



# TEENWISE MINNESOTA

The source on adolescent sexual health

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Teenwise Minnesota is the statewide leader in promoting adolescent sexual health and development. We achieve this by strengthening the capacity to implement evidence-based practices, programs, and policies.

## 2015 Adolescent Sexual Health Report

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

### Pregnancy and Birth<sup>1</sup>

| Number of Pregnancies and Births, 2013   |   |
|--|---|
| Number of Pregnancies 19 years and under | * |
| Number of Births 19 years and under      | * |

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

| Pregnancy and Birth Rates, 2013 |      |                       |      |
|---------------------------------|------|-----------------------|------|
| Pregnancy Rates per 1,000       |      | Birth Rates per 1,000 |      |
| 15-17 years                     | 20.4 | 15-17 years           | 20.4 |
| 18-19 years                     | 80.9 | 18-19 years           | 73.5 |
| 15-19 years                     | 42.0 | 15-19 years           | 39.4 |

**State Comparison:** Since 1990, adolescent pregnancy and birth rates have decreased significantly in Minnesota. Although these rates increased in 2006 and 2007, data from 2008- 2013 indicate that the overall decline in adolescent pregnancy and birth has resumed.

In 2013, 3,878 females aged 15-19 and 57 females under the age of 15 became pregnant and 2,950 females aged 15-19 and 31 females under the age of 15 gave birth. Each day in 2013, approximately 11 adolescents became pregnant and 8 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 2005 and 2007.<sup>2</sup> From 2007 to 2013, the birth rate for youth ages 15 – 19 in the US dropped nearly 36%, reaching a record low of 26.5 per 1,000 in 2013.<sup>3</sup> The overall decline in the adolescent birth rate over the past two decades has been attributed to delayed initiation of sexual activity and increased use of the most effective contraceptive methods (i.e. IUDs and implants).<sup>4,5,6</sup> Despite reaching historic lows in 2013, adolescent pregnancy and birth rates in the U.S. continue to be amongst the highest when compared to the rates in other developed countries.<sup>7</sup>

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

**State Comparison:** In 2014, the chlamydia rate among 15-19 year olds in Minnesota was 1,402 per 100,000. This is an increase of 0.6% from last year, when the rate was 1,394.

In 2014, the gonorrhea rate among 15-19 year olds was 218 per 100,000. This is a decrease of 18% from last year, when the rate was 267. Even though they account for only 7% of the Minnesota population,<sup>9</sup> adolescents aged 15-19 accounted for 26% of chlamydia and 20% of gonorrhea cases reported in in 2014.

| STI rates, 2014<br>(aged 15-19 per 100,000 population) |        |
|--|--------|
| Chlamydia rate   | 1137.8 |
| Gonorrhea rate   | *      |

\*Number of cases was too low to calculate a rate

| Adolescents Who Talked with Partner(s) About Protecting Themselves from STIs/HIV, 2013 |     |
|--|-----|
| Never  |     |
| 9th grade  | 63% |
| 11th grade   | 28% |
| At least once per partner  |     |
| 9th grade  | 38% |
| 11th grade   | 50% |

# Prenatal Care and Low Birthweight<sup>10</sup>

## No Prenatal Care or Care only in 3rd Trimester, 2013

|                |      |
|----------------|------|
| Under 15 years | 0.0% |
| 15-19 years    | 6.7% |
| 20-29 years    | 4.6% |
| 30+ years      | 2.1% |
| 40+ years      | 0.0% |

Infants born at low birth weight are more likely than infants born at normal weight to die within the first year of life.<sup>11</sup> There are many factors associated with giving birth to a low birth weight infant, such as maternal age, health, nutrition, access to prenatal care, education level and contact with alcohol, cigarette smoke and lead.

## Low Birth Weight, 2013

|                |       |
|----------------|-------|
| Under 15 years | 0.0%  |
| 15-19 years    | 0.0%  |
| 20-29 years    | 1.5%  |
| 30-39 years    | 8.5%  |
| 40+ years      | 33.3% |

Access to prenatal care and support from family members may be the most important factors for improving the birth outcomes of adolescent mothers.<sup>12</sup>

# Initiation of Breastfeeding<sup>13</sup>

## Percentage of Breastfeeding Mothers, 2013

(19 years and under)

|                      |     |
|----------------------|-----|
| During Hospital Stay | 93% |
| During Discharge     | 93% |

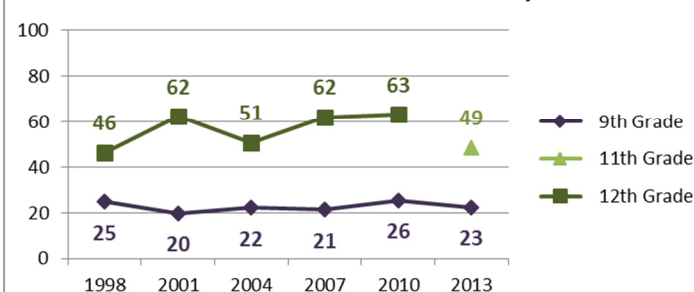
Breastfeeding has been linked to numerous health benefits for mother and baby. It is an important modifiable factor for improving the lives of adolescent mothers and their babies<sup>14</sup>.

# Sexual Activity<sup>15</sup>

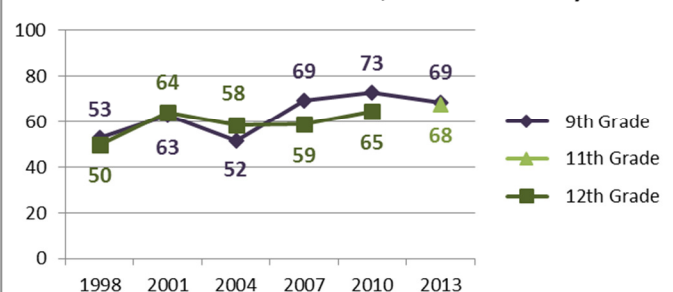
The 2013 Minnesota Student Survey was administered in the first half of 2013 to public school students in Grades 5, 8, 9, and 11 statewide. Past student surveys were administered to students in Grades 6, 9 and 12. As a result, trend data is limited to 9th grade in this report and is no longer available for 12th grade.

\*Variations in wording for this questions may affect year-to-year comparisons.

Proportion of Students who Have Ever had Sexual Intercourse\* in Watonwan County



Proportion of Sexually Active Students who Used a Condom at Last Intercourse, Watonwan County



1 MDH, Center for Health Statistics, 2013 Birth Data.

2 Centers for Disease Control and Prevention. National Center for Health Statistics. National Vital Statistics Reports: Birth Data 1991 – 2010. [http://www.cdc.gov/nchs/data\\_access/Vitalstatsonline.htm](http://www.cdc.gov/nchs/data_access/Vitalstatsonline.htm).

3 Hamilton BE, Martin JA, Osterman MJ, Curtin SC. Births: Preliminary data for 2013. National Vital Statistics Reports 2014;63(2). [http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61\\_05.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_05.pdf).

4 Boonstra HD, What is Behind the Declines in Teen Pregnancy Rates? *Guttman Policy Review* 2014;17(3). <http://www.guttman.org/pubs/gpr/17/3/gpr170315.html>

5 Centers for Disease Control and Prevention (CDC). Vital Signs: Trends in Use of Long-Acting Reversible Contraception Among Teens Aged 15-19 Years Seeking Contraceptive Services- United States, 2005-2013. *MMWR* 2015;64(13):363 – 369.

6 Guttman Institute. In Brief: Facts on American Teens' Sexual and Reproductive Health, 2013. <http://www.guttman.org/pubs/FB-ATSRH.pdf>.

7 The World Bank Group, *World development indicators: Reproductive health.*, 2014. <http://wdi.worldbank.org/table/2.17>

8 Minnesota Department of Health, STD and HIV Section, 2014.

9 U.S. Census Bureau, American Community Survey 1 Year Estimates: 2013.

10 MDH, Center for Health Statistics, 2013.

11 U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. *Child Health USA* 2013.

12 Harville EW, Spriggs Madkour A, Yiqiong X. Predictors of Birth Weight and Gestational Age Among Adolescents. *American Journal of Epidemiology* 2012;176(Suppl):S150–S163.

13 MDH, Center for Health Statistics, 2013.

14 CDC, Breastfeeding Report Card, United States, July 2014. <http://www.cdc.gov/breastfeeding/pdf/2014breastfeedingreportcard.pdf>

15 Minnesota Department of Education, Minnesota Student Survey 2013.