



SOUTH DAKOTA  
DEPARTMENT OF HEALTH



# YOUTH SURVEY REPORT 2019

AUGUST 2019

# INTRODUCTION

The South Dakota Department of Health Youth Survey was created to gather information on the health needs and priorities of youth in grades 5-12. Data collected from this survey was not used for research, but rather for future programming in the Office of Child and Family Services (OCFS). The survey was a compilation of questions regarding youth health priorities, available health services, sex education programming, and health risk behaviors. The sexual education questions were designed to inform activities for the Sexual Risk Avoidance Education and Personal Responsibility Education Program grants. The health risk behavior questions were modeled after similar questions on the Centers for Disease Control and Prevention's Youth Risk Behavior Surveillance System (YRBSS).

The Youth Survey was open 11 weeks from the end of March through the beginning of June 2019. Survey fliers, letters, and sample social media messaging were sent out to over 100 OCFS needs assessment partners via email. Paper copies of the survey were also offered at that time. Partners were asked to distribute the survey and forward it to their partner organizations that serve youth. The South Dakota Department of Health also put the survey link on Facebook and Twitter accounts. South Dakota Department of Health and contract staff took the surveys to vendor booths at two youth conferences sponsored by Health Occupations Students of America and Family and Career and Community Leaders of America. Students at the conference could take the survey via the QR code or link on the survey flyer, using iPads at the booth, or on paper copies. The online survey was created with Question Pro survey software. Staff also attended a community health fair and promoted the survey. Drawings for Amazon gift cards were used as incentives at each of these events. Participant names were kept separate from the completed surveys.



# SUMMARY<sup>1</sup>

As of July 23, 2019, 659 youth had completed the survey. Of those, 22% were male and 78% were female.

- ▶ Suicide (84%), bullying (68%), substance abuse (61%), sexual health (55%) and physical activity and nutrition (51%) were the top five most frequently selected health concerns among all age groups. Percentage of participants that either ranked suicide, bullying, substance use, sexual health, or physical activity and nutrition in their top five health problems or selected them as being important did not differ by gender or race.
- ▶ Injuries from car crashes was in the top five health concerns among children aged 11 to 13 years, while sexual health was not.
- ▶ Suicide was the greatest health concern for youth in this survey, and 64% of participants felt that mental health services were lacking in their geographical area. A higher percentage of females than males noted the lack of mental health services (67% vs. 48%).
- ▶ Reproductive or sexual health had the second highest percent of participants that felt that services were lacking in their geographical area (42%). A higher percentage of females than males noted the lack of reproductive and sexual health services (46% vs. 27%).

**SUICIDE** was the  
greatest health concern for  
youth in this survey

**64%** of participants felt  
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## TOP 5 HEALTH CONCERNS Among All Age Groups

1. **Suicide (84%)**
2. **Bullying (68%)**
3. **Substance Abuse (61%)**
4. **Sexual Health (55%)**
5. **Physical Activity & Nutrition (51%)**

- ▶ The top three reasons noted for lack of services were that they did not exist in their area (39%), that they were too far away (31%), and that they were too expensive (29%).
- ▶ 62% of participants had visited their primary doctor for something other than an illness in the past 12 months. The top two reasons given for the last doctor visit they attended were for sports physicals (32%) and for an illness or injury visits (40%).
- ▶ Main sources of health information include their family (71%) and in school and classes (68%). Only 47% of participants responded that they received health information from a health care provider. A greater percentage of males than females (78% vs. 70%) and white than non-white participants (74% vs. 59%) indicated they received their health information from their family.
- ▶ 65% of participants reported receiving sex education between the ages of 10 and 19 years. Among those who did, abstinence, birth control and contraception, and correct condom use were discussed in 52%, 49%, and 37% of their classes, respectively.

<sup>1</sup> While interpreting results it is important to remember that this survey was not a population-based survey and the prevalence rates cannot be extrapolated to the population of South Dakota adolescents. The results are based on adolescents participating in this voluntary survey that was publicized throughout the state by the Department of Health through partners and at community events (see Introduction).



- ▶ Among participants who had never received sex education, 69% indicated that they would take a sex education course if it was offered in their community and this was greater than those who had previously received sex education (52%).

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## 18% of participants reported drinking alcoholic beverages

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- ▶ Greater than 93% of participants stated that they had a positive view of their decisions and actions, had healthy relationship and bonds with others (family, friends, school & community), were truthful and honest, cared about other people and could understand their feelings, and felt like they made a contribution to themselves, their family, their community and society. 86% state that they had a positive opinion of themselves, their abilities, and their opportunities.
- ▶ A greater proportion of females than males indicated that they care about other people and can understand their feelings (98% vs. 92%), while a smaller proportion of females indicated that they had a positive opinion of themselves, their abilities, and their opportunities (84% vs. 95%).

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## 17% of participants reported using electronic vapor products

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- ▶ 92% of participants always or most of the time wore their seat belt while driving a car and 87% always or most of the time wore a seat belt while riding in a car driven by someone else. Fewer males wore their seat belt all or most of the time while riding in a car than females (75% vs. 90%, respectively).
- ▶ Cyberbullying was reported by 35% of participants; 19% reported bullying someone physically or through texting, Instagram, Facebook, or other social media; and 17% seriously considered attempting suicide. There were no gender or race differences in bullying. The percentage of participants who seriously considered suicide was greater in non-whites than whites (32% vs. 15%).
- ▶ 18% of participants reported drinking alcoholic beverages, 17% reported using electronic vapor products, 5% smoked cigarettes, 5% used marijuana, and 2% used other drugs not prescribed to them. A greater percentage of males than females reported using electronic vapor products (23% vs. 15%) and drugs such as meth, inhalants, or prescription drugs not prescribed to them (5% vs. 2%). A greater percentage of non-whites than whites reported using cigarettes (13% vs. 4%), marijuana (15% vs. 3%), other drugs (meth, inhalant, prescription drugs) (9% vs. 1%).
- ▶ 3% of participants slept away from their parents because they were kicked out or ran away. A greater percentage of non-whites than whites reported sleeping away from their parents or guardians because they were kicked out, ran away, or were abandoned (9% vs. 2%).

# RESULTS

Table 1. Demographic Information

	TOTAL	MALE	FEMALE
<b>TOTAL</b>	659*	22%	78%
<b>AGE (YEARS)</b>			
11 to 13	12%	15%	12%
14 to 16	55%	55%	54%
17 to 18	33%	30%	34%
<b>LANGUAGE</b>			
English	97%	96%	97%
Spanish	1.5%	3%	1%
Other	1.5%	1%	2%
<b>RACE</b>			
White	85%	82%	86%
Black or African American	1%	1%	1%
AI or Native Alaskan	7%	6%	7%
Asian	1%	1%	1%
Two or more races	5%	9%	5%
Other	1%	1%	0%
<b>ETHNICITY</b>			
Non-Hispanic	94%	90%	95%
Hispanic	6%	10%	5%
<b>GRADE</b>			
5th	1%	2%	0%
6th	1%	1%	1%
7th	8%	10%	8%
8th	12%	11%	12%
9th	25%	25%	25%
10th	17%	18%	18%
11th	17%	17%	17%
12th	18%	15%	19%
Not in School	1%	1%	0%
<b>STATE OF RESIDENCE</b>			
South Dakota	99.5%	99.5%	99.5%
Other	0.5%	0.5%	0.5%
<b>NUMBER OF CHILDREN UNDER 16 YEARS OF AGE IN HOUSEHOLD</b>			
None	17%	15.5%	17%
1	30%	35%	28%
2	26%	26%	26%
3	17%	15.5%	18%
4 or more	10%	8%	11%

\*Four participants identified as other, three indicated that they would prefer not to say, and 16 left gender blank. Participants who elected not to answer the gender question were excluded from the gender-stratified results but were included in other results.

## HEALTH PRIORITIES

In the youth survey, participants were presented with the health problems listed below and were asked to rank their top five with one being the most important health topic to them.

**Bullying** - Decrease bullying among youth both in person and online

**Substance use** - Decrease tobacco, alcohol and illegal drug use by youth

**Suicide** - Decrease the number of suicide attempts and increase the screening, referral, and access to mental health services

**Adolescent well-visit** - Increase the number of youths who go to health care providers for wellness visits where topics such as nutrition, sexual health and vaccinations are discussed

**Oral health** - Increase the number of youths receiving a preventive dental visit each year

**Injury** - Reduce the number of youths who die from car crashes

**Sexual health** - Improve young people's sexual health by reducing sexually transmitted infections and HIV, preventing pregnancy, and improving access to birth control and youth-friendly health care

**Physical activity and nutrition** - Promote physical activity and nutrition among youth

**Obesity** - Decrease the number of youths who are obese

**Immunizations** - Increase the number of youths who are immunized for recommended vaccinations such as HPV, Tdap, and Meningococcal.

**Access to care in a medical home** - Ensure that young people have one main health care provider who they know, see regularly, and is responsible for coordinating their care with other specialists

**Transition to adult care** - Help all youth receive the help they need to make a transition to adult health care

**Adequate health insurance coverage** - Increase the number of youths who have the health insurance they need

Table 2. Percentages of participants that ranked the topic in the top five

	RANK 1	RANK 2	RANK 3	RANK 4	RANK 5	CHOSEN BUT NOT RANKED*
<b>BULLYING</b>	9%	17%	13%	10%	7%	12%
<b>SUBSTANCE USE</b>	8%	15%	14%	7%	5%	11%
<b>SUICIDE</b>	41%	13%	9%	6%	5%	11%
<b>ADOLESCENT WELL-VISITS</b>	2%	2%	3%	4%	4%	10%
<b>ORAL HEALTH</b>	2%	1%	2%	2%	4%	10%
<b>INJURIES FROM CAR CRASHES</b>	3%	5%	7%	9%	8%	11%
<b>SEXUAL HEALTH</b>	4%	10%	10%	9%	10%	11%
<b>PHYSICAL ACTIVITY AND NUTRITION</b>	6%	7%	8%	9%	9%	13%
<b>OBESITY</b>	2%	3%	5%	8%	5%	12%
<b>IMMUNIZATIONS</b>	5%	7%	5%	8%	8%	11%
<b>ACCESS TO CARE IN MEDICAL HOME</b>	2%	3%	3%	5%	6%	11%
<b>TRANSITION TO ADULT CARE</b>	2%	2%	3%	5%	7%	11%
<b>ADEQUATE HEALTH INSURANCE</b>	2%	3%	6%	4%	8%	11%

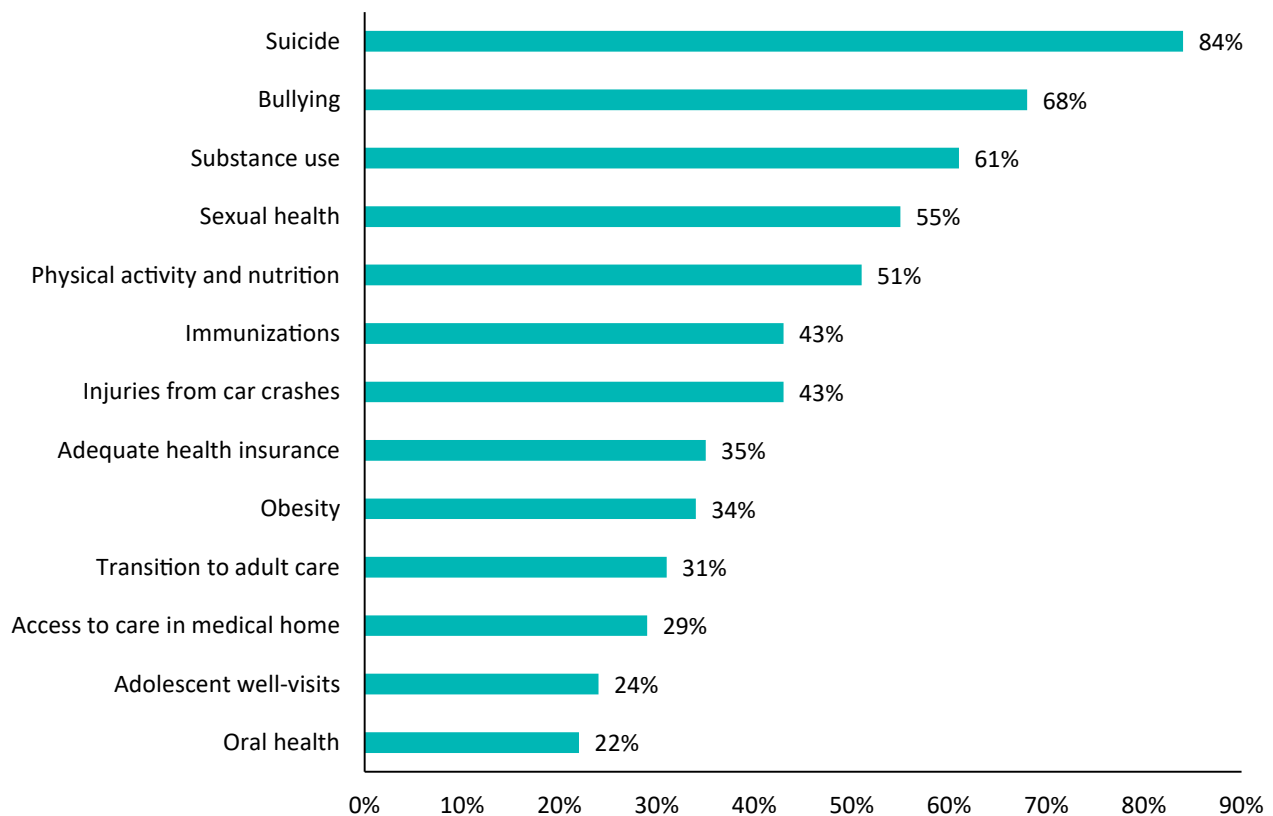
\*Some participants placed check marks in their selections rather than ranking them



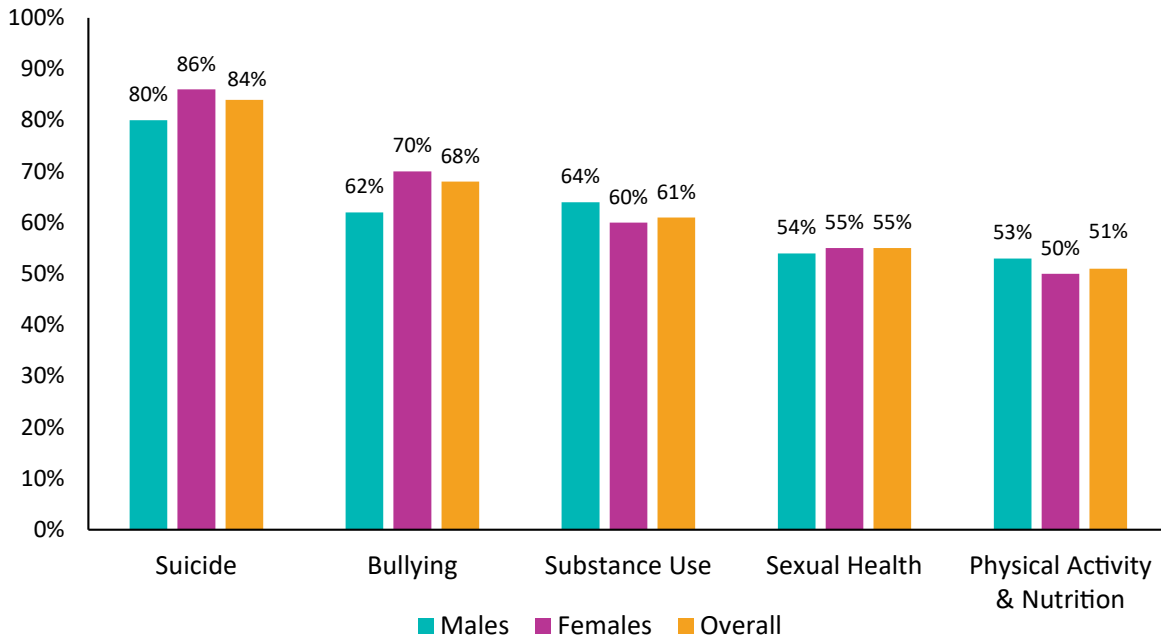
**Table 3. Percentage of participants selecting each health concern by age group**

	AGE (YEARS)			
	11 TO 13	14 TO 16	17 TO 18	ALL AGES
<b>SUICIDE</b>	92%	84%	83%	84%
<b>BULLYING</b>	80%	72%	59%	68%
<b>SUBSTANCE USE</b>	59%	63%	58%	61%
<b>SEXUAL HEALTH</b>	49%	55%	57%	55%
<b>PHYSICAL ACTIVITY AND NUTRITION</b>	54%	49%	49%	51%
<b>INJURIES FROM CAR CRASHES</b>	61%	44%	35%	43%
<b>IMMUNIZATIONS</b>	30%	43%	47%	43%
<b>ADEQUATE HEALTH INSURANCE</b>	32%	32%	39%	35%
<b>OBESITY</b>	41%	34%	32%	34%
<b>TRANSITION TO ADULT CARE</b>	30%	27%	37%	31%
<b>ACCESS TO CARE IN MEDICAL HOME</b>	35%	29%	27%	29%
<b>ADOLESCENT WELL-VISITS</b>	22%	23%	25%	24%
<b>ORAL HEALTH</b>	25%	21%	20%	22%

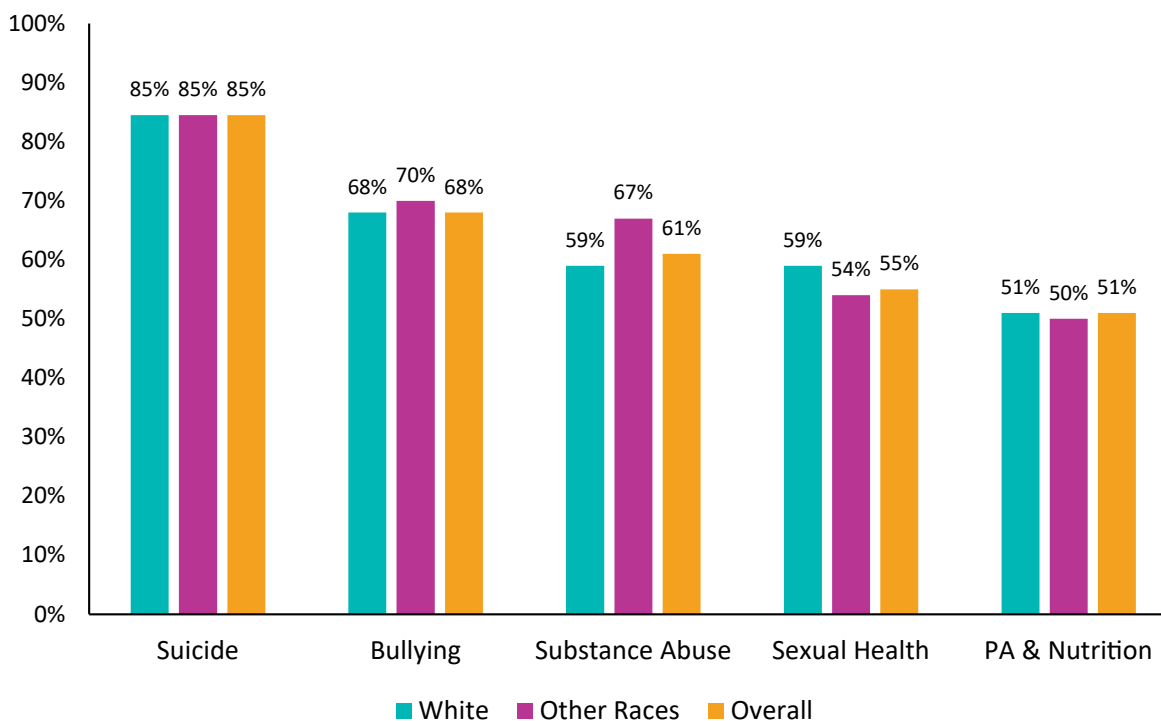
**Figure 1. Percentage of participants that either ranked health problems in their top five or selected them as being important**



**Figure 2. Percentage of participants that either ranked suicide, bullying, substance use, sexual health, or physical activity and nutrition in their top five health problems or selected them as being important, by gender**



**Figure 3. Percentage of participants that either ranked suicide, bullying, substance use, sexual health, or physical activity and nutrition in their top five health problems or selected them as being important, by race**

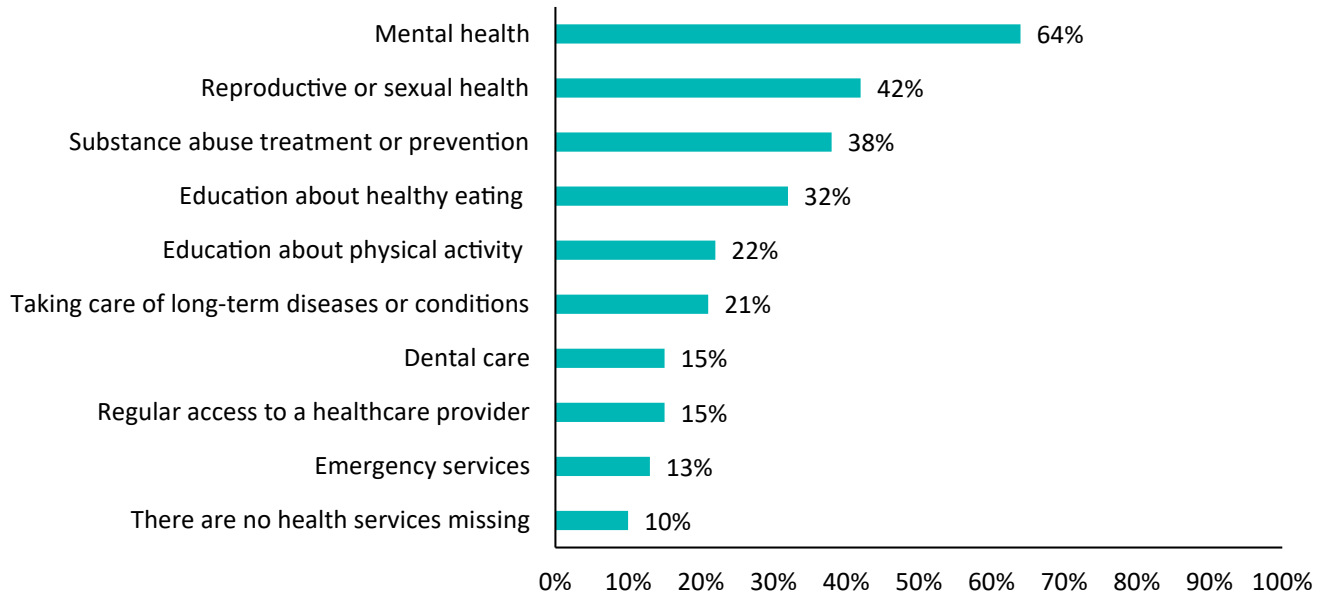




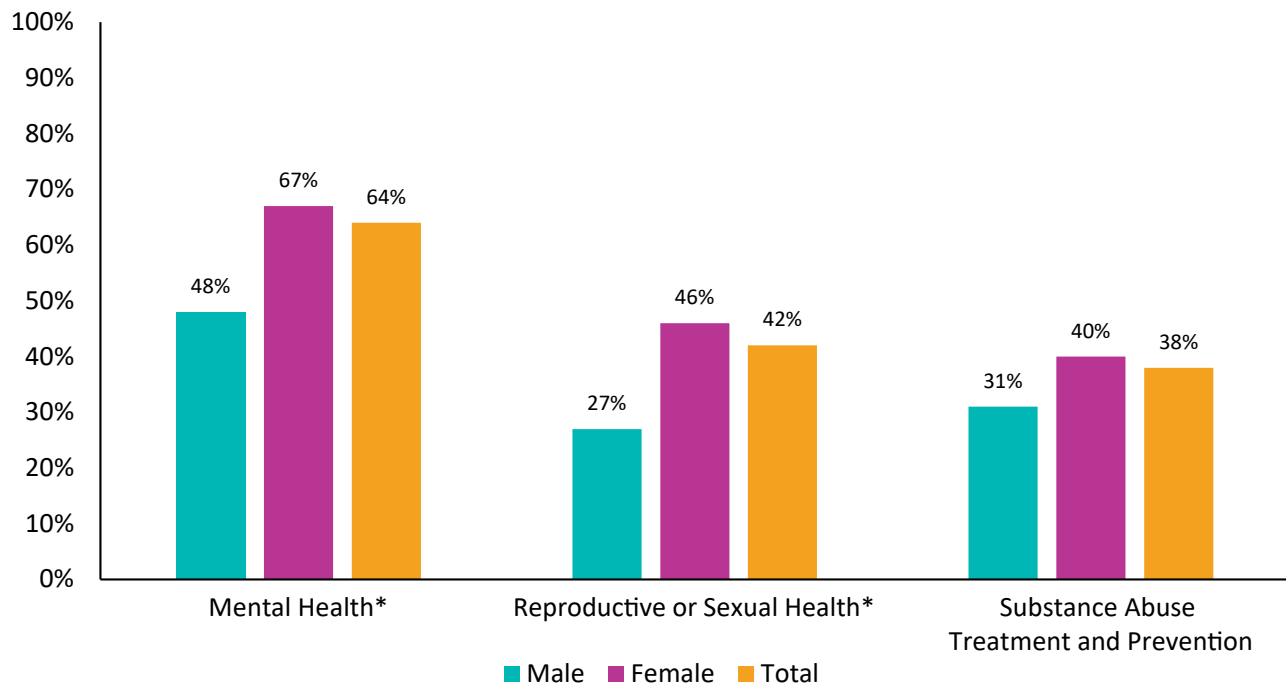
## AVAILABLE HEALTH SERVICES

Participants were asked to indicate where they felt health services were lacking in their geographical area. They were instructed to check all that apply.

**Figure 4. Percentage of participants that felt resources in each of the areas was lacking in their geographical area**

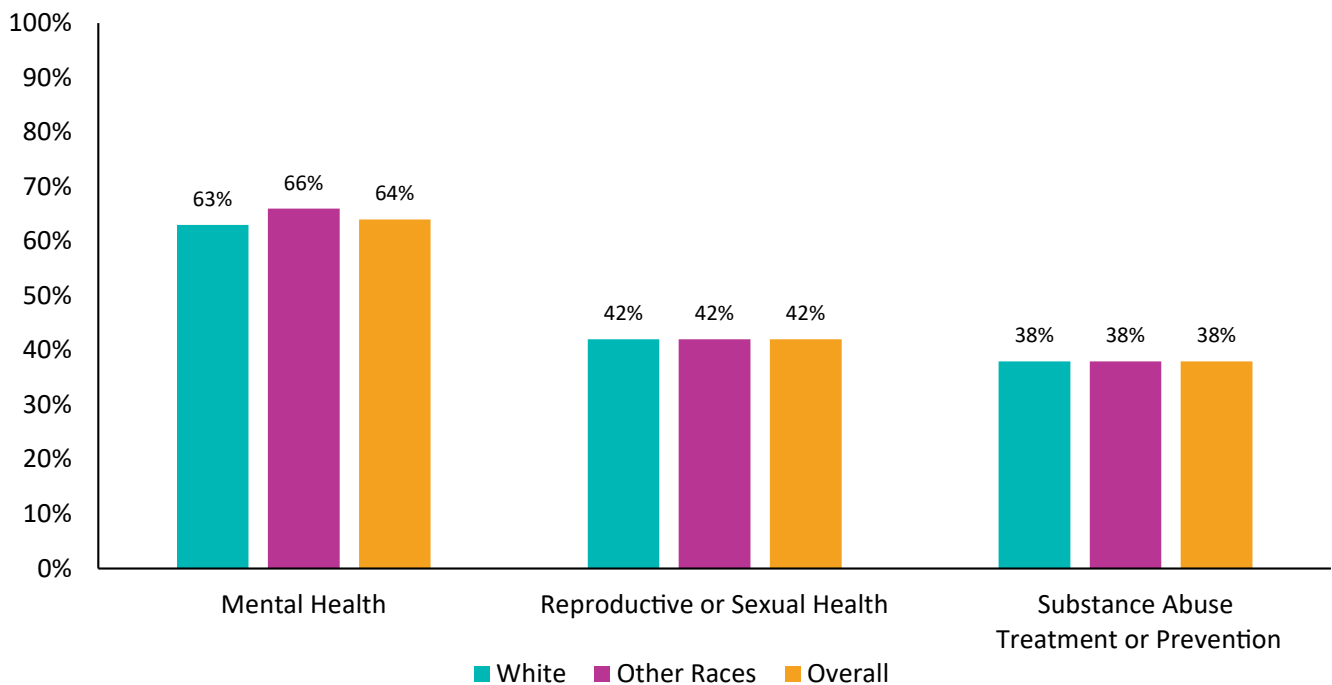


**Figure 5. Percentage of participants that felt that resources in each of the areas was lacking in their geographical area, by gender**



\*Proportions are different between genders at  $p < 0.001$

**Figure 6. Percentage of participants that felt resources in each of the areas was lacking in their geographical area, by race**



**Other**

Additional services lacking by geographic area are LGBTQ rights.

Based on their previous answer, participants were then asked “what are the reasons these services are lacking or not acceptable?”

REASON	PERCENTAGE YES
Services do not exist in our area	39%
Services are too far away	31%
Services are too expensive	29%
Questionable quality of services	27%
Services are acceptable	12%
Other	6%
Services are not provided in multiple languages	4%

**Other**

Some of the other reasons services are lacking or are not acceptable include a lack of interest or not caring enough to take advantage of the resources to optimize their health as well as a disconnect in cultural competency. Respondents noted, they feel they are not able to access controversial resources such as birth control, without their parents finding out. There is also some disconnect when it comes to making youth aware of the services and resources available to them, as well as the education they are provided regarding such services. Respondents admitted they were not aware of such services in their area or services were not well advertised within their community, and a small number of respondents indicated services were lacking due to an absence of education.

Participants were asked if they had seen a primary doctor for something other than illness in the past 12 months. 62% of participants had a visit with their primary doctor for something other than illness. This was similar between genders and among races with 58% to 64% of all groups attending a health care visit in the past year for something other than an illness.

### How can services in your area better support youth health needs?

431 youth responded to this question. Respondents indicated that education services needed improvement to support youth health needs. It was suggested that educational opportunities could be better directed to youth. In addition, respondents had difficulty connecting and relating to healthcare professionals. Respondents suggested their needs could be supported more efficiently.

*"Services should be more inspirational, fun and energetic. Many presenters are just facts on a slide show."*

17-year-old, 11th grade

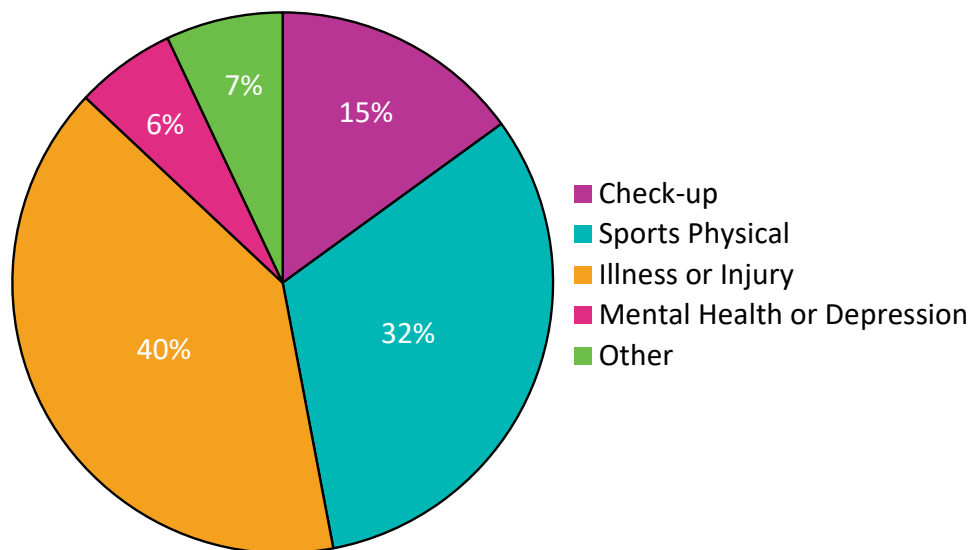
*"Try to involve people into checking their health and promote more how to live a healthy life"*

17-year-old, 12th grade

Prevention was also noted as a key area for improvement. Youth in South Dakota long to be involved in their own medical care and realize how important prevention is. Youth respondents are very cognizant of the attitudes their healthcare professionals possess and wish to feel welcomed when they seek care; otherwise they may avoid such care in the future.

Figure 7 shows the distribution of the reasons for their most recent doctor visit.

Figure 7. What was the reason for the most recent visit to a healthcare provider?



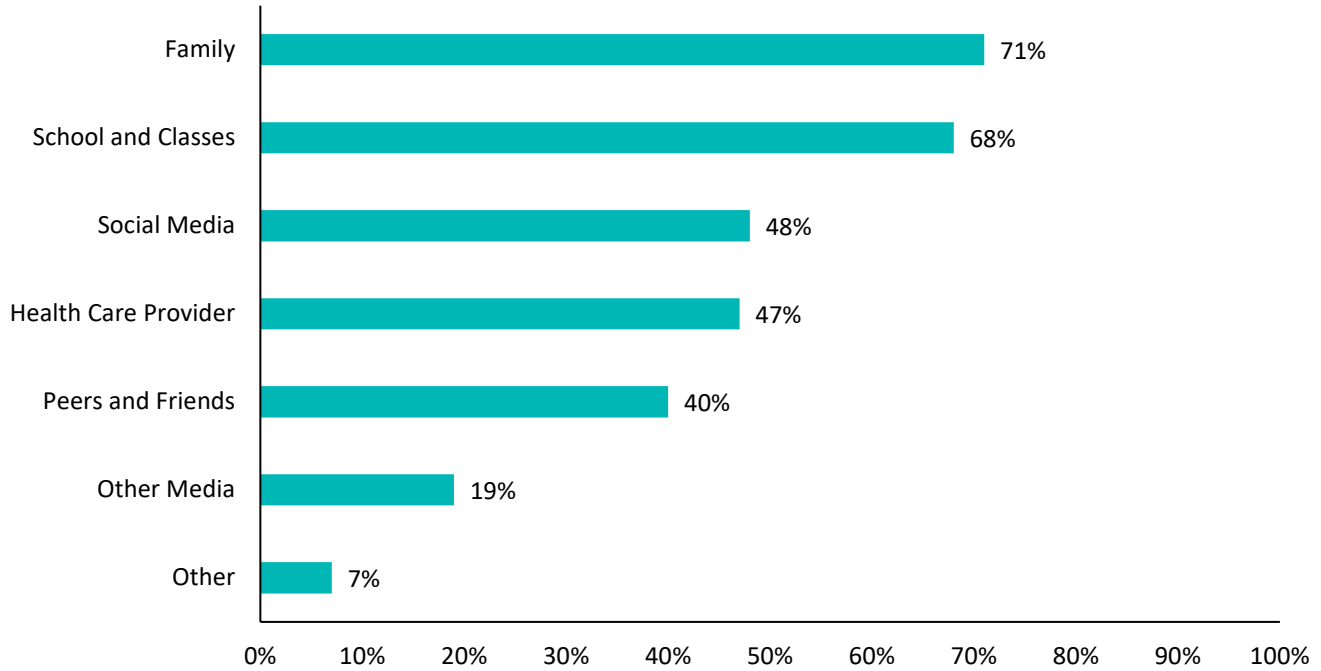
### Other

One of the major reasons for other visits was for specialty care, including surgical services. Respondents also visited health care providers for reproductive health and primary care visits, including to obtain birth control, check medications, or blood work.

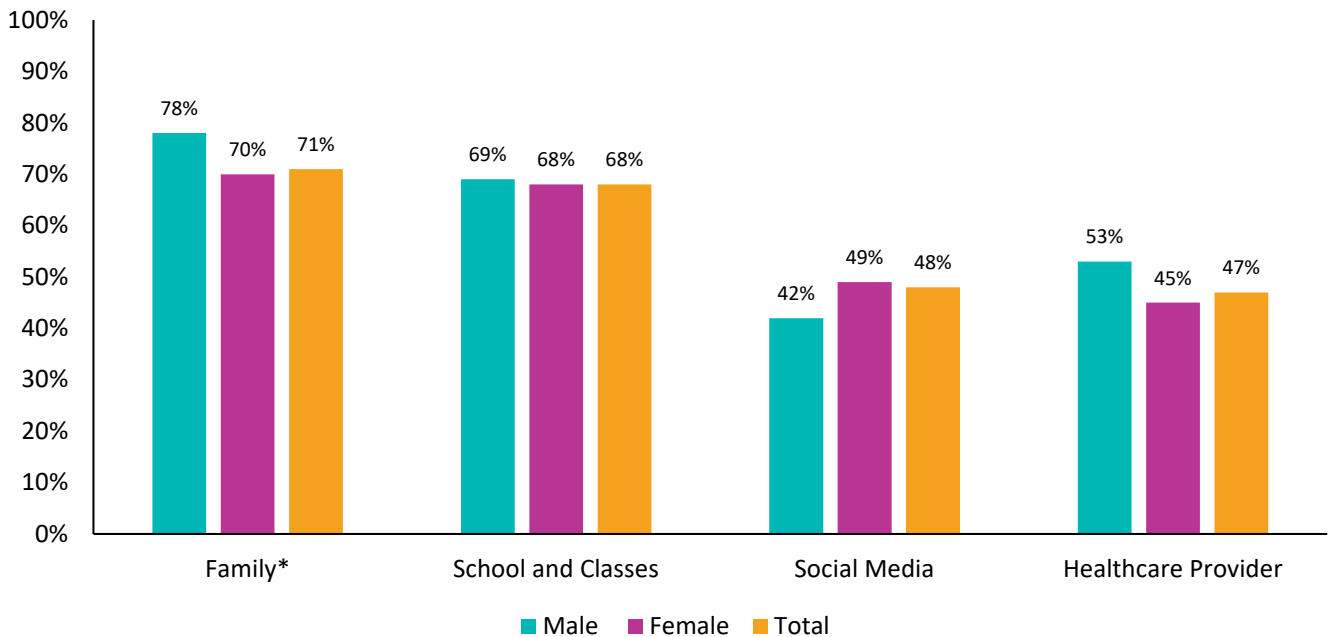
## SOURCES FOR HEALTH INFORMATION

Participants were asked to select their top three sources of health information for the teen population.

**Figure 8.** Percentage of participants that selected each of the sources as a top source for health information in teens.

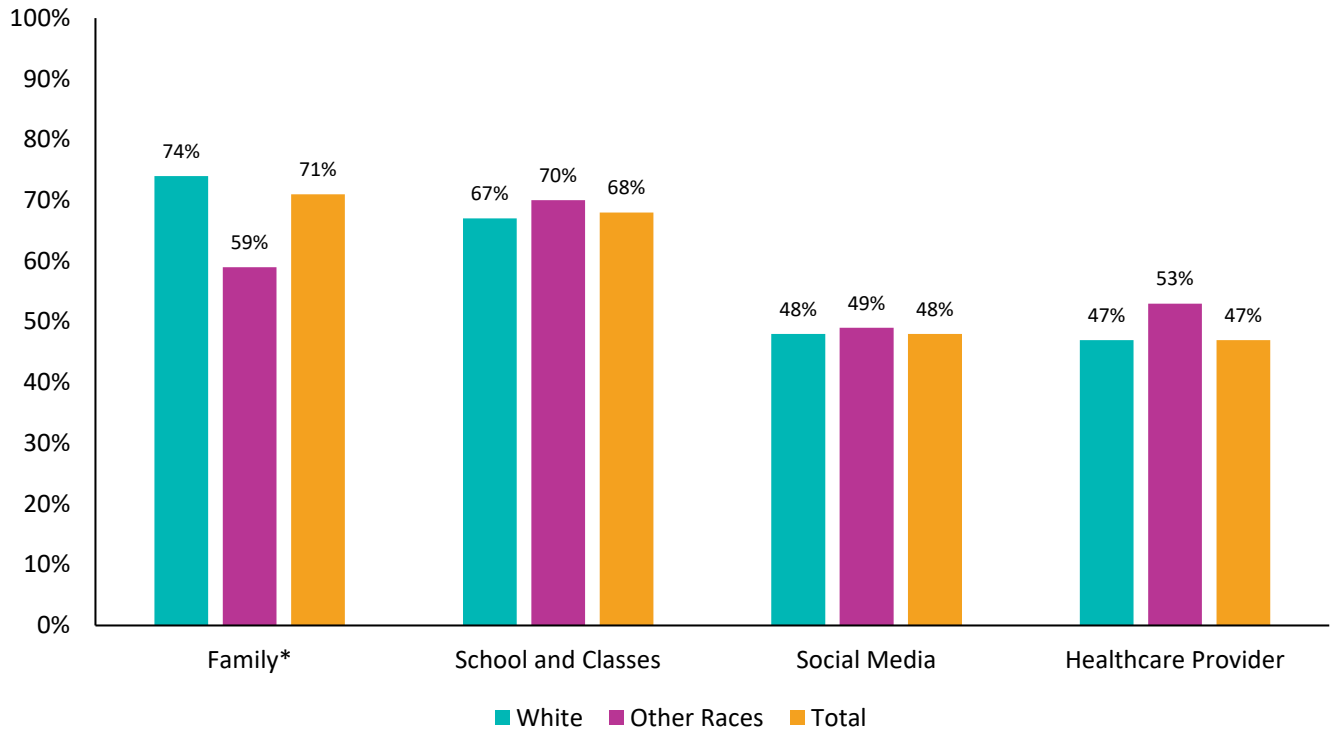


**Figure 9.** Percentage of participants who selected each category as a top source of health information in teens, by gender.



\*Proportions are different between genders at  $p < 0.05$

**Figure 10. Percentage of participants who selected each category as a top source of health information in teens, by race.**

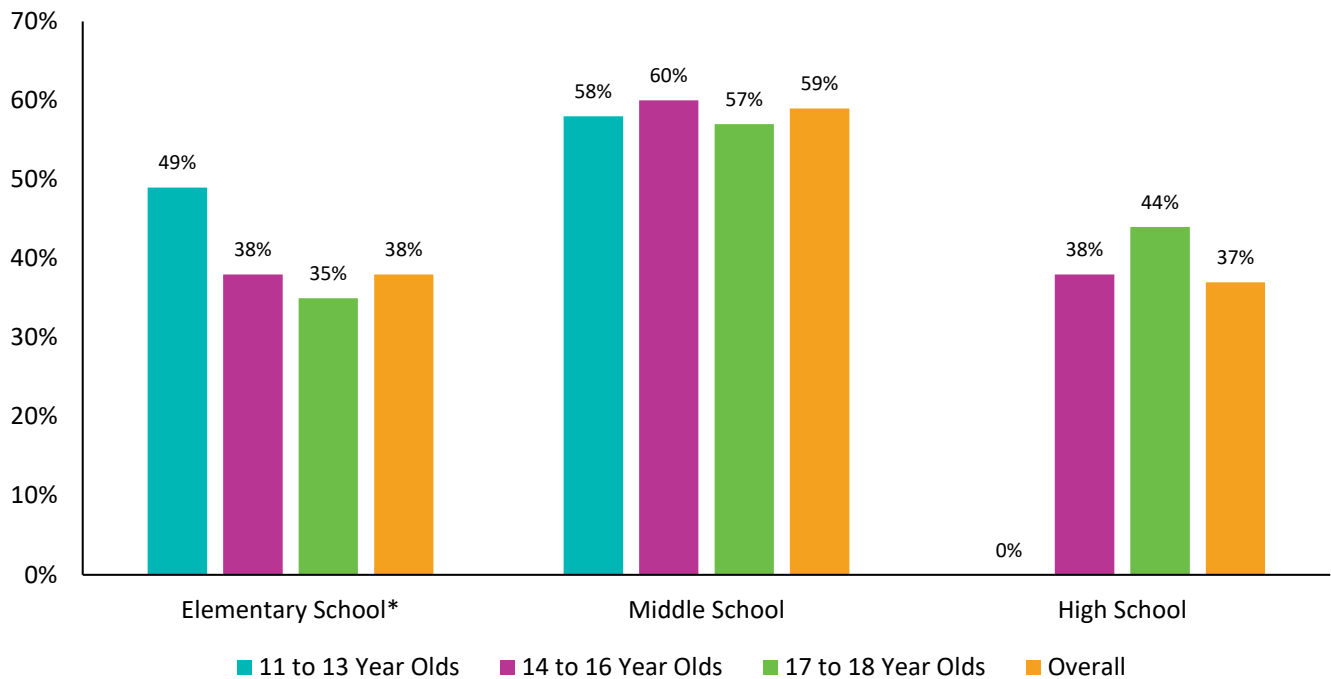


\*Proportions are different between races at  $p < 0.05$

## SEX EDUCATION PROGRAMING

The participants were asked about their history of receiving sex education between the ages of 10 and 19 years. Of all participants surveyed, 65% received sex education, 30% did not, and 5% did not remember whether they received sex education or not. Overall, a greater percentage of 17 to 18-year-olds than 14 to 16-year-olds reported receiving sex education (74% vs. 59%,  $p=0.003$ ). The percentage of 11 to 13-year-olds receiving sexual education (63%) did not differ from either of the other two age groups.

**Figure 11. Among students who received sex ed, the location where it was received, by age group.**



\* The percentage of 11 to 13-year-olds that had sex education in elementary school was greater than 17 to 18-year-olds ( $p<0.05$ ).

### Other

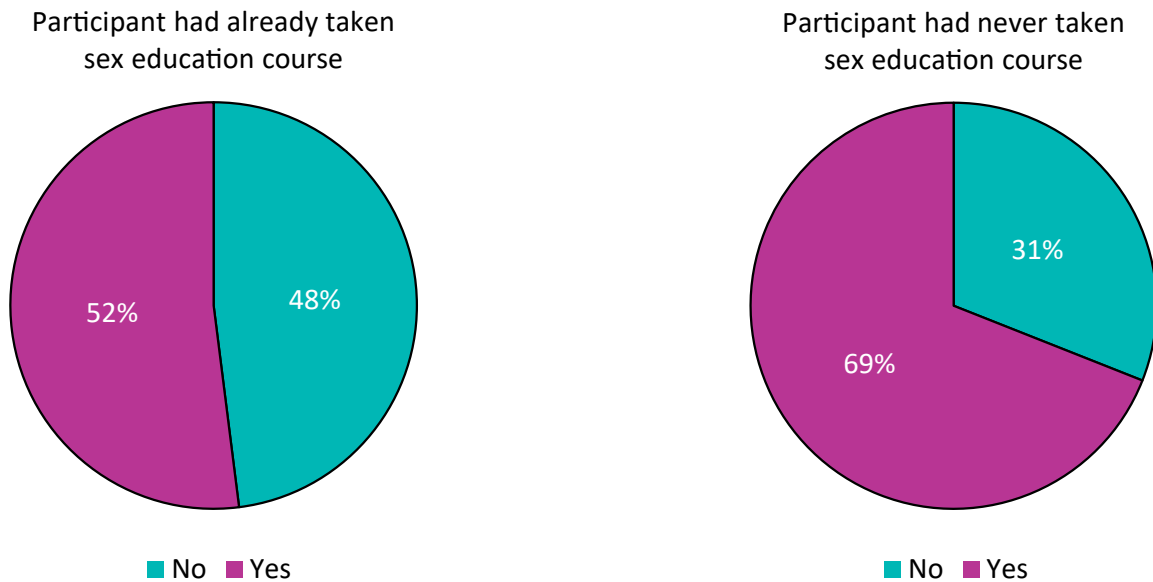
A small number of respondents indicated they received sexual education classes in other places than school, including from their parents and friends.

**Among those who received sex education classes, how frequently were the following topics discussed?**

	Included	Not Included	Don't Remember
Puberty and/or anatomy of a girl	89%	7%	4%
Sexually transmitted diseases and HIV/AIDS	80%	15%	5%
Puberty and/or anatomy of a boy	78%	17%	5%
Pregnancy	72%	19%	8%
Healthy Relationships and consent	63%	26%	11%
Fetal Development	59%	27%	14%
Abstinence	52%	25%	23%
Birth control and contraception	49%	38%	13%
Different types of sex (oral, anal, vaginal)	39%	45%	16%
Correct condom use	37%	50%	13%

These questions were followed by a question regarding whether or not participants would take a sex education course if it was offered in their community.

**Figure 12. Whether or not participants would take a sex education courses if one were offered in their community by whether they had previously taken a sex education course.**



A greater proportion of individuals who had never taken sex education stated they would take a course if it were offered compared to those who had already taken a sex education course (69% vs. 52%, respectively;  $p < 0.001$ ).

### Other

23 youth gave reasons for not wanting to enroll in a sexual education class if it were offered. Many adolescents indicated they had already experienced some form of previous education – whether that be from a course in school or from family. Respondents also stated they would be too uncomfortable to enroll in a class, indicating they are concerned about being judged or feeling embarrassed. In addition, a small number of respondents indicated they just simply were not interested or did not want to be in a class of that nature.

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*“There is a stigma around sexual health, so I would probably be judged. If it was mandatory, I think the class would be useful.”*

**17-year-old, 11th grade**

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*“At this point, I’ve gotten fed up with the lack of proper sexual education classes available to me and done the research thoroughly for myself.”*

**17-year-old, 11th grade**

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Other reasons for non-participation in such classes were due to accessibility, poor quality, or a miscellaneous reason, such as age or parental preference. Many respondents emphasized their interests in the quality of sexual education they receive. Many voiced their concerns about why they felt such a course would not be worth their time. Additionally, the information given in traditional classes may not be inclusive for all people, including LGBTQ students.

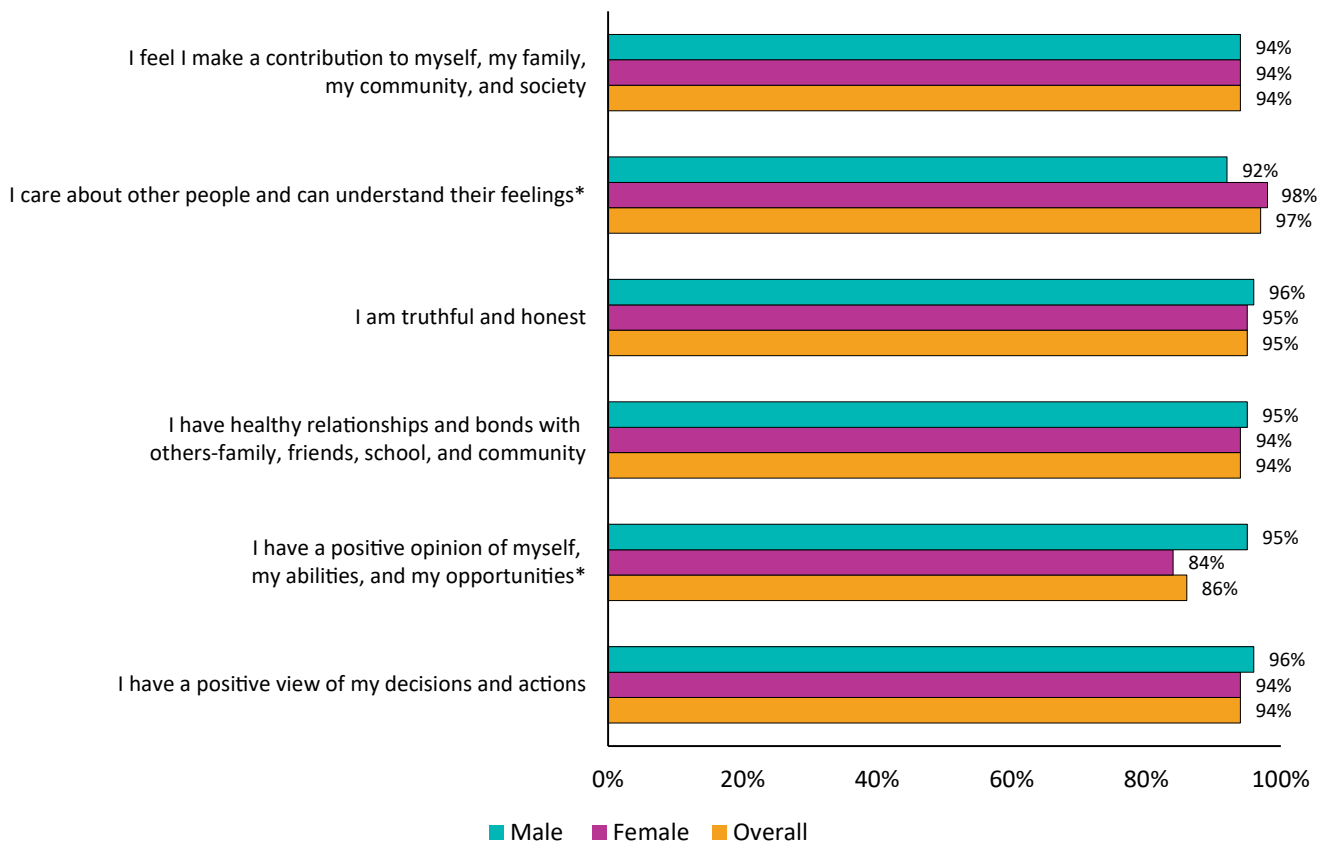


## MENTAL HEALTH

The following questions asked the students to rate how they feel about the following statements.

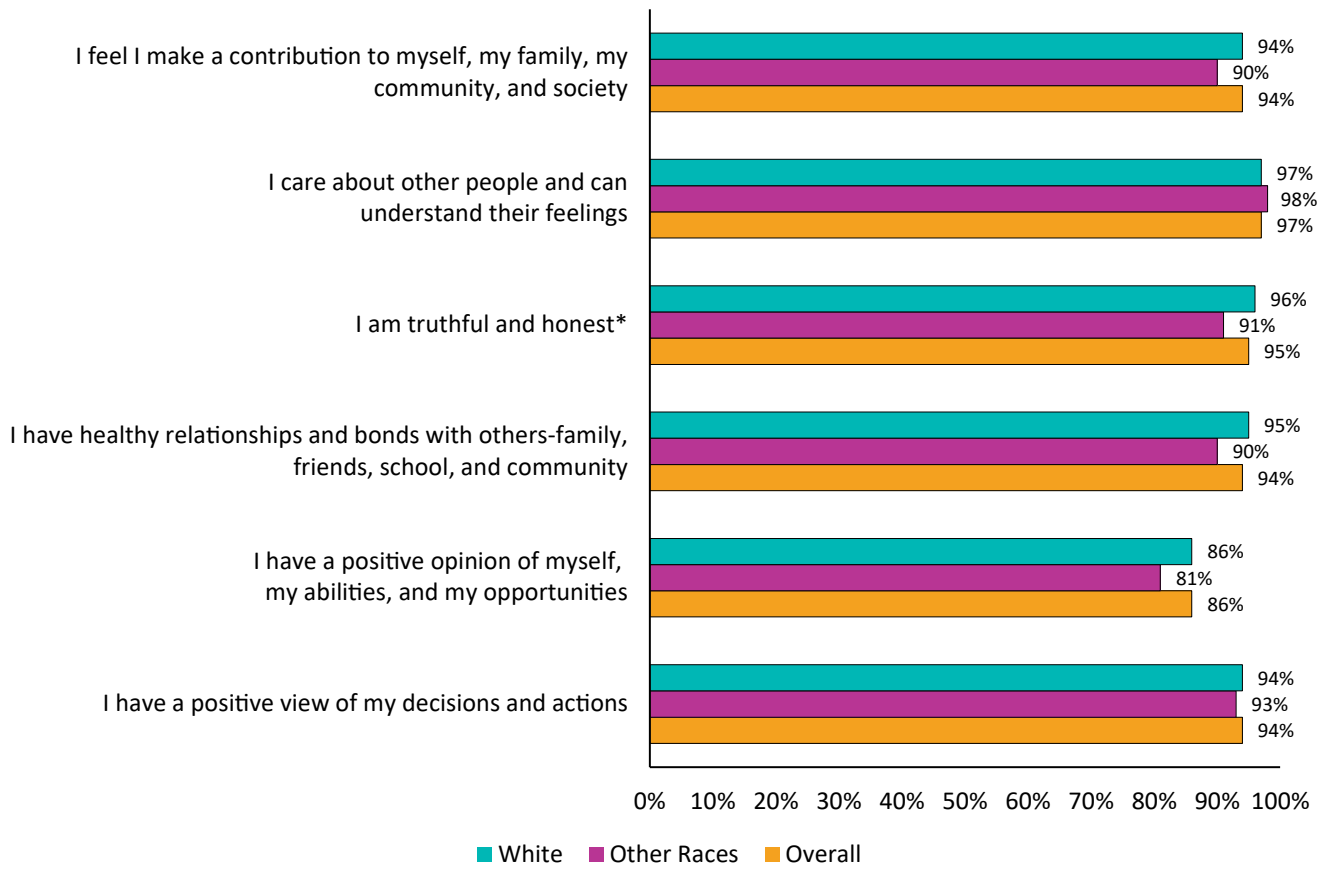
	Agree	Disagree
I have a positive view of my decisions and actions	94%	6%
I have a positive opinion of myself, my abilities, and my opportunities	86%	14%
I have healthy relationships and bonds with others-family, friends, school, and community	94%	6%
I am truthful and honest	95%	5%
I care about other people and can understand their feelings	97%	3%
I feel I make a contribution to myself, my family, my community, and society	94%	6%

Figure 13. Percentage of participants that agreed with the above statements stratified, by gender.



\*Proportions are different between genders at  $p < 0.001$ .

Figure 14. Percentage of participants that agreed with the above statements stratified, by race.



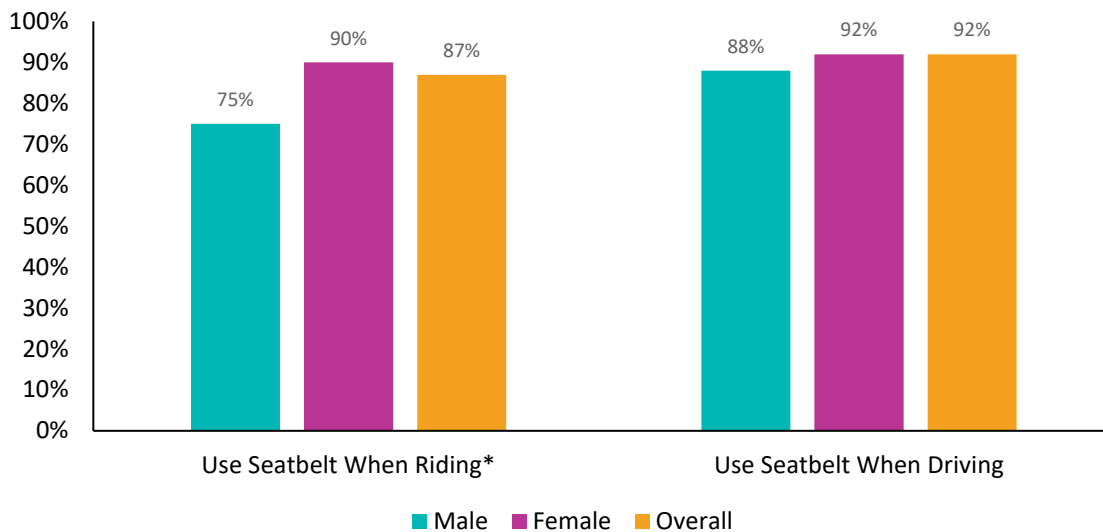
\*Proportions are different between races at p=0.006.

## SEAT BELT USE

The next question asked about the frequency with which participants used a seat belt when riding in, or driving a motor vehicle.

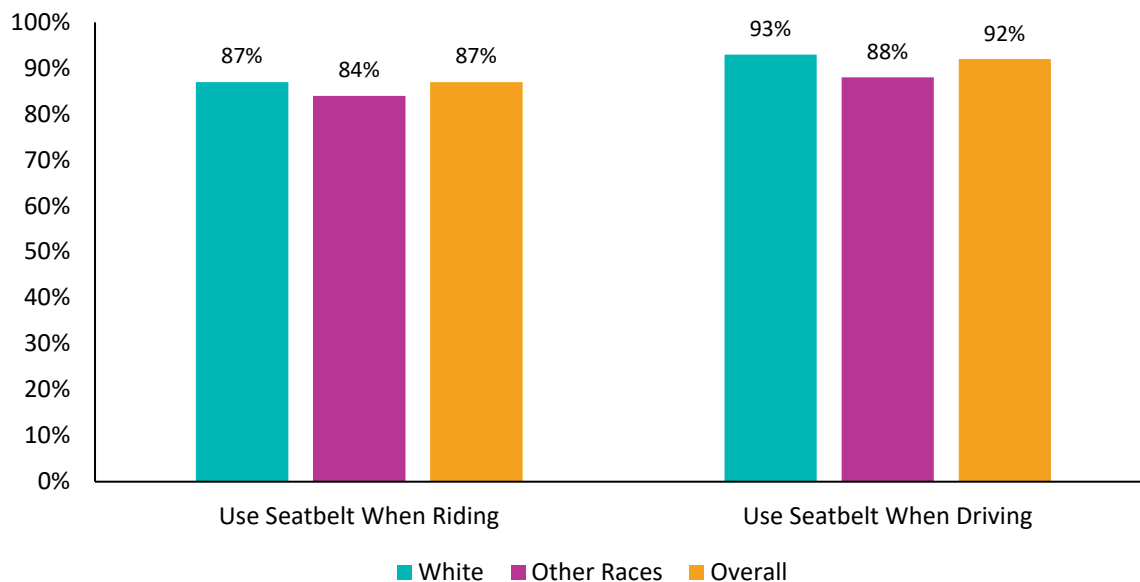
	Never	Rarely	Sometimes	Most of the time	Always
When riding in a car driven by someone else?	1%	4%	8%	28%	59%
When driving a car?	1%	3%	4%	15%	77%

Figure 15. Percentage of participants that wear their seat belt all or most of the time while riding in or driving a car, by gender.



\*Proportions are different between genders at  $p < 0.05$ .

Figure 16. Percentage of participants that wear their seat belt all or most of the time while riding in or driving a car, by race.



## BULLYING AND SUICIDE

The next question addressed the issues of cyber-bullying and suicide.

	No	Yes
Have you been bullied physically or through texting, Instagram, Facebook, or other social media?	65%	35%
Have you ever bullied someone physically or through texting, Instagram, Facebook, or other social media?	81%	19%
Did you ever seriously consider attempting suicide?	83%	17%

Figure 17. Percentage of participants that were cyber-bullied, cyber-bullied someone else over social media, or ever seriously attempted suicide stratified, by gender.

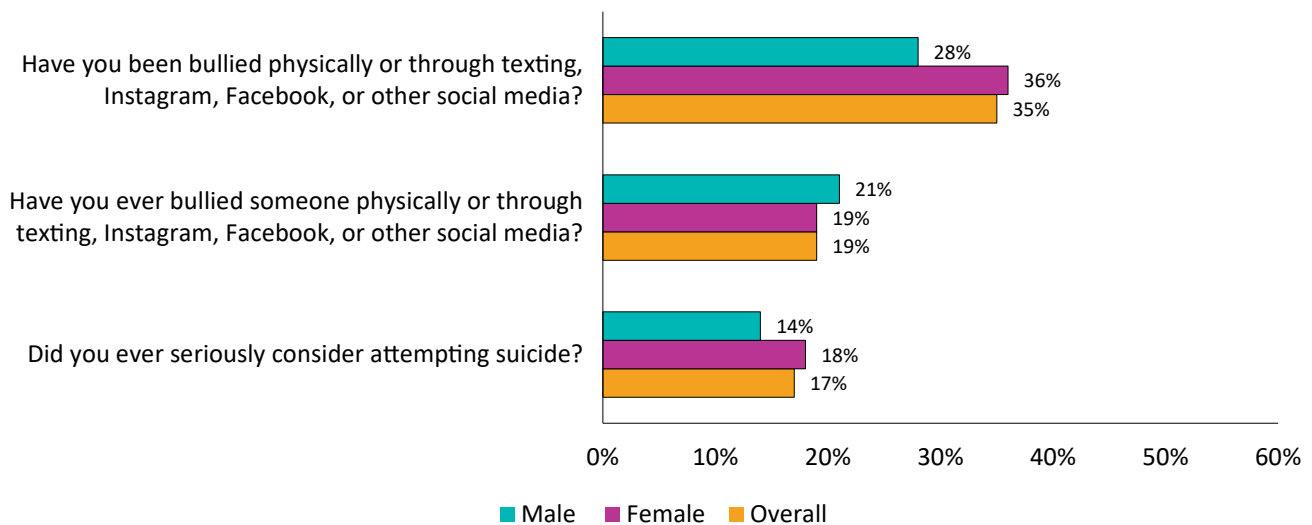
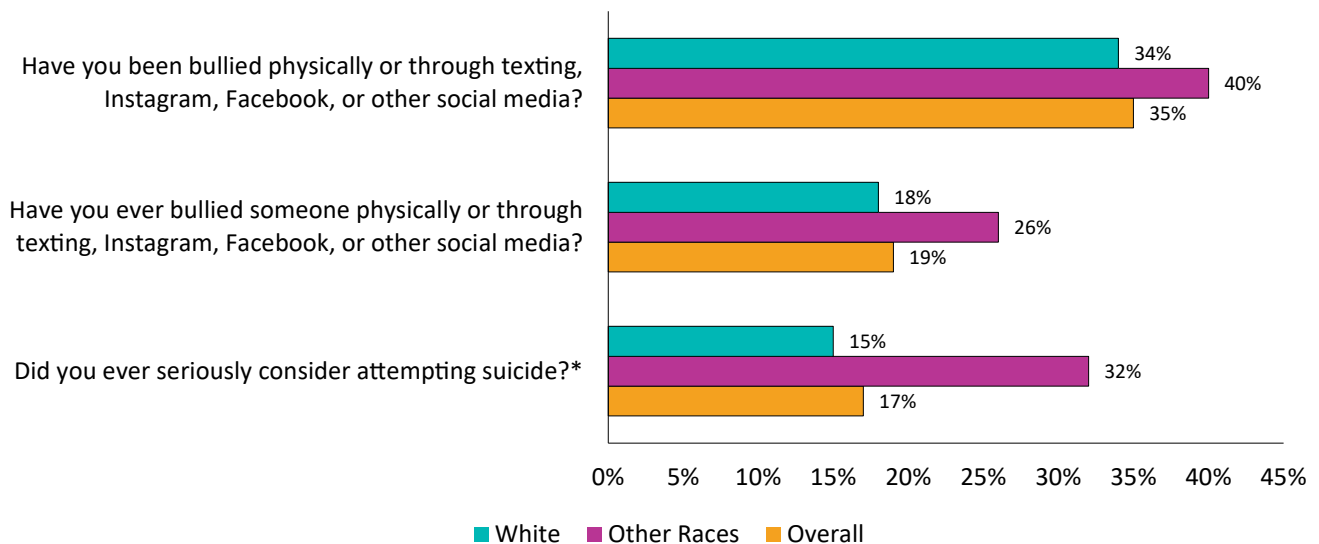


Figure 18. Percentage of participants that were cyber bullied, cyber bullied someone else over social media, or ever seriously attempted suicide stratified, by race.



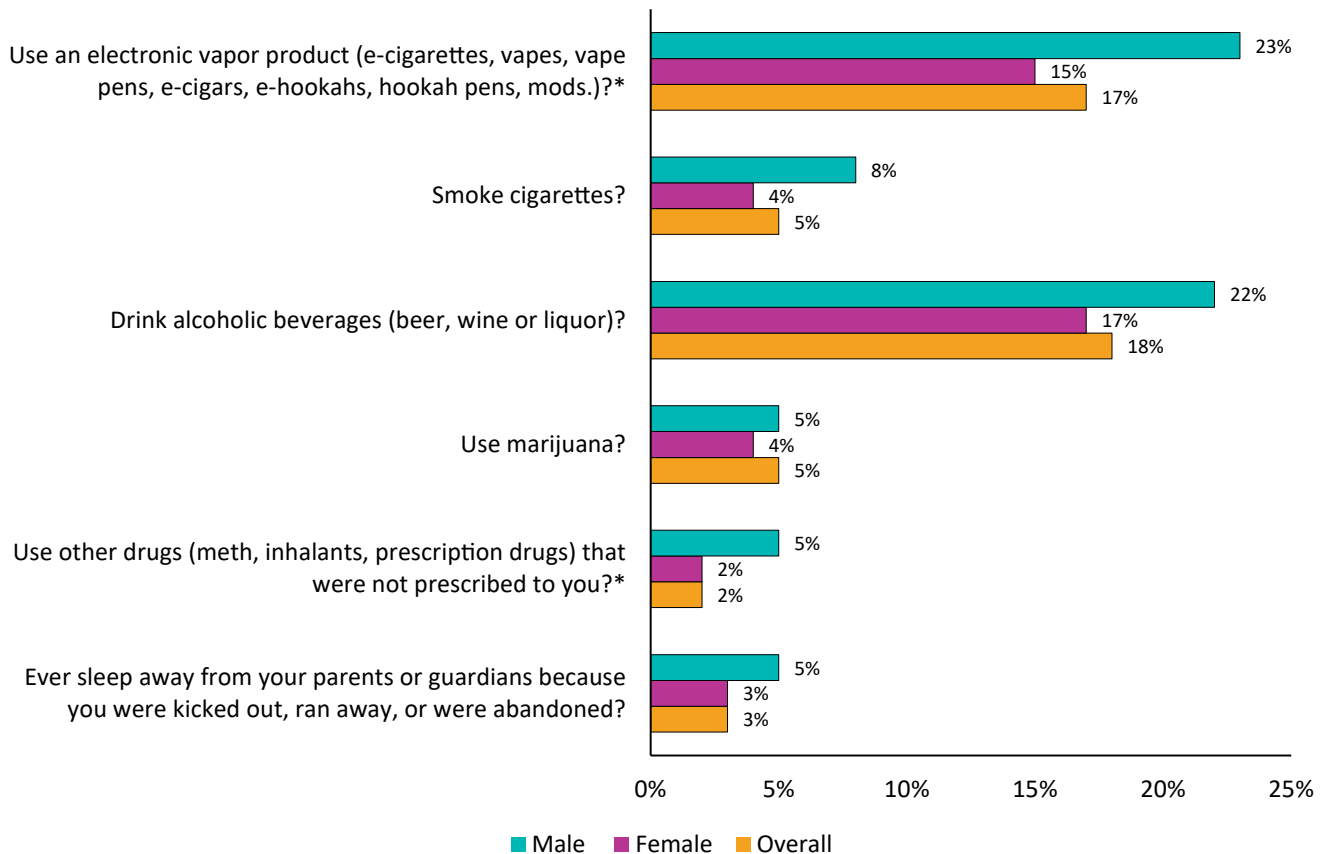
\*Proportions were different between races ( $p < 0.001$ ).

## HEALTH RISK BEHAVIORS

The next set of questions addresses behaviors that participants may have engaged in during the past 30 days.

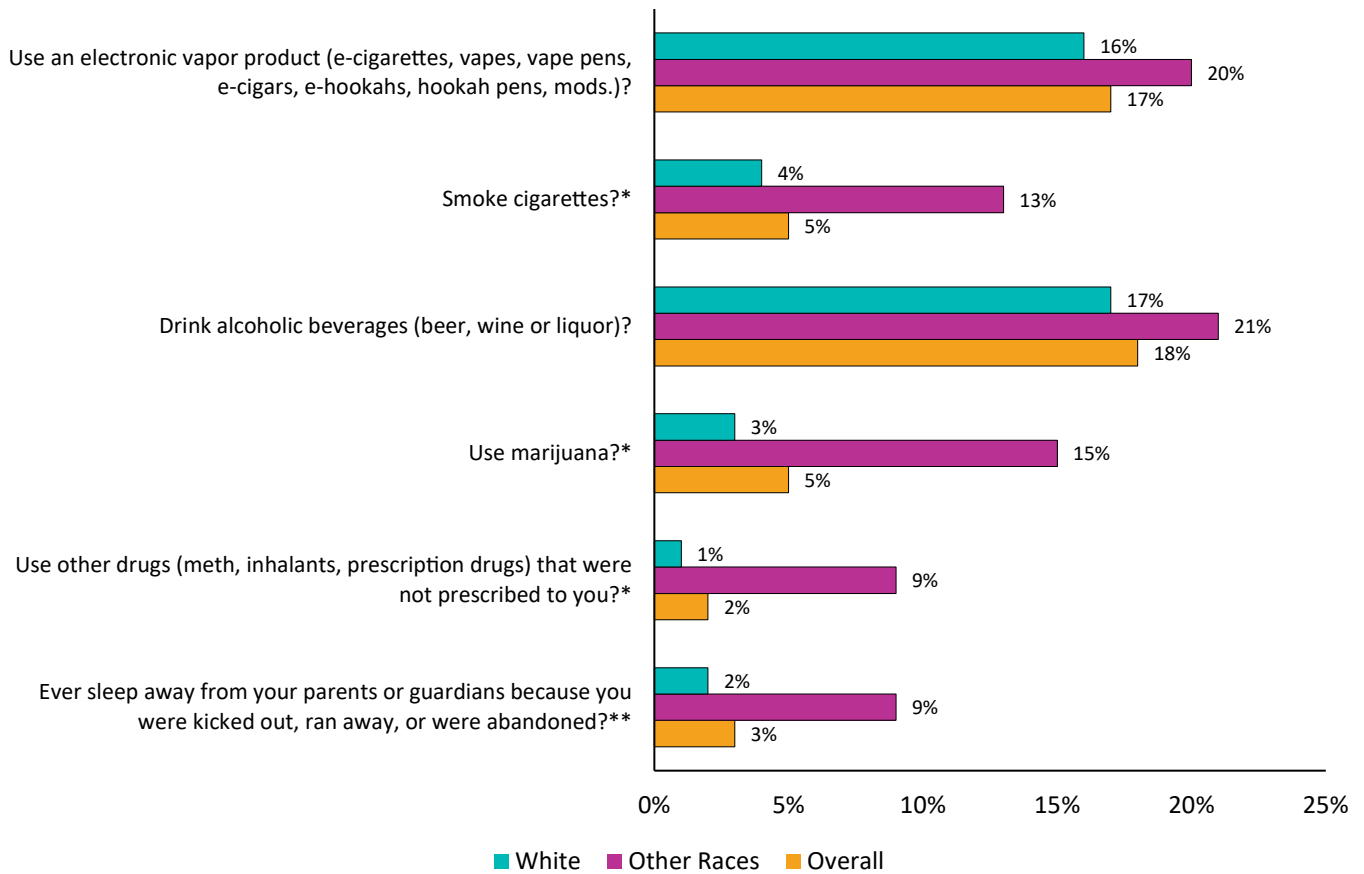
	No	Yes
Use an electronic vapor product (e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, mods.)?	83%	17%
Smoke cigarettes?	95%	5%
Drink alcoholic beverages (beer, wine or liquor)?	82%	18%
Use marijuana?	95%	5%
Use other drugs (meth, inhalants, prescription drugs) that were not prescribed to you?	98%	2%
Ever sleep away from your parents or guardians because you were kicked out, ran away, or were abandoned?	97%	3%

Figure 19. Percentage of participants that participated in each of the behaviors, by gender.



\*Proportions are different between genders at  $p < 0.05$ .

**Figure 20. Percentage of participants that participated in each of the behaviors, by race.**



\* Proportions were different between races (p<0.001)

\*\*Proportions were different between races (p=0.02)

**The final question asked participants to indicate where they normally slept in the past 30 days. The participants were allowed to select more than one.**

Ninety percent of participants indicated that they primarily slept in their parent or guardian’s home in the past 30 days, 13% indicated sleeping in a motel, and 8% indicated that they slept at a family or friend’s house. The prevalence of sleeping in a shelter, campground or having no place to sleep was 2%, 1%, and <1%, respectively.

**Other**

Other places where youth indicated they usually slept were group homes and treatment.

## Additional comments or recommendations to improve the health of adolescents in South Dakota?

Respondents in eighth and ninth grade overwhelmingly recommend improving and increasing sexual education at school, several recommendations were made suggesting sexual education courses in all schools and grade levels. It is apparent that youth desire more relevant educational classes to make healthy and safe choices. Many respondents recommend increasing and improving resources and support for youth across South Dakota to meet their needs. This data provides information as to what youth desire to improve their health. Some respondents also reported a need for increased mental, physical,

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*“Have more support for adolescents in SD, like classes or something”*

14-year-old, 8th grade

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*“I think kids should be better educated. We aren’t stupid, give it to us straight and treat us how you want to be treated”*

16-year-old, 10th grade

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and emotional support; however, youth feel a need for more outreach from the community, health care providers, and their schools. They have needs regarding their health and sexual education courses that are not currently being met. Additional respondents commented on a need for increased prevention and wellness and recommended improving access to quality health care.

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### ORGANIZATIONS

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