



2011

Minnesota Adolescent Sexual Health Report

Recommendations

- Adolescent sexual health comprises much more than the absence of pregnancy or disease. More people in more places need to understand that normal, healthy youth development includes sexual health.
- Honest, accurate information from parents is the first step toward raising healthy children who make responsible decisions about sex, sexuality and relationships. Parents need to be supported in this important role.
- The systems we rely on to educate young people do not provide the supports needed to ensure sexual health. Schools, out-of-school-time programs, clinics and faith communities must be better equipped to deal directly with sexual health topics.
- The normalization of sexual violence is pervasive in our culture, and too few know what healthy relationships look like. It is time to wake up to its presence in our lives and work across sectors to change negative social norms.
- The unique needs of adolescent parents and their children are inadequately addressed in Minnesota programs and policies. Young parents need access to confidential sexual health services, home visiting services, and support for their ability to effectively parent.
- We will not make further progress improving adolescent sexual health without directly addressing social factors like education, income, housing and neighborhoods. Minnesota communities must address the social environment in which young people live, work and learn.



Pregnancy & Birth¹

Each day in 2009, approximately 16 adolescents in Minnesota became pregnant and approximately 12 gave birth.

Sexual Activity:

- Sexual activity among adolescents is increasing. Twenty percent of Minnesota 9th graders and 50% of 12th graders report having sex. The percent of sexually active 9th and 12th graders increased by 8.1% and 3.1%, respectively, from 2007 to 2010.
- The percent of sexually active adolescents is higher nationally than in Minnesota, with 32% of 9th graders and 62% of 12th graders reporting ever having sex.²
- Fewer Minnesota adolescents reported using a condom in 2010 than in 2007: 69% of 9th graders and 61% of 12th graders in Minnesota reported using a condom at last intercourse, a decrease of 3.5% and 2.4%, respectively.³

Trends in Pregnancy and Birth:

Since 1990, adolescent pregnancy and birth rates have decreased significantly in Minnesota. Although these rates increased in 2006 and 2007, the most recent data from 2008 and 2009 indicate decreases in adolescent pregnancy and birth. Between 2008 and 2009, pregnancy and birth rates decreased by 9.8% and 10.8%, respectively.

Disparities: Racial and ethnic disparities in adolescent pregnancy, birth and sexually transmitted infections remain significant, and are detailed in the following pages.

Figure 1. Minnesota Adolescent Pregnancy Statistics, 1990–2009

Number of pregnancies	1990	1995	2000	2008	2009	Change since 1990	Change since 2008
Under 15 years	159	154	150	113	81	-49.1%	-28.3%
15–17 years	2803	2782	2411	1936	1686	-39.9%	-12.9%
18–19 years	5833	4664	5164	4662	4295	-26.4%	-7.9%
15–19 years	8636	7446	7575	6598	5981	-30.7%	-9.4%
Pregnancy rates per 1,000	1990	1995	2000	2008	2009	Change since 1990	Change since 2008
15–17 years	33.8	31.2	21.9	18.2	16.1	-52.4%	-11.5%
18–19 years	92.2	68.5	70.9	63.8	56.4	-38.8%	-11.6%
15–19 years	59.0	47.3	41.4	36.7	33.1	-43.9%	-9.8%

Figure 2. Minnesota Adolescent Birth Statistics, 1990–2009

Number of births	1990	1995	2000	2008	2009	Change since 1990	Change since 2008
Under 15 years	94	84	87	65	37	-60.6%	-43.1%
15–17 years	1648	1939	1710	1377	1205	-26.9%	-12.5%
18–19 years	3688	3273	3686	3501	3178	-13.8%	-9.2%
15–19 years	5336	5212	5396	4878	4383	-17.9%	-10.1%
Birth rates per 1,000	1990	1995	2000	2008	2009	Change since 1990	Change since 2008
15–17 years	19.9	21.7	15.5	12.9	11.5	-42.2%	-10.9%
18–19 years	58.3	48.1	50.6	47.9	41.8	-28.3%	-12.7%
15–19 years	36.5	33.1	29.5	27.2	24.3	-33.4%	-10.8%

National Comparison: From 1991 to 2005, the United States adolescent birth rate declined by approximately 34%. However, this decline was interrupted by a 5% increase between the years of 2005 and 2007. The birth rate for adolescents aged 15-19 is once again declining with a decrease of 8% between the years of 2007 and 2009. ⁴ In 2008, Minnesota had the country's eighth lowest adolescent birth rate, which was a change from the tenth lowest adolescent birth rate in 2006. ⁵

Subsequent Births (Additional births to adolescent mothers):

- Nationally, 19% of births to adolescents are subsequent births.
- In Minnesota, 19% of births to adolescents are subsequent births. ⁶



Sexual Health Disparities

Among states with available data, white adolescents in Minnesota had the lowest pregnancy rate in the nation. However, the rate for African American adolescents in Minnesota was among the top five in the country.⁷

The birth rate for white females in Minnesota (15.0) was lower than the national average for white females (25.6). However, all other racial and ethnic groups in Minnesota continue to have higher rates than the national figures (see Figure 3). Although adolescent pregnancy and birth **rates** are high among Minnesota populations of color, the greatest **number** of adolescent births is still to white females (see Figure 4).^{8,9}

To address these disparities, youth from populations of color need access to culturally appropriate comprehensive services that are known to be effective in preventing adolescent pregnancy, STIs and HIV.

Figure 3. Adolescent Birth Rates, United States vs. Minnesota, 2009 (age 15–19 per 1,000 population)

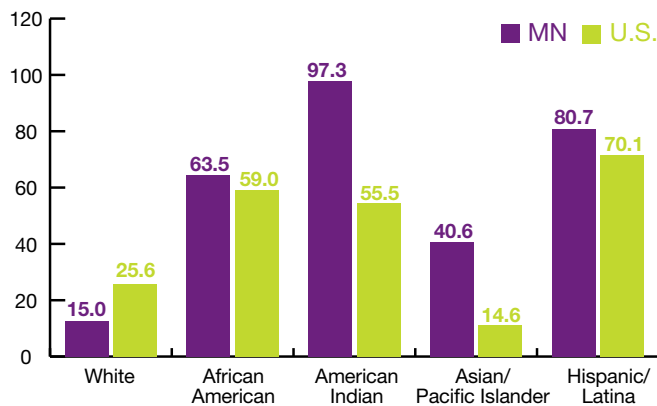
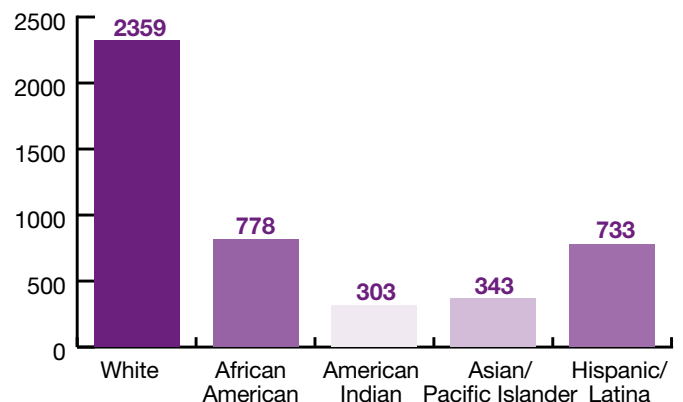


Figure 4. Number of Adolescent Births in Minnesota, 2009 (age 15–19)



Sexually Transmitted Infections: STI rates are disproportionately high for populations of color in Minnesota.

Of particular note is that African Americans aged 15-19 accounted for 37% of chlamydia cases and 61% of gonorrhea cases reported among adolescents in the state in 2009, even though they account for only 4% of the population of 15-19 year olds (See Figures 5-7).^{10,11}

Figure 5. Racial composition of 15-19 year olds in Minnesota^{12, 13}

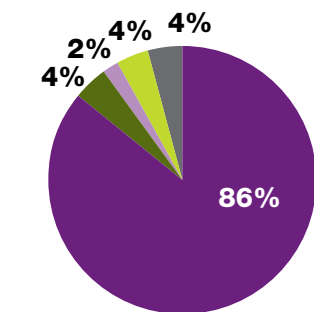


Figure 6. Chlamydia cases among 15-19 year olds in Minnesota

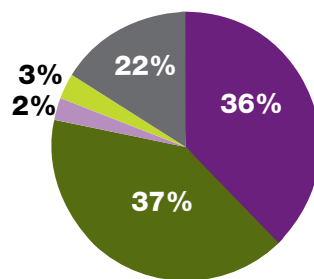
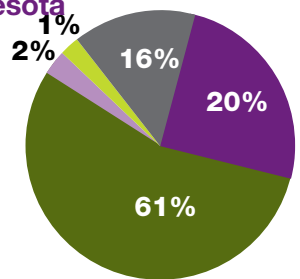


Figure 7. Gonorrhea cases among 15-19 year olds in Minnesota



Note: Consistent with state and national standards, persons who identify their origin as Spanish, Hispanic, or Latino may be of any race. These individuals are included within the racial categories represented in Figures 5-7.

Healthy Pregnancies & Healthy Babies

Along with age of mother, there are many factors that can contribute to low birth weight including poverty, smoking, and access to health care.¹⁴

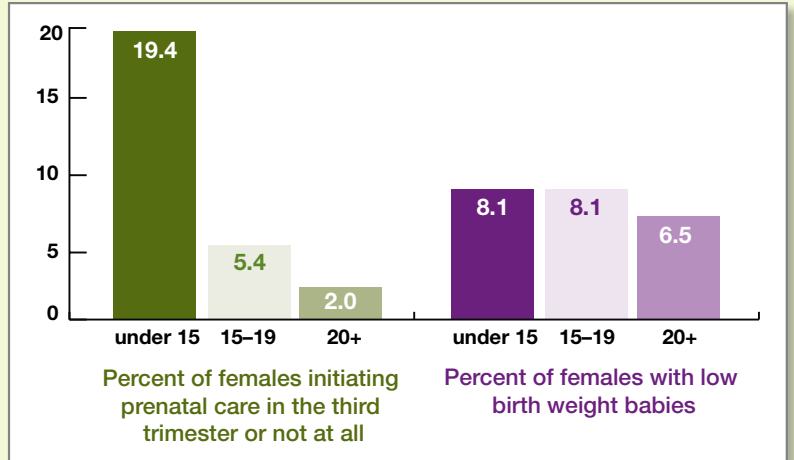


Adolescents are at high risk for delaying prenatal care and having low birth weight babies, which can lead to long-term medical and educational consequences for children.^{15,16} For this reason, it is important to provide young people with:

- Access to prenatal care, eliminating barriers that prevent access
- Access to confidential pregnancy testing
- Home visiting services that begin early in pregnancy
- Developmentally appropriate services that support their ability to parent

Adolescent parent data in this report reflect the experiences of young mothers as there are currently no comparable data available on adolescent fathers in Minnesota. These data would be useful since research has found that sons of adolescent fathers are 80% more likely to become adolescent fathers themselves.¹⁷

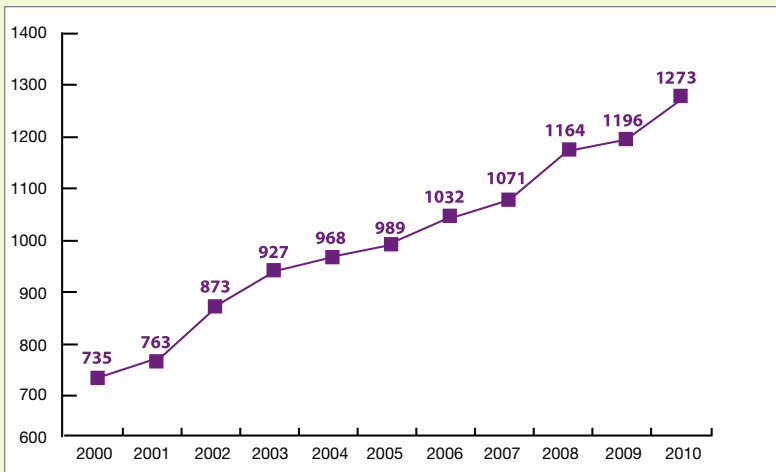
Figure 8. Prenatal Care and Low Birth Weight in Minnesota, 2009¹⁸



SEXUALLY TRANSMITTED INFECTIONS STIs & HIV/AIDS

Even though they account for only 7% of the population in Minnesota,¹⁹ adolescents aged 15-19 accounted for 31% of chlamydia and 29% of gonorrhea cases in 2010.²⁰

Figure 9. Chlamydia Rates in Minnesota, 2000-2010
(age 15-19 per 100,000 population)



- Nationally, adolescents aged 15-19 accounted for 35% of chlamydia and 29% of gonorrhea cases reported in 2009. Between 2008 and 2009, the chlamydia rate in 15-19 year olds increased by 2.4% and the gonorrhea rate decreased by 10.3%.²¹
- Gonorrhea rates in Minnesota adolescents have been stable over the last decade. The gonorrhea rate decreased 23% among 15-19 year olds from 2008 to 2010. However, gonorrhea rates are disproportionately higher among young people of color in Minnesota (see Figures 5 & 7).
- There were 18 new cases of HIV among adolescents aged 13-19 in Minnesota in 2010. This represents a decrease of 22% from 2009, when 23 new cases were diagnosed among this age group.²²



Community Level Indicators

Communities with high poverty rates and challenged schools also experience high adolescent birth and chlamydia rates.

Adolescent pregnancy, birth, and STI/HIV affect and are affected by a myriad of other issues, including social factors like poverty and school success. As a result, the issue of adolescent sexual health is complex and requires a multi-faceted approach.

Figure 10. Birth Rates in Minnesota, 2009
(age 15–19 per 1,000 population) ²³

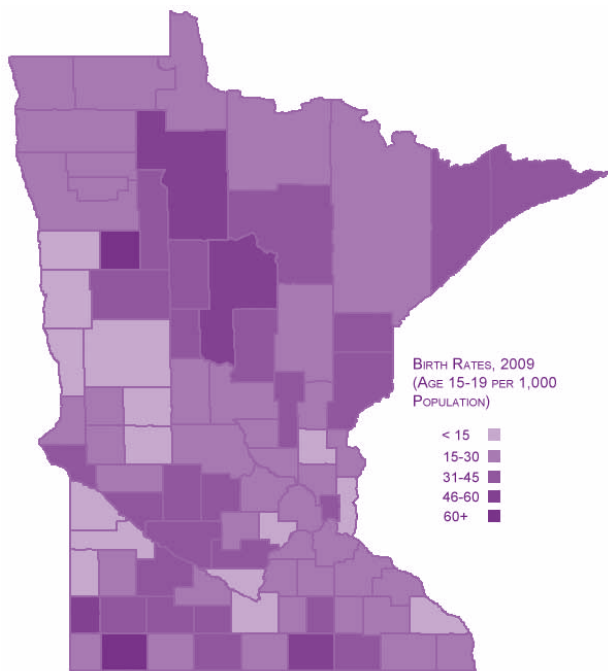


Figure 11. Chlamydia Rates in Minnesota, 2010
(age 15–19 per 100,000 population) ²⁴

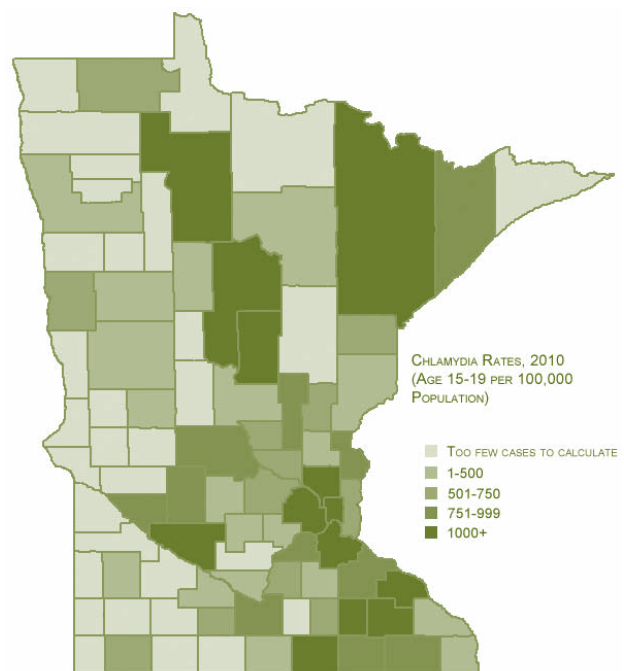


Figure 12. Persons Living in Poverty, 2009
(all ages, per 100 population) ²⁵

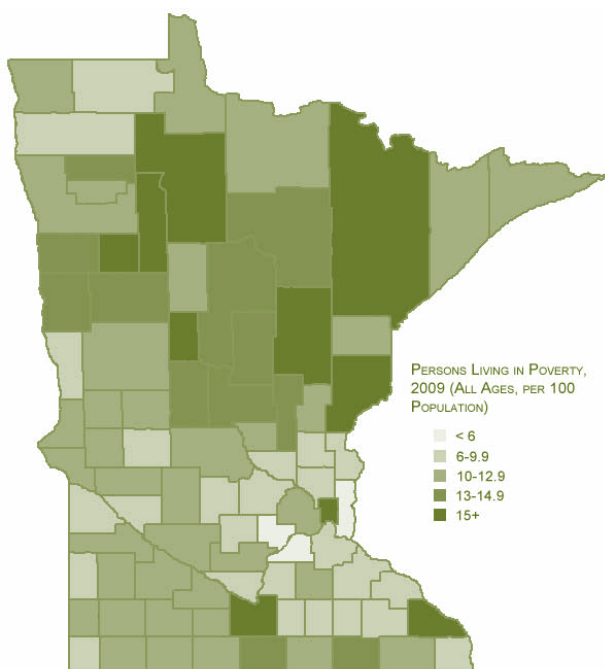
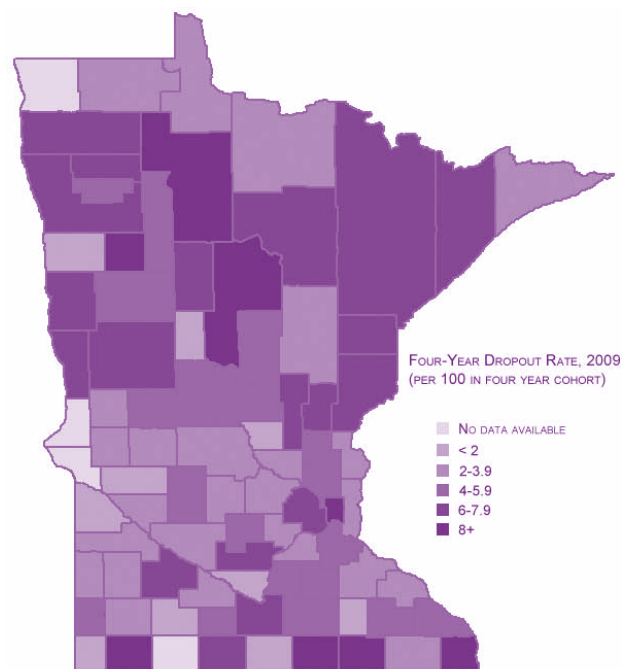


Figure 13. Four-Year Dropout Rate, 2009
(per 100 students) ^{26, 27}





Teenwise Minnesota

is the statewide leader in promoting adolescent sexual health, preventing adolescent pregnancy and gaining support for adolescent parents. We achieve this by developing, strengthening and advancing science-based policies and programs. This report is a summary of the sexual health of Minnesota's adolescents and uses data from the most recent year for which information is available. For county-specific statistics, visit Teenwise Minnesota's website at www.teenwisemn.org.

References

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- ¹⁰ Minnesota Department of Health, STD and HIV Section, 2011.
- ¹¹ Minnesota population based on 2000 Census Data <http://www.lmic.state.mn.us/datanetweb/php/census2000/PopReport.php?&subtop=P02&area=S>.
- ¹² Ibid.
- ¹³ Please note that Census data are from the most recent year available (2000), while the most current STI data are from 2010. The make-up of the population in Minnesota has likely changed between 2000 and 2010. However, the comparisons made in figures 5-7 are meant to show population-wide disparities between racial groups.
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- ²⁷ These dropout rates are based on the Four-Year Graduation Rate of each county. The Four-Year Graduation Rate is a four-year, on-time graduation rate based on a cohort of first time ninth grade students plus transfers into the cohort within the four year period minus transfers out of the cohort within the four year period.



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