



MOAPPP's mission is to develop and strengthen policies and programs that promote adolescent sexual health, prevent adolescent pregnancy and support adolescent parents.

2008 Rock County Adolescent Sexual Health Report

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

Sexual Activity¹

Table 1. Percent of Students Who Have Ever Had Sex	
	Females and Males
9th grade	N/A
12th grade	
Table 3. Contraceptive Use	
	Females and Males
Always use birth control	
9th grade	N/A
12th grade	
Rarely or never use birth control	
9th grade	N/A
12th grade	

Table 2. Condom Use	
	Females and Males
Always use a condom	
9th grade	N/A
12th grade	
Rarely or never use a condom	
9th grade	N/A
12th grade	
Used condom with last partner	
9th grade	N/A
12th grade	

Pregnancy and Birth²

Table 4. Number of Pregnancies and Births, 2006	
Number of Pregnancies Under 19 years	*
Number of Births Under 19 years	*

Table 5. Pregnancy and Birth Rates, 2006			
Pregnancy Rates per 1,000		Birth Rates per 1,000	
15-17 years	14.4	15-17 years	14.4
18-19 years	60.6	18-19 years	60.6
15-19 years	29.2	15-19 years	29.2

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

State Comparison: Since 1990, overall adolescent pregnancy and birth rates have decreased significantly in Minnesota. However, the most recent data indicates that both pregnancy and birth rates increased from 2005-2006. In 2006, 7,014 females aged 15-19 and 113 females under the age of 15 became pregnant. Each day in 2006, approximately 19 adolescents became pregnant. In 2006, there were 5,087 births to females aged 15-19 and 58 births to females under the age of 15. Each day in 2006, approximately 14 adolescents gave birth.

National Comparison: Since 1992, the U.S. adolescent birth rate has declined by approximately 31%. Between 2005 and 2006, the birth rate for adolescents aged 15-19 rose 3%, the first increase in 14 years³. In 2005, Minnesota had the country's seventh-lowest birth rate⁴.

Prenatal Care and Low Birth Weight²

Mothers who have not received prenatal care are three times more likely to have low birth weight babies (defined as less than 2500 grams)⁵. Low birth weight status can have serious long-term medical consequences. Along with age of mother, there are many factors that can contribute to low birth weight including poverty, smoking, access to health care and multiple births⁶. Pregnant adolescents under the age of 15 are at highest risk of receiving late or no prenatal care.

Age Group	Percentage
15-19 years	11.1%
20-29 years	0.0%
30-39 years	0.0%
40+ years	0.0%

Age Group	Percentage
15-19 years	11.1%
20-29 years	5.4%
30-39 years	10.3%
40+ years	0.0%

Sexually Transmitted Infections (STIs) and HIV/AIDS⁷

Age 15-19 per 100,000 population	
Chlamydia rate	*
Gonorrhea rate	*
HIV rate	*

* indicates that number of cases was too low to calculate a rate

	Females and Males
Never	
9th grade	N/A
12th grade	N/A
At least once per partner	
9th grade	N/A
12th grade	N/A

State Comparison: In 2007, there were 4,010 cases of chlamydia among 15-19 year olds in Minnesota. This is an increase of 4% from last year (3,862 cases). In 2007, there were 859 cases of gonorrhea among 15-19 year olds in Minnesota. This is an increase of 6% from last year (809 cases). Even though they account for only 7% of the population in Minnesota⁸, adolescents aged 15-19 accounted for 30% of chlamydia and 25% of gonorrhea cases reported in the state in 2007⁹.

Public Assistance¹⁰

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 2007, 16,379 of the 31,391 Minnesota Family Investment Program (MFIP) cases were to families that had begun with a teen birth. Approximately 52% of all families receiving MFIP began with a birth to an adolescent.

Number of cases of families on MFIP started with a teen birth	*
Percent of total MFIP cases that are families started with a teen birth	*
Total MFIP dollars given to families that started with a teen birth	*
\$ total MFIP dollars that go to families that started with a teen birth	*

*Numbers are not reported for counties with fewer than 30 cases.
County Human Service Administrators can obtain this information from DHS.

¹ Minnesota Department of Education, <http://www.education.state.mn.us/mde/>. This data is taken from the 2007 Minnesota Student Survey (MSS), which is administered by the MN Department of Education every three years to 9th and 12th grade public school students. The data set includes responses from students who were in attendance on the day the survey was administered. It does not include responses from students not enrolled in school or enrolled in other school settings (e.g. charter or private schools). Because these groups are not included in the MSS, rates may be underestimated, as some of the highest risk populations of adolescents are not captured by this data.

² Minnesota Department of Health, MN Center for Health Statistics, 2008.

³ Hamilton BE, Martin JA, Ventura SJ. Births: Preliminary data for 2006. National vital statistics reports; vol 56 no 7. Hyattsville, MD: National Center for Health Statistics. 2007.

⁴ Ranks calculated by the National Campaign to Prevent Teen and Unplanned Pregnancy, December 2007. Source for rates: Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Menacker F, Kirmeyer S & Munson ML (2007). Births: Final data for 2005. *National Vital Statistics Reports*, 56 (1).

⁵ Maternal and Child Health Bureau. A Healthy Start: Begin Before Baby's Born, U.S. Department of Health and Human Services, 2005.

⁶ U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. *Child Health USA 2005*. Rockville, Maryland: U.S. Department of Health and Human Services, 2005.

⁷ Minnesota Department of Health, STD and HIV Section, 2008.

⁸ U.S. Census Bureau, 2006 American Community Survey, www.census.gov

⁹ Minnesota Department of Health, Annual Summary: 2007 Minnesota Sexually Transmitted Disease Statistics, <http://www.health.state.mn.us/divs/idepc/dtopics/stds/stats/stdstats2007.html>

¹⁰ Minnesota Department of Human Services, Reports and Forecasts Division, December 2007