



Otter Tail County Adolescent Sexual Health Report

Sexual Activity

According to the 1998 Minnesota Student Survey, in Otter Tail County, 25% of 9th grade females and 34% of 9th grade males were sexually active; 53% of 12th grade females and 54% of 12th grade males were sexually active.^{i & ii}

Percentage of sexually active teens:		
	<u>Male</u>	<u>Female</u>
9th grade	34%	25%
12th grade	54%	53%

Also in 1998, 92% of 9th and 12th graders who were sexually active reported alcohol use during the year.

Additionally, 30% of sexually active 9th graders reported using contraception and 28% reported using no method of contraception. 59% of sexually active 12th graders reported using contraception and 7% reported using no method of contraception.

In all Minnesota counties, a greater proportion of 9th and 12th graders who were sexually abused, were sexually active compared to those who were not abused. In Otter Tail County, 62% of 9th and 12th graders who were sexual abuse victims were sexually active (versus 37% of non-abused students).

STDs and HIV

According to the 1998 Minnesota Student Survey, 12% of 9th graders and 11% of 12th graders reported they were worried about getting an STD or HIV. That same year 12% of sexually active 9th graders and 31% of sexually active 12th graders reported they had spoken with every sexual partner about protecting themselves from getting HIV/AIDS. Also, 52% of sexually active 9th graders and 49% of sexually active 12th graders reported using a condom at last intercourse.

Pregnancy and Births

In Otter Tail County in 1998, 1 teens under 15 years old became pregnant, 22 teens aged 15-17 years old became pregnant, and 43 teens aged 18-19 years old became pregnant.ⁱⁱⁱ In total, 65 teens aged 15-19 years old became pregnant. The combined 1996-1998^{iv} pregnancy rate for 15-17 year olds was 13 pregnancies per 1,000 females; for 18-19 year olds, 75 pregnancies per 1,000 females; and for 15-19 year olds, 32 pregnancies per 1,000 females.^v

In 1998, there were 1 births to females under 15 years old in Otter Tail County, 20 births to 15-17 year olds, and 42 births to 18-19 year olds. In total, there were 62 births to 15-19 year olds. The combined 1996-1998 birth rate for 15-17 year olds was 12 births per 1,000 females; for 18-19 year olds, 74 births per 1,000 females; and for 15-19 year olds, 31 births per 1,000 females.^{vi}

* Signifies that there was no information available.

Number of Pregnancies 1998:		Pregnancy Rates 1996-1998 (per 1000 females in each age group)	
Under 15 years old	1	15-17 years old	13
15-17 years old	22	18-19 years old	75
18-19 years old	43	15-19 years old	32
15-19 years old	65		

Number of Births 1998:		Birth Rates 1996-1998: (per 1000 females in each age group)	
Under 15 years old	1	15-17 years old	12
15-17 years old	20	18-19 years old	74
18-19 years old	42	15-19 years old	31
15-19 years old	62		

Prenatal Care/Low Birth Weight

Adequate use of prenatal care services is good insurance for a healthy pregnancy, birth and baby.^{vii} Teens in the United States are less likely to get adequate prenatal care than adult women.^{viii} Of those whose prenatal care use was reported to the Minnesota Department of Health in 1998 in Otter Tail County, 39% of pregnant women under 18 years old received no care or inadequately used prenatal care throughout their pregnancies (versus 6% of women ages 20-29 and 1% of women ages 30-39). Additionally, 10% of births to teens under 18 years old in 1998 resulted in infants who were reported as low birth weight (versus 6% of births to women ages 20-29 years old and 3% of women ages 30-39).^{ix} 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.^x

Public Assistance

While few teen parents in Minnesota and in the United States receive MFIP (formally known as AFDC), 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.^{xi} Additionally, women who start childbearing in their teen years and who start on MFIP at any time are likely to remain on it longer.^{xii} As of December 1999, 123 families, or 45% of all families receiving MFIP in Otter Tail County, began with a teen giving birth.^{xiii}

In December 1999, \$68,156 was spent in Otter Tail County on MFIP for families that began with a teen giving birth. This was approximately 49% of the total MFIP spent in Otter Tail County that month.

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.

* Signifies that there was no information available.

Notes

ⁱ Minnesota Student Survey 1998, Minnesota Department of Children, Families and Learning, (651)582-8328.

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 Minnesota Department of Health, Minnesota Center for Health Statistics, 1998 birth and pregnancy statistics, (612) 297-1355.

^{iv} 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.

^v 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.

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

^{vii} Adequate use of prenatal care services is defined by the Minnesota Department of Health, as achieving the recommended number of medical visits during a particular pregnancy.

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

^{ix} Low birth weight is defined as less than 2500 grams.

^x 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.

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

^{xii} *Kids Having Kids*, The Robin Hood Foundation Special Report on the Cost of Adolescent Childbearing, New York, 1996. Contact NOAPPP (202) 783-5770.

^{xiii} Minnesota Department of Human Services, Division of Reports and Forecasts; 1998 data prepared by Paul Farseth.

* Signifies that there was no information available.