grade	10%	15%
12th grade	51%	38%

Table 3. Contraceptive Use

	Females	Males
Always use birth control		
9th grade	33%	33%
12th grade	69%	91%
Rarely or never use birth control		
9th grade	33%	33%
12th grade	19%	0%

Table 2. Condom Use

	Females	Males
Always use a condom		
9th grade	67%	33%
12th grade	31%	45%
Rarely or never use a condom		
9th grade	0%	0%
12th grade	57%	36%
Used condom with last partner		
9th grade	75%	67%
12th grade	38%	55%

Pregnancy and Birth²

Table 4. Number of Pregnancies and Births, 2008

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

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

Table 5. Pregnancy and Birth Rates, 2008

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	8.8	15-19 years	8.8

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 (released in 2010) indicate decreases in adolescent pregnancy and birth. In 2008, 6,598 females aged 15-19 and 113 females under the age of 15 became pregnant. Each day in 2008, approximately 18 adolescents became pregnant. In 2008, there were 4,878 births to females aged 15-19 and 65 births to females under the age of 15. Each day in 2008, approximately 14 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 has once again begun to decline with a decrease of 2% in 2008.³ 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

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.^{6,7} 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	40.0%
20-29 years	0.0%
30-39 years	2.4%
40+ years	0.0%

Age Group	Percentage
15-19 years	0.0%
20-29 years	4.6%
30-39 years	4.9%
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	75%	50%
12th grade	53%	55%
At least once per partner		
9th grade	25%	50%
12th grade	41%	27%

State Comparison: In 2009, there were 4,478 cases of chlamydia among 15-19 year olds in Minnesota. This is an increase of 3% from last year (4,358 cases). In 2009, there were 610 cases of gonorrhea among 15-19 year olds in Minnesota. This is a decrease of 24% from last year (800 cases). Even though they account for only 7% of the population in Minnesota¹⁰, adolescents aged 15-19 accounted for 32% of chlamydia and 27% of gonorrhea cases reported in the state in 2009.¹¹

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 2009, 18,388 of the 36,123 Minnesota Family Investment Program (MFIP) cases were to families that had begun with an adolescent birth. Approximately 51% of all families receiving MFIP began with a birth to an adolescent.

Number of cases of families on MFIP started with an adolescent birth	10
% of total MFIP cases that are families started with an adolescent birth	47.6%
Total MFIP dollars given to families started with an adolescent birth	\$4,934
% total MFIP dollars that go to families started with an adolescent birth	41.3%

*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, 2010.

³ Hamilton BE, Martin JA, Ventura SJ. Births: Preliminary data for 2008. National vital statistics reports; vol 58 no 16. Hyattsville, MD: National Center for Health Statistics, 2010.

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, 2010.

⁶ 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.

⁷ 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

⁸ Minnesota Department of Health, STD and HIV Section, 2010.

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, 2010.

¹² Minnesota Department of Human Services, Reports and Forecasts Division, December 2009.