



Rice County Adolescent Sexual Health Report

Sexual Activity

According to the 2001 Minnesota Student Survey, in Rice County, 16% of 9th grade females and 17% of 9th grade males were sexually active; 44% of 12th grade females and 50% of 12th grade males were sexually active.^{i & ii}

Additionally, 61% of sexually active 9th grade females, 29% of 9th grade males, 71% of 12th grade females, and 70% of 12th grade males reported always using contraception. 29% of sexually active 9th grade females, 44% of 9th grade males, 12% of 12th grade females and 16% of 12th grade males reported never or rarely using a method of contraception.ⁱⁱⁱ

Percentage of sexually active teens:		
	<u>Female</u>	<u>Male</u>
9th grade	16%	17%
12th grade	44%	50%

Pregnancy and Births

In Rice County in 2000, 28 teens aged 15-17 years old became pregnant, and 38 teens aged 18-19 years old became pregnant.^{iv} In total, 66 teens aged 15-19 years old became pregnant. The combined 1998-2000^v pregnancy rate for 15-17 year olds was 19.5, for 18-19 year olds was 33.0, and for 15-19 year olds was 26.8.^{vi}

In 2000, there was 1 birth to a female under 15 years old in Rice, 24 births to 15-17 year olds, and 30 births to 18-19 year olds. In total, there were 54 births to 15-19 year olds. The combined 1998-2000^{vii} birth rate for 15-17 year olds was 15.1, for 18-19 year olds was 24.3, and for 15-19 year olds was 20.1.^{vii}

Number of Pregnancies 2000:	
15-17 years old	28
18-19 years old	38
15-19 years old	66

Pregnancy Rates 1998-2000 (per 1000 females in each age group)	
15-17 years old	19.5
18-19 years old	33.0
15-19 years old	26.8

Number of Births 2000:	
Under 15 years old	1
15-17 years old	24
18-19 years old	30
15-19 years old	54

Birth Rates 1998-2000: (per 1000 females in each age group)	
15-17 years old	15.1
18-19 years old	24.3
15-19 years old	20.1

STDs and HIV

In Rice County, 3 teens aged 15-19 years old were diagnosed with gonorrhea in 2000.^{viii} 14 teens, aged 15-19 years old were diagnosed with chlamydia in 2000.

According to the 2001 Minnesota Student Survey, 78% of sexually active 9th grade females, 54% of 9th grade males, 69% of 12th grade females and 54% of 12th grade males reported they had spoken with every sexual partner about protecting themselves from STDs. Also, 81% of sexually active 9th grade females, 88% of 9th grade males, 55% of 12th grade females and 68% of 12th grade males reported using a condom at last intercourse.

Prenatal Care/Low Birth Weight

Adequate use of prenatal care services is good insurance for a healthy pregnancy, birth and baby. Teens in the United States are less likely to get adequate prenatal care than adult women.^{ix} Of those whose prenatal care use was reported to the Minnesota Department of Health in 2000 in Rice County, 8% of pregnant women ages 15 to 19 received no care or did not receive care until the third trimester (versus 3% of women ages 20-29 and 0% of women ages 30-39). Additionally, 7% of births to teens ages 15 to 19 in 2000 resulted in infants who were reported as low birth weight (versus 7% of births to women ages 20-29 years old and 5% of women ages 30-39).^x It should be noted that the association between maternal biological age and low birth weight can sometimes be very strong, but the association does not appear to be causal. Low birth weight is strongly associated with poverty; women who are childbearing as teens are more likely to be poor than women who wait until their 20's or 30's to have children.^{xi}

Public Assistance

While few teen parents in Minnesota and in the United States receive public assistance, families that began with a teen giving birth are more likely to be on public assistance than those who first gave birth between 20 and 24 years of age.^{xii} Additionally, women who start childbearing in their teen years and who start on public assistance at any time are likely to remain on it longer.^{xiii} As of December, 2001, 155 MFIP (Minnesota Family Investment Program) families, or 52% of all families receiving MFIP in Rice County, began with a teen giving birth.^{xiv}

The Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting is a statewide membership organization which provides a newsletter, an annual conference, regional trainings, public policy information, and the InfoExchange, a clearinghouse of information on issues relating to teenage pregnancy prevention and teenage parenting. MOAPPP's mission is to strengthen policies and programming related to adolescent pregnancy, prevention and parenting in Minnesota.

Notes

ⁱ Minnesota Student Survey 2001, Minnesota Department of Children, Families and Learning, (651)582-8495.

ⁱⁱ Sexually active is defined as having had sexual intercourse one or more times. It does not necessarily mean that the teen is currently having sex.

ⁱⁱⁱ Totals may exceed 100% due to rounding.

^{iv} Minnesota Department of Health, Minnesota Center for Health Statistics, 2000 birth and pregnancy statistics, (651) 297-1232.

^v Multiple year averaging of rates is important because it increases the number of "events" (pregnancies and births) being counted. Therefore the more variable one-year rates become less noticeable and the three-year average provides a better reflection of the "true" rate of pregnancies than will three consecutive annual rates.

^{vi} Pregnancy rate refers to the number of live births plus the number of fetal deaths plus the number of induced abortions per 1,000 females in the population of the specified age.

^{vii} Number of live births per 1,000 population.

^{viii} Minnesota Department of Health, (612) 676-5461.

^{ix} The Alan Guttmacher Institute. (1994). *Sex and America's Teenagers*. New York.

^x Low birth weight is defined as less than 2500 grams.

^{xi} Chomitz, V.R., Cheung, L.W., Lieberman, E. (1995). "The Role of Lifestyle in Preventing Low Birth Weight." *The Future of Children*, vol.5 (1): 121-138.

^{xii} The Alan Guttmacher Institute. (1994). *Sex and America's Teenagers*. New York.

^{xiii} *Kids Having Kids*, The Robin Hood Foundation Special Report on the Cost of Adolescent Childbearing, New York, 1996.

^{xiv} Minnesota Department of Human Services, Division of Reports and Forecasts; 2001 data, prepared by Paul Farseth, (651) 296 - 8560.