

# facts

## ADOLESCENT SEXUAL HEALTH IN IOWA

### meet the teens

212,414

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

3.2 million

Iowa total population

#### Teen population 15-19 years old in 2020

White: 89%

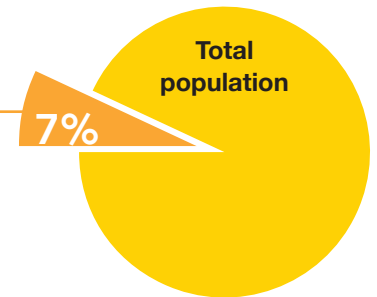
Hispanic/Latino: 10%

Black/African American: 7%

Asian/Pacific Islander: 4%

American Indian/Alaskan Native: 0.8%

Note: Hispanic/Latino overlaps with other racial categories.  
Total percentage is greater than 100%.



### 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 and bodily autonomy, set boundaries, and develop healthy relationships.

#### 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.

 91%  
of students  
graduate  
high school

 13%  
live below  
the poverty  
level

 3%  
under the  
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)

17% report having been **bullied** at least once in the last 30 days (including hit, kicked, pushed, shoved, or locked indoors)

11% of females received a **hurtful or threatening** electronic message

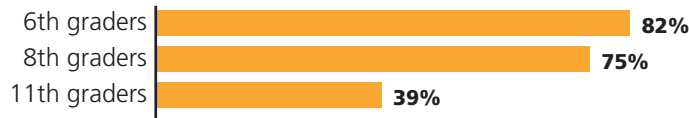
6% reported that they were **made fun of** at least once in the prior 30 days because of their gender identity or sexual orientation

Source: 2018 Iowa Youth Survey of 6th, 8th, and 11th graders

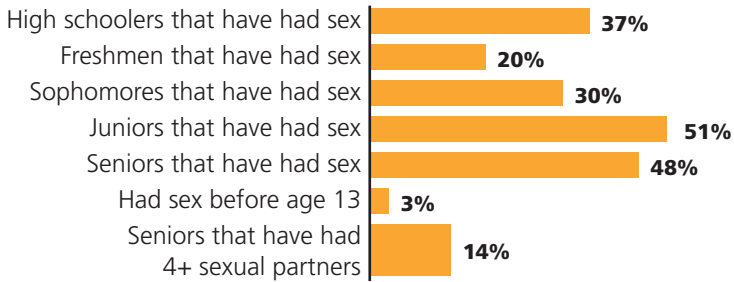
# figuring it all out

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

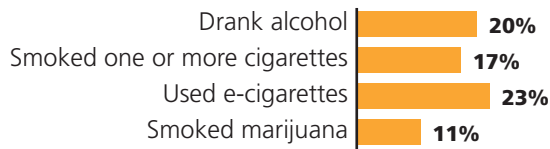
## Against their values to have sex as a teenager:



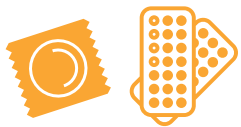
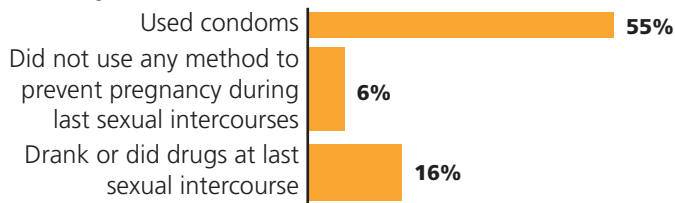
## Iowa's High School Youth Risk Behavior Survey from 2019\* indicates:



## 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 2019 Weighted data

# sex ed in public schools

Iowa law mandates that schools must provide age-appropriate, research-based 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 only 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

Iowa 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

(Iowa Code § 709.4)

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. (Iowa Code § 139A.35, 141A.7)

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

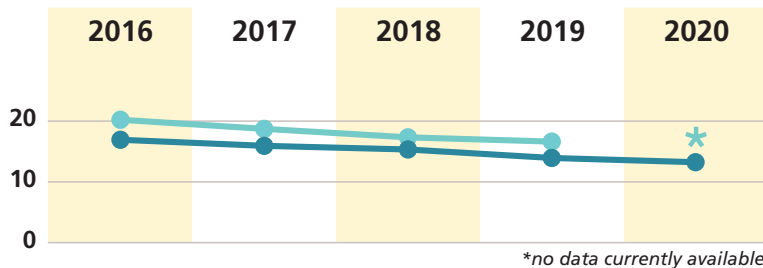
Despite progress, teens still need age-appropriate, accurate information on abstinence and contraception.

From the peak year of teen births, 1991, the national teen birth rate has fallen in 2019 by **73%**.

In 2019, most teen mothers in the US were 18-19 years old (76%) with mothers aged 15-17 years at **24%**.

In Iowa, the number of teen births has decreased **23%** between 2016 and 2020.

## US vs IA Birth Rates (ages 15-19)



Number of teen births (mothers 15-19)	▼ 1,784	▼ 1,675	▼ 1,597	▼ 1,456	▼ 1,376
Population of 15-19 year old females	▲ 104,887	▼ 104,419	▲ 103,645	▼ 103,747	▼ 103,569
Percent of births to teen mothers	▼ 4.6	▼ 4.4	▼ 4.2	▼ 3.9	▼ 3.8
Teen birth rate (per 1,000 females, 15-19 years)	▼ 17.0	▼ 16.0	▼ 15.4	▼ 14.0	▼ 13.3

## A dramatic shift in resources for Iowa teens.

In mid-calendar year 2017 two major legislative changes occurred that significantly affected Iowa 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, many 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 Iowa 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.

These changes mean that comprehensive sexual health education in schools is even more important for Iowa teens.

# violence in dating and sex

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

**9.9%** of high schoolers reported that they were ever **forced to have sexual intercourse** when they did not want to

The percent of high schoolers ever forced to have sexual intercourse when they did not want to decreased by 1.5 percentage points between 2017 and 2019, however this was not a significant change ( $p > 0.05$ )

**5.7%** reported experiencing **sexual dating violence** one or more times in the previous year

The percent of high schoolers who experienced sexual dating violence one or more times in the previous year decreased by 2.7 percentage points between 2017 and 2019, this was a significant decrease ( $p < 0.05$ )

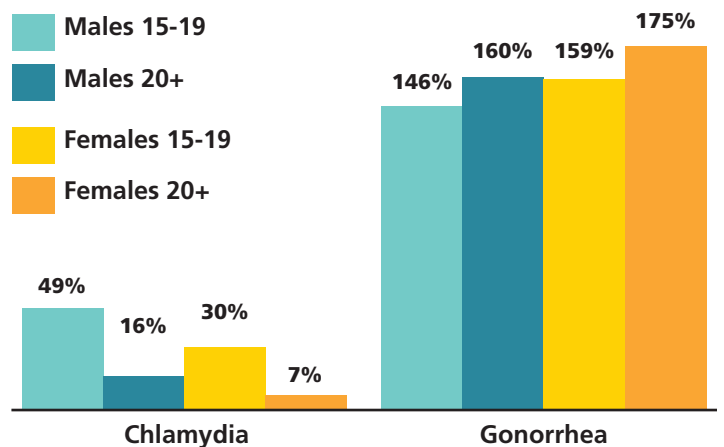
**6.0%** reported experiencing **physical dating violence** in the previous year

The percent of high schoolers who experienced physical dating violence in the past year decreased by 2.4 percentage points between 2017 and 2019, this change was not significant ( $p > 0.05$ )

\* Results from the YRBS 2019

# sexually transmitted diseases

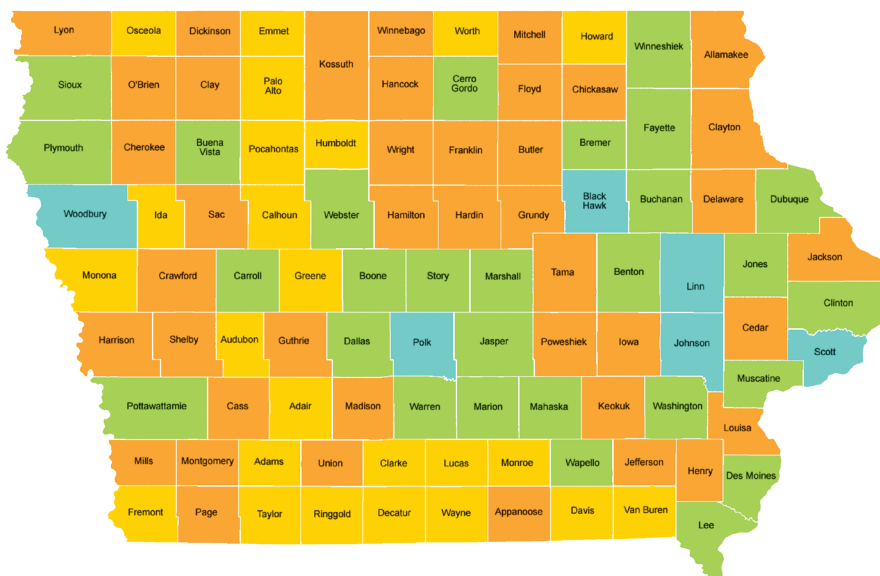
Percent change by age group between 2016 and 2020



Statewide, between 2016 and 2020 teens 15 – 19 years accounted for **25% of chlamydia cases, 14% of gonorrhea cases, and 4% of syphilis cases.**

In Iowa, from 2016 to 2020, 15-19 year old gonorrhea cases **increased 34%** and 15-19 year old chlamydia cases **increased 155%**.

# births to teen mothers aged 15-19 (2016-2020)



Data: Iowa Department of Public Health  
Source: Bureau of Health Statistics

## POPULATION >100,000

Rank <sup>2</sup>	County	# Births	Teen Birth Rate <sup>3</sup> (Overall Rank <sup>4</sup> )
1	Woodbury	437	23.9 (13)
2	Scott	573	21.2 (21)
3	Polk	1384	18.3 (36)
4	Black Hawk	355	15.2 (47)
5	Linn	489	13.4 (57)
6	Johnson	166	5.0 (95)

## POPULATION 20,000 – 99,999

Rank <sup>2</sup>	County	# Births	Teen Birth Rate <sup>3</sup> (Overall Rank <sup>4</sup> )
1	Des Moines	179	31.9 (1)
2	Lee	138	29.4 (3)
3	Wapello	148	27.1 (5)
4	Marshall	169	26.8 (6)
5	Clinton	169	24.2 (12)
6	Webster	129	22.1 (19)
7	Pottawattamie	307	20.5 (22)
8	Muscatine	139	19.7 (27)
9	Mahaska	67	19.1 (32)
10	Cerro Gordo	103	18.0 (37)
11	Sioux	127	16.4 (42)
12	Jasper	87	16.3 (43)
12	Dubuque	235	14.2 (52)
14	Jones	41	14.1 (53)
16	Boone	46	13.6 (54)
16	Washington	45	13.4 (58)
18	Benton	52	13.1 (61)
18	Marion	69	11.5 (70)
19	Plymouth	35	8.9 (85)
20	Buchanan	29	8.62 (87)
21	Dallas	117	8.5 (88)
22	Warren	66	7.3 (90)
23	Bremer	17	3.4 (98)
24	Story	86	3.2 (99)

## POPULATION 10,000 – 19,999

Rank <sup>2</sup>	County	# Births	Teen Birth Rate <sup>3</sup> (Overall Rank <sup>4</sup> )
1	Wright	50	26.0 (9)
2	Page	48	25.6 (10)
3	Union	51	23.2 (14)
4	Buena Vista	81	23.1 (15)
5	Crawford	67	23.1 (16)
6	Appanoose	39	22.4 (18)
7	Tama	58	22.0 (20)
8	O'Brien	41	20.2 (24)
9	Keokuk	28	20.0 (25)
10	Cherokee	29	19.8 (26)
11	Fayette	61	19.2 (29)
12	Cass	35	19.2 (30)
13	Hamilton	41	19.2 (31)
14	Allamakee	36	19.0 (33)
15	Henry	58	18.8 (34)
16	Louisa	29	17.9 (38)
17	Jefferson	34	17.7 (39)
18	Shelby	26	15.3 (45)
19	Hancock	23	15.1 (48)
20	Floyd	35	14.9 (49)
21	Hardin	36	14.4 (51)
22	Clay	32	13.6 (56)
23	Mills	30	12.9 (62)
24	Jackson	36	12.8 (63)
25	Harrison	25	11.5 (71)
26	Chickasaw	20	11.3 (72)
27	Dickinson	22	10.2 (76)
28	Kossuth	22	10.1 (77)
29	Carroll	30	9.8 (79)
30	Guthrie	16	9.8 (80)
31	Cedar	27	9.4 (81)
32	Grundy	17	9.2 (82)
33	Butler	19	9.2 (83)
34	Delaware	23	8.9 (84)
35	Winnebago	16	8.8 (86)
36	Clayton	18	7.6 (89)
37	Iowa	17	7.2 (91)
38	Madison	19	7.2 (92)
39	Lyon	13	7.0 (93)
40	Mitchell	12	6.9 (94)
41	Winneshiek	21	4.5 (96)
42	Poweshiek	17	4.4 (97)

## POPULATION <10,000

Rank <sup>2</sup>	County	# Births	Teen Birth Rate <sup>3</sup> (Overall Rank <sup>4</sup> )
1	Adams	13	31.8 (2)
2	Fremont	25	27.4 (4)
3	Franklin	41	26.2 (7)
4	Clarke	37	26.0 (8)
5	Lucas	29	24.7 (11)
6	Montgomery	35	23.0 (17)
7	Adair	20	20.2 (23)
8	Monroe	23	19.6 (28)
9	Emmet	33	18.6 (35)
10	Ringgold	14	17.3 (40)
11	Greene	23	16.9 (41)
12	Van Buren	16	15.6 (44)
13	Taylor	13	15.3 (46)
14	Decatur	24	14.5 (50)
15	Ida	13	13.6 (55)
16	Worth	15	13.3 (59)
17	Calhoun	16	13.2 (60)
18	Humboldt	18	12.6 (64)
19	Audubon	9	12.3 (65)
20	Davis	19	12.2 (66)
21	Sac	16	12.0 (67)
22	Monona	14	11.7 (68)
23	Howard	16	11.7 (69)
24	Osceola	9	11.2 (73)
25	Pocahontas	11	11.2 (74)
26	Palo Alto	14	10.9 (75)
27	Wayne	10	9.9 (78)

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 Iowa's 99 counties.