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2016 ADOLESCENT SEXUAL HEALTH REPORT

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

Pregnancy and Birth¹

State Comparison: Since 1990, teen pregnancy and birth rates have decreased significantly in Minnesota. Although rates increased in 2006 and 2007, data from 2008-2014 indicate a return to declining pregnancy and birth rates among teens.

In 2014, 3,561 teens aged 15-19 and 53 teens under the age of 15 became pregnant and 2,710 teens aged 15-19 and 23 teens under the age of 15 gave birth. Every day in 2014, approximately 10 adolescents became pregnant and 7 gave birth in Minnesota.

| Pregnancy and Birth Rates, 2014 | | | |
|---------------------------------|------|-----------------------|------|
| Pregnancy Rates per 1,000 | | Birth Rates per 1,000 | |
| 15-17 years | 15.4 | 15-17 years | 10.3 |
| 18-19 years | 80.0 | 18-19 years | 67.5 |
| 15-19 years | 37.4 | 15-19 years | 29.7 |

| Number of Pregnancies and Births, 2014 | |
|--|----|
| Number of Pregnancies 19 years and under | 44 |
| Number of Births 19 years and under | 35 |

**Numbers not reported for counties with <20 births or pregnancies*

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 2007.² From 2007 to 2014, the birth rate for youth aged 15-19 in the US dropped nearly 45%, reaching a record low of 24 per 1,000 in 2014.³

The overall decline in the adolescent birth rate over the past two decades has been attributed to delayed initiation of sexual activity and improvements in teens' contraceptive use^{4, 5, 6} Despite reaching historic lows in 2014, adolescent pregnancy and birth rates in the U.S. continue to be the highest among developed nations.⁷

Sexually Transmitted Infections (STIs)⁸

State Comparison: In 2015, the chlamydia rate among 15-19 year olds in Minnesota was 1,403 per 100,000. This is an increase of 0.7% from 1,402 per 100,000 in 2014.

In 2015, the gonorrhea rate among 15-19 year olds was 174 per 100,000. This is a decrease of 17% from 218 per 100,000 in 2014. Even though they account for only 7% of the Minnesota population,⁹ adolescents aged 15-19 accounted for 24% of chlamydia and 16% of gonorrhea cases in 2015.

Adolescents and young adults experience a high incidence of STIs compared to other age groups. This disparity is likely related to a lack of access to STI prevention services, socioeconomic status, discomfort with facilities designed for adults and concerns about confidentiality.

| STI rates, 2015 | |
|-------------------------------------|--------|
| (aged 15-19 per 100,000 population) | |
| Chlamydia rate | 1162.4 |
| Gonorrhea rate | 187.5 |

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

| Adolescents Who Talked with Partner(s) About Protecting Themselves from STIs/HIV, 2013 | | |
|--|-------|---------|
| | Males | Females |
| Never | | |
| 9th grade | 36% | 48% |
| 11th grade | 41% | 33% |
| At least once per partner | | |
| 9th grade | 54% | 26% |
| 11th grade | 51% | 52% |

Prenatal Care and Low Birthweight¹⁰

Access to prenatal care and support from family members may be the most important factors for improving the birth outcomes of adolescent mothers.¹¹

| No Prenatal Care or Care only in 3rd Trimester, 2014 | |
|--|------|
| Under 15 years | 0% |
| 15-19 years | 5.7% |
| 20-29 years | 2.1% |
| 30 + years | 3.0% |
| 40+ years | 0% |

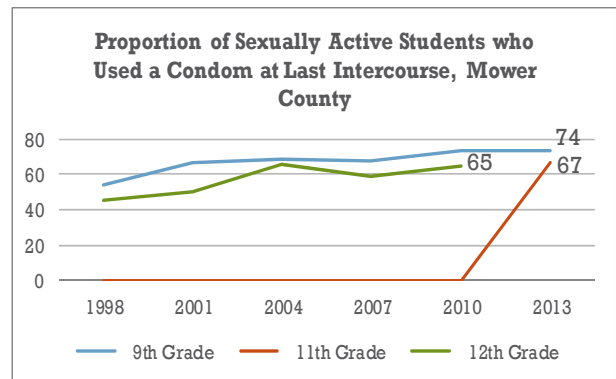
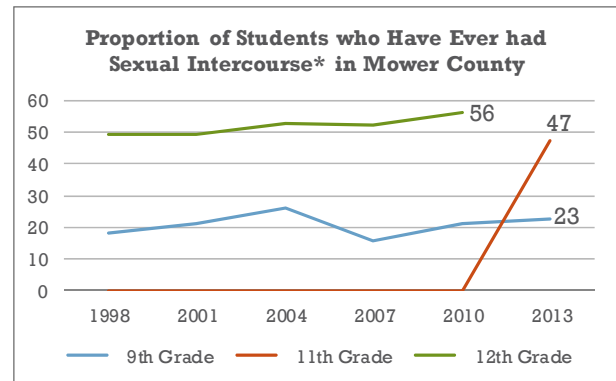
Infants born at low birth weight are more likely than infants born at normal weight to die within the first year of life. There are many factors associated with giving birth to a low birth weight infant, such as maternal age, health, nutrition, access to prenatal care, education level and contact with alcohol, cigarette smoke and lead.¹²

| Low Birth Weight, 2014 | |
|------------------------|-------|
| Under 15 years | 0% |
| 15-19 years | 5.7% |
| 20-29 years | 5.2% |
| 30-39 years | 8.3% |
| 40+ years | 14.3% |

Sexual Activity¹³

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 question may affect year-to-year comparisons.



The Healthy Youth Development • Prevention Research Center collaborates with state and local organizations and communities to conduct research, provide training, and disseminate actionable knowledge and best practices that promote healthy development and health equity for all youth.

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