



2007 Minnesota State Adolescent Sexual Health Report

Introduction

The promotion of adolescent sexual health is central to MOAPPP's mission. Data on the current status of adolescent sexual health helps all of us working toward this mission target our efforts in strengthening programs and policies. This report is a summary of the sexual health of Minnesota's teens. It aims to provide direction when designing programs and policies as we strive to nurture our teens into safe and healthy adulthood.

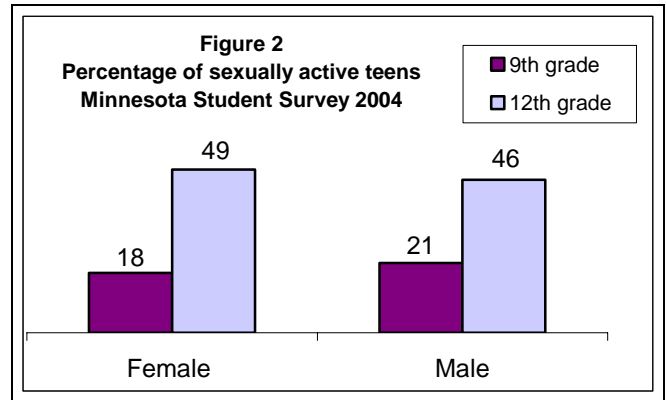
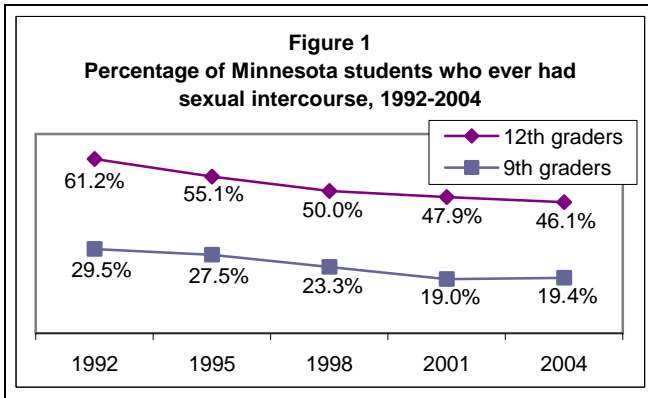
Summary

- The percentage of sexually active teens has decreased each year in Minnesota since 1992. (pg. 2)
- Approximately 13% of high school females and 5% of high school males report an adult has sexually abused them. (pg. 2)
- Minnesota has the 8th lowest teen birth rate in the United States. (pg. 3)
- 18 adolescent girls became pregnant each day in Minnesota in 2005. (pg. 3)
- In 2005, 59 girls under the age of 15 gave birth. (pg. 3)
- Teen pregnancy and birth rates among populations of color are disproportionately high in Minnesota. (pg. 4)
- While birth rates for populations of color in Minnesota are disproportionately high, the greatest number of teen births is still to white females. (pg. 4)
- Very young women, those under 15 years of age, are at highest risk of receiving inadequate prenatal care. (pg. 5)
- Teens accounted for nearly one-third of all chlamydia cases and one-fourth of all gonorrhea cases in Minnesota in 2006. (pg. 5)

May 2007

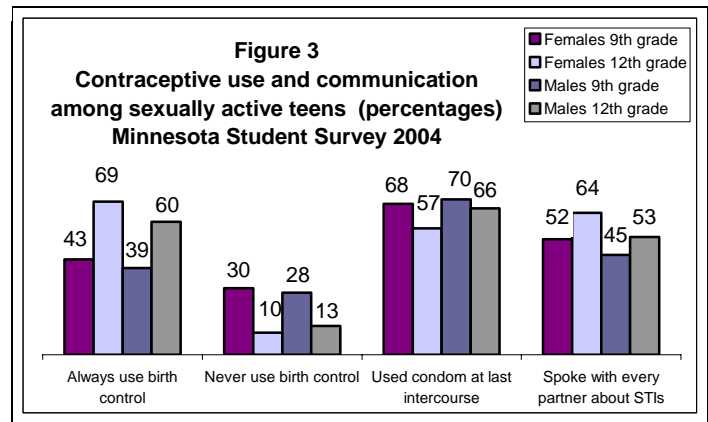
Sexual Activity

The percentage of sexually active teens has steadily decreased between 1992 and 2004 (Figure 1), although this trend did lose strength between 2001 and 2004.^{1,2} The percentages of sexually active 9th and 12th grade males and females are reported in Figure 2. Consistent with 2004 national data, 12th graders in Minnesota were significantly more likely than 9th graders to have had sexual intercourse (Figure 2).³ Figure 3 describes self-reported contraceptive use and communication behavior among sexually active teens.



The top reasons Minnesota teens give for why they are *not* sexually active include⁴:

- 9th graders
 - Fear of pregnancy (males 41%, females 72%)
 - Fear of getting an STI (males 53%, females 68%)
 - Parental objection (males 51%, females 62%)
 - Do not want to have sex (males 22%, females 61%)
 - Do not think sex is right for people their age (males 45%, females 70%)
- 12th graders
 - Fear of pregnancy (males 48%, females 68%)
 - Fear of getting an STI (males 46%, females 55%)



Sexual Abuse

In Minnesota in 2004, the following percentages of students reported being a victim of date rape:^{4,5}

- 3% of 9th grade males and females
- 4% of 12th grade males and females

Students also reported being sexually abused by an older adult:⁴

- Abuse by non-family member:
 - 9% of 9th grade females
 - 8% of 12th grade females
 - 3% of 9th and 12th grade males
- Abuse by family member
 - 4% of 9th and 12th grade females
 - 2% of 9th and 12th grade males

Pregnancy and Birth

Since 1990, the overall teen pregnancy and birth rates have decreased significantly in Minnesota (Table 2).⁶ If the teen birth rate had not decreased as it did, it is estimated that teens would have given birth to an additional 16,000 children between 1991 and 2002.⁷ While the overall rates have decreased, disparities in teen pregnancy and births between populations remain significant. These disparities are addressed on the following page.

Pregnancies: In 2005, 6,622 females aged 15-19 and 108 females under the age of 15 became pregnant (Table 2). This means that each day, an average of 18 teenage girls became pregnant.

Births: In 2005, there were 4,780 births to females aged 15-19 and 59 births to females under the age of 15 (Table 2). Each day in 2005, approximately 13 teenage girls gave birth.

72% of reported pregnancies among females aged 15-19 resulted in a live birth; 27% of pregnancies were aborted.⁶

In 2003, 16% of teen births in MN were repeat births.¹¹

In 2000, 93% of teen mothers who reported the age of the father of their child indicated he was at least one year older (Table 1).

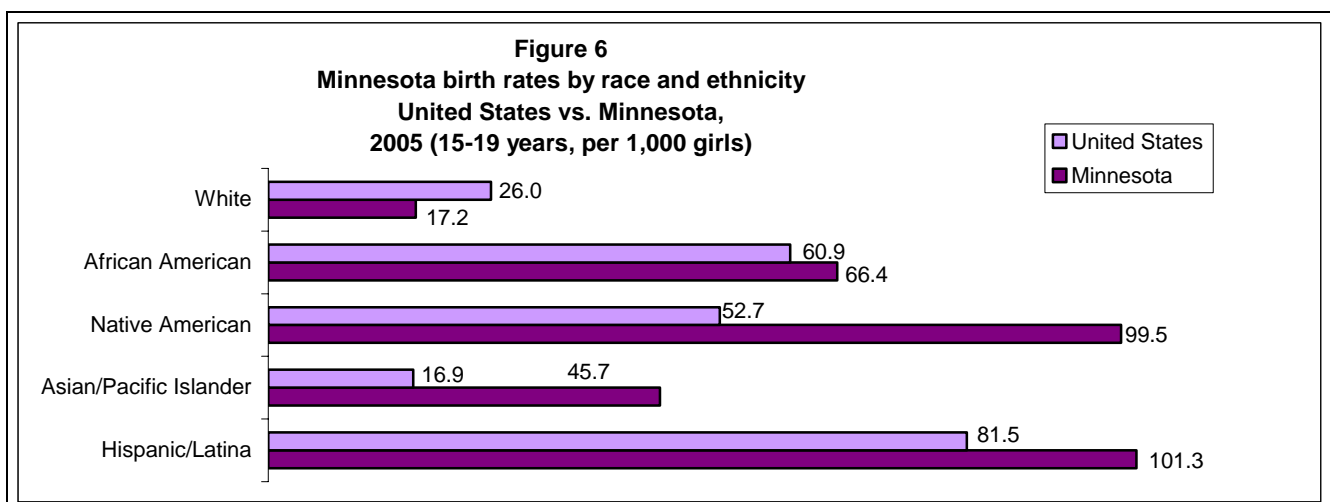
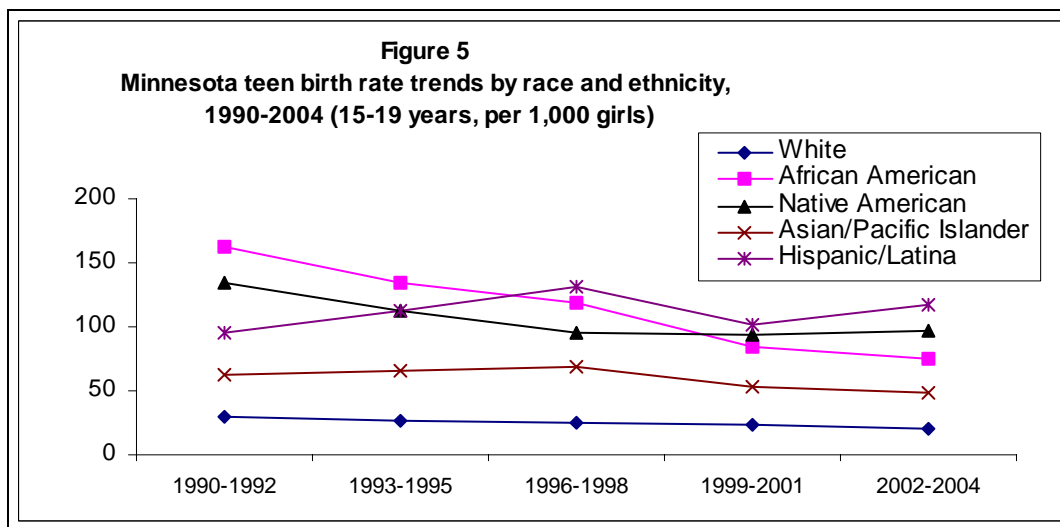
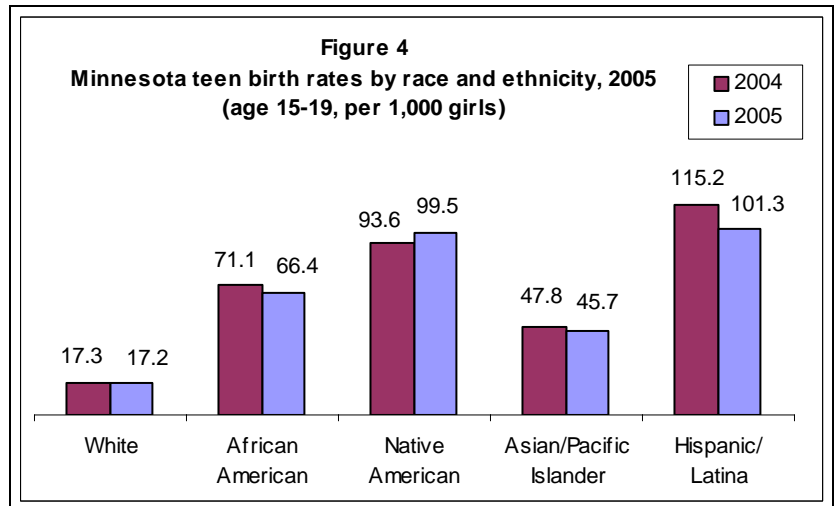
| 2000 | Mother's Age | | |
|--------------|--------------|-------------|-------------|
| Father's Age | Under 15 | 15-17 years | 18-19 years |
| Under 15 | 9% | 0% | 0% |
| 15-17 years | 48% | 17% | 4% |
| 18-19 years | 17% | 37% | 25% |
| 20-24 years | 9% | 36% | 55% |
| 25-29 years | 17% | 8% | 12% |
| 30+ | 0% | 2% | 5% |

| Pregnancies | | | | | | |
|--|------|------|------|------|---------------------|---|
| # of Pregnancies | 1990 | 1995 | 2000 | 2005 | % Change since 1990 | |
| 15-17 years | 2803 | 2782 | 2411 | 1957 | -30.2% | |
| 18-19 years | 5833 | 4659 | 5164 | 4665 | -20.0% | |
| 15-19 years | 8636 | 7441 | 7575 | 6622 | -23.3% | |
| Pregnancy Rates per 1,000 ⁸ | | | | | | |
| | 1990 | 1995 | 2000 | 2005 | % Change since 1990 | |
| 15-17 years | 33.8 | 31.2 | 21.9 | 17.9 | -47.0% | Combined years rates ^{8,9} 2003-2005 36.7 |
| 18-19 years | 92.2 | 68.5 | 70.9 | 62.9 | -31.8% | |
| 15-19 years | 59.0 | 47.3 | 41.4 | 36.1 | -38.8% | |
| Births | | | | | | |
| # of Births | 1990 | 1995 | 2000 | 2005 | % Change since 1990 | |
| 15-17 years | 1648 | 1939 | 1710 | 1365 | -17.2% | |
| 18-19 years | 3688 | 3273 | 3686 | 3415 | -7.4% | |
| 15-19 years | 5336 | 5212 | 5396 | 4780 | -10.4% | |
| Birth Rates per 1,000 ¹⁰ | | | | | | |
| | 1990 | 1995 | 2000 | 2005 | % Change since 1990 | |
| 15-17 years | 19.9 | 21.7 | 15.5 | 12.5 | -37.2% | Combined years rates ^{9,10} 2003-2005 26.4 |
| 18-19 years | 58.3 | 48.1 | 50.6 | 46.1 | -20.9% | |
| 15-19 years | 36.5 | 33.1 | 29.5 | 26.1 | -28.5% | |

National Comparison: Recent data (2003) show that the birth rate among teens aged 15-19 has declined slowly but steadily for more than thirty years in the United States. Since 1970, the U.S. teen birth rate has declined by approximately 38%.¹¹ In 2003, Minnesota had the country's eighth-lowest teen birth rate. States with teen birth rates lower than Minnesota are Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, North Dakota and Vermont.¹¹

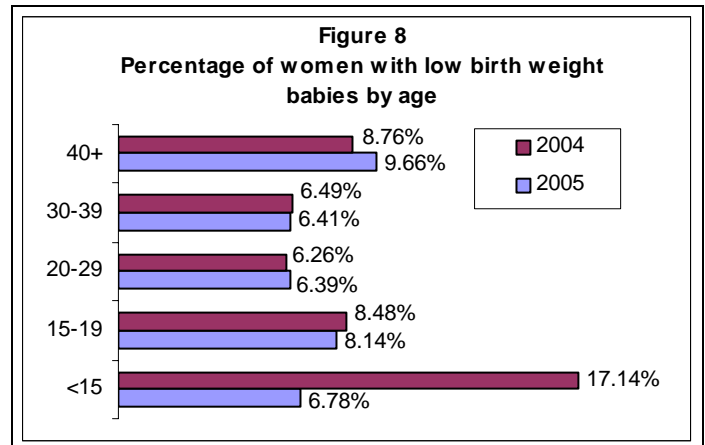
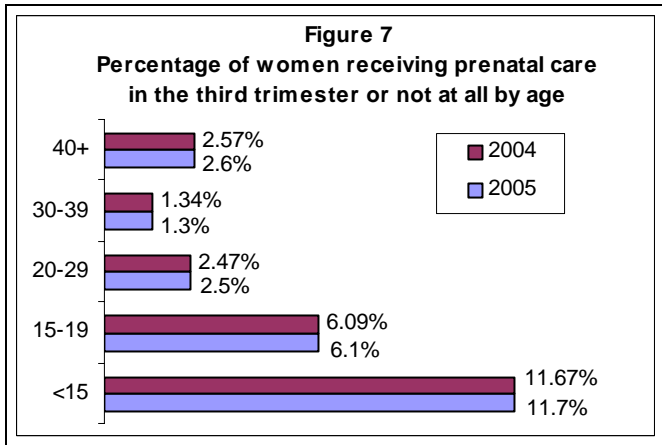
Disparities in Teen Pregnancy and Birth by Race and Ethnicity

The 2005 birth rate for all teens aged 15-19 in Minnesota (26.1 per 1,000 girls) was among the lowest in the United States, and well below the national average (40.4 per 1,000 girls).¹² However, birth rates are disproportionately high for populations of color in MN. Preliminary data for 2005 indicate the teen birth rate for white females in the U.S. was 26.0 per 1,000 compared to 17.2 in MN. However, for all other racial/ethnic groups, the MN teen birth rate was higher than the corresponding U.S. rate.^{6,12} (Figure 6). As Figure 7 illustrates, birth rates decreased among populations of color for many years. Although teen pregnancy and birth rates are high among Minnesota populations of color, the greatest total number of teen births is still to White females.



Prenatal Care and Low Birth Weight

Teens in the United States are less likely to get adequate prenatal care compared to adult women (Figure 7).¹⁴ Mothers who have not received prenatal care are three times more likely to have low birth weight babies.^{13,15} Low birth weight status can have serious long-term medical consequences.¹⁶ More low birth weight babies are born to women living in poverty. Because many teen mothers live in poverty, they are at higher risk for having low birth weight babies. As Figure 7 shows, very young women are at highest risk for receiving inadequate prenatal care. However, in the last year, the percentage of mothers under 15 with low birth weight babies has decreased. It should be noted that while the association between maternal biological age and low birth weight can be very strong, the association does not appear to be causal.

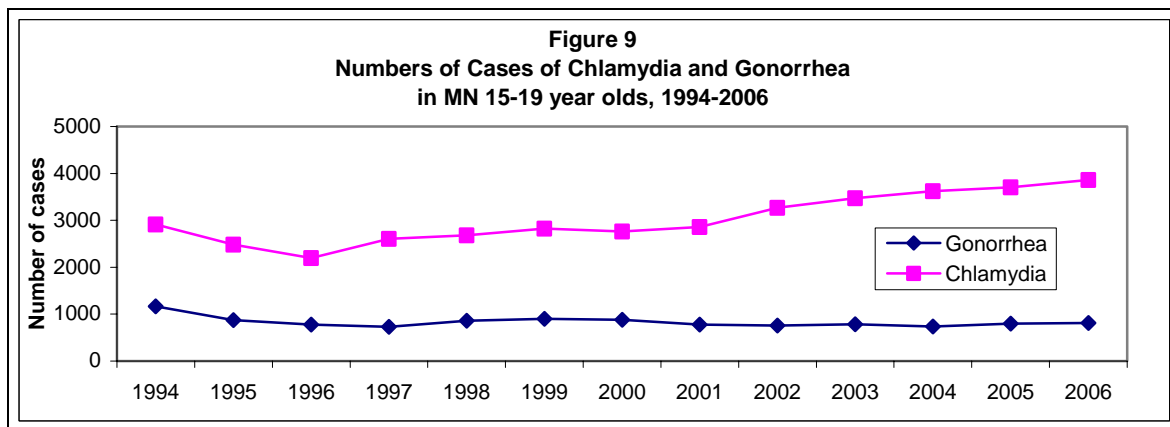


Sexually Transmitted Infections (STIs) and HIV/AIDS

In 2006, teens aged 15-19 accounted for 30% of all chlamydia cases, 24% of all gonorrhea cases, and 4% of all syphilis cases in Minnesota.¹⁷ In 2006, there were 14 new cases of HIV among teens aged 13-19 in Minnesota.¹⁸ Many people are infected with HIV for years before they actually seek testing and become aware of their HIV status. This is especially true for teenagers. As a result, the reported number of HIV infections among youth is likely to underestimate the true number of new infections occurring during the teen years.

Teens and young adults account for nearly half of all STI cases each year in the United States.¹⁹

In 2004 only about half of all sexually active students in Minnesota reported talking with their sexual partner about protection from STIs/HIV/AIDS.⁴



Caveats

- Every attempt is made to use the most current data available for this report. The Minnesota Department of Health is the primary source for Minnesota data. National data are taken from reports put out by the federal Centers for Disease Control and Prevention. Due to the processes for collecting statistics on pregnancy and birth, data for these statistics is not as current as the data for sexually transmitted infections.
- The data on sexual activity and sexual abuse among teens is taken from the 2004 Minnesota Student Survey (MSS), which is administered by the MN Department of Education every three years to 9th and 12th grade public school students. The data set includes responses from students who were in attendance on the day the survey was administered. It does not include responses from students not enrolled in school or enrolled in other school settings (e.g. charter or private schools). Because these groups are not included in the MSS, rates of sexual activity and sexual abuse may be underestimated, as some of the highest risk populations of teens are not captured by this data. The MSS will again be administered in 2007.
- Categorizing and naming people by race and ethnic category is an issue with which we struggle each year we write this report. Race and ethnicity terms used in this report correspond with those that are used by U.S. Census Bureau and other public health entities collecting the data.
- Human Papilloma Virus (HPV) is a relevant health concern for adolescents in Minnesota and the United States as a whole. HPV statistics are not addressed in this report as it is not a reportable infection, and therefore MDH and CDC do not collect data on transmission rates among teens.

MOAPPP's mission is to develop and strengthen policies and programs that promote adolescent sexual health, prevent adolescent pregnancy and support adolescent parents. MOAPPP works to advance science-based strategies to prevent adolescent pregnancy and support young parents in the state of Minnesota. **For county-specific statistics**, visit MOAPPP's website at www.moappp.org or call 651-644-1447 or toll free in Minnesota at 800-657-3697.

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1. Minnesota Department of Education, Health, Human Services, Public Safety and Corrections. Minnesota Student Survey, 1992-2004 Trends. www.education.state.mn.us/MDE/Learning_Support/Safe_and_Healthy_Learners/Minnesota_Student_Survey/MSS_04_Findings/index.html
2. Sexually active is defined as having sexual intercourse one or more times in the past.
3. Centers for Disease Control and Prevention, 2003 Youth Risk Behavior Survey. For more information, see CDC, Youth Risk Behavior Surveillance-United States 2003. www.cdc.gov/HealthyYouth/yrbvs/index.htm
4. Minnesota Department of Education, Health, Human Services, Public Safety and Corrections. Minnesota Student Survey Statewide Tables, Fall 2004. www.education.state.mn.us/MDE/Learning_Support/Safe_and_Healthy_Learners/Minnesota_Student_Survey/MSS_04_Findings/index.html
5. Sexual abuse is defined in the 2004 Minnesota Student Survey as any adult or older person, inside or outside the family, touching a teen against his or her wishes, or forcing the teen to touch them against his or her wishes.
6. Minnesota Department of Health, Minnesota Center for Health Statistics. www.health.state.mn.us
7. National Campaign to Prevent Teen Pregnancy. www.teenpregnancy.org
8. Pregnancy rate refers to the number of live births plus the number of fetal deaths and induced abortions per 1,000 females in the population of the specified age.
9. Multiple year averaging of rates is important because it increases the number of "events" (pregnancies and births) being counted. In this way, the three-year average provides a better reflection of the "true" rate of pregnancies than will three consecutive, variable annual rates.
10. Birth rate refers to the number of live births per 1,000 females in the population of the specified age.
11. Child Trends (2006). Facts At a Glance, April 2006. Publication #2006-03.
12. National Vital Statistics Reports, Births: Preliminary data for 2005, Vol. 55, No. 11, December 28, 2006.
13. Maternal and Child Health Bureau. A Healthy Start: Begin Before Baby's Born, U.S. Department of Health and Human Services, 2005.
14. Adequate use of prenatal care services is defined by the Minnesota Department of Health as achieving the recommended number of medical visits during a pregnancy.
15. Low birth weight is defined as less than 2500 grams.
16. March of Dimes Birth Defects Foundation, 2003.
17. Minnesota Department of Health, STD Statistics Section. <http://www.health.state.mn.us/divs/idepc/dtopics/stds/index.html>
18. <http://www.health.state.mn.us/divs/idepc/diseases/hiv/stats/inctables.html>
19. Facts on sexually transmitted infections in the United States; Guttmacher Institute (08/2006) http://www.guttmacher.org/pubs/fb_sti.html