



**Sexuality is a natural part of being human.** A holistic view of sexuality affirms its multi-dimensional complexity. In adolescence, we experience significant physical, psychological, and social changes related to our sexuality. Our relationships and communication skills become more complex. Our sense of personal identity becomes increasingly important. And, we spend a great deal of time exploring behaviors, values, and feelings related to sexuality.

**Adolescent sexual health means more than the absence of negative outcomes.** A holistic view acknowledges that “sexual health is a state of physical, emotional, mental, and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction, or infirmity.”<sup>1</sup>

When we employ a holistic view of sexuality, we recognize that **sexual health outcomes are affected by more than individual decision making.** In fact, a multiplicity of factors impact upon healthy sexual development in childhood and adolescence. Access to age-appropriate, medically accurate sex education and safe affordable quality healthcare are two factors. Family support is another. However, “research indicates that sexual behaviors and outcomes are heavily influenced by structural factors including:

- 1) poverty and discrimination that can severely compromise family and community support systems;
- 2) gender inequities and gender role expectations; and
- 3) the assumption that everyone is or should be heterosexual.”<sup>2</sup>

**Effective efforts to promote adolescent sexual health must integrate meaningful responses to these structural factors along with more traditional strategies.** This fact sheet employs a holistic, but not exhaustive, view of adolescent sexual health by reporting key indicators for teens in Iowa.

## Iowa's Teen Population

Iowa is home to over 3,000,000 residents with an estimated 217,308 (7%) adolescents, 15-19 years, comparable to the 7% proportion of total population of adolescents nationwide.<sup>3</sup> The majority of Iowa's adolescent population is White (92.8%), 4.7% Black/African American, 1.9% Asian/Pacific Islander, and 0.6% American Indian/Alaska Native, with about 6% of all teens of Hispanic/Latino origin (of any race).



## Adolescent Sexual Health Indicators & Influences

**Structural factors like poverty, education, family and community support, policy, and the availability and accessibility of organizations and services all influence adolescent sexual health behaviors and outcomes.**

- o In Iowa, an estimated 109,384 (16%) of children aged 0-17 live below the poverty level.<sup>4</sup>
- o The high school graduation rate is 87%.<sup>5</sup>
- o Seventy-four percent of Iowa youth in 6<sup>th</sup>, 8<sup>th</sup>, and 11<sup>th</sup> grades report positive family relationships and 66% report family involvement and support.<sup>6</sup>
- o Statewide, 70% of students in 11<sup>th</sup> grade believe adults in their community care about people their age. However, **only 37% believe they live in a supportive neighborhood where neighbors get along, recognize achievements by teens, help teens in need, or spend time talking with teens.**<sup>6</sup>

**When structural factors inhibit adolescent sexual health, teens may be vulnerable to depression, isolation, and violence.**

- o Eighteen percent of Iowa youth in 6<sup>th</sup>, 8<sup>th</sup>, and 11<sup>th</sup> grades report one or more occasions of other students making sexual jokes, comments, or gestures that hurt their feelings.<sup>6</sup>
- o Over half (56%) of Iowa youth in 6<sup>th</sup>, 8<sup>th</sup>, and 11<sup>th</sup> grades reported having been bullied on one or more occasions which may include sexual jokes; being called names, left out/excluded, or physically bullied; having false rumors spread intentionally; being made fun of for race, color, or religion; or receiving threatening or hurtful messages via electronic media (e.g. email, text, or instant message).<sup>6</sup>
- o Among Iowa's lesbian, gay, bisexual, and transgender (LGBT) youth, 88% report being verbally harassed, 80% report having lies or rumors spread about them, and 23% report being physically assaulted in the last year.<sup>7</sup>
- o Only 55% of Iowa youth in 6<sup>th</sup>, 8<sup>th</sup>, and 11<sup>th</sup> grades report that teachers or other adults at school “almost always” or “often” try to put a stop to bullying.<sup>6</sup>
- o In 2007, Iowa passed a fully enumerated Safe Schools Law that requires schools to have anti-bullying/anti-harassment policies in place to protect all students from bullying and harassment, **including on the basis of sex, sexual orientation, and gender identity.**<sup>7</sup>
- o In schools with Gay-Straight Alliances or Diversity Clubs, schools were 49% more likely to have resources and information on the LGBT community, history, or events.<sup>7</sup>

## Iowa Teens' Sexual Behaviors & Contraceptive Use

**Understanding teens' sexual values and behaviors can help parents, schools, healthcare providers, faith communities and others respond more meaningfully to the real needs of today's teens.**

- The percent of students who agree it is against their values to have sex as a teenager decreases from a high of 86% of 6th grade students to 74% of 8th grade students to only 40% of 11th grade students.<sup>6</sup>
- Among all Iowa high school students in 9<sup>th</sup> through 12<sup>th</sup> grades, approximately 43% report ever (i.e. at least once) having had sexual intercourse, including 4% who report sexual intercourse for the first time before age 13 years.<sup>8</sup> Overall, the majority (57%) of all high school students (i.e. 9<sup>th</sup>-12<sup>th</sup> grades) have never had sexual intercourse.
- By grade level, the percentage of Iowa teens who have ever (i.e. at least once) had sexual intercourse increases with each advancing grade from 27% of freshman to 37% of sophomores to 50% of juniors to 59% of seniors.<sup>8</sup> This means that by the time they are seniors, 41% of teens have chosen to postpone sexual intercourse.
- Overall, 34% of Iowa high school students in 9<sup>th</sup> through 12<sup>th</sup> grades are currently sexually active (i.e. have had sexual intercourse with at least one person during the previous 90 days).<sup>8</sup>
- By 12<sup>th</sup> grade, 47% of both females and males in Iowa are sexually active (i.e. have had sexual intercourse with at least one person during the previous 90 days), and 22% have had sexual intercourse with four or more persons in their lifetime.<sup>8</sup>
- Among sexually active teens, 34% did not use a condom at last sexual intercourse, 71% did not use either birth control pills or Depo-Provera.<sup>8</sup>
- Eighteen percent of sexually active teens report alcohol or drug use before last sexual intercourse.<sup>8</sup>
- There is no available data to report on Iowa teens' engagement in other sexual behaviors, including oral sex or anal sex.

## Teen Dating Violence and Sexual Violence

**Dating violence and sexual violence impedes the healthy sexual development of too many Iowa teens.**

- Among Iowa teens in 9<sup>th</sup> through 12<sup>th</sup> grades, 7% have been hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the past 12 months.<sup>8</sup>
- Among Iowa teens in 9<sup>th</sup> through 12<sup>th</sup> grades, 9% of females and 4% of males have been physically forced to have sexual intercourse when they did not want to.<sup>8</sup>
- Among all reported forcible rape victims in 2009, 31% (n=274) were between 13-17 years old. Ninety-five percent (n=260) of teen rape victims were female, 5% (n=14) were male.<sup>9</sup>
- Among all cases in Iowa, domestic abuse occurs most often in boyfriend/girlfriend relationships.<sup>9</sup> Both victims and offenders of domestic abuse are most often adolescents and young adults between the ages of 16 and 25 (data not available for teens only).<sup>9</sup>
- In Iowa, minors can obtain Protective Orders (POs) in cases of physical abuse or threat of physical abuse, and courts can issue POs against minor abusers. However, Iowa Code does not recognize stalking, harassment, or sexual abuse as reasons for relief by protective order.<sup>10</sup>
- Iowa law does not currently provide for a school response to dating violence.<sup>10</sup>

## Sex Education in Iowa Public Schools

**Iowa law recognizes the role that schools can play in delivering age-appropriate sex education to students.**

- In a national survey, 93% of parents of middle school students and 91% of parents of high school students believe that it is important to have sex education included as part of the school curriculum. Both groups support educating adolescents about condom and contraceptive use.<sup>11</sup>
- Iowa law requires public schools to provide age-appropriate and research-based instruction in human growth and development. Required topics include human sexuality, self-esteem, stress management, interpersonal relationships, domestic abuse, HPV (Human Papilloma Virus) and the availability of a vaccine to prevent HPV, and HIV/AIDS in grades one through twelve.<sup>12</sup>
- School districts must notify parents about the content of the human growth and development curriculum to be taught that year and how parents may review the materials prior to class. Parents who object may opt-out their children from the curriculum.<sup>12</sup>
- Schools are not prohibited from delivering abstinence-based or abstinence-only curricula, as long as the content is age-appropriate and research-based as defined by Iowa law.<sup>12</sup>

## Minors' Consent Laws

**Iowa law recognizes a developmentally-appropriate age of consent, access to contraceptive services, and STI testing and treatment for teens.**

- Twelve- and 13-year old minors are unable to give legal consent for sexual activity. If a 14- or 15-year old minor has a partner who is less than 4 years older, s/he can give legal consent for sexual activity as long as s/he is not being coerced. As long as a 16- or 17-year old minor is not being coerced, s/he is of legal age of consent to sexual activity according to the Iowa Criminal Code.<sup>13</sup>
- In Iowa, minors, 12-17 years old, may consent to contraceptive services and HIV/STI testing and treatment. A parent must be notified of a positive HIV test result.<sup>10,14</sup>
- Under Iowa law, at least one parent must be notified in a minor's decision to have an abortion; exceptions are granted in a medical emergency and in cases of abuse, assault, incest, or neglect. A minor may obtain a court waiver or give reason to notify a grandparent in lieu of parental notification.<sup>15</sup>

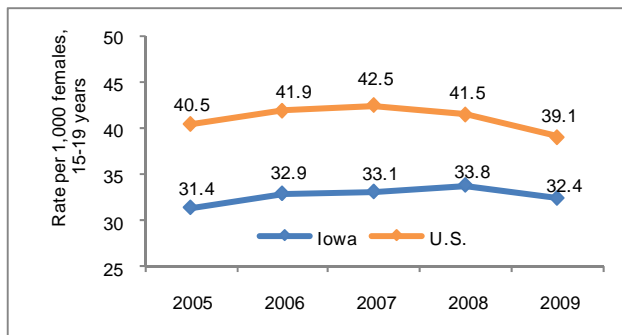
## Births to Mothers Under Age 20 in Iowa

In addition to age-appropriate medically-accurate information about abstinence, contraception, and condoms, sexually active teens need access to reliable, affordable contraception in order to prevent pregnancy.

- An estimated 52,000 young women aged 13-19 need publicly funded contraceptive supplies and services in Iowa.<sup>16</sup>
- In a survey of women under 20 who gave birth in Iowa in 2009, 69% did not use any birth control when conception occurred.<sup>17</sup>
- The majority (72%) of teen births occur to women 18-19 years, 27% to women aged 15-17 years, and 1% to mothers under 15 years (Table 1).<sup>18</sup>
- About 3% of young women aged 15-19 years give birth each year in Iowa, representing approximately 9% of all births in Iowa annually.<sup>18</sup>

	# Births (2009)
Under 15	30
15-17	945
18-19	2473
<b>Total, &lt;20</b>	<b>3448</b>

**Table 1. Births to mothers under age 20 in Iowa (2009)**



**Figure 1. Iowa's Teen Birth Rate (2005-2009)**

- Iowa's teen birth rate is 32 births per 1000 young women aged 15-19 years per year, lower than the national teen birth rate of 39 births per thousand per year (2009) (Figure 1).<sup>18,19</sup>
- The teen birth rate for minority youth is disproportionately higher than the overall teen birth rate in Iowa of 39 births per thousand females 15-19 years per year (2005-2009):<sup>18</sup> Latina • 75 Black/African American • 54 American Indian/Alaska Native • 66

Adolescent sexual health can also be measured by the availability of programs and services in support of pregnant teens and teen parent families. Communities that respond to and support pregnant and parenting teens through early referral to prenatal care, education, and support for teen parents have healthier mothers and babies.

- In a survey on the prenatal care experience of women who gave birth in Iowa in 2009, the majority of mothers under 20 were in their first trimester at first prenatal visit, and 94% reported that getting prenatal care was "very easy" or "easy".<sup>17</sup>
- More mothers under 20 utilize public programs and insurance compared to all mothers in Iowa:
  - 81% of mothers under 20 utilized the Women Infants and Children (WIC) program, compared to 38% of all women surveyed. Both mothers and fathers may apply for WIC for their children.<sup>17</sup>
  - 77% of mothers under 20 used Medicaid, Title 19, or other government assistance to pay for prenatal care, compared to 35% of all women surveyed.<sup>17</sup>
- Most (57%) teen mothers were in their first trimester at first prenatal visit; however, 8% of teens who gave birth received no or late prenatal care, 14% of teen births were preterm births (before 37 weeks gestation), and 9% of all infants born to teens were low birth weight (less than 2500 grams).<sup>20</sup>

## Sexually Transmitted Infections (STIs) and HIV/AIDS in Iowa Teens

Physiological and social structural factors along with greater testing rates among females contribute to gender disparities in STI infection rates.

- Statewide, teens (15-19 years) are second only to 20-24 year olds in age groups most affected by STIs. Teens account for 34% of chlamydia cases and 29% of gonorrhea cases in Iowa. By gender, the majority of teen cases of chlamydia and gonorrhea occur among females (82% and 72%, respectively) (Table 2).<sup>21</sup>
- Statewide, teens, 15-19 years, account for 4% of all syphilis cases with 13 cases from 2005-2010.<sup>21</sup>
- There are 1,827 persons of any age living with HIV/AIDS in Iowa, including 40 cases of HIV/AIDS in children, 0-19 years.<sup>22</sup>

	# Cases (2010)	
	Males	Females
Chlamydia	643	2918
Gonorrhea	145	376
Syphilis	*	*

\*Counts of three or fewer are suppressed to protect confidentiality.

**Table 2. STIs among 15-19 year olds in Iowa (2010)**

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# IOWA TEEN BIRTH RATES BY COUNTY

www.eyesopeniowa.org

## Births to Mothers aged 15-19 years in Iowa, 2005-2009<sup>1</sup>

	Relative Rank <sup>2</sup>	County	# Births 2005-2009	Teen Birth Rate <sup>3</sup> (Overall Rank <sup>4</sup> )	Relative Rank <sup>2</sup>	County	# Births 2005-2009	Teen Birth Rate <sup>3</sup> (Overall Rank <sup>4</sup> )
Counties with <10,000 Population	1	Clarke	82	56.0 (2)	13	Calhoun	45	28.3 (56)
	2	Monroe	54	46.7 (11)	14	Greene	44	28.2 (57)
	3	Ringgold	31	45.9 (12)	15	Davis	39	27.4 (60)
	4	Wayne	50	45.9 (13)	16	Decatur	53	27.4 (61)
	5	Fremont	50	38.5 (27)	17	Ida	34	27.3 (62)
	6	Adams	26	38.5 (28)	18	Audubon	30	26.2 (66)
	7	Humboldt	59	37.2 (30)	19	Adair	32	26.1 (67)
	8	Lucas	59	36.4 (31)	20	Worth	29	25.6 (69)
	9	Howard	55	32.5 (38)	21	Monona	33	23.0 (76)
	10	Taylor	34	31.8 (42)	22	Palo Alto	34	19.8 (83)
	11	Pocahontas	45	31.6 (44)	23	Osceola	24	19.1 (84)
	12	Van Buren	39	31.0 (49)				
Counties with 10,000 - <20,000 Population	1	Wright	111	54.5 (4)	22	Jackson	100	27.9 (59)
	2	Appanoose	111	51.2 (7)	23	Winnebago	63	26.7 (63)
	3	Louisa	104	50.3 (8)	24	Dickinson	66	26.5 (64)
	4	Page	107	44.0 (16)	25	Harrison	69	26.2 (65)
	5	Cass	89	41.3 (21)	26	Madison	64	25.8 (68)
	6	Tama	129	41.1 (23)	27	Delaware	81	24.3 (73)
	7	Union	79	40.7 (24)	28	Butler	56	24.0 (74)
	8	Allamakee	95	39.9 (25)	29	Clayton	66	21.4 (77)
	9	Hamilton	101	38.8 (26)	30	Keokuk	38	20.5 (79)
	10	Franklin	63	38.3 (29)	31	Iowa	58	20.3 (81)
	11	Floyd	95	35.3 (32)	32	Chickasaw	44	20.2 (82)
	12	Montgomery	65	34.8 (33)	33	Shelby	43	19.0 (85)
	13	Clay	92	34.3 (34)	34	Cedar	55	18.5 (87)
	14	Crawford	113	33.4 (35)	35	Kossuth	53	18.3 (89)
	15	O'Brien	77	32.8 (37)	36	Grundy	37	17.6 (90)
	16	Emmet	72	32.1 (40)	37	Sac	29	17.6 (91)
	17	Hardin	93	31.5 (45)	38	Guthrie	30	17.4 (92)
	18	Jefferson	84	30.2 (50)	39	Poweshiek	73	17.1 (93)
	19	Cherokee	58	29.5 (52)	40	Mitchell	30	14.9 (94)
	20	Mills	73	29.2 (53)	41	Lyon	31	14.7 (95)
	21	Hancock	59	28.5 (55)				
Counties with 20,000 - <100,000 Population	1	Marshall	388	62.8 (1)	16	Boone	135	31.2 (48)
	2	Wapello	334	55.7 (3)	17	Jones	97	29.7 (51)
	3	Muscatine	378	53.3 (5)	18	Dubuque	488	28.0 (58)
	4	Des Moines	318	49.5 (9)	19	Carroll	96	25.3 (70)
	5	Lee	283	48.5 (10)	20	Buchanan	91	24.5 (71)
	6	Clinton	380	45.9 (14)	21	Dallas	200	24.4 (72)
	7	Buena Vista	183	43.8 (17)	22	Marion	158	23.8 (75)
	8	Pottawattamie	679	43.6 (19)	23	Warren	179	20.7 (78)
	9	Webster	293	43.4 (20)	24	Plymouth	92	20.4 (80)
	10	Mahaska	151	41.2 (22)	25	Benton	88	18.6 (86)
	11	Henry	115	33.0 (36)	26	Sioux	154	18.4 (88)
	12	Jasper	183	32.2 (39)	27	Bremer	62	11.5 (96)
	13	Fayette	114	32.0 (41)	28	Story	220	9.5 (98)
	14	Cerro Gordo	224	31.7 (43)	29	Winneshiek	43	7.9 (99)
	15	Washington	110	31.4 (46)				
>100,000 Pop.	1	Woodbury	951	51.4 (6)	4	Linn	1048	31.2 (47)
	2	Scott	1253	45.0 (15)	5	Black Hawk	793	28.9 (54)
	3	Polk	2804	43.7 (18)	6	Johnson	332	10.6 (97)

1. Births to mothers under 15 are not included. From 2005-2009, 1% (170/12,447) of all teen births in Iowa were to mothers under 15.

2. Relative rank among counties of similar population size.

3. Rate per 1000 females aged 15-19 per year. Teen birth rate is a standard reporting measure for comparing differences in teen births between populations of different size, and represents the estimated number of births per year for every 1000 young women aged 15-19 years.

$$\text{Teen birth rate} = \frac{\text{Number of teen births}}{\text{Estimated population of 15-19 year old females}} \times 1000$$

Birth rates were calculated using the number of births to teen mothers from 2005-2009 divided by the estimated population of 15-19 year old females during the same time period, multiplied by 1,000. Five years of birth data were used, because rates based on small counts of births fluctuate widely from year to year for reasons other than a true change in birth rate. Births to mothers under 15 are excluded from birth rate calculations since less than 1% of all births occur to mothers under 15. The inclusion of females under age 15 in the denominator would dramatically lower the birth rate and underestimate the true risk faced by 15- to 19-year-old females.

4. Overall rank among Iowa's 99 counties

Source: Iowa Department of Public Health, Bureau of Health Statistics, Vital Records.

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