the facts

ADOLESCENT SEXUAL HEALTH IN IOWA



meet the teens

214,122

teen population 15-19 years old (7% of total)

3.1 million

lowa total population

Teen population 15-19 years old

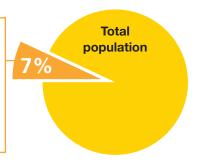
White: 89.0%

Hispanic/Latino: 9.1%

Black/African American: 6.5%

Asian/Pacific Islander: 3.7%

American Indian/Alaskan Native: 0.8% Note: Hispanic/Latino overlaps with other racial categories



what we know

Sexuality is normal.

Sexuality is a normal, healthy part of being alive and being human.

Sexuality is positive.

Sex and sexuality are about far more than just avoiding STDs or unplanned pregnancy. Comprehensive sexual health education helps adolescents appreciate and respect their own and others' sexuality.

Teaching about sexuality as positive and normal will have a far-reaching impact.

Positive sexual health education can normalize sexuality and help raise a generation of young people who are comfortable discussing sexuality. This will have a significant impact on all aspects of their lives and relationships.

what teens say

Education, family and community support, health care access, and poverty may influence adolescent sexual health outcomes.



of students graduate high school



15%

live below the poverty level



age of 18 lack health

insurance

90% agree that they have a happy home and report that they have someone at home who can help and support them

83% agree adults in their community care about teens

71% agree their school peers respect each other's differences (e.g., gender, race, culture, sexual orientation)

39% report having been **bullied** at least once in the last 30 days (including name-calling, being excluded or ignored, or teased in a hurtful way)

11% of females received a hurtful electronic message while 10% had something hurtful shared on social media

6% reported that they were made fun at least once in the prior 30 days because of their gender identity or sexual orientation

Source: 2017 Iowa Youth Survey of 6th, 8th, and 11th graders





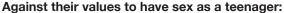


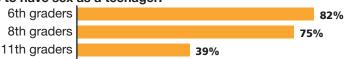




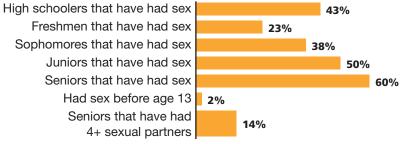
figuring it all out

Meaningful responses from parents, schools, healthcare providers, and faith communities help teens understand their sexual values.





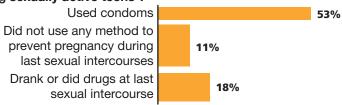
Iowa's High School Youth Risk Behavior Survey from 2017* indicates:



In the past 30 days, 11th graders surveyed:



Among sexually active teens*:







Overall, sexually active teens report using condoms and birth control pills most often to prevent pregnancy.

* Results from the YRBS 2017

sex ed in public schools

lowa law mandates that schools must provide ageappropriate, researchbased instruction in human growth and development in grades 1-12.

This instruction must be free of racial, ethnic, sexual orientation, and gender bias, and be culturally appropriate. However, many schools don't require courses that include sexual health education.

Required topics include:

- self-esteem
- · stress management
- interpersonal relationships
- human sexuality
- · domestic abuse
- HPV and its vaccine
- HIV/AIDS

Schools may teach abstinence-based or abstinence-only curricula if it meets the human sexuality component of the human growth and development requirements.

School districts must notify parents about curriculum content annually. Parents may review materials and opt their children out if desired.

(Iowa Code § 279.50)

consent for minors

lowa teens may legally consent to sexual activity according to the following:

age 13 & under	cannot give consent		
age 14	may consent with partners age 14-17		
age 15	may consent with partners age 14-18		
age 16+	may give consent, although sexual abuse laws may determine whether consent was legally given regardless of age		

Minors may consent to contraceptive services as well as HIV/STD testing and treatment. Parents must be notified if a minor tests positive for HIV. Some testing facilities, may be exempt from notifying a minor's legal guardian by federal statute, regulation, or Centers for Disease Control and Prevention guidelines. (lowa Code § 139A.35, 141A.7)

Sexting may be prosecuted under lowa's law prohibiting Dissemination and Exhibition of Obscene Material to Minors (lowa Code § 728.2) or Sexual Exploitation of a Minor. (lowa Code § 728.12)

Minors may consent to an abortion without parental permission, but treatment facilities must notify a parent or grandparent prior to the abortion. Exceptions are granted in abuse, assault, incest, and/or neglect situations, or in medical emergencies. (Iowa Code § 135L.3)

teen birth rate on the decline

Despite progress, teens still need age-appropriate, accurate information on abstinence and contraception.

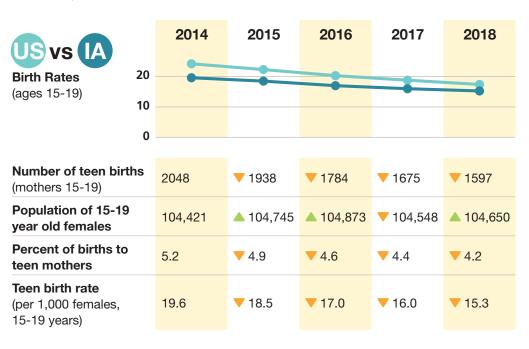
From the peak year of teen births, 1991, the national teen birth rate has fallen by 62%.

Most teen mothers are 18-19 years old (75%) with mothers aged 15-17 years at 23%.

In 2015, the estimated savings from the decline in teen births in lowa was \$26 million dollars.

In lowa, the number of teen births has decreased 22% between 2014 and 2018.

lowa's teen birth rate is lower than the U.S. rate, but percent changes in births for minority teens are falling at a slower rate than for white teens. Between 2014 and 2017 percent changes in number of births were: white (-22%), African American (+.8%), Asian/PI (+12%), and Hispanic (-6.22%).



A dramatic shift in resources for lowa teens.

In mid-calendar year 2017 two major legislative changes occurred that significantly affected lowa teens' access to birth control resources.

Planned Parenthood and other abortion providers were barred from receiving Medicaid funds from patients for any reason, including patients needing birth control. As a result, four Planned Parenthood clinics and several other rural family planning clinics closed. Several of these clinics were based in communities with high STD and teen birth rates.

The state of lowa chose to shift from the federally-funded family planning program to a state funded program. This shift has resulted in a 75% drop in the number of people accessing the new state family planning program since 2017 and access to services has become difficult especially for young people.

It is too early to tell if these changes will increase the teen birth rate in lowa, however, these changes mean that comprehensive sexual health education in schools is even more important for lowa teens.

violence in dating and sex

Teen dating violence and sexual violence impedes the healthy sexual development of too many lowa teens.

11.4% of high schoolers reported that they were ever forced to have sexual intercourse when they did not want to

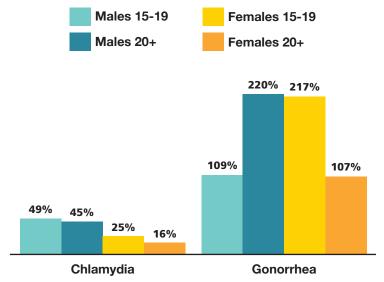
8.4% reported experiencing sexual dating violence one or more times in the previous year

8.4% reported experiencing physical dating violence in the previous year

In Iowa, minors can obtain Protective Orders (POs), and courts can issue them against minor abusers. Iowa also allows people in dating relationships to seek POs against their abusers.* However, Iowa law does not currently provide for a school response to dating violence.

sexually transmitted diseases

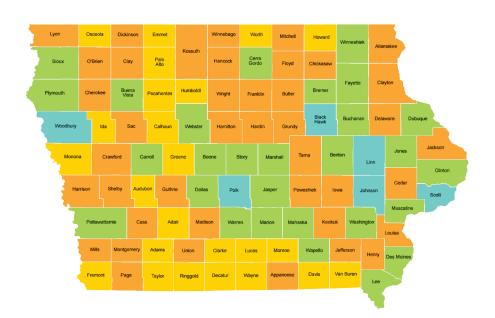
Percent change by age group between 2014 and 2018



^{*} Iowa Code § 236

^{*} Results from the YRBS 2017

births to teen mothers aged 15-19 (2014-2018)



POPULATION >100,000				
		#	Teen Birth Rate ³	
Rank ²	County	Births	(Overall Rank ⁴)	
1	Woodbury	499	27.2 (14)	
2	Scott	607	22.7 (28)	
3	Polk	1534	20.7 (35)	
4	Black Hawk	393	16.1 (55)	
5	Linn	533	14.8 (65)	
6	Johnson	191	5.8 (96)	

	POPULATION	20,000 -	- 99,999
		#	Teen Birth Rate ³
Rank ²	County	Births	(Overall Rank⁴)
1	Marshall	213	34.5 (1)
2	Lee	168	34.5 (2)
3	Des Moines	185	32.3 (4)
4	Wapello	162	30.0 (7)
5	BuenaVista	103	28.4 (9)
6	Clinton	208	28.2 (10)
7	Pottawattamie	383	25.6 (17)
8	Muscatine	171	24.3 (19)
9	Webster	139	22.9 (25)
10	Mahaska	72	20.8 (34)
11	Fayette	67	20.3 (36)
12	Cerro Gordo	117	19.4 (38)
12	Jasper	96	18.7 (43)
14	Washington	58	16.7 (51)
15	Dubuque	268	16.0 (56)
16	Boone	55	15.1 (61)
17	Sioux	116	15.1 (62)
18	Jones	43	14.9 (64)
19	Benton	52	13.2 (73)
20	Marion	77	12.3 (77)
21	Buchanan	40	12.2 (79)
22	Carroll	35	11.5 (83)
23	Plymouth	48	11.4 (86)
24	Dallas	131	10.2 (90)
25	Warren	91	10.0 (91)
26	Winneshiek	26	5.4 (97)
27	Bremer	26	5.2 (98)
28	Story	98	3.5 (99)
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		#	Teen Birth Rate ³
Rank ²	County	Births	(Overall Rank4)
1	Franklin	47	30.5 (5)
2	Cherokee	43	28.7 (8)
3	Wright	53	27.8 (11)
4	Appanoose	47	27.7 (12)
5	Montgomery	45	27.2 (13)
6	Crawford	78	26.5 (16)
7	Page	50	24.3 (20)
8	Hamilton	53	23.9 (21)
9	Louisa	40	23.6 (22)
10	Tama	63	22.9 (24)
11	Cass	41	22.8 (26)
12	Allamakee	43	22.8 (27)
13	O'Brien	45	22.7 (29)
14	Henry	71	22.6 (30)
15	Keokuk	32	22.1 (31)
16	Union	48	21.0 (33)
17	Jefferson	38	18.8 (41)
18	Hancock	28	17.9 (46)
19	Sac	25	17.7 (47)
20	Hardin	44	17.0 (48)
21	Shelby	29	16.8 (50)
22	Harrison	36	16.5 (53)
23	Mills	38	15.9 (58)
24	Floyd	36	14.7 (67)
25	Kossuth	32	14.6 (68)
26	Clay	35	14.4 (69)
27	Dickinson	30	14.2 (70)
28	Guthrie	23	14.1 (71)
29	Clayton	33	13.7 (72)
30	Winnebago	22	12.7 (74)
31	Butler	26	12.5 (75)
32	Jackson	35	12.3 (78)
33	Madison	32	11.9 (80)
34	Cedar	34	11.9 (81)
35	Lyon	21	11.5 (84)
36	Iowa	28	11.4 (85)
37	Grundy	21	11.3 (87)
38	Chickasaw	19	10.9 (89)
39	Delaware	25	9.0 (93)
40	Mitchell	12	6.9 (94)
41	Poweshiek	24	5.9 (95)
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POPULATION 10,000 - 19,999

POPULATION <10,000			
		#	Teen Birth Rate ³
Rank ²	County	Births	(Overall Rank4)
1	Fremont	33	34.2 (3)
2	Clarke	42	30.3 (6)
3	Lucas	33	27.0 (15)
4	Emmet	44	24.7 (18)
5	Adams	10	22.9 (23)
6	Taylor	20	21.6 (32)
7	Audubon	16	19.7 (37)
8	Osceola	16	19.3 (39)
9	Monroe	22	19.2 (40)
10	Decatur	33	18.8 (42)
11	lda	18	18.1 (44)
12	Ringgold	14	18.0 (45)
13	Greene	24	16.9 (49)
14	Calhoun	20	16.6 (52)
15	Howard	22	16.1 (54)
16	Davis	25	16.0 (57)
17	Monona	19	15.6 (59)
18	Adair	16	15.5 (60)
19	Pocahontas	15	15.0 (63)
20	Worth	18	14.7 (66)
21	Van Buren	13	12.3 (76)
22	Humboldt	16	11.6 (82)
23	Wayne	11	11.1 (88)
24	Palo Alto	12	9.4 (92)

^{1.} Births to mothers under 15 are not included.

^{2.} Relative rank among counties of similar population size. 3. Rate per 1000 females aged 15-19 per year. Teen birth rate per thousand females aged 15-19 years old is the 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. Teen birth rate = Number of births to mothers aged 15-19 x 1000 Estimated population of 15-19 year old females. Birth rates were calculated using the number of births to teen mothers aged 15-19 years from 2014-2018 divided by the estimated population of females aged 15-19 during the same time period. 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. The inclusion of females under age 15 in the denominator dramatically lowers the birth rate and underestimates the risk faced by females 15-19.

^{4.} Overall rank among lowa's 99 counties.