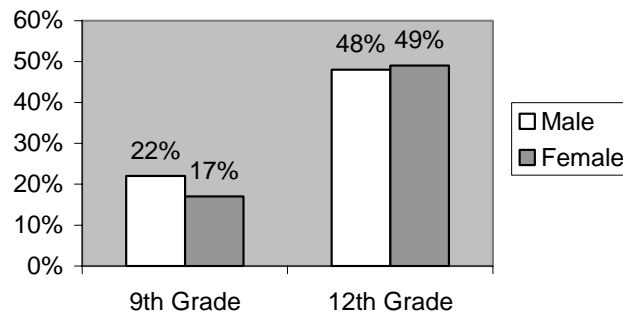


Minnesota State Adolescent Sexual Health Report --2004--

Sexual Activity

According to the 2001 Minnesota Student Survey, the percentage of sexually active teens in public schools in Minnesota declined from 1992 to 2001. Since 1992 there has been a decrease of approximately 19% in the rate of sexual intercourse for 12th grade females and 27% for 12th grade males.¹ In 2001, 17% of 9th grade females and 22% of 9th grade males in public schools reported being sexually active, and 49% of 12th grade females and 48% of 12th grade males reported being sexually active (Figure 1).² Nationally, in 1999, 12th grade students (65%) were significantly more likely than 9th grade students (37%) to have had sexual intercourse.³

**Figure 1: Percentage of sexually active teens
Minnesota Student Survey 2001**



In Minnesota in 1998, 85% of sexually active 9th and 12th graders reported alcohol use during the past year. Nationally, of students who had sex in the last 3 months of 1999, 25% said that they used alcohol or drugs at last sexual intercourse.⁴ Additionally, male students (31%) were significantly more likely than female students (19%) to report that they used alcohol or drugs at last sexual intercourse.⁵

In Minnesota in 2001, 44% of sexually active 9th grade females and 40% of sexually active 9th grade males reported always using contraception. Additionally, 69% of sexually active 12th grade females and 60% of sexually active 12th grade males reported always using contraception. Also, 68% of 9th grade females, 70% of 9th grade males, 52% of 12th grade females and 61% of 12th grade males who were sexually active reported using a condom at last intercourse.⁶ In 1998 Minnesota teens who said they had been physically or sexually abused were twice as likely to be sexually active by 9th grade as were students with no history of abuse. Also in Minnesota in 1998, 15% of sexually active 9th and 12th graders reported a history of sexual abuse (non-family and/or family).⁷ Conversely, 59% of 9th and 12th graders who were sexual abuse victims were sexually active (versus 32% of non-abused students).

Nationally, 7 of every 10 women who had sex before age 14 and six of every 10 women who had sex before age 15 report having had sex involuntarily.⁸ Additionally, among women who had sex before reaching age 13, 71% report that it was unwanted and 23% report that it was involuntary. In general, the younger teens are when they first have sex, the more likely they are to report first sex as unwanted or involuntary.⁹

According to the Minnesota Student Survey 2001, 3% of 9th grade females and 5% of 12th grade females reported being a victim of date rape¹⁰. According to a national survey, girls who had been physically or sexually abused reported that the

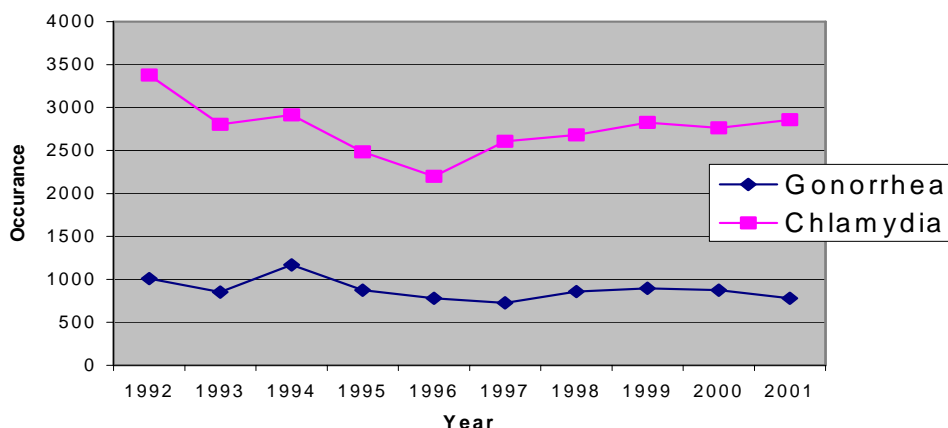
abuse occurred typically at home, it took place more than once, and the abuser was a family member or family friend. In addition, one in four high school girls said they had been either sexually abused, physically abused, and/or abused by a date or boyfriend.¹¹

Among students in Minnesota’s public schools who are not sexually active, the most frequently reported influences on the choice to abstain given by 9th grade males were “I don’t want to get an STD” and “One or both of my parents would object.” Among 9th grade female students, “I don’t want to get pregnant” and “I don’t want to get an STD”, followed closely by “I don’t think its right for a person my age to have sex” were the major reasons for abstaining from sex¹². Nationally, 44% of teenage girls who have not had intercourse said that they abstain from sex because it contradicts their religious or moral values. Other reasons cited include the desire to avoid pregnancy (20%), fear of contracting a sexually transmitted disease (13%), and not having met the appropriate partner (20%).¹³

STDs and HIV

In Minnesota there were a total of 8,323 cases of chlamydia, 2,701 cases of gonorrhea, and 33 cases of primary/secondary syphilis in 2001. During the same year, persons aged 15-19 accounted for 34% (2857 cases) of all cases of chlamydia, 29% (781 cases) of all cases of gonorrhea (Figure 2), and 6% of all cases of syphilis reported in Minnesota.¹⁴ The rate of gonorrhea among 15-19 year olds decreased from 233 in 2000 to 209 in 2001. Nationally, every year, three million teens, or 1 in 4 sexually experienced teens, acquire an STD.¹⁵

**Figure 2: STD Rates for 15-19 year olds in Minnesota
1992-2001**



In 2001 approximately half of all sexually active students in Minnesota (11% of 9th graders and 30% of 12th graders) report talking with every sexual partner about protection from STDs/HIV/AIDS¹⁶. In Minnesota in the year 2001, six new cases of HIV infection (which includes both HIV and AIDS), were reported among 13-19 year-olds. As of the end of 2001, in the state of Minnesota there were 24 people between the ages of 13 and 19 living with HIV or AIDS. 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 (13-24 year olds) is likely to underestimate the true number of new infections occurring in teenagers during their teen years.

Pregnancies and Births¹⁷

Pregnancy:

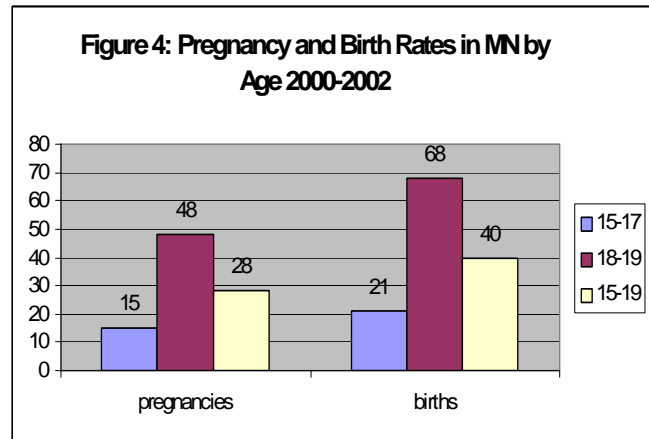
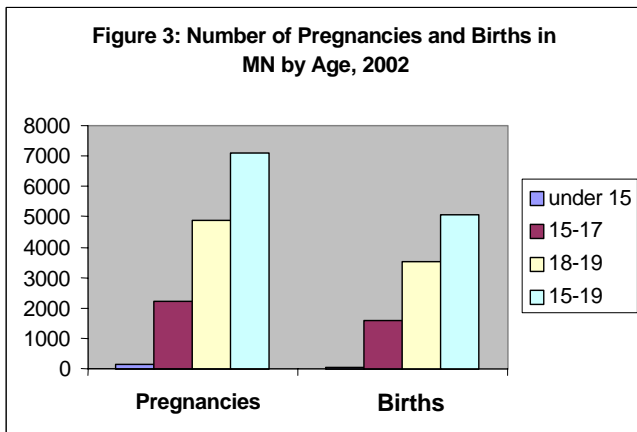
In 2002, 127 Minnesota teens under 15 years old became pregnant, and 7090 teens aged 15-19 years old became pregnant (Figure 3). The combined 2000-2002 pregnancy rate for 15-17 year olds was 20.7 per 1,000 females, for 18-19 year olds was 67.6 per 1,000, and for 15-19 year olds was 39.6 per 1,000 (Figure 4).^{18&19}

Each day in Minnesota in 2002, an average of 20 teens became pregnant.

Between 1990 and 2002, the pregnancy rate among 15-19 year olds in Minnesota decreased by 35%, from 59 to 38 per 1,000 women. In Minnesota, 29% percent of all pregnancies among females 15-19 year olds ended in induced abortion in 2001.

Births:

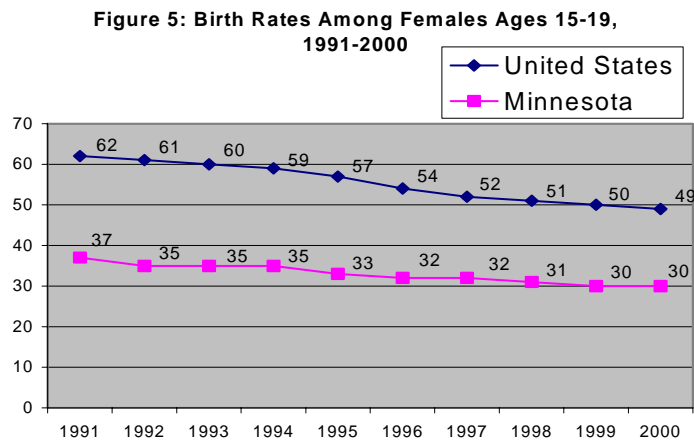
In 2002, there were 65 births to females under age 15 years old. There were 5,082 births to 15-19 year olds. The combined 2000-2002 birth rate for 15-17 year olds was 14.5 per 1,000 girls, for 18-19 year olds was 48.2 per 1,000 girls, and for 15-19 year olds was 28 per 1,000 girls.²⁰



Each day in Minnesota in 2002, an average of 14 teens gave birth. Although the teen birth rate in Minnesota is low compared to other states, the absolute number of births to teens under age 15 increased nearly 100% between 1980 and 1998, from 45 births to 88 births.

The birth rate among teens 15-17 years old decreased 29% between 1990 and 2002 from 20 to 14 births per 1,000 girls. The birth rate for 15-19 year olds decreased by 19% during the same period, from 37 to 28 births per 1,000 girls.

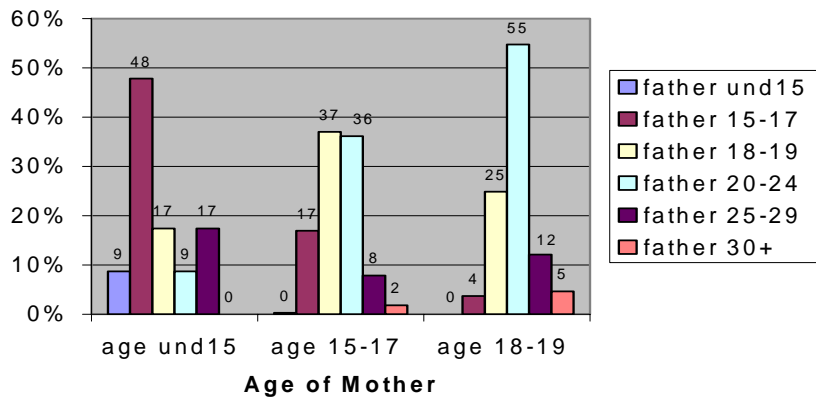
Between 1991 and 2000, the teen birth rate decreased 21% among 15-19 year olds in the United States, from 62 to 49 births per 1,000 women. In Minnesota, the 2000 birth rate among teens ages 15-19 was 30 per 1,000, substantially lower than the national rate of 49 per 1,000 (Figure 5)²¹.



In 2000, 18% of births to 15-19 year olds in Minnesota were subsequent births (second, third, etc.). There was a 16% decrease in subsequent births among 15-19 year olds between 1991 and 1999 (1,145 in 1991 compared to 964 in 2000).

Of reporting teen mothers, 93% in Minnesota in 2000 reported the father of their child to be at least one year older than them.

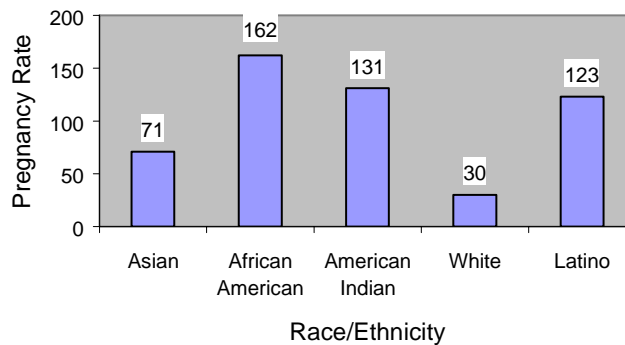
Figure 6: Age Difference Between Mother and Father in MN, 2000



Final data for 2000 show that the birth rate among 15-19 year olds has declined slowly, but steadily, for nine years in the United States. Since 1991, the U.S. teen birth rate has declined by approximately 21%, from 62 per 1,000 in 1991 to 49 per 1,000 in 2000.²² In 2000, Minnesota had the country's fifth lowest teen birth rate with 30 births per 1,000 females aged 15-19 years old. States with teen birth rates lower than Minnesota include Maine, North Dakota, New Hampshire and Vermont.²³

Disparities in Rates

Pregnancy Rate, 15-19 Year Olds in MN, 2000



While teen pregnancy rates have declined overall in the past ten years, they are disproportionately high for teens of color. The risk factors associated with teen pregnancy tend to be higher among communities of color: including poverty, increased emotional stress, inadequate housing and health care, and limited educational opportunities²⁴.

Prenatal Care/Low Birth Weight

Adequate use of prenatal care services is good insurance for a healthy pregnancy, birth and baby.²⁵ Teens in the United States are less likely to get adequate prenatal care than adult women.^{26,27} In Minnesota in 2000, it was reported that 12% of 15-17 year olds and 19% of 18-19 year olds received no care or inadequately used prenatal care throughout their pregnancies (versus 5% of women ages 20 to 45). Additionally, 9% of births to 15 to 17 years olds and 7% of births to 18 and 19 year olds in 2000 resulted in infants who were reported as low birth weight (versus 6% of births to women aged 20 to 45).²⁸ It should be noted that the association between maternal biological age and low birth weight can sometimes be very strong, but the association does not

appear to be causal. Low birth weight is strongly associated with poverty; women who are childbearing as teens are more likely to be poor than women who wait until their 20's or 30's to have children.²⁹

Public Assistance

Families that began with a teen giving birth are more likely to be on public assistance than those with a first birth at later ages. In December 2001, 20,794 of the 39,023 Minnesota Family Investment Program (MFIP) cases in MN were to families that had begun with a teen birth. That means approximately 53% of all families receiving MFIP in Minnesota began with a birth to a teen – a 26% increase since December 1998.³⁰

Of the nearly \$24.2 million spent on MFIP in MN in December 2001, \$13.3 million was spent on families that began with a teen giving birth. This amount accounts for 55% of the total public assistance (MFIP) provided to all Minnesota families – a 22% increase over December 1998 figures. NOTE: This data includes parents who had their first child as a teenager but who may be older when they qualify for MFIP.³¹

Nationally, the federal government spends an estimated \$39 billion each year on families begun by teenagers. An estimated 55% of the cash benefits, food stamps and Medicaid are attributable to households begun by teens and 25% of adolescent mothers receive public assistance by their early twenties.³² One national study estimates that teen childbearing alone costs U.S. taxpayers nearly \$7 billion annually for social services and lost tax revenues. Experts estimate that taxpayers potentially could save as much as \$15 billion annually if they were successful in both preventing young teen childbearing and addressing many of the other problems that contribute to the poor outcomes observed for teen parents.³³

The Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting is a statewide membership organization. MOAPPP provides a quarterly newsletter, an annual conference, regional trainings, public policy information, and the InfoExchange, a clearinghouse of information and resources related to teen pregnancy prevention and teen parenting. MOAPPP's mission is to strengthen policies and programming related to adolescent pregnancy, prevention and parenting in Minnesota.

For county-specific statistics, contact the MOAPPP InfoExchange at (651) 644-1447 or toll free in Minnesota at (800) 657-3697. These statistics are also available on our website, www.moappp.org.

Revised by Jill Peterson, Project Intern, MOAPPP, April 2002

Revised by Lisa Turnham, Training Coordinator, April 2003 and May 2004

Notes

¹ Minnesota Department of Children, Families and Learning, *Minnesota Student Survey 2001*, (651) 582-8328.

² Sexually active is defined as having had sexual intercourse one or more times. It does not necessarily mean that the teen is currently having sex.

³ Centers for Disease Control and Prevention, *1999 Youth Risk Behavior Survey*. For more information, see CDC, Youth Risk Behavior Surveillance -- United States 1999. <http://apps.nccd.cdc.gov>

⁴ Centers for Disease Control and Prevention, *1999 Youth Risk Behavior Survey*. For more information, see CDC, Youth Risk Behavior Surveillance -- United States 1999. <http://apps.nccd.cdc.gov>

⁵ Centers for Disease Control and Prevention, *1999 Youth Risk Behavior Survey*. For more information, see CDC, Youth Risk Behavior Surveillance -- United States 1999. <http://apps.nccd.cdc.gov>

⁶ Minnesota Department of Children, Families and Learning, *Minnesota Student Survey 2001*, (651) 582-8328.

⁷ Sexual abuse is defined in the 1998 Minnesota Student Survey as any adult or older person, inside or outside of the family, touching a teen against his or her wishes, or forcing the teen to touch them against his or her wishes.

⁸ The Alan Guttmacher Institute. (1998). *Facts in Brief: Teen Sex and Pregnancy*.

⁹ Moore, et.al. (1998). *A Statistical Portrait of Adolescent Sex, Contraception, and Childbearing*.

¹⁰ Minnesota Department of Children, Families and Learning, *Minnesota Student Survey 2001*, (651) 582-8328.

¹¹ The Commonwealth Fund. (1997). *The Commonwealth Fund Survey of the Health of Adolescent Girls*. New York. (212) 535-0400.

¹² Minnesota Department of Children, Families and Learning, *Minnesota Student Survey 2001*, (651) 582-8328.

¹³ Moore, et.al. (1998). *A Statistical Portrait of Adolescent Sex, Contraception, and Childbearing*.

¹⁴ Minnesota Department of Health, AIDS/STD Prevention Services Section.

¹⁵ *Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior (2001)*.

<http://www.surgeongeneral.gov/library/sexualhealth/call.htm>

¹⁶ Minnesota Department of Children, Families and Learning, *Minnesota Student Survey 2001*, (651) 582-8328.

¹⁷ Minnesota Department of Health, Minnesota Center for Health Statistics, 2000 birth and pregnancy statistics. (651) 297-1232.

¹⁸ Multiple year averaging of rates is important because it increases the number of "events" (pregnancies and births) being counted. In this way, the more variable one-year rates become less noticeable and the three-year average provides a better reflection of the "true" rate of pregnancies than will three consecutive annual rates.

¹⁹ Pregnancy rate refers to the number of live births plus the number of fetal deaths plus the number of induced abortions per 1,000 females in the population of the specified age.

²⁰ Number of live births per 1,000 females in the population of the specified age.

²¹ National Campaign to Prevent Teen Pregnancy. <http://www.teenpregnancy.org>

²² National Campaign to Prevent Teen Pregnancy. <http://www.teenpregnancy.org>

²³ National Campaign to Prevent Teen Pregnancy. <http://www.teenpregnancy.org>

²⁴ *Work in Progress: Building a Minnesota Plan for Teen Pregnancy Prevention and Parenting*. 2002.

²⁵ Adequate use of prenatal care services is defined by the Minnesota Department of Health, as achieving the recommended number of medical visits during a particular pregnancy.

²⁶ The Alan Guttmacher Institute. (1994). *Sex and America's Teenagers*. New York.

²⁷ Minnesota Department of Health Data prepared by Angie Scheler.

²⁸ Low birth weight is defined as less than 2500 grams.

²⁹ Chomitz, V.R., Cheung, L.W., Lieberman, E. (1995). "The Role of Lifestyle in Preventing Low Birth Weight." *The Future of Children*, vol.5 (1): 121-138.

³⁰ Minnesota Department of Human Services, Division of Reports and Forecasts; 2001 data prepared by Paul Farseth.

³¹ Minnesota Department of Human Services, Division of Reports and Forecasts; 2001 data prepared by Paul Farseth.

³² Advocates for Youth. (1998). *Teenage Pregnancy: The Case for Prevention*. Washington, DC.

³³ Maynard, R. (ed.). (1997). *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy*. Washington, DC: The Urban Institute Press.